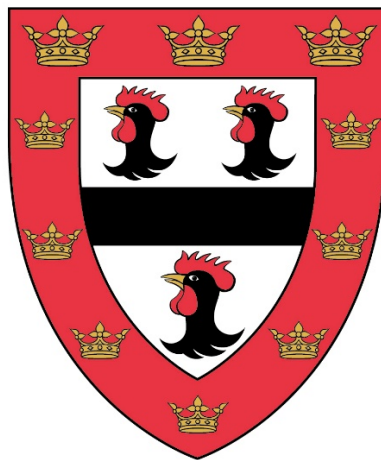


What influences government policymaking? The case of childhood obesity in England

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This thesis is submitted for the degree of Doctor of Philosophy



MRC
Epidemiology
Unit



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CAMBRIDGE

Declaration

This thesis is the result of my own work and includes nothing which is the outcome of work done in collaboration except as declared in the Preface and specified in the text. I further state that no substantial part of my thesis has already been submitted, or, is being concurrently submitted for any such degree, diploma or other qualification at the University of Cambridge or any other University or similar institution except as declared in the Preface and specified in the text. It does not exceed the prescribed word limit for the relevant Degree Committee.

Abstract

***What influences government policymaking? The case of childhood obesity in England* | Dolly Rose Zarina Theis**

In England today, four out of the top five risk factors of healthy life years lost to death, disability and disease are related to diet and physical activity. The government has proposed hundreds of policies since the early 1990s related to these behaviours. Such policy has largely been presented as ‘obesity policy’, or at least presented as solutions to tackle increased obesity prevalence and related inequalities. In 1993, 58% of men, 49% of women and 25% of children aged 2 to 15 in England were living with obesity or excess weight, which increased to 68%, 60% and 30% respectively by 2019. The aim of this thesis was to investigate why, after 30 years of government obesity policy, has obesity prevalence and related inequalities not been successfully reduced, and in particular to understand how and why government obesity policy comes about.

Study 1 was a mixed-methods analysis of all government obesity strategies and policies in England published between 1992 and 2020 using a theory-based analytical framework, content analysis and applied thematic analysis. The interpretation drew on both thematic analysis and quantitative findings. I found that the government has published 14 strategies either wholly or partially dedicated to tackling obesity in England in the last 30 years and that these have contained 689 individual policies. Policies have largely been proposed in a way that does not readily lead to implementation; the majority rely on individuals to change their own behaviour rather than making that easier by shaping external influences; and the government has relied more on voluntary rather than regulatory measures. The findings indicate that the government’s failure to tackle obesity so far may not only be due to the nature and types of policies proposed, but also the way government has proposed them.

Drawing on Study 1, I adopted a pragmatic approach to conduct an in-depth case study to understand how one of the 14 obesity strategies – *Childhood Obesity: A plan for action* (2016) (COP) – came about. Study 2 applied theory-testing process-tracing to examine how COP came about, including what (e.g., evidence and events) and who was most influential, and study 3 also applied theory-testing process-tracing to examine the particular role of policy entrepreneurs by analysing the influence of celebrity chef and campaigner Jamie Oliver. I developed a novel theoretical conceptual framework combining the core concepts from three policy process theories – Multiple Streams Framework, Advocacy Coalition Framework and Punctuated Equilibrium Theory - to test in Study 2, and for Study 3, I tested Aviram et al.’s (2020) policy entrepreneur framework.

I found that policy process and policy entrepreneur theory helped to explain the key influences in the policy process, but not necessarily the causal order or relative importance at particular times. In Study 2, I found that the government policy process leading up to COP published in 2016 involved all key conditions for policy change, as identified in previous studies, but it was the substantial expert-seeking activities, political will-building between key political actors, actions of policy entrepreneurs, key institutional factors (political cycles and changes in government), and policy windows that enabled it to result in policy change. Many of these influences were more influential *after* the government's decision agenda had been set and policy formation had begun. The case showed how much of the most important policy processes were largely hidden from public view and even from members of government. For example, the *Soft Drinks Industry Levy* (SDIL) was almost an entirely hidden policy process until it was announced in the March 2016 Budget and demonstrated the potential effectiveness of political considerations in increasing policy experimentation and innovation, as it led to the tailored sugar tax design. The case also demonstrated how exogenous events can obstruct policy and political continuity.

In Study 3, I found that the most influential strategies involved a combination at first to build momentum around a particular policy problem and solution, followed by gaining access to decision-makers and strategically using symbols and storytelling to frame issues and solutions persuasively. He demonstrated how effective being "relentless but practical" can be, i.e., not relenting in efforts to achieve policy change, but recognising that political decision-making is difficult, so welcoming even imperfect policy change or progress.

The findings in this thesis shed novel light on government obesity policy and the related policy process in England, emphasising that process is just as important as the policy ideas themselves. The substantial scale and scope and methodological nature of the research conducted in this thesis provides a broad and deep understanding of government obesity policymaking in England, with several key implications for policy, practice and research. The thesis sheds light on the substantial gap in empirical research that uses and applies theory on the government obesity policy process, particularly in the context of England. The studies help fill that gap whilst offering guidance on possible future research, including critically assessing the quality of the most influential evidence used in the policy process or comparative research that analyses the government obesity policy process under different governments or between different countries. The thesis also provides useful learnings for policy and practice, including how to propose policies in a way that more readily leads to implementation, how to create conditions that increase the chance of policy change, and what strategies and traits to use to influence the policy process more effectively.

Research Impact Statement

The majority of my PhD was conducted during the COVID-19 pandemic. Two out of the three and a half years was spent working remotely and I have not seen my supervisors or the vast majority of my colleagues in person since March 2020. Whilst technology has allowed us to meet regularly and keep in contact (sometimes in wonderfully creative and bonding ways!), there is no question that the experience has had a detrimental impact on my mental health and general wellbeing. Furthermore, the practicalities of moving home several times due to the pandemic and significant time taken to ensure I had the equipment and support needed to conduct my research meant that I faced additional barriers. Whilst I was able to continue conducting my research in a way I may not have been if I was based in a laboratory, for example, the experience of a PhD can feel isolated and lonely as it is, let alone working largely alone. However, I have been enormously privileged to have colleagues, research funders and other university staff support me in the most generous, compassionate, and caring ways. For that I am truly grateful.

Dedication

This thesis is dedicated to my Little Grandpa, Awais Khan, and my Big Grandpa, Mike Theis, who both passed away this year. I miss you. You both saw clearly what so many others missed.

Acknowledgements

Leaving the world of Westminster politics and government policy to convert to epidemiology and public health in 2017 was a decision that managed to confuse and surprise many people around me. Bearing in mind that I took this decision pre-COVID-19 pandemic, so most people's response was, *"you're off to study epidemi-what now?"* But my decision to do so was inspired by and due to the generous guidance and support of so many incredible humans I am privileged to have in my life. There are three key women I want to thank – Baroness Anne Jenkin, Baroness Philippa Stroud and Professor Dame Carol Black. Among many things, Anne has been my inspiration, mentor, friend, debate mate (we very much challenge each other's views in the best, most thought-provoking and kind way possible!), former boss and political campaign partner for well over a decade. It was Anne who advised me to go to university in the first place. I was desperate to work after finishing school, that Anne had to remind me not to close doors on myself. Without her encouragement and sage advice all those years ago, I never would have ended up doing a PhD.

A year or so after my undergraduate degree and working on the 2015 general election, I joined the Centre for Social Justice (CSJ) think tank. It was there that Baroness Philippa Stroud, the Chief Executive at the time, decided that the CSJ should do a major report on childhood obesity. Philippa gave me the huge opportunity and honour to lead the work, which ended up being one of the most eye-opening experiences. A watershed moment. I not only learned about the complexity of obesity as an issue and its link with so many social, environmental and cultural problems (Philippa always spoke so persuasively and passionately about the social justice angle, including the links with trauma and deprivation), but I also learned about the unique political challenges and ideological blocks surrounding obesity, as well as the dearth of adequate scientific understanding of obesity in the political and policy world. One of my working group members was Professor Dame Carol Black. When I spoke to her about feeling frustrated by the above and wanting to be formally trained in epidemiology so that I could better understand the science and be able to distinguish between poor- and high-quality evidence, she advised that I apply to Cambridge for their Epidemiology and Public Health MPhil. I did, and I got in, thanks to the department and university for believing that I really would work my socks off given I didn't come from a science or statistics background! Carol has remained a constant inspiration, mentor and friend ever since. These three women were key to me ending up at Cambridge in the cross-section of where epidemiology meets policy. For that, I owe them everything.

Once I was at Cambridge, there were two key people who got me to this point – my MPhil supervisor Dr Jean Adams (you guided me so patiently and compassionately through the MPhil, along with

invaluable support from Charlotte and Talia – a rather painful, but intellectually transformational year indeed!) and my PhD supervisor Professor Martin White. I will never forget the first meeting I had with Martin to discuss my vision for the PhD research. I came away feeling like I had struck gold with a supervisor who not only recognised and valued the interdisciplinary potential of bringing a policy focused PhD to the MRC Epidemiology Unit, but who was also as excited as me about all the research questions we could explore. Our danger was definitely not about whether we would find a worthwhile research gap to fill; it was a danger of not knowing which one to pick! I feel that the scope and ambition of the research in this thesis is probably a reflection of that. Our supervisions have been some of the most enjoyable, thought-provoking and catalytic interactions in my life. To think we have done most of them remotely and haven't seen each other in person for two years is utterly bonkers! Thank you also to my co-supervisor Dr Dennis Grube, who was integral in providing me with guidance on the theoretical and political science components. Interdisciplinary research is tough in practice, but you understood the nature of this research and I so enjoyed our meetings over the last few years.

None of the above would ever have been possible without my family, particularly my parents who had to put up with me moving back home for most of the final two years. There are no words to express how grateful I am. Mummy and Daddy, you have celebrated with me through the highs and made the more mundane moments fun, but it has been the catching me at those lowest lows that has meant everything. I cannot thank you enough. It was your support and love that made this happen (p.s., at least having me at home meant we could finally watch *The Sopranos* together). To my beautiful sisters Sophie and Fenella and my legend of a brother Hugo, thank you for being my bestest friends and for your support and encouragement throughout. I have adored our chats - you have all made me think so much about my research with your thought-provoking reflections and challenges - and I am so grateful for you helping me put things in perspective and for reminding me what fun is when the main relationship I was having was with my work. To my perfect human Xand, I could not have got through the final stages without you. Thank you for being right by my side and for helping me, through our countless amazing chats, feel as excited about my research as I did right at the beginning of my PhD. I love you to a star and back. To our dog Teddy, thank you for being there for me – literally on my lap (including right now) - throughout the write up. You are the most perfect of furry friends anyone could wish for. An enormous thanks to my wider family too - what a bunch of legends! A particular thanks to Rob, Halima and Usman, who all gave the kindest support and valuable advice during the most challenging period.

The research itself would not have been possible without the generosity of the interview informants and the many others who kindly gave their time and energy to provide thoughts, guidance, insights and reflections for and on this research. You have all taught me so much. It can be so easy to sit in

academia and look over at government policymaking with only a critical eye. But doing this research and hearing from you about the real challenges of making policy change happen has made me realise that criticising is easy; trying to make policy change is bloody tough. I take a thousand hats off to many of those I spoke to and to the others in the story presented in this thesis who genuinely dedicated their lives to making the world a better place, particularly those who risked things. Behind every policy are people, and it can be very easy to forget that.

Finally, I want to thank everyone else who was part of this journey. To my many amazing colleagues at the MRC Epidemiology Unit and fellow academics, thank you for all the superb chats and interactions we've had. A particular thanks to Dr Catrin Jones who really has been a saviour in so many ways. There are few words to express my gratitude for the deep kindness and generosity with your time, advice and support. You are an inspiration, thought provoker and dear friend. To my funders – the team at NIHR's School of Public Health Research – you were dream funders, putting on such great events (in person and virtual) over the last few years. Thank you so much for going above and beyond! To my college, I feel I have gained another family at Jesus College, with the Porters (particularly John Morris who checked on me throughout and made sure I got through with a smile on my face!), the wider college staff, the catering staff, the gardeners, the maintenance team, the academic staff and fellows (particularly Dr Julian Huppert – I will never forget the advice you gave me in my first two months of the PhD!) and my fellow students. Particular thanks to my 13 Park Street housemates, Louisa Mayer, Bee Fonseka, Johnny Staunton Sykes and Alex Davies. We had the best time! I could not have got through lockdowns two and three without you (especially the kitchen nightclub, room 1 karaoke bar/yoga room/cinema, and the stair slide).

There are too many other people to name here, including my closest friends (you know who you are!), but I will be writing to you all individually in the coming weeks (after a jolly good rest & a G&T or two). I finish with an extract from one of my favourite political speeches, which captures my belief that good health is the foundation of human flourishing:

“Sanitas Sanitatum, Omnia Sanitas [health above everything] ... the first consideration of a minister should be the health of the people. A land may be covered with historic trophies, with museums of science and galleries of art, with universities and with libraries; the people may be civilised and ingenious; the country may be even famous in the annals and action of the world, but, gentlemen, if the population every ten years decreases, and the stature of the race every ten years diminishes, the history of that country will soon be the history of the past.” – Benjamin Disraeli, 1872, Free Trade Hall, Manchester

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Abbreviations and Glossary of Terms

Abbreviation or Term	Explanation or Definition
ACF	Advocacy Coalition Framework
ATA	Applied Thematic Analysis
BIT	Behavioural Insights Team
COP	Childhood Obesity Plan
DH	Department of Health and Social Care (previously named the Department of Health)
Downing Street	10 Downing Street, the official residence and office of the British Prime Minister. Also known as ‘Number 10’.
Foresight	Reports produced as part of the Government Office for Science’s <i>Futures, Foresight and Horizon Scanning</i> programme, which considers approaches to tackling issues in light of possible future scenarios and the factors that could give rise to them. (1)
MSF	Multiple Streams Framework
MP	Member of Parliament
Nanny state	<i>“A negative, even derisive, descriptor. It is levelled against states, agencies or interventions that, with the intention of achieving some kind of good, are alleged to interfere excessively – by some standard – in the lives of citizens”</i> . (2)
NCMP	National Child Measurement Programme
PE	Policy entrepreneur
PET	Punctuated Equilibrium Theory
PIS	Participant information sheet
PHE	Public Health England
PHRD	Public Health Responsibility Deal
PT	Process-tracing
SACN	SACN – Scientific Advisory Committee on Nutrition
Theory	<i>“A formal idea or set of ideas that is intended to explain something”</i> . (3)
UK	United Kingdom
US	United States of America

Chapter 1: Introduction

1.1 Why 'obesity policy'?

In England today, four out of the top five risk factors of healthy life years lost to death, disability and disease are related to diet and physical activity (high fasting plasma glucose, high body-mass index, dietary risks and high blood pressure). (4) The 2020 Global Burden of Disease study stated that, “As a world, we are failing to change some behaviours, particularly those related to diet quality, caloric intake, and physical activity” and, “urgent attention on more successful strategies to reduce risks is needed.” (4) To address the magnitude of poor nutrition in particular on population health, the World Health Assembly launched a set of six global nutrition targets in 2012, including the target of ‘No increase in childhood overweight’, and the United Nations launched its ‘Decade of Action on Nutrition 2016 – 2025’. (5–7) Governments globally have sought to act by introducing policies related to weight, diet, and physical activity (Figure 1). In England, such policy has largely been presented as ‘obesity policy’, or at least been presented as solutions to obesity. (8) Despite decades of obesity policy, the 2020 Global Nutrition Report found that the United Kingdom (UK) was on target to meet none of the World Health Assembly targets. (9)

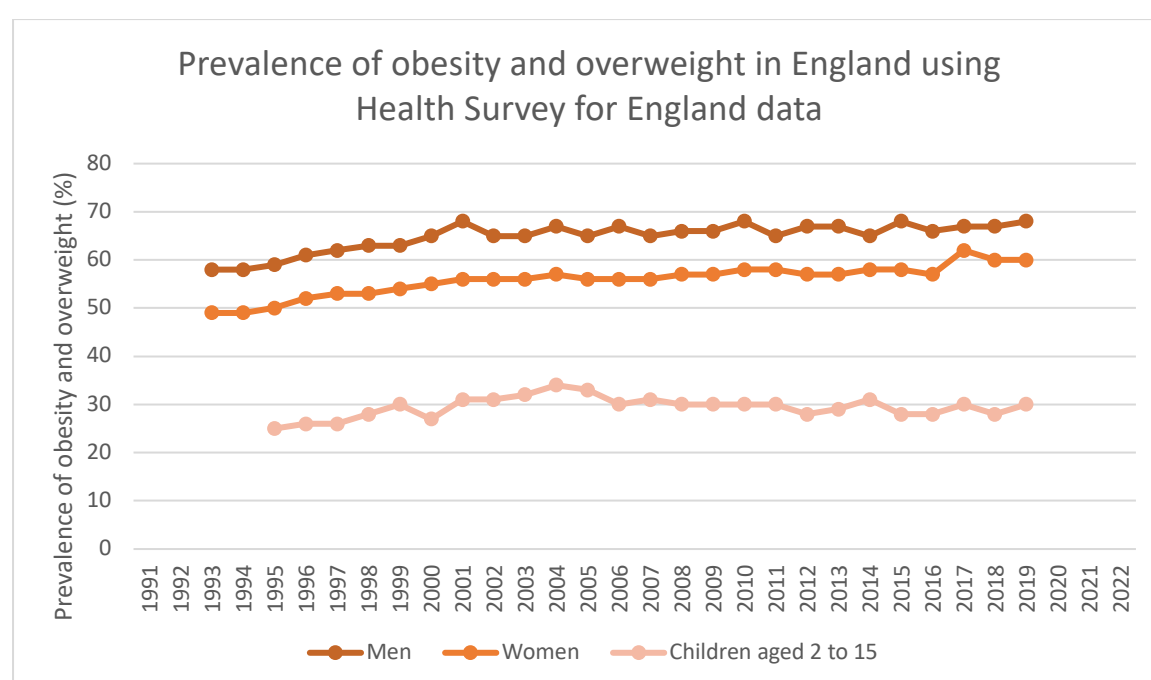
Figure 1: Proportion of countries with national nutrition policies globally, adapted from the 2021 Global Nutrition Report. (10)

Food-based dietary guidelines	Legislation for mandatory salt iodisation	Sugar-sweetened beverage tax	Policy to reduce salt/sodium consumption	Policy to limit saturated fatty acid intake
95/194	123/193	74/194	86/192	65/192
Policy to eliminate industrially produced trans fatty acids	Policy to reduce the impact of marketing of foods and beverages high in saturated fats, trans fatty acids, free sugars, or salt on children	Operational policy, strategy, or action plan to reduce unhealthy diet related to non-communicable diseases	Operational, multisectoral policy, strategy or action plan for non-communicable diseases	Operational policy, strategy or action plan for diabetes
71/192	59/192	154/192	110/192	141/192

Obesity prevalence in England has increased considerably in the last three decades and the UK ranks higher than the Organisation for Economic Co-operation and Development (OECD) country average. (11) In 1993, 58% of men, 49% of women and 25% of children aged 2 to 15 in England were living with obesity or excess weight. This has increased to 68%, 60% and 30% respectively as of 2019 (Figure 2).

(12) Obesity is strongly associated with social deprivation. Adults living in the most deprived parts of England are the most likely to live with obesity, particularly women. (13) Living with obesity or excess weight is associated with long-term physical, psychological, and social problems, and is an independent risk factor for cardiovascular disease. (14–16) When controlling for metabolic risk factors such as high blood pressure, raised blood sugar and high serum triglyceride, people living with obesity and excess weight have a 28% increased risk of heart disease compared with people of a healthy weight. (16) Related health issues, including type-2 diabetes, cardiovascular disease and several cancers, are estimated to cost NHS England at least £6.1 billion per year, and the overall cost of obesity to England’s wider society is estimated to be £27 billion per year. (17)

Figure 2: Prevalence of obesity and overweight in England using Health Survey for England data. (13)



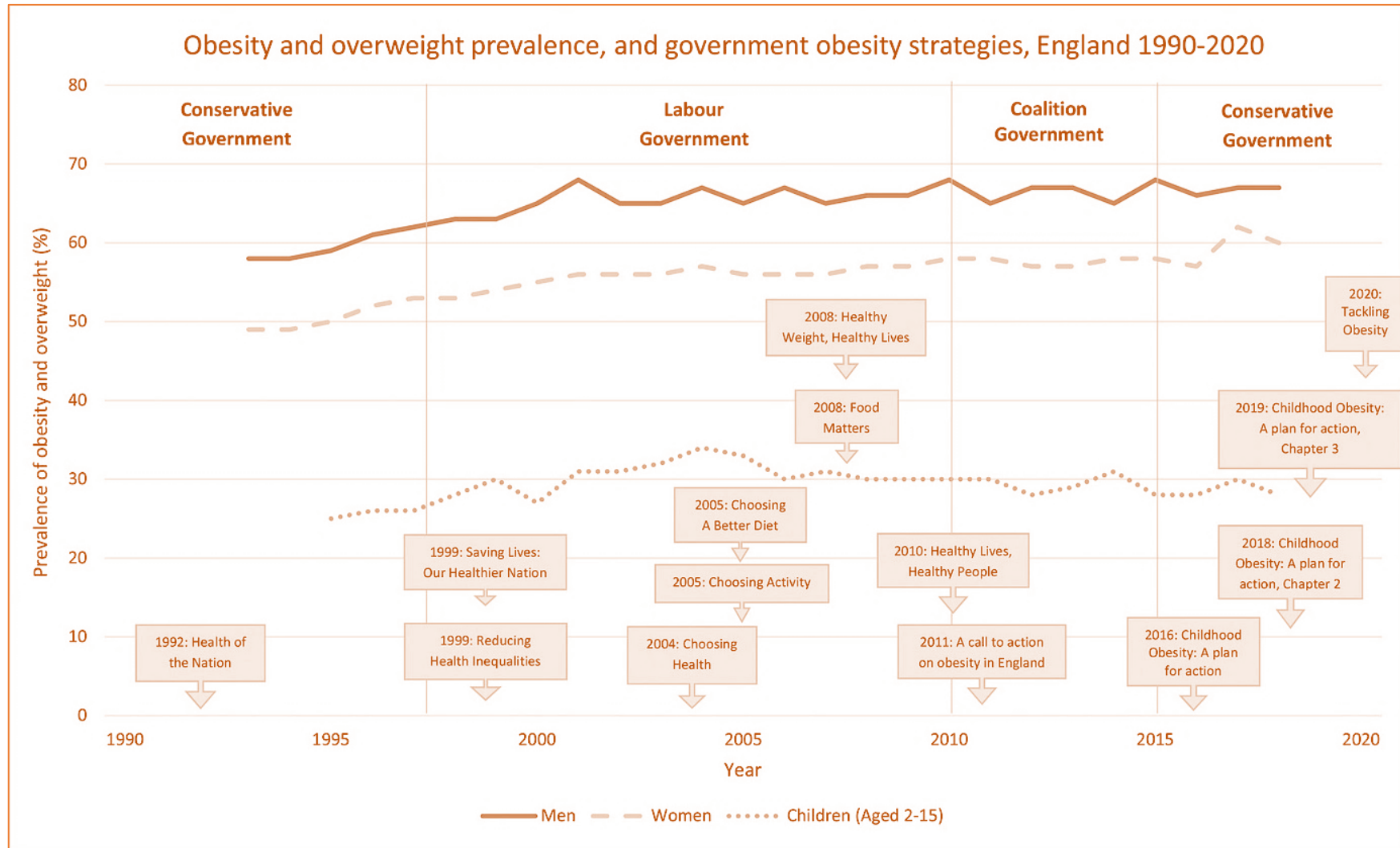
The Covid-19 pandemic brought fresh attention to obesity. Out of 29 high income countries globally, England and Wales ranked third for estimated number of excess deaths associated with the pandemic in 2020. (18,19) Why some countries fared so much better than others will likely take years to understand properly. However, one reason appears to have been particularly important: a high prevalence of diet and physical activity-related health problems. (19) People living with obesity were found to be at an increased risk of testing positive for Covid-19, being hospitalised, requiring advanced levels of treatments, and death. (20) This in turn brought fresh attention to obesity policy as Prime Minister Boris Johnson introduced a new government obesity strategy in 2020 following his own experience in intensive care with Covid-19, which he explained was likely due to his excess weight. (21,22)

This thesis was driven by a desire to better understand why, given the seriousness of obesity-related problems, government has failed to successfully reduce obesity prevalence and related inequalities, why evidence is yet to translate into policy success on obesity, and to understand how government policy comes about in reality. In doing so, I have taken as read the evidence on the emergence of obesity, its aetiology and epidemiology – my focus is instead to understand whether and how such scientific evidence has influenced policy, and whether other factors have been influential.

1.2 Brief history of obesity policy in England

Within the sovereign state of the UK, there are four countries – England, Northern Ireland, Scotland and Wales. Health policy is specific to each country and until 1991, it was focused on policy related to health service provision in each country rather than the broader promotion and creation of public health and prevention of disease. (23) In 1991, this changed. On the 4th June 1991, Health Secretary William Waldegrave launched *The Health of the Nation* green paper, stating that it was a response to the World Health Organisation's *Health For All by the Year 2000* programme in the 1980s which had “started the production of such strategies world wide”. (24,25) The green paper, focused on England, placed target-setting at its centre and marked a shift by government away from focusing on tackling poor health primarily through healthcare services, toward tackling it through prevention and health promotion too. (25–28) In 1992, the government followed its green paper and consultation with its *Health of the Nation* white paper. This marked the first of many obesity strategies and policies in England (Figure 3), with parallel strategies published for Wales, Scotland and Northern Ireland. (28,29) The 1992 strategy for England contained 43 obesity-related policies and the first government obesity reduction targets: to reduce the percentage of obese men and women in England from 8% and 12% in 1986/87 to 6% and 8% respectively by 2005. (29) Needless to say, these were not met. By 2005, the proportion of men and women living with obesity was 23.1% and 24.8% respectively. (30)

Figure 3: Government obesity strategies in England (1992 – 2020) and prevalence of adult and child obesity and overweight



Although separate obesity strategies for the four UK nations were already introduced in the early 1990s, the Labour Government (1997-2010) formally devolved significant powers in 1998 and created devolved legislatures in Scotland, Wales and Northern Ireland. (31). This included responsibility for the formulation and implementation of all health policy. (32) While concordats exist to align policies related to the National Health Service (NHS), population health and wider health issues between the four national administrations, they are not legally binding and each continues to measure and address health issues independently. (32)

Following devolution, the Labour Government published numerous obesity policies across several key strategies including *Saving Lives: Our Healthier Nation* in 1999 and *Choosing Health: Making healthy choices easier* in 2004. (33,34) In 2005, Prime Minister Tony Blair commissioned the *Foresight* programme run by the Government Office for Science to help bring the evidence together and “consider how society might deliver a sustainable response to obesity in the UK over the next 40 years”. (1,26,35) The *Foresight Projects* involve in-depth, long term studies on major issues that set out the evidence and a range of possible future scenarios depending on various conditions e.g., the government’s policy approach. (1) They are produced by the Government Office for Science (a government science advisory group), through its Foresight programme and was part of Tony Blair’s “what counts is what works” agenda of ‘evidence-based policy’. (36,37)

The result was the 2007 *Tackling Obesities: Future Choices* report, commonly known as the *Foresight Report*, which comprehensively set out the complex system of interlinked factors driving the rapid increase in the proportion of people living with excess weight, and the major changes to population diet and activity since the 1970s. (35) The main factors were summarised in seven key clusters on an ‘obesity systems map’: physiological, psychological, social psychological, food production, food consumption, physical activity environment and individual activity. The report set out four different future scenarios, and asked experts and stakeholders to rank the likely effectiveness of different policy options. The policy responses deemed likely to have the “greatest average impact on levels of obesity” in all four future scenarios were: increased walkability and cyclability of the built environment; targeted health interventions for people at an increased risk of excess weight alongside population health interventions; controlling the availability of and exposure to “obesogenic” food and drink; increased responsibility of employers for their employees’ health; and early life interventions at birth and during infancy. (35)

A year later, the Labour Government published *Healthy Weight, Healthy Lives: A Cross-Government Strategy for England*, which it stated was “the very first stage of the Government’s response to the Foresight report”, and another strategy called *Food Matters*. (38) Since then, there have been six more

government obesity strategies (two under the Coalition Government 2010–2015, and four under the Conservative Government 2015–present). (8). References to the *Foresight Report* in them have been mixed. For example, the Coalition Government’s 2011 *A call to action on obesity* discussed, analysed and applied it in great detail, whereas the 2016 *Childhood Obesity: A plan for action* did not cite it at all. (39,40)

Foresight predicted that by 2015, 36% of men and 28% of women would be obese (in 2015, the prevalence was 27% and 27% respectively) and by 2025, those would increase to 47% and 36% respectively, which is unlikely given the most recent figures show that it was 27% and 29% in 2019. Although *Foresight*’s overestimation was acknowledged in a ten year follow up by author Professor Susan Jebb, there has not yet been a successful reduction in England’s obesity prevalence and the related inequalities, despite the comprehensive and growing evidence base of what causes and could prevent obesity. (41)

1.3 Research purpose

Obesity and associated health problems have not been successfully tackled, despite decades of government policy. The *Foresight Report* is one of countless major public health reports published in recent years that have presented high quality scientific evidence and advocated for “healthier” public policies. (4,14,35,42–46) There has also been a rise in public health professionals, researchers and academics actively attempting to influence the policy process to ensure that more effective and “evidence-based” policies are introduced. (47–53) However, such efforts have been criticised for their failure to understand the complex processes within policymaking empirically; for focusing too narrowly on the epistemic assumption that increasing scientific evidence and knowledge will automatically improve policy (49,51); and for failing to be informed by empirically-derived theories from the social and political sciences that provide explanations of policy processes. (47,52,54–56) For example, Oliver et al. note that, “there is a surprising lack of evidence about how much evidence policymakers use.” (51)

Given these efforts have failed to achieve the outcomes they sought, and obesity remains a growing and costly national public health challenge, there remains an urgent need to find out *why* such policies are failing and whether a better understanding of policies and related processes might help shed light on what is preventing more meaningful progress. (8) The research presented here was driven by an ambition to fill this gap by generating high quality, empirical evidence on government obesity policy to better understand what might improve it in future.

1.4 What is already known about government obesity policymaking in England?

1.4.1 Studies on what obesity policies have been published in England

Some studies have examined the typology, problem definition and framing of policies (57–65); issues related to regulation (59,66–68); whether policies are proposed in a way that ‘readily leads to implementation’ (26,69); and evaluation and evidence use. (70–72) However, at the outset of my PhD, no comprehensive or systematic analysis of all obesity policies proposed by government for England had been published. Studies were either confined to a smaller selection of government-proposed policies, to non-governmental policy proposals, and/or to a particular analytical concept. (60,62–65,69,73–77) Some sought to provide broader and more detailed overviews of government obesity policy in England over time. (26,78) However, these were in need of updating, did not include all proposed government policies and statements, did not apply theory, and were largely descriptive analyses.

1.4.2 The use of theory in obesity policy studies

Research on government obesity policy using theory has grown substantially over the last few decades, as illustrated by several reviews. These include Baker et al.’s review of what drives political commitment for nutrition (55); Clarke et al.’s systematic review of obesity policy studies that use policy process theory (54); Cullerton et al.’s systematic review of nutrition policy studies examining whether policy process theory was used (79), the results of which were reanalysed to examine the barriers to and enablers of nutrition policy change (78); and Breton and Leeuw’s review of health promotion studies also examining whether policy process theory was used. (52) The reviews found that the growth of obesity policy studies has been limited to the 21st Century. Only Clarke et al.’s systematic review focused on obesity policy studies rather than nutrition or health promotion more generally, and its results found that the oldest obesity policy study using policy process theory was published in 2003 and the oldest focused on England was published in 2006. (54,81)

The case for the usefulness and importance of applying policy process theory is argued strongly by all reviews. (52,54,55,79) As Oliver stated, understanding the political aspects of health policy means researchers “can conduct more realistic research and evaluation, better anticipate opportunities and constraints on governmental action and design more effective policies and programs”. (82) The reviews highlight how few studies across health promotion, nutrition and obesity have applied policy process theory and how recent the application has been. For example, Cullerton et al.’s systematic

review found that the use of policy process theory in nutrition policy studies only really began in 2003 and that only 14% of their 63 included studies used theory. (79) Similarly, Breton and Leeuw's review published in 2011 found that only 18% of all 119 health promotion studies used a political science theory. (52)

1.4.3 Studies focused on the government obesity policy process in England and other countries

The lack of theory-based research on the government obesity policy process is stark, especially in relation to England. For example, a less descriptive and more explanatory study of the government obesity policy process in England by Hawkes et al. was published in 2014, but it did not apply policy process theory. (73) Although it presented in-depth analyses of 40 interviews with stakeholders involved in the policy process about the conditions that led to a particular government strategy, the lack of theoretical grounding may have meant important influential factors were overlooked. The data analysed was only interview data, which may have meant results were affected by recall bias or interviewees wanting to present a particular version of events, which were not corroborated by documentary evidence.

Clarke et al.'s systematic review identified five studies on the government obesity policy process in the UK (including studies focused on England and Scotland) that *did* use policy process theory. (54) One 2015 study compared childhood obesity policymaking in New York City and London based on documentary analysis of secondary sources(83); one 2006 study examined the change in the political salience of school sport and physical education over a 15 year period by analysing policy documents and interviews (81); one 2015 study examined the case study of why an increased emphasis on walking promotion occurred in England in 2008 by analysing policy documents and interviews (74); one 2014 study examined the case study of a school sport and physical activity initiative and whether it reflected hypothesised changes in Western government policymaking by analysing policy documents and key informant interviews (84); and one 2011 study examined the policy change in Scottish physical education and school sport (85).

Whilst the comparative, city-level study did cover the broader remit of obesity policy, it lacked methodological transparency, rigour and a systematic application of theory. (83) The other studies focused on the narrower remit of sport and/or physical activity policy, which is a small part of the wider obesity policy agenda. In terms of quality, Clarke et al. ranked three of the studies as being largely medium to low methodological quality using their critical appraisal rating. (54) The one study ranked as being mostly high quality was the case study by Milton and Grix, which applied one policy

process theory - Multiple Streams Framework (MSF). (74) The authors examined the policy process leading to an increased prioritisation of and investment in walking promotion in 2008 as part of the public health policy agenda in England. They applied a highly credible, transferable and dependable case study design using inductive content analysis of document and interview data, before grouping the themes into three MSF theory-derived categories (problems, policies, and politics). They found the MSF theory useful in structuring the analysis and identifying influential aspects, e.g., how the London 2012 Olympic and Paralympic Games acted as a catalytic 'policy window' for the increased political interest and commitment to walking promotion, aided by the role of key 'policy entrepreneurs'. A more detailed and systematic discussion of these theoretical concepts can be found in Chapter 3.

A formal update of Clarke et al.'s systematic review would be prudent to explore more recent theory-based policy studies conducted after July 2015. However, due to the resource constraints of this thesis, this was not possible. Informal searches were conducted, however, and these are described below.

To identify theory-based studies on the government obesity policy process in England published since Clarke et al.'s systematic review of theory-based obesity policy research, I ran an updated search of three databases (Scopus, Web of Science and PubMed) for studies published before July 2021. The search terms can be found in Appendix A. Before examining full texts, I screened search results looking for studies that filled the inclusion criteria: empirical studies of the government policy process (all government levels) that applied policy process theory (explicitly stated), focused on obesity policies (including diet and physical activity), were focused on England and published since July 2015.

Baker et al.'s review published in 2018 provided an update, albeit focused on nutrition policy rather than obesity, which meant physical activity policy, for example, was not included. (55) What Baker et al.'s review and my search identified was that since July 2015, no analysis of the government obesity policy process in England using policy process theory has been published. (74)

The literature search, however, revealed that there have been several high quality, theory-based studies published about the policy process in other countries (59,86–97). For example, a case study by Baker et al. applied theory-testing process-tracing to examine how political priority for obesity prevention regulation was generated at Australia's national level (59); four case studies by Clarke et al. used theory-based frameworks and Causal Loop Diagramming methods to examine how particular obesity interventions and policies came about at the Australian state level (86,90–92); and a case study by Le Bodo et al. used one policy process theory to examine the conditions that led to France's sugar-sweetened beverage tax. (93) The studies demonstrate that a case study design using content

and thematic analysis has been most commonly used to examine the government obesity policy processes. (74,86,90–93) However, one more novel method was identified in Baker et al.'s study, which applied theory-testing process-tracing, integrating comparative thematic analysis. (59) In terms of theory, five applied one theory (88,93,95–97) and seven applied multiple theories. (59,86,87,89,90,92,94)

In general, the studies were largely systematic, rigorous and transparent in their methods. Four provided a codebook based on the theories or supplementary material that could be used to guide future research. (86,90,91,93) However, there were several limitations and weaknesses. One study contained very little methodological detail, e.g., whether triangulation was used and no detail regarding how the single theory was applied or tested (88); some were based on relatively small interview and document samples (90–92); some only analysed document data (93,96) or only interview data (87,89); one used theory to confirm results rather than formally applying it in the analysis (97); and the process-tracing study (59) lacked clear details about how the method was applied, and there was no mention of a hypothesised constructed causal mechanism or a formal, systematic comparison of the hypothesised predictions and results, as is expected in process-tracing. (98–102)

1.4.4 Research gaps

Overall, the body of recent literature demonstrates a lack of high-quality, empirical, theory-based research on government obesity policy, both internationally and in England. At the outset of my PhD, no comprehensive or systematic analysis of all obesity policies proposed by government for England had been published; and only five studies on the obesity policy process in the UK using policy process theory had been published (74,81,83–85), of which only one was of high scientific quality. (74) In this thesis, I set out to fill this gap in knowledge by conducting an analysis of all government obesity policies in England and using theory-based case study methodology to inform future public health policymaking on obesity.

In the rest of this chapter, I set out the research scope and definitions, personal context, ontology and epistemology, and my research questions. I then conclude with a brief summary of how the rest of the thesis is constructed.

1.5 Research scope and definitions

1.5.1 Scope

Geographical

There is always a challenging compromise in research between breadth and depth. Although it would be of great value and interest to compare obesity policies and the related policymaking processes across countries, particularly within the UK, I wanted to examine the issue as deeply as possible. Due to the constraints and limitations of the PhD timeline, access to data and resource, this research focuses on government obesity policy for England, rather than the devolved government administrations in Scotland, Wales and Northern Ireland. (103) Although limited to England, it is hoped that the findings are relevant to other countries, including the other UK nations, and may inspire comparative research to further expand our understanding.

Temporal

To grasp the nature and characteristics of government obesity policies proposed over time, I began with an analysis of all government obesity policies proposed in England since 1992, which was when the first government obesity reduction targets were published. Then, to establish a deep empirical understanding of the policymaking process behind such proposed obesity policies, I used a single, mixed methods case study research design to examine how one of the government obesity strategies - *Childhood Obesity: A plan for action* (COP) - came about over a time period of four years (2012–2016).

1.5.2 Definitions

Government policy: The UK government defines government policy as ‘a course or general plan of action to be adopted by government, party, person etc.’ and ‘statements of the government’s position, intent or action.’ (104)

Government obesity policy: Obesity policy is a particular type of health policy that ‘aims to impact positively on population health’. (53) There are two main strands in health policy – health care and public health. The former is concerned with healthcare systems and the treatment of individuals, while the latter is concerned with the promotion of population health, prolongation of life and prevention and ill-health ‘through the organised efforts of society’. (105) Public health policy recognises that health outcomes are determined by more than an individual’s behaviour (e.g. by social and economic factors) and supports the integration of health across all sectors and policy areas.

(35,42,43,53,106) In England, this means that, while the Department of Health and Social Care is primarily responsible for coordinating national obesity policy in England, particular policies can fall under the jurisdiction of other departments such as the Department for Education or Transport.

Policy process: The government policymaking process refers to the set of processes through which government policy is conceived, proposed, implemented, evaluated and potentially terminated, continued or adapted. Policy process research is “the study of change and development of policy and the related actors, events and contexts.” (107)

1.6 Personal context, ontology and epistemology

“We must, as part of our study, expose ourselves to ourselves”, Atkins and Lasswell. (108)

Reflexivity is central to research. It is critical for researchers to recognise how their own stories brought them to be interested in particular topics and with it, their potential biases and ontological perspectives. Prior to commencing my PhD, I had spent over a decade in and around government policymaking, including running issue-focused and political campaigns, working in Parliament as a researcher, working for a think tank and standing for Parliament in the 2017 general election. I am deeply fascinated by the world of politics and policymaking, but it was my desire to identify ways to solve problems practically that brought me back to academia.

When I first came to the MRC Epidemiology Unit, I wondered: “This Unit, like so many others, produces so much high-quality scientific research, but how much actually translates into policy? How much is even read by policymakers?” Given government has failed to successfully and consistently reduce obesity despite so much scientific evidence published, what was happening for the science not to translate into policy that successfully solved problems? The more I began to ask these questions the more I began to realise that, only by taking a step back to truly scrutinise, interrogate and understand how government policymaking works in reality, can the ways to improve it be identified, tried and tested.

My links and associations with the political and policymaking worlds are public, so I have never made any pretence to come to research without bias or opinions. However, I believe deeply in the value and critical importance of reflexivity (details of how I did this are contained in the methods chapters), which has drawn me to adopt methods that facilitate the most transparent, rigorous and systematic research, minimising biases and allowing readers to make their own judgements. In line with this, it is also important for researchers to explore the ontology and epistemology that their work best aligns with.

There are two main paradigms associated with quantitative and qualitative research: positivism and interpretivism. (109) Positivists believe that reality is observable, measurable and objective, whereas interpretivists believe that reality is subjective, created, reconstructed and interpreted through human interaction. (109–111) In critique of such mono-paradigmatic and diametrically opposed approaches to research, other paradigms have emerged, such as pragmatism. Kivunja and Kuyini stated that pragmatism “arose among philosophers who argued that it was not possible to access the ‘truth’ about the real world solely by virtue of a single scientific method as advocated by the Positivist paradigm, nor was it possible to determine social reality as constructed under the interpretivist paradigm.” (112) Pragmatism rejects the categorical ontological, epistemological and methodological distinctions between positivism and interpretivism, ending what has been referred to as the ‘Paradigm Wars’. (113) Instead, it views both quantitative and qualitative methods as equally useful and believes that finding the most appropriate, practical and methodologically pluralistic way to examine the social world is more important than methodological monism. Pragmatism is rooted in the concept of ‘workability’, it is focused on research outcomes, and it has a “value-laden axiology”, i.e., valuing research that benefits people. (112,114)

My drive to understand how government policymaking works and how to practically solve problems led me to take a pragmatic approach to the research in this thesis. I sought neither to discover and measure a “single truth” or reality about government policymaking, nor extend too far beyond the data to explore how reality is constructed. Instead, I sought to understand government obesity policymaking in the most practically useful and pragmatic way possible. To do so, I aimed to address each research question separately using methods and theories I deemed most appropriate to answer them, and to offer the reader the most transparent, rigorous, systematic and hopefully replicable approach to examining government obesity policymaking that I practicably could. In line with this, I was drawn to qualitative research approaches that were more concerned with practically increasing rigour and reducing bias than with being paradigmatically pure. This is what led me to selecting applied thematic analysis (ATA) and process-tracing (PT), which are discussed in detail in chapters 2 and 4. (98,115) I particularly liked Beach and Pedersen’s approach to PT methods because, by leading with pragmatism, they help to clear up confusions about PT’s ontological and epistemological foundations, which have partly resulted from previous literature defining it as a single research method, and demonstrate that research applying positivist associated concepts such as “theory-testing” can be done in a pragmatic fashion. (98)

I am conscious that adopting a pragmatic ontological and epistemological pluralism must cope with the underlying disciplinary tensions that often exist between public health and wider policy studies. To that end, I have set out my research questions and research architecture in ways that draw on

dominant public health approaches of theory testing but combined that with rigorous qualitative approaches from wider policy studies that enabled me to dig more deeply into specific case studies of policymaking. No research approach is perfect and so I welcome all feedback and reflections and am most grateful to anyone who takes the time to read my thesis.

1.7 Research aims and questions

As has been set out in this chapter, empirical research on what policies have been proposed to date, how government policymaking works in practice, what leads to government policies in England, and what and who influences the process has been limited. Whilst there has been research published about certain government obesity policies in England, none have systematically, comprehensively and rigorously examined all policies to date using theory and determined if they have been fit for purpose. For a policy to be fit for purpose, not only does the idea itself need to have a high chance of being effective and equitable, but the way it is proposed, and the regulation approach taken needs to likely work in practice. A good idea in theory will not achieve the designated purpose alone if it is unlikely to be actioned. Therefore, this research aimed to offer a more holistic understanding of whether government obesity policies have been likely to achieve their ultimate purpose of tackling obesity and to utilise this understanding to consider practical ways of improving government obesity policy.

Of the research that has been published about the government obesity policymaking process in England, the use of theory and rigorous methods has also been limited, and many studies have not used theory at all. The existing literature has not tended to focus on the precise explanations about how government obesity policies come about, including how policymakers decide what policy proposals to consider, or what and who influences policy proposals. This research aimed to fill these gaps and adopt a pragmatic research approach applying mixed methods and theoretical foundations from political science. (52,54,55,79) Through the case study, this research also aimed to test the usefulness of such policy process theories and thus contribute to the literature on how best to use and apply these to the study of government obesity policy in future. (53) Central to the ambition of this thesis is to harness an understanding of the government policy process to propose practical ways of influencing and improving it to achieve the ultimate aim of solving social problems. Below are my research questions and an indication of the corresponding thesis chapters in which they are addressed:

1. What is the nature of strategies and policies to tackle obesity in England that have been proposed by governments to date?

- Chapter 2: Study 1 – Analysis of government obesity strategies and policies in England, 1992 - 2020

2. **Were strategies and policies fit for purpose in terms of their strategic focus, the nature of policy measures included, their basis in theory and evidence, and their implementation plans?**
 - Chapter 2: Study 1 – Analysis of government obesity strategies and policies in England, 1992 - 2020
3. **How and why did agenda setting and policy change in the publication of *Childhood Obesity: A plan for action* come about?**
 - Chapter 3: Theories of the policymaking process and policy entrepreneurs
 - Chapter 4: Studies 2 and 3 - Case studies applying theory-testing process-tracing (methods)
 - Chapter 5: Study 2 – How does government obesity policy come about? The case study of England's 'Childhood obesity: A plan for action' (results)
4. **Do policy process theories help explain the policy process for *Childhood Obesity: A plan for action*?**
 - Chapter 3: Theories of the policymaking process and policy entrepreneurs
 - Chapter 4: Studies 2 and 3 - Case studies applying theory-testing process-tracing (methods)
 - Chapter 5: Study 2 – How does government obesity policy come about? The case study of England's 'Childhood obesity: A plan for action' (results)
5. **How and why did the policy entrepreneur Jamie Oliver influence the policy process leading to *Childhood Obesity: A plan for action*?**
 - Chapter 3: Theories of the policymaking process and policy entrepreneurs
 - Chapter 4: Studies 2 and 3 - Case studies applying theory-testing process-tracing (methods)
 - Chapter 6: Study 3 – How do policy entrepreneurs influence the government obesity policy process? The case study of Jamie Oliver in England (results)
6. **Does policy entrepreneur theory help explain how Jamie Oliver influenced the government obesity policy process?**
 - Chapter 3: Theories of the policymaking process and policy entrepreneurs
 - Chapter 4: Studies 2 and 3 - Case studies applying theory-testing process-tracing (methods)
 - Chapter 6: Study 3 – How do policy entrepreneurs influence the government obesity policy process? The case study of Jamie Oliver in England (results)

1.8 Conclusion

This chapter has set out the background and reasoning behind the thesis, what is already known about government obesity policy and the related processes, and the gap in knowledge this research aims to fill. The review of past research above is has aimed to provide a concise overview. However, greater detail is offered in subsequent chapters, where I explore in great depth theories of government policymaking.

In terms of how this thesis is structured, Chapter 2 offers answers to research questions 1 and 2 by presenting the analysis of all UK government obesity strategies and policies in England between 1992 and 2020. This research was published in *Milbank Quarterly* in January 2021. (8) Chapter 3 examines theories of the government policy process and presents a testable conceptual framework that combines three policy process theories for the purposes of the case study research. Chapter 4 sets out the methods to answer research questions 3 to 6. It details the theory-testing process-tracing method adopted for the single case study of how COP came about (the results of which are presented in Chapter 5) and how Jamie Oliver influenced the process as a ‘policy entrepreneur’ (the results of which are presented in Chapter 6). Chapter 7 provides a discussion of the case studies’ results, including their strengths and weaknesses, implications for future research and a summary of the practical policy implications for academics, advocates, policymakers and other interested readers. Finally, Chapter 8 reflects on the PhD research and process as a whole, including the barriers faced and lessons learned.

Chapter 2: Study 1 – Analysis of government obesity strategies and policies in England, 1992-2020

Citation for this study: Theis, D., & White, M. (2021). Is obesity policy in England fit for purpose? Analysis of government strategies and policies, 1992 – 2020. *The Milbank Quarterly*. (8)

2.1 Background

As identified in Chapter 1, at the outset of my PhD, no comprehensive or systematic analysis of all obesity policies proposed by government for England had been published. Given that obesity prevalence and related inequalities still show no signs of being successfully reduced, this chapter presents the results of a comprehensive analysis of all government obesity policies in England to date. It provides valuable insights into the strategic approaches taken, their successes and failures, and identifies the potential for more effective obesity policies going forward. As stated in the introduction, this analysis was driven by two questions: What is the nature of strategies and policies to tackle obesity in England that have been proposed by governments to date? Were strategies and policies fit for purpose in terms of their strategic focus, the nature of policy measures included their basis in theory and evidence, and implementation plans?

2.2 Methods

A mixed-methods approach was adopted using content analysis and applied thematic analysis (ATA) to interrogate government strategy documents (115,116), before applying both qualitative and quantitative methods to the resultant data set, as explained below.

2.2.1 Data set and acquisition

The analysis was of government strategies either wholly or partially dedicated to tackling obesity in England. The term ‘strategy’ referred to published government documents detailing an overall plan of action designed to achieve a long-term aim, while the term ‘policy’ referred to the individual principles, programmes and statements of intent or action contained within the strategies. (104) The latter definition ensured that the data set was as inclusive as possible and captured all obesity policies proposed in England, given this has been a significant gap in the literature. The data set was defined as: distinct obesity policies nested within strategies wholly or partially dedicated to tackling obesity in England; timeframe set from whenever the UK Government first formally recognised it should introduce specific action on obesity; published by the UK government (not devolved administrations);

containing policies the government sought to introduce and/or recommended, as well as policies that other sectors were expected to introduce; and readily accessible. For strategies partially focused on obesity, only policies that were explicitly proposed as a solution to obesity and overweight were included. Strategies and policies were included regardless of political party, the government department from which they originated or the sector at which they were targeted.

Government obesity strategies and individual policies contained within the strategies were identified by searching the gov.uk website, which is where government strategies and policies are published, and any relevant government department websites, then recorded in a spreadsheet. Policies were nested within their parent strategy and recorded and numbered in the order they appeared. The year the strategy was published, the political party in government, the obesity reduction target (if any) and the individual policies (verbatim) were also recorded.

2.2.2. Data analysis

Content analysis involves assigning codes or analytic categories to the data set and preserves the meaning of the data in a descriptive manner, whereas ATA moves beyond description to interpretation by identifying, extracting and interpreting ‘patterns of meaning in the data’. (115,116) Applied thematic analysis helps increase rigour and transparency in qualitative research – thereby decreasing the potential for impressionistic and biased results – and can flexibly accommodate the use of single, multiple or no theoretical frameworks. (115) The development of an analytical framework and my analysis took an iterative approach involving multiple readings and coding of the data.

Analytical framework

To provide a clear and comprehensive structure to the analysis, I developed a theory-based analytical framework. Some themes were determined *a priori* to answer the pre-specified research questions, drawing on published frameworks; others emerged during the analysis. Frameworks to analyse strategies and policies were identified in existing literature or developed *de novo* and then included in the overarching analytical framework. Five main themes made up the framework: *target behaviour type*, *policy type*, *implementation viability*, *regulation approach*, and *intervention agency demands*. The coding map was agreed by my two supervisors and me. Each theme contained a set of codes e.g., for each policy type. For policies that did not fit into a framework’s predetermined codes, new codes were created. (57) Once a comprehensive coding system for the multiple themes was developed, it was refined and checked once more against existing theoretical literature before a final version was established (see Appendix B for all themes, codes and descriptions).

For *target behaviour type*, policies were coded by the broad behaviour they sought to target (e.g., diet, physical activity or non-specific). For *policy type* the widely-recognised Nuffield Foundation 'Intervention Ladder' was used to characterise policies according to the extent to which they enable or restrict choice. (26,117) New codes were created for policies that could not be characterised by the extent to which they enable or restrict choice. These included 'institutional', 'evaluation', 'research', 'guidance and standards' and 'professional development' policies (definitions in Table 20). 'Fiscal' and 'non-fiscal incentives' and 'disincentives' were separated into discrete codes to distinguish between taxation measures and other forms of incentives or disincentives such as a recognition award. (118) The 'do nothing or simply monitor the current situation' category became 'monitor' as it was not possible to identify inaction in the strategies.

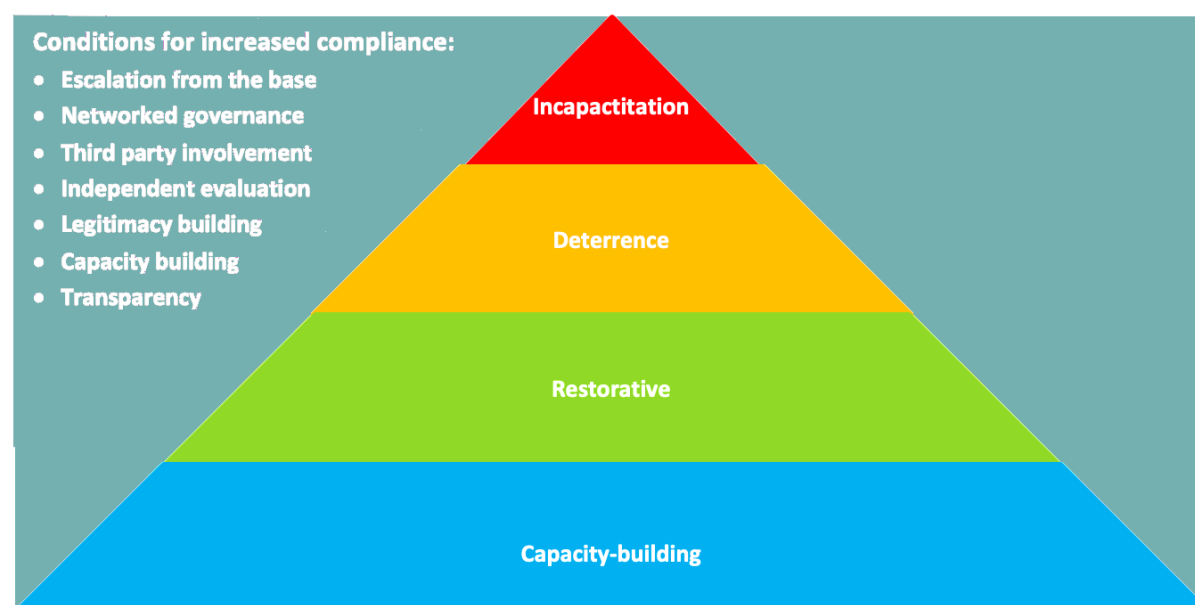
For the *implementation viability* theme, the recurrent core components of existing frameworks used to assess the extent to which policies are conducive to implementation were identified, including the World Health Organization's (WHO) international framework. (69,119,120) The core components of these frameworks applicable in this context were the specificity of the target population, the responsible actor, the presence of a monitoring and/or evaluation plan, the policy time frame, a statement of cost estimation and/or directly allocated budget for the policy, evidence cited to support the policy, and the identification a theory of change to underpin the policy. (69,119)

Different *regulation approaches* have been examined in obesity policy research, including self-regulation by the food and drink industry, barriers to government regulation and laws introduced to prevent obesity. (59,66–68,78,121) Regulation is not always law; it can be an "act or process of controlling by rule or restriction". (122)

To explore *regulation approach*, policies were analysed using Braithwaite's 'responsive regulation pyramid' (Figure 4). (123–125) Braithwaite helped shift the debate about business regulation away from a dichotomous dispute between deterrence-based regulation and the removal of as many rules as possible, to one that focused on how regulators could achieve greater compliance and enforcement by understanding the context and motivation of those whose conduct they sought to regulate. (125) The pyramid represents a four level regulatory approach, starting with 'capacity-building' at the base, whereby regulatory actors learn about a problem and build their capacities to tackle it, then escalating to a 'restorative approach' involving largely self-regulation measures to "repair the harm that has been caused" by the problem. (125) If not enough is done through self-regulation, the strategy escalates to become more interventionist and 'deterrence' measures are introduced by government or a regulatory body. Finally, in more extreme cases of inaction or insufficient action, 'incapacitation' measures are introduced, such as rescinding a license to operate. Policies were assessed for their stage

of *regulatory approach* and whether regulatory escalation was proposed as part of the policy – for example, if government states it will start with a self-regulation approach and move to deterrence should self-regulation be deemed ineffective.

Figure 4: Adapted from Braithwaite’s ‘Responsive regulation’ pyramid. (124)



Finally, the concept of *intervention agency demands*, which proposes that public health interventions differ according to the demands they make on an individual’s ‘agency’ (i.e. personal resources such as knowledge, engagement, and ability or power to act) was used to analyse the policies. (126,127) Since interventions that made fewer demands on individual agency are likely to be most effective and equitable, this analysis was used to identify policies most likely to reduce health inequity. (126,127)

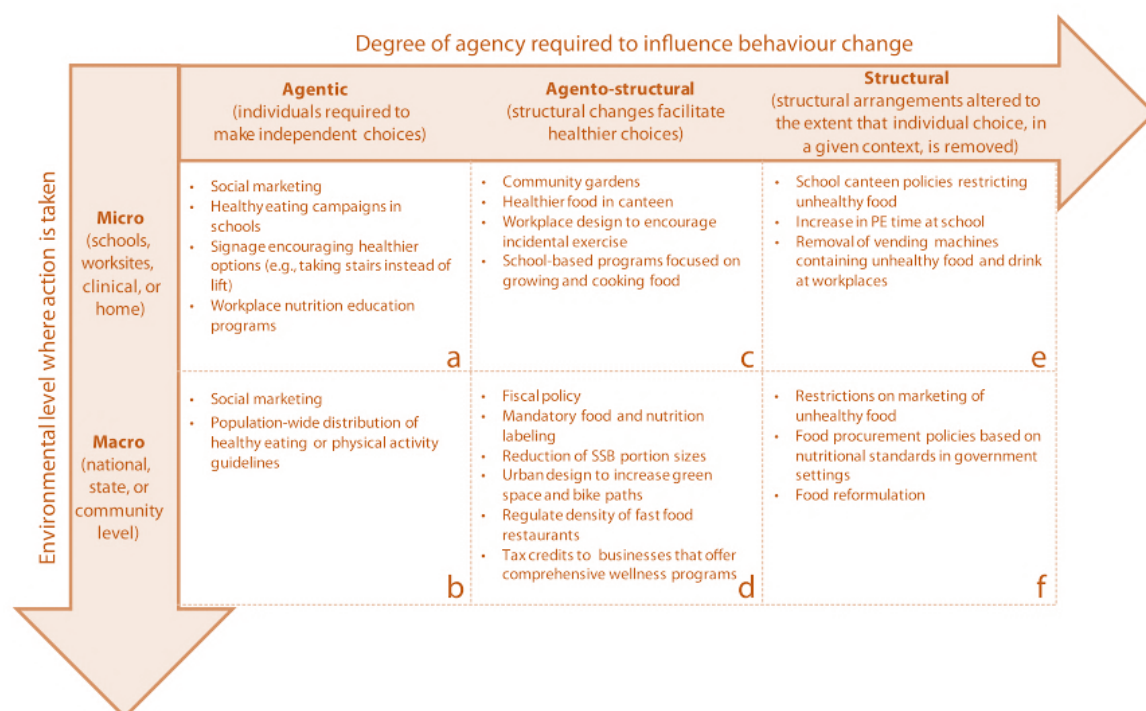
Backholer et al. offer a framework to assess the degree of agency required for an intervention to influence behaviour change and the socioeconomic implications (Figure 5). (127) As far as is known, this has not been used to systematically and rigorously examine government obesity policies at scale and over time. However, in the absence of any other existing framework, policies were coded according to the framework’s categorisation, but accepting that ongoing work may be required to refine and validate such a framework in due course. (128) In relation to policies analysed, a code was assigned only on the basis of the demands on the members of the population to whom a policy was directed, accepting that some policy interventions may also make demands on policymakers and professionals to ensure implementation. Policy types with no clear or direct demands on individual agency (e.g., the appointment of a new minister) were excluded from the coding.

Policy interventions that simply sought to inform individuals about an issue and leave them to determine their preventive actions were coded as being “agentic” and these were further coded

according to environmental level, i.e., micro (schools, worksites, clinical or home) and macro (national, state or community). This category was represented by policies (e.g., information leaflets and social marketing campaigns) that required a high level of individual agency because a person has to notice (e.g., an informational leaflet), understand the information (usually requiring literacy, numeracy or both), be motivated to change their behaviour in response (e.g., choose healthier products) and then to have the means and ability to do so.

At the other end of the spectrum were “structural” policies that sought to eliminate or restrict choice, and which therefore demanded the least individual agency. Such policies included banning unhealthy food being advertised or sold somewhere, meaning that people are less exposed to unhealthy options so are less likely to need to acquire and use resources to choose between options. These were also coded according to environmental level. Finally, between the two ends of the spectrum were “agento-structural” interventions, which accounted for the environment in which people behave and make choices, but individual agency still plays an important role. For example, the provision of healthy food in a canteen or urban design to facilitate walking and cycling. These were further coded according to environmental level. Figure 5 presents Backholer et al.’s framework for the “likely impact of obesity prevention strategies on socioeconomic inequalities in population weight” and Appendix B sets out the details of the six agency codes. (127)

Figure 5: Backholer et al.’s framework for the likely impact of obesity prevention strategies on socioeconomic inequalities in population weight. (127)



Note. PE = physical education; SSB = sugar-sweetened beverage. Parts a and b show interventions more likely to increase the socioeconomic gradient in weight. Parts c and d show interventions in which the impact on the socioeconomic gradient in weight is uncertain. Parts e and f show interventions unlikely to increase the socioeconomic gradient in weight.

Once the analytical framework was developed, all strategy documents were analysed to identify the specific policies within them. The analysis involved multiple readings of the strategies to ensure all individual policies had been identified according to the definition. I then undertook an initial thematic analysis and coding of the policies. Each policy was coded according to categories of the five themes in my framework (Appendix B) in an Excel spreadsheet. Coding and thematic analysis was conducted by me and to check for inter-rater reliability, a second coder coded 10% of the policies and any disagreements were resolved by discussion. Once the coding was complete, the number and proportion of codes were calculated for the policies overall, for each strategy and for each government from 1992-2020. The results were then examined to identify patterns and meanings in the data, for example, changes over time and under different governments. Examples from policy documents were extracted to help illustrate the analysis.

2.3 Results

Fourteen government strategies that fulfilled the inclusion criteria were identified (Figure 3, Chapter 1). Table 1 sets out the strategies by month and year, political party in government, obesity reduction target(s) (if any), proportion of policies by *target behaviour type* (diet, physical activity or non-specific) and the total number of policies. One strategy was published by the Conservative Government (1979-1997), seven by the Labour Government (1997-2010), two by the Conservative and Liberal Democrat Coalition Government (2010-2015) and four by the Conservative Government (2015-2020).

Table 1: Government obesity strategies in England, 1992 to 2020

Political party in Government	Month Year	Government strategy	Obesity Reduction Target	Policies by target behaviour type n (%)			Total policies
				Diet	Physical activity	Non-specific	
Conservative	July 1992	Health of the Nation*	Reduce proportion of obese men to 6% and obese women to 8% by 2005	25 (58)	5 (12)	13 (30)	43
	CONSERVATIVE GOVERNMENT SUB-TOTAL			25 (58)	5 (12)	13 (30)	43
Labour	July 1999	Saving Lives – Our Healthier Nation*	No target set	7 (37)	4 (21)	8 (42)	19
	July 1999	Reducing Health Inequalities: An action report*	We recommend policies [for the] reduction of obesity	10 (44)	6 (26)	7 (30)	23
	November 2004	Choosing Health*	Reduce obesity	30 (28)	30 (28)	49 (44)	109
	March 2005	Choosing a Better Diet	Halt the year-on-year rise in obesity among children under 11 by 2010	53 (62)	0	33 (38)	86
	March 2005	Choosing Activity	Halt the year-on-year rise in obesity among children under 11 by 2010	0	67 (57)	51 (43)	118
	January 2008	Healthy Weight, Healthy Lives	Reverse the rising tide of obesity and overweight. Reduce the number of obese and overweight children to 2000 levels by 2020	22 (31)	16 (22)	34 (47)	72
	July 2008	Food Matters*	Reducing the rate of increase in obesity among children under 11	9 (100)	0	0	9
	LABOUR GOVERNMENT SUB-TOTAL			131 (30)	123 (28)	182 (42)	436
Coalition (Conservative and Liberal Democrat)	November 2010	Healthy Lives, Healthy People*	No target set	6 (16)	11 (30)	20 (54)	37
	October 2011	A call to action on obesity in England	A downward trend in the level of excess weight averaged across all adults by 2020. A sustained downward trend in the level of excess weight in children by 2020	13 (19)	13 (19)	43 (62)	69
	COALITION GOVERNMENT SUB-TOTAL			19 (18)	24 (23)	63 (59)	106
Conservative	August 2016	Childhood Obesity: A Plan for action	Significantly reduce England’s rate of childhood obesity within the next ten years	13 (43)	6 (20)	11 (37)	30
	June 2018	Childhood Obesity: A plan for action, Chapter 2	Halve childhood obesity rates by 2030 and significantly reduce the health inequalities that persist	24 (73)	3 (9)	6 (18)	33
	July 2019	Childhood Obesity: A plan for action, Chapter 3*	Reducing childhood obesity by 50% by 2030	10 (42)	8 (33)	6 (25)	24
	July 2020	Tackling obesity: government strategy	Halve childhood obesity rates by 2030.	9(53)	0	8(47)	17
	CONSERVATIVE GOVERNMENT SUB-TOTAL			56 (54)	17 (16)	31 (30)	104
TOTAL				231 (33)	169 (25)	289 (42)	689

*Public health strategies that include policies beyond obesity

Seven of the strategies were broad public health strategies containing obesity as well as non-obesity policies such as on tobacco smoking and food safety. The other seven strategies contained only obesity policies, e.g., diet and/or physical activity policies. Twelve of the fourteen strategies contained obesity reduction targets. However, only five of these were specific, numerical targets rather than statements such as 'aim to reduce obesity'. Strategies ranged from those containing 118 policies (*Choosing Activity*) to just nine (*Food Matters*). The median number of policies per strategy was 35.

In terms of health equity, half of the strategies were set in the context of tackling health inequalities (*Saving Lives, Choosing Health, Choosing A Better Diet, Choosing Activity, Health Lives, Healthy People* and *A call to action on obesity*); two discussed health inequality but the strategies were not set in the context of tackling it (*Healthy Weight, Health Lives* and *Food Matters*); three were set in the context and included health inequality reduction targets (*Childhood Obesity : A plan for action, Chapter 2 (COP2), Childhood Obesity: A plan for action, Chapter 3 (COP3)* and *Tackling obesity*); one was focused fully on reducing health inequalities (*Reducing Health Inequalities*); and one did not discuss health inequality or inequity at all (*Health of the Nation*).

In terms of the health-related behaviour that policies sought to address (diet or physical activity), a third of all policies were diet-specific, a quarter were physical activity-specific, and the rest (42%) were non-specific or included efforts to address both diet and activity, e.g., the Healthy School Programme, which contains measures to improve physical activity levels and diet in school.

The strategies included a wide variety of *policy types*, from introducing food standards in schools and providing parents with support to live healthier lives to placing restrictions on television advertising of unhealthy products to children and reformulating unhealthy products (see Table 2). Many policies proposed were similar or exactly the same in multiple strategies over multiple years, often with no reference to having been proposed in a previous strategy. Only one strategy (*Saving Lives*) was based on a formal, independent evaluation of the previous government's strategy (*Health of the Nation*). (33) More explicit references were made to previous strategies in other strategies when there was a direct link between them. For example, *A call to action on obesity* references *Healthy Lives, Healthy People* as it is a strategy that is proposed as "building on the foundation laid down in the White Paper".

Overall, the largest proportion of policies were 'enable' policies (20%) such as the Healthy Start Programme, which provides vouchers for low-income families to exchange for fresh fruit and vegetables and other products. (38) There was also a relatively high proportion of 'guidance or standards' policies (16%), aimed largely at the public sector, schools and the National Health Service (NHS); 'institutional' policies (12%), such as the introduction of a ministerial position; 'professional

development' policies (11%), such as training for healthcare professionals; and 'inform' policies (12%), such as 5 A DAY.

In comparison, there very few 'fiscal' or 'non-fiscal disincentive' policies (0.3% and 0.4% respectively); 'monitor' policies such as weighing and measuring people regularly (2%); 'restrict choice' policies such as banning unhealthy food promotion (3%); 'change default' policies such as reformulation (3%); and 'non-fiscal incentive' policies such as workplace awards for creating healthy environments (3%). No 'fiscal incentives' (e.g., tax breaks on healthy products) or 'eliminate choice' policies (e.g., banning an unhealthy product) were proposed in any strategies. Table 2 provides a breakdown of these *policy types* by government strategy and year.

Table 2: Number (%) of policies by policy type in government obesity strategies in England, 1992 to 2020

Year	Government Strategy	Institutional	Evaluate	Monitor	Research	Guidance or standards	Professional development	Eliminate choice	Restrict choice	Fiscal disincentives	Fiscal incentives	Non-fiscal disincentive	Non-fiscal incentive	Change default	Enable	Inform	Total policies
1992	Health of the Nation	6 (14)	2 (5)	2 (5)	4 (9)	8 (19)	4 (9)	0	0	0	0	0	0	2 (5)	7 (17)	8 (19)	43
1999	Saving Lives – Our Healthier Nation	5 (26)	0	0	1 (5)	0	0	0	0	0	0	0	0	1 (5)	10 (53)	2 (11)	19
	Reducing Health Inequalities: An action report	4 (17)	0	0	5 (22)	2 (9)	1 (4)	0	0	0	0	1 (4)	0	1 (4)	5 (22)	4 (17)	23
2004	Choosing Health	13 (12)	7 (6)	1 (1)	4 (4)	24 (22)	14 (13)	0	4 (4)	0	0	1 (1)	3 (3)	3 (3)	17 (16)	18 (17)	109
2005	Choosing a Better Diet	10 (12)	11 (13)	1 (1)	9 (10)	17 (20)	14 (16)	0	1 (1)	0	0	0	2 (2)	1 (1)	11 (13)	9 (10)	86
2005	Choosing Activity	12 (10)	12 (10)	3 (3)	10 (8)	23 (19)	16 (14)	0	4 (3)	0	0	1 (1)	4 (3)	0	19 (16)	14 (12)	118
2008	Healthy Weight, Healthy Lives	8 (11)	6 (8)	2 (3)	8 (11)	8 (11)	7 (10)	0	1 (1)	0	0	0	2 (3)	2 (3)	23 (32)	5 (7)	72
	Food Matters	2 (22)	1 (11)	0	0	2 (22)	0	0	0	0	0	0	1 (11)	0	0	3 (33)	9
2010	Healthy Lives, Healthy People	6 (16)	1 (3)	1 (3)	2 (5)	4 (11)	3 (8)	0	0	0	0	0	2 (5)	0	15 (41)	3 (8)	37
2011	A call to action on obesity in England	11 (16)	3 (4)	4 (6)	6 (9)	8 (12)	5 (7)	0	1 (1)	0	0	0	6 (9)	3 (4)	16 (23)	6 (9)	69
2016	Childhood Obesity: A Plan for action	1 (3)	2 (7)	0	4 (13)	6 (20)	6 (20)	0	0	1 (3)	0	0	2 (7)	2 (7)	6 (20)	0	30
2018	Childhood Obesity: A plan for action, Chapter 2	1 (3)	5 (15)	1 (3)	4 (12)	7 (21)	2 (6)	0	5 (15)	0	0	0	0	2 (6)	4 (12)	2 (6)	33
2019	Childhood Obesity: A plan for action, Chapter 3	1 (4)	3 (13)	1 (4)	6 (25)	2 (8)	0	0	0	1 (4)	0	0	0	2 (8)	5 (21)	3 (13)	24
2020	Tackling obesity: government strategy	4 (23)	0	0	2 (12)	0	1 (6)	0	2 (12)	0	0	0	0	2 (12)	2 (12)	4 (23)	17
TOTAL		84 (12)	53 (8)	16 (2)	65 (9)	111 (16)	73 (11)	0	18 (3)	2 (0.3)	0	3 (0.4)	22 (3)	21 (3)	140 (20)	81 (12)	689

In terms of *implementation viability*, across all strategies, the majority of policies were proposed with a responsible agent (71%) and around 50% were proposed with a target population (57%), a theory of change (56%) and a timeframe (50%). However, only 24% of policies were proposed with any details of a monitoring or evaluation plan, only 19% cited any evidence to support the policy proposals and only 9% provided any detail of the cost or proposed an allocated budget. We also looked at the proportion of all policies that fulfilled my seven implementation criteria and found that 197 policies - the largest proportion (29%) - did not fulfil a single one. This compares to only 59 policies (8%) that fulfilled all seven implementation viability criteria. For the rest of the policies, 75 (11%) fulfilled six criteria, 33 (5%) fulfilled five, 177 (25%) fulfilled four, 39 (6%) fulfilled three, 13 (2%) fulfilled two, and 96 policies (14%) fulfilled one.

Table 3 shows the distribution of *implementation viability* components by strategy. Strategies published by the Conservative Government between 2016 and 2019 contain the highest proportion of policies that specify a target population (87%, 94% and 92%) and of these, *COP2* contains the highest proportion of policies with cited evidence (64%) and/or a theory of change (91%). Strategies published by the Labour Government between 2004 and 2005 contain the highest proportion of policies that specify a responsible agent (99%, 100% and 99%) and timeframe (47%, 92% and 93%). All strategies contained a relatively low proportion of policies that specify a monitoring or evaluation plan (40% or less) and the estimated cost or a directly allocated budget (32% or less).

Table 3: Number (%) of policy proposals identifying implementation viability components in government obesity strategies in England, 1992 to 2020

Year	Government strategy	Implementation viability component – number (%)						
		Target population	Responsible agent	Monitoring or evaluation	Timeframe	Cost/Budget	Evidence	Theory of Change
1992	Health of the Nation	12 (28)	28 (65)	7 (16)	5 (12)	0	0	8 (19)
1999	Saving Lives – Our Healthier Nation	12 (63)	6 (32)	1 (5)	7 (37)	6 (32)	0	5 (26)
	Reducing Health Inequalities: An action report	15 (65)	4 (17)	3 (13)	6 (26)	4 (17)	0	0
2004	Choosing Health	69 (63)	108 (99)	43 (39)	51 (47)	2 (2)	18 (17)	80 (73)
2005	Choosing a Better Diet	51 (59)	86 (100)	35 (41)	79 (92)	17 (20)	38 (44)	58 (67)
2005	Choosing Activity	60 (51)	117 (99)	20 (17)	110 (93)	3 (3)	35 (30)	77 (65)
2008	Healthy Weight, Healthy Lives	41 (57)	15 (21)	16 (22)	19 (26)	13 (18)	8 (11)	44 (61)
	Food Matters	2 (22)	4 (44)	2 (22)	2 (22)	0	0	5 (56)
2010	Healthy Lives, Healthy People	21 (57)	31 (84)	5 (14)	8 (22)	7 (19)	1 (3)	14 (38)
2011	A call to action on obesity in England	26 (38)	44 (64)	8 (12)	18 (26)	2 (3)	0	28 (41)
2016	Childhood Obesity: A Plan for action	26 (87)	19 (63)	9 (30)	9 (30)	4 (13)	3 (10)	12 (40)
2018	Childhood Obesity: A plan for action, Chapter 2	31 (94)	24 (73)	9 (27)	19 (58)	1 (3)	21 (64)	30 (91)
2019	Childhood Obesity: A plan for action, Chapter 3	22 (92)	4 (17)	9 (38)	7 (29)	0	6 (25)	16 (67)
2020	Tackling obesity: government strategy	8 (47)	2 (12)	0	4 (24)	0	4 (24)	6 (35)
TOTAL		396 (57)	492 (71)	167 (24)	344 (50)	59 (9)	134 (19)	383 (56)

In my analysis of *regulation approach* (Table 4), a relatively high proportion of policies were capacity-building policies with no indication of escalation (45%) or restorative policies with no indication of

escalation (39%). A much lower proportion of capacity-building and restorative policies indicated regulatory escalation (8% and 3% respectively). The proportion of deterrence policies with and without an indication of escalation was very low (1% and 4% respectively), and there were no incapacitation policies. The findings show that the majority of government regulatory approaches in England (95%) have been capacity-building and restorative, focusing on more voluntary measures that do not seek to deter actions.

Until 2004, policies were largely proposed without an indication of regulatory escalation, meaning policies were largely proposed without detailing what might happen if insufficient action or change was achieved. Since 2004, more deterrence measures have been proposed such as legislation on nutrition labelling for pre-packaged foods, Ofcom restriction of television advertising of unhealthy products and a levy on sugary soft drinks. When deterrence policies did indicate regulatory escalation, they were not indicating introducing incapacitation measures but rather were indicating an extension of deterrence measures, e.g., expanding the Soft Drinks Industry Levy to more products. *COP2* and the most recent *Tackling Obesity* had the highest proportion of deterrence policies (27% and 24% respectively), and four strategies contained no deterrence policies (*Saving Lives*, *Reducing Health Inequalities*, *Food Matters* and *Healthy Lives, Healthy People*).

Table 4: Number (%) of policies by regulation approach in government obesity strategies in England, 1992 to 2020

Year	Government strategy	Capacity-building with escalation	Capacity-building without escalation	Restorative with escalation	Restorative without escalation	Deterrence with escalation	Deterrence without escalation	Incapacitation
1992	Health of the Nation	0	22 (51)	0	20 (47)	0	1 (2)	0
1999	Saving Lives – Our Healthier Nation	0	6 (32)	0	13 (68)	0	0	0
	Reducing Health Inequalities: An action report	0	11 (48)	1 (4)	11 (48)	0	0	0
2004	Choosing Health	4 (4)	47 (43)	3 (3)	47 (43)	3 (3)	5 (5)	0
2005	Choosing a Better Diet	21 (24)	37 (43)	3 (3)	22 (26)	1 (1)	2 (2)	0
2005	Choosing Activity	5 (4)	70 (59)	1 (1)	38 (32)	1 (1)	3 (3)	0
2008	Healthy Weight, Healthy Lives	2 (3)	35 (49)	3 (4)	31 (43)	0	1 (1)	0
	Food Matters	1 (11)	4 (44)	0	4 (44)	0	0	0
2010	Healthy Lives, Healthy People	2 (5)	14 (38)	1 (3)	20 (54)	0	0	0
2011	A call to action on obesity in England	4 (6)	29 (42)	0	32 (46)	0	4 (6)	0
2016	Childhood Obesity: A Plan for action	2 (7)	14 (47)	1 (3)	10 (33)	0	3 (10)	0
2018	Childhood Obesity: A plan for action, Chapter 2	4 (12)	11 (33)	2 (6)	7 (21)	0	9 (27)	0
2019	Childhood Obesity: A plan for action, Chapter 3	5 (21)	8 (33)	1 (4)	9 (38)	1 (4)	0	0
2020	Tackling obesity: government strategy	3 (18)	3 (18)	2 (12)	5 (29)	1 (6)	3 (18)	0
TOTAL		53 (8)	311 (45)	18 (3)	269 (39)	7 (1)	31 (4)	0

In relation to *individual agency*, 312 policies were analysed that had the potential to impact on individual agency. The remaining 377 were excluded because they did not appear to have the potential for a direct impact on individual agency, e.g., the introduction of a ministerial position. Of the 312, the largest proportion of policies (43%) were coded as being agentic, meaning they would require individuals to draw on substantial personal resources to engage with an intervention effectively and would thus be less likely to be effective or equitable. Of these, 28% took place in a micro environmental level (e.g., school, worksite, clinical or home) and 72% at a macro level (e.g., national, local, or community). The second largest proportion were agento-structural (37%), while 19% were structural meaning that they made the fewest demands on individual agency and were the most likely to be effective and equitable. However, a substantial majority (64%) of the structural interventions were voluntary, for example, voluntary industry reformulation of unhealthy products, which research has shown tend to not meet intended objectives. (76,129) The voluntary nature of such interventions highlights also that agency with regard to interventions rests not only in the final target, as assessed by this scale (i.e., the population), but also with key stakeholders (e.g., commercial manufacturers and producers).

Table 5 shows the number (%) of policies in each strategy by the demands they make on individual agency according to Backholer *et al.*'s framework for the "likely impact of obesity prevention strategies on socioeconomic inequalities in population weight". (127) The proportion of agentic and agento-structural policies has remained relatively stable over the three decades. The proportion of structural policies was highest in the more recent *COP1*, *COP2* and *Tackling obesity* strategies (58%, 56% and 40% relatively), including banning the price and location promotions of unhealthy products and the introduction of a 9pm watershed on unhealthy TV and online advertising.

Table 5: Number (%) of policies by the demands they make on individual agency in government obesity strategies in England, 1992 to 2020

Year	Government strategy	Agentic		Agento-structural		Structural		Number eligible policies
		Micro	Macro	Micro	Macro	Micro	Macro	
		a	b	c	d	e	f	
1992	Health of the Nation	2 (9)	9 (41)	0	4 (18)	1 (5)	6 (27)	22
1999	Saving Lives – Our Healthier Nation	1 (8)	4 (31)	5 (38)	2 (15)	0	1 (8)	13
	Reducing Health Inequalities: An action report	1 (8)	5 (42)	2 (17)	1 (8)	2 (17)	1 (8)	12
2004	Choosing Health	7 (13)	15 (29)	12 (23)	8 (15)	6 (12)	4 (8)	52
2005	Choosing a Better Diet	2 (8)	13 (50)	5 (19)	2 (8)	1 (4)	3 (11)	26
2005	Choosing Activity	4 (10)	19 (45)	7 (16)	12 (29)	0	0	42
2008	Healthy Weight, Healthy Lives	7 (21)	5 (15)	11 (33)	8 (24)	0	2 (6)	33
	Food Matters	0	3 (60)	1 (20)	0	0	1 (20)	5
2010	Healthy Lives, Healthy People	7 (32)	6 (27)	4(19)	2 (9)	2 (9)	1 (4)	22
2011	A call to action on obesity in England	4 (12)	10 (29)	5 (15)	9 (26)	2 (6)	4 (12)	34
2016	Childhood Obesity: A Plan for action	0	1 (7)	3 (21)	2 (14)	4 (29)	4 (29)	14
2018	Childhood Obesity: A plan for action, Chapter 2	0	1 (6)	0	6 (38)	1 (6)	8 (50)	16
2019	Childhood Obesity: A plan for action, Chapter 3	2 (18)	5 (46)	0	1 (9)	1 (9)	2 (18)	11
2020	Tackling obesity: government strategy	0	1 (10)	2 (20)	3 (30)	0	4 (40)	10
	TOTAL	37 (12)	97 (31)	57 (18)	60 (19)	20 (6)	41 (13)	312

2.4 Discussion

2.4.1 Summary of the main findings

In this mixed-method study all government-proposed obesity policies in England (n=689) within obesity strategies (n=14) over almost three decades (1992-2020) were identified. Their nature and whether they have been fit for purpose in terms of their strategic focus, the policy measures included their basis in theory and evidence, and implementation plans were assessed and determined. Using established theoretical frameworks and applied thematic analysis, five main themes were identified to define the nature of policies (*target behaviour type, policy type, implementation viability, regulation approach, and intervention agency demands*).

The analysis found that a wide range of policy types have been proposed by the UK government for England, with a greater emphasis on diet than physical activity. A substantial proportion of policies in all strategies involved guidance or standards, professional development, institutional, informational, and enabling policies, indicating that governments have tended to prioritise provision of information and capacity-building in their obesity strategies, rather than directly shaping the choices available to individuals through population level fiscal and regulatory measures, albeit there are more recent exceptions (e.g., the SDIL).

Many policies proposed were similar or exactly the same in multiple strategies over multiple years, often with no reference to their presence in a previous strategy. Only one strategy (*Saving Lives*) commissioned a formal independent evaluation of the previous government's strategy (*Health of the Nation*). (33) Few substantial changes in the proportions of different *policy types* proposed appeared over time. However, the only non-fiscal disincentives were proposed by the Labour government (1997-2010), while the more recent *COP2* and *Tackling obesity* contain the highest proportions of restrictive policies (e.g., banning price promotions of unhealthy products) and *COP1* and *COP3* contain the only fiscal disincentive policies (e.g., the Soft Drinks Industry Levy).

Overall, policies were not proposed in a way that could readily lead to effective implementation. The largest proportion of all policies (29%) did not fulfil one of the seven implementation viability criteria, compared to just 8% of policies that fulfilled all seven. Only 24% included a monitoring or evaluation plan, 19% cited any supporting scientific evidence and only 9% included details of likely costs or an allocated budget. However, the majority were proposed with a clear responsible agent (71%), a target population (57%), a theory of change (56%) and a timeframe (50%).

In terms of regulation approach, a high proportion of policies were capacity-building policies (53%) and restorative policies (42%). The proportion of deterrence policies was very low (5%), and there were no incapacitation policies. Of the 312 policies that had the potential to make demands on individual agency, the largest proportion were assessed as being agentic (43%), i.e., they require individuals to draw on substantial personal resources to engage with an intervention effectively and are unlikely to be effective and equitable. For the other eligible policies, 37% were agento-structural and 19% were structural meaning that they made the fewest demands on individual agency and were most likely to be effective and equitable. Given that 13 of the 14 strategies explicitly recognised the need to reduce health inequality, including one strategy that was fully focused on reducing inequality in health and three that contained inequality reduction targets, the fact that only 19% of policies proposed are likely to be effective in reducing inequalities is of great concern and may explain why efforts to reduce healthy inequalities have also widely failed. (130–132) Furthermore, a substantial majority (64%) of the structural interventions were voluntary, for example, voluntary industry reformulation of unhealthy products, which research has shown tend to not meet set objectives and so are even less likely to be effective or equitable. (76,129)

2.4.2 Strengths and limitations

Strengths

This was the most comprehensive analysis to date of government policies on obesity internationally, critically assessing all policies proposed by successive governments (n=689) and exploring how the nature of policies changed over an extensive period (28 years). I rigorously applied a theory-based analytical framework using ATA, which helped reduce the likelihood of bias by prioritising a clear and systematic approach to the research whilst maintaining a high level of transparency and reflexivity throughout. The method is also readily replicable, offering the opportunity for comparability with future research in the UK or elsewhere. The mixed methods approach enabled quantifiable patterns to be identified and presented, and for these patterns to be understood and interpreted through examples.

This study updated previous analyses of obesity strategies in England (26,70,78), but provided a deeper and richer analysis that employed multiple theoretical concepts, including the Nuffield Intervention Ladder, implementation frameworks and Braithwaite's responsive regulation pyramid. (57,69,119,133) Comparisons can be made to Haynes *et al.*'s study, which examined stakeholder policy recommendations by their "impact on individual autonomy", i.e. how much individual liberty they were perceived to take away. (58) However, this study analysed policies according to Backholer *et al.*'s framework assessing the degree of agency required for an obesity intervention to influence behaviour

change, which arguably presents a more positive way of perceiving the impact policies have on individuals. (127) For example, a policy deemed to remove individual liberty in Haynes *et al.*'s categorisation is viewed as a policy that is empowering by removing the need for individuals to expend their own resources in order to gain a healthy benefit. In terms of regulatory approach, this study provided novel empirical evidence of the regulatory approaches UK governments have taken over almost three decades – a subject that has been the focus of much research. (59,67,121,134,135)

The study presented a transparent coding scheme, which other researchers are encouraged to test and use to analyse other government strategies both in the UK and internationally. Only through the continued refinement and testing of coding frameworks such as the one presented here can we reach a deeper, more comprehensive and potentially generalisable understanding of government policy.

The use of multiple analytical themes demonstrated not only how policies impact people at the individual level, but also how they impact the sectors responsible. By analysing policies accordingly, this study highlighted the need for those conceiving, designing, implementing and evaluating policies to consider carefully both the intended and unintended consequences and implications of government policies on individuals and the responsible sector(s). For example, a policy designed to facilitate individual choice may require government to hamper the choices of a responsible sector, e.g., mandatory menu labelling facilitates choice for individuals by providing of nutritional information, but at the same time it takes away the out of home food sector's choice of whether to implement it. This is justified on the grounds that it will have a net benefit for population health without major negative impacts for the commercial sector. (136) Policymakers should seek to reconcile these implications during the design stage so as to minimise any potential negative unintended consequences.

As far as was known at the time of publication, this was the first systematic and comprehensive analysis of government obesity policies according to an assessment of intervention demands on individual agency, hypothesised to be important for policy effectiveness and equity. (126) The categorisation of policies according to agency was theory-based, pragmatic and intuitive, but ongoing work will be needed to refine and validate such a framework. (128) Although further refinement is strongly encouraged, it is argued that the assessment undertaken here has face-validity and demonstrated the extent to which UK policies for obesity tend to be highly 'agentic', further signalling concern about their potential for both effectiveness and equitable impacts, despite thirteen of the fourteen strategies explicitly recognising the need to reduce health inequalities. (126,127)

This study presented novel insights into the policies proposed within government obesity strategies in England, how they were proposed and the implications for implementation. For example, it was the first study to find that the largest proportion of government obesity policies did not fulfil a single implementation viability criterion, with government strategies rarely proposing obesity policies that formally cite scientific evidence or provide a costing and/or budget or monitoring or evaluation plan. It was the first to identify that only one UK government strategy has formally evaluated a previous strategy, highlighting the lack of obvious government policy learning and evaluation of previous actions. These findings have important implications for policymakers and may help explain why obesity levels have not been successfully reduced in England despite hundreds of government policies being published over three decades.

Limitations

This study only analysed policies in government obesity strategies, which are one type of policy document and one part of the policy process. This study favoured breadth over depth, assessing 689 policies using a range of analytical lenses. A deeper analysis was not conducted of specific aspects of the policies, such as the quality of scientific evidence cited in policy documents, or whether or how well policies were implemented. Given that fourteen government strategies have been introduced over 28 years and yet obesity rates have not reduced, deeper analysis would be warranted to shed further light on the success or otherwise of these attempts at policymaking to address this major public health challenge. A systematic search for further documentary material related to the policies we identified was also not conducted. It could be that further information was published in other government policy documents that could have shed further light on the policies analysed. For example, potentially important information can often be missing from policy documents, such as details of an evaluation plan. This may have been because there were no evaluation plans, or it might have been because details were published entirely separately (for example, by a government research agency). This represents a further avenue for future enquiry.

Instead of a mixed-methods approach a different approach could have been adopted - e.g., more qualitative - to interrogate the data deeper leading to richer interpretations. However, the approach taken was considered to be the right one as a first step to get a sense of the breadth of policies and their nature overall.

Coding was not always straightforward as policies could often be interpreted in multiple ways. This links to the question of who is responsible and required to act in order to achieve successful change behaviour. For example, mandatory menu labelling requires industry to change their behaviour but also individuals in choosing different options as a result of having nutritional information. This means

menu labelling could be deemed a restrict policy because it restricts industry from choosing to have menu labelling or not, it could be deemed an incentive policy as it incentivises industry to reformulate and/or provide more healthful food and drink, or it could be deemed an information policy if focused on how it provides individuals with information. (137) In relation to agency, this study focused on the demands policies made on individuals. However, it could have accounted for the demands policies made on multiples actor where applicable. This also raises the question of whether a more sophisticated categorisation of obesity policies should be developed (e.g. one that takes into account the agency demands on the responsible sector and the individual since many policies that benefit the individual in health terms are perceived to have negative consequences on industry in terms of cost and freedom). (67,68,126) Although Michie *et al.*'s "behaviour change wheel" recognised the distinction between the responsible actor and the individual, the model was not proposed with clear explanations about what each policy requires both the responsible actor and individual to do in order for the policy to be effective. (138)

Some policy programmes were more explicitly continued over longer periods of time and across different governments (e.g., National Child Measurement Programme), whereas others appeared to be similar policies, but rebranded in new strategies by successive governments (e.g., reformulation policies). It was beyond the scope of this study to analyse this aspect, but further understanding of the extent to which different political parties eschew or embrace the same public health policy ideas, and why, could add importantly to current knowledge.

2.4.3 Contribution to theory, knowledge and research

Theory

Study 1 offered a novel theoretical model combining five analytical themes which could be used to apply and test in future research, including analysing government obesity policies in other settings (countries or levels of government), and on other policy issues within or outside of public health. The theoretical model brings together the "what" and the "how", i.e., to not only analyse *what* policies have been proposed to date, but also *how*. This ensures that consideration is given to the fact that effective policy ideas may be proposed, but if they do not get implemented then problems will remain unsolved.

Knowledge and research

Study 1 presented the first analysis globally of all government obesity strategies and policies proposed in a given country. It contributed to knowledge about what government obesity policies have been proposed to date, the way in which they have been proposed, and the implications of this in terms of

whether they have ultimately been fit for purpose. The research makes an important contribution to our knowledge about why, after 30 years of government obesity policy in England, have there been no successful or consistent reductions in obesity prevalence and the related inequalities.

2.4.4 Interpretation and implications for policy and practice

This study provided evidence that UK governments have to date largely favoured a less interventionist approach to reducing obesity, regardless of political party. For the vast majority of policies (95%) the regulation approaches were capacity-building or restorative, i.e., they focus on building the responsible actors' capacity to deliver or trust is placed in the responsible actors' hands to act to reduce population obesity levels even if there are potential conflicts e.g., the food industry profiting from increased food purchasing. Governments may have avoided a more deterrence-based, interventionist approach for fear of being perceived as controlling (the so called "nanny-state") or because they lacked knowledge about what more interventionist measures were likely to be effective. (139)

However, Braithwaite emphasises that greater government intervention (i.e. deterrence) does not necessarily achieve greater compliance and that high compliance can be achieved without the use of deterrence measures, such as taxation. (133) This could mean that less interventionist approaches deemed to have failed have not failed because they were less interventionist, but because they did not fulfil the necessary conditions to achieve high compliance. Such policies would involve a "networked" relationship between regulator and regulated, third party involvement (e.g. a public interest group) to prevent 'regulatory capture' e.g. when an industry or sector instrumentalises regulation to benefit private interests, ensuring those regulated have the capacity to deliver the policy, ensuring consequences are meaningful and loopholes minimised, and ensuring a transparent process. (67,124,133,140)

Previous research has identified the influence of neoliberal ideology, which advocates broad notions of personal responsibility, individual choice, free markets and anti-government intervention, as a barrier to public health policy. (80,141) Cullerton et al. found that proposing interventionist policies such as legislation to tackle public health issues 'creates tension within nations with a liberal tradition' because it is seen as taking away individual choice and impinging upon individual and market freedoms. (80) To navigate this tension, the UK government has looked to behavioural economics and 'nudge' theory for solutions to change people's behaviour without compulsion and founded the Behavioural Insights Team in 2010 to inform policy. (142)

For example, *Healthy Lives, Healthy People* states that, “The Government’s approach to improving health and wellbeing...is therefore based on the following actions, which reflect the Coalition’s core values of freedom, fairness and responsibility,” and includes policies such as the ‘Public Health Responsibility Deal’ which allowed the food and drinks industry to choose whether they delivered certain policies, e.g. menu labelling. (117) Evaluations of the Responsibility Deal have shown how it failed to meet its objectives largely because it did not fulfil conditions for effective self-regulation policies, including being evidence-informed, targeted, measurable, attributable, feasible and time-framed as well as being independently and rigorously evaluated and transparently reported. (76,77)

The vilification of government responsibility is commonly represented by the ‘nanny state’ metaphor, which associates government intervention with ‘a fussing, over-bearing nanny who intrudes into the private lives of citizens and treats them as infants who cannot be trusted to make their own decisions’. (141) Swinburn et al. argued that although ‘genuine progress lies beyond the impasse of these entrenched dichotomies’, the strength of industry opposition and government reluctance to regulate presents a major barrier. (143) While findings appeared to show that the UK government still favours a less interventionist approach in England, there is evidence that this seems to be changing. This may be because government is increasingly recognising that existing approaches have not been effective and/or that more interventionist approaches are increasingly acceptable to the public. (144) *COP2* and the most recent *Tackling obesity* contained the highest proportions of deterrence measures which may indicate a greater acceptance by government of deterrence measures regardless of party ideology. However, the stronger government interventions proposed in *COP2*, such as legislation to mandate menu labelling, were not implemented before they were then proposed again in *Tackling obesity* only two years later. This demonstrated that policy proposals do not automatically lead to implementation and even within a two-year period. More worrying is the observation that the same policies can be proposed with no reference to having been previously proposed but not implemented.

This study demonstrated that policies have largely been proposed in a way that would not readily lead to implementation and only five strategies had set a specific numerical obesity reduction target. This may, in part, help explain why such policies have not yet reduced obesity prevalence and health inequities. (61,69,119) No matter how well-intended and evidence-informed a policy, if it is nebulously proposed without a clear target it makes implementation difficult and it is unlikely the policy will be deemed successful. (119) The lack of such basic information as the cost of certain policies was further highlighted in a 2020 National Audit Office report on the UK Government’s approach to tackling childhood obesity in England, which found that the Department of Health and Social Care did not know how much central government spent tackling childhood obesity. (145) This raises a number of

questions. For example, do governments propose policies in such a way deliberately, or is it a fault of the policy process? If the former, then perhaps proposing policies serves a more political purpose of being seen to be acting i.e., a rhetorical rather than meaningful commitment; if the latter, then what is the purpose of proposing policies at all if they are unlikely to lead to implementation? Table 6 offers a potential checklist for proposed policies in government and non-government strategies and reports to potentially facilitate implementation.

Table 6: Checklist for proposing policies to potentially facilitate implementation. (8)

Components	Description
Target population	Make clear what the target population is for the policy e.g., children, parents, low-income groups, people living with obesity.
Responsible agent	Make clear who is responsible for the policy intervention, including carrying it out, monitoring and evaluating it, and overseeing it. Try and be more specific than simply saying 'Government' or even government department(s) as they contain many different teams.
Monitoring and evaluation	Make clear what the monitoring and evaluation plan is for the policy, including what the metrics of success are and what measures will be taken to accommodate potential political and policy change.
Time frame	Make clear what the time frame is for the policy, including a start date and whether there are specific steps involved such as a consultation or pilot, and what the time frames are for each part.
Cost and budget	Make clear how much the policy costs, what the allocated budget is and where it is coming from where this information is determinable. If such information is unidentifiable at the time the policy is proposed, then make clear what steps will be taken to do cost it up and assign a budget as the policy progresses.
Cited evidence	Make clear what evidence exists regarding the issue itself, the risk factor(s), the policy solution <i>and</i> the government approach (e.g., voluntary or mandatory).
Change theory	Make clear the reasoning behind the policy solution and the theory about how the solution will lead to the intended change and particular outcomes (short, medium and long-term).

The lack of government clarity and information about the potential effectiveness, implementation and cost of its own policies may be further compounded by an apparent aversion to conducting high quality, independent evaluations (which risk demonstrating failure, as well as success), which in turn may reduce a government's ability to learn lessons from past policies. (70) Baggott found that with public health policy in England, evaluation was either tightly controlled to minimise criticism, not conducted at all, or conducted in a way that made lessons for future policy ambiguous. (70)

The time it takes to put together a strategy may also explain why policies are often proposed without information that would make the policies more likely to be implemented. For example, it was announced in May 2020 that Prime Minister Boris Johnson would be publishing a new government obesity strategy, which was then published two and a half months later. (21,22) This could be considered insufficient time to prepare a highly implementable government strategy. However, the majority of policies proposed in 2020 had already been proposed in earlier strategies, such as *COP2*, but which were never implemented. Thus, the Government, as well as associated agencies such as Public Health England, should have had sufficient time to prepare fully developed implementation plans. And, if they had already developed implementation plans, then why were these not included in the strategy?

2.4.5 Unanswered questions and future research

The study pointed to questions that are critical to tackling rising levels of obesity internationally, such as the question of what *should* we expect from a government obesity strategy? And, if numerous strategies have been introduced without a reduction of obesity being achieved, then what aspects of the approaches use to date are not working? And what should be prioritised instead?

From almost any point of view it seems reasonable to expect that government policy should be sufficient in its scope to address the problem under consideration, that it should be based on the best available theory and evidence, and that it should be proposed and implemented in such a way that it can be effective. All of these aspects of policymaking were found wanting in obesity policy in England. The Foresight obesity report argued that obesity is a systemic challenge and that to stand any chance of reversing current trends, impactful interventions across a wide range of fronts would be necessary. To date policies have been limited in their focus (in terms of the range of systemic drivers of obesity identified by Foresight) and with far too great a focus on downstream, individual behaviour change framed as a 'choice' agenda and insufficient emphasis on upstream population interventions. Theory and evidence to support population interventions has grown over the years since *Foresight* and, in the UK at least, we are starting to see the beginnings of a move towards population level policies. (35)

Yet, even the most recent policies have been criticised for addressing an insufficient number of fundamental drivers of obesity to be able to make a significant population impact; and for representing relatively weak levers for change. Obesity arises as an unintended consequence of food, transport, work and leisure systems that are designed primarily for other purposes (most notably economic growth). (35) The result is obesogenic environments, which encourage people to overeat and be physically inactive. These systems are complex and adaptive, so that when we intervene in them, they will change to achieve a new equilibrium – a point at which prior goals can still be achieved.

Thus if a fiscal policy reduces profits (and sector growth) from unhealthy foods, the food industry will rapidly mitigate the impact of the tax by finding new ways to increase profits and growth – which might negate or undermine the effects of the public health policy. (136) This has been described in other fields as the ‘balloon effect’. (146)

In this analysis, both good and poor examples of policymaking from the perspective of enabling implementation were identified. Figure 6 demonstrates how policies were proposed in the Labour Government’s *Choosing a Better Diet strategy*. It set out clearly what the policy was, who was responsible and when the policy would be implemented. (147) Such an approach could be extended in future government strategies to include additional criteria that would better ensure that policies are more readily implementable, such as evaluation plans and costs. Further research could evaluate the impact of such a framework.

Figure 6: Implementation table for education policies in Choosing A Better Diet. (148)

Education campaigns		
What	Who	When
Discuss with the food industry how it might contribute to funding national campaigns and other national initiatives to promote positive health information and education	DH with other government departments (OGDs) and agencies	Mid-2005
Develop obesity campaign and trial	DH	September 2005
Pilot obesity campaign regionally and evaluate	DH with creative media	2006
Launch obesity campaign nationally	DH	March 2007
Impact of obesity campaign monitored and evaluated	DH	After launch
Promote and integrate messages with National Institute for Clinical Excellence (NICE) guidance	DH	2007
Continue 5 A DAY targeted campaign	DH	Ongoing
Promote simplified 5 A DAY portion sizes	DH	Mid-2005
Salt reduction campaign – phase 2	FSA	2005

In this study, I did not analyse the quality of the evidence cited in the strategies, and future research could explore the quality and type of evidence cited, and whether proposed policies align with the highest quality evidence available at the time. Linked to this is how policies are framed based on evidence and understanding. I did not analyse the way policies were framed and upon what arguments they were based. Future research could examine the framing of proposed policies by different policymakers and explore whether this is linked to the types of policies proposed and changes over time or under different governments.

It will be important to distinguish the failings of the policies themselves from implementation failures. The failure to reduce obesity rates in England, despite so many strategies being published, could be because of partial or complete failure of policy implementation. Future research could explore the extent to which policies were implemented and in what ways they differed from those proposed but not implemented. (120) Another explanation could be the regulatory approach taken. This study presented an important starting point in analysing the implications of different regulatory approaches. However, a more in-depth analysis of regulatory approaches taken by government might help identify the relationship between policy types, regulatory approach, compliance levels and associated outcomes.

As set out in the introduction, research should also explore who or what is behind the formulation of government obesity policies and strategies, so as to generate a greater understanding of the policy process itself. This is precisely the focus of the succeeding chapters, with the aim to help explain why certain policies are proposed over others, what barriers and facilitators there are in the policymaking process, why some people are more influential than others, and why policies are proposed with or without supporting evidence.

2.5 Conclusion

This study provided novel evidence that in almost 30 years the UK government has proposed 689 wide-ranging policies to tackle obesity in England but has not yet successfully and consistently reduced obesity prevalence or health inequities. Only one of the fourteen government strategies commissioned an independent evaluation of previous government strategy for obesity, which suggested a significant deficit of government policy learning and may explain why similar or identical policies are proposed multiple times over many years.

Policies were largely proposed in a way that does not readily lead to implementation; the largest proportion of policies did not fulfil one of the implementation viability criteria. Overall, governments have adopted less interventionist policy approaches, although this has changed in recent years. Policies have been largely of a design that makes high demands on individual agency, meaning that they rely on individuals to make behaviour changes rather than shaping external influences such as the environment or economy and are thus less likely to be effective or reduce health inequities. This study revealed a wide range of inadequacies related to government obesity policies that likely explain why governments have repeatedly failed to reduce inequalities in and prevalence of obesity.

To increase the likelihood of policies being implemented, governments should accompany policy proposals with information that ensures they can readily lead to implementation, such as a clearly

identified responsible agent, evaluation plan and time frame; and to increase the likelihood of effectiveness and equitability, governments should increasingly focus obesity strategies on 'low agency' population intervention policies that more comprehensively address the most powerful levers for system change.

Chapter 3: Theories of the policymaking process and policy entrepreneurs

3.1 Established policy process theory

For the next stage of my research – understanding how such strategies come about, what and who influences them and how the policymaking process works in reality – I first turned to policy process theories. As shown in Chapter 1, the use of policy process theory remains limited for obesity policy studies. (52,54,79,80) This has resulted in obesity policy studies often being published without clear definitions of what constitutes policy and *how* particular factors influence the processes. (52,54,79,149) Utilising theory is considered to be an important prerequisite to high quality obesity policy research. (52,54,55,79,149)

It has been argued that ‘no theory is perfect’ and no single theory can describe, analyse and explain the entire complexity of the overall policy process, despite it being common for policy studies, including within the field of nutrition policy, to select a single theory. (52,54,79,107,150) Weible et al. (2012) go as far as to say that “Readers should know that the policy process should not be singly interpreted”. (107) The first scholar to start formally mapping the policy process and put forward a conceptual framework was American political scientist Harold D. Lasswell in the 1950s. His 1956 categorisation of the seven policy stages – intelligence, promotion, prescription, invocation, application, termination and appraisal – has served as the foundation upon which the ‘policy cycle’ model was developed. (151) The key stages of the policy cycle are commonly considered to be agenda-setting, policy formulation, decision-making, implementation and evaluation, leading potentially to policy continuation, succession or termination. (151) There are benefits of such a model. As a result of the vast quantity of literature on the concepts, theories and empirical studies of the policymaking process, the policy cycle provides a neat tool to organise, structure, process and communicate such information. (151)

However, Cairney explains that utilising such a simplistic heuristic device in this way limits the researcher to only being able to *describe* the policy process rather than *explain* how it works in reality. (52,152) As a result, it has been widely criticised by policy scholars for being an inaccurate representation of the messy, non-linear and largely unpredictable nature of the policy process; and for failing to account for the variations and complex interactions between different levels of government and types of processes. (52,107,150,153) Scholars have thus moved away from using it,

to developing, applying and testing more nuanced and explanatory policy process theories. (47,150,153–159) As Sabatier stated, “The conclusion seems inescapable: The stages heuristic has outlived its usefulness and needs to be replaced with better theoretical frameworks”. (150)

Although policy process theories have sought to embrace and account for messiness and incoherence, the aim has still been to provide accessible and useful analytical and organisational tools containing “general assumptions about the causal relationships between concepts”. (52,150,152,157) Therefore, for this research I aimed to utilise and test theories that go beyond simply describing a policymaking process to *explaining* how it works in practice.

3.1.1 Theory identification

Since this research was focused on understanding how government obesity strategies come about and what and who influences them, I sought to use theories focused on agenda-setting and policy change, rather than other major policymaking stages (e.g., implementation or evaluation). Agenda-setting is considered to refer to how and why the government policy agenda is set (how issues become salient) and the agenda changes temporally. Policy change is considered to refer to moments in which the largely stable, incremental process of policymaking is interjected by occasional ‘punctuations’ of changes in a government’s view of and/or policy approach to an issue.

Scholars have demonstrated how policy process theories tend to privilege particular aspects, such as structures and institutions, interests and ideas, narrative and framing, or the importance of individual actors to drive policy change. (47,54,79,149,150,158,160,161) “Synthesis theories”, such as Multiple Streams Framework (MSF), Advocacy Coalition Framework (ACF) and Punctuated Equilibrium Theory (PET), have gone a long way to tackle this by integrating many of the key concepts and components of the policy process identified by political scientists to offer more holistic explanations. (54,161,162) Clarke et al.’s systematic review of obesity policy process studies using theory found that synthesis theories were widely regarded as being “superior” to non-synthesis theories in the literature because of their “ability to better aid the understanding of complex decision making policy processes” and for “conceptualising multifarious and inter-connected concepts”. (54) However, even these theories have explanatory limitations when applied alone. Therefore, in this thesis I will argue that no single established theory can adequately explain how obesity strategies in England come about and will critically compare three major “synthesis” theories to argue that a more compelling theoretical understanding emerges when their insights are combined.

The three theories utilised and examined are Multiple Streams Framework (MSF), Advocacy Coalition Framework (ACF) and Punctuated Equilibrium Theory (PET). They all concentrate on agenda-setting and policy change; they are easily comparable and integrated, in part because they were all empirically developed from research on United States of America (US) policymaking at a similar time; they have strong empirical foundations; and they have been widely applied and tested. (54,59,150) Furthermore, all three emphasise different yet complementary aspects of the policy process, which may more accurately explain the policymaking process when brought together. The main characteristics of each theory are summarised in Table 7.

Table 7: Summary of selected policy process theories

	Multiple Streams Framework	Advocacy Coalition Framework	Punctuated Equilibrium Theory
Author(s)	<i>Kingdon, John F.</i>	<i>Jenkins-Smith, Hank C. and Sabatier, Paul A.</i>	<i>Baumgartner, Frank R. and Jones, Bryan D.</i>
Year of original work	1984	1988	1993
Summary	The alignment of the politics, policy and problem stream present a window of opportunity making agenda setting and policy change more likely	Advocacy coalitions compete for a policy change based on their belief system which occurs through policy-oriented learning and external system events	Policymaking is defined by long periods of stability punctuated by short bursts of policy change. Policy groups compete for a policy monopoly based on their policy image
Political setting and time	U.S. health and transport government policymaking in 1970s	U.S. energy and environmental government policymaking in the 1970s	Several cases of U.S. government policymaking in the 20 th Century e.g., health and transport
Who makes and influences policy decisions	Policy entrepreneurs and policymakers (“insiders” and “outsiders”)	Policy actors with an emphasis on them functioning in coalitions	Groups of policy entrepreneurs, policymakers, interest groups and organisations
Networks & subsystems	Not emphasised but policy communities discussed	Subsystems and coalitions central to the theory	Subsystems but less defined as ACF
Where decisions are made	Different policy venues. Institutions not emphasised	Different policy venues. Institutions not emphasised	Different policy venues with authority to make decisions. Institutions as stabilising equilibria and resistant to great policy change
Ideas or beliefs	Policy solutions proposed and amended over time to become salient and acceptable	Belief systems that drive policy ideas and behaviour	Monopoly of understanding in subsystems. New solutions and ideas break through
Problem framing	Conditions framed as problems by actors based on values, comparisons and categories	Problem framing based on deep and core beliefs, and secondary aspects. Affected by policy-oriented learning	Policy images play a critical role in pushing issues beyond specialist agendas

	Multiple Streams Framework	Advocacy Coalition Framework	Punctuated Equilibrium Theory
Context	Political system	Distinguishes between relatively stable system parameters and external system events	Endogenous subsystem and the wider policy environment.
Events	Focusing events draw attention to problem and help open policy window	External system and internal events	Events shift macropolitical agenda
Causal agent to policy change	Streams coupling and individuals exploiting policy window	Coalition pressure, policy-oriented learning and external system events	Groups/networks create saliency

3.1.2 Critical assessment of the policy process theories

This section begins by setting out the key common concepts and differences between the theories, and how the differences can be reconciled and integrated to form a more comprehensive understanding of government policymaking. I then critically assess the theories' individual strengths and weaknesses before proposing a conceptual framework that combines all three theories.

Common concepts

The government policymaking process is neither linear nor rational

At the heart of all three theories is a recognition that the policy process is neither linear nor rational. Decisions are not necessarily made in defined steps or distinguishable stages, nor are they necessarily based on policymakers' rational consideration of all possible information or a considered weighing-up of costs and benefits. Instead, policymakers are limited by "bounded rationality", i.e. they can only process so much information at one time, so their decision making is "incomplete and driven by severe limits on their attention span". (163) Based on case studies, the author of the MSF argued that policy actors are not solving problems at all: "They have not specified their goals very precisely and have not identified their problems with great care. They often seem to push for given proposals, developing information about the problems they are supposedly solving along the way as a means of justifying their position." (164) ACF is slightly more nuanced and argues that actors are "instrumentally rational", in that they intend to use information and other resources to achieve their goals, but it recognises that "an individual's ability to perceive the world and to process that information is affected by cognitive biases and constraints." (165) Policymakers are only human after all.

There is limited space on the governmental agenda at one time

Just as humans are constrained by bounded rationality, so too are political systems. Decision structures in policymaking can only consider, handle and process so many issues at one time. This is mitigated, in part, by the policy subsystems (groups of actors engaged in a particular issue area or agenda), which are viewed as mechanisms that enable the wider policy system to process multiple issues in parallel. (150,163) Whilst macro-political institutions (e.g., the government) and the individuals that make these up are able to consider, process and decide upon a handful of issues at a time, the other issues are not entirely neglected, but are being considered, processed and decided upon within the relevant policy subsystem(s). For example, the government may not be considering obesity policy at a particular time, but the policy subsystem of actors (e.g., academics, elected officials, civil servants, media, industry, interest groups and members of the public) engaged with this issue will be.

Policymaking is largely stable, but interrupted by punctuations of agenda and policy change

Punctuated Equilibrium Theory is defined by the concept that policymaking is generally characterised by long periods of stability and incrementalism but gets interrupted occasionally by events or actions that lead to large-scale agenda and/or policy change. This is also a key concept in MSF and ACF. Advocacy Coalition Framework argues that because the policy core of advocacy coalitions (i.e., the common beliefs about an issue that unite groups of actors within a policy subsystem) is largely resistant to change, policymaking remains stable over time as different coalitions compete for their belief system to dominate and form the “policy monopoly”. The policy monopoly is only occasionally punctuated by change most likely because of “significant perturbations external to the subsystem”. (166) Multiple Streams Framework similarly agrees that, “Much of the time, a balance of organized forces mitigates against any change at all”. (164) It describes how long periods of “softening up”, in which individuals test out and reshape their problem and solution framing, are followed by a sudden rush of interest and the appearance of “policy windows”, which occur when the three policy streams – policy, problem and political – “couple” together and signal the, often fleeting, opportunity to achieve agenda and/or policy change.

Multiple influences cause agenda setting and policy change

All three theories agree that there is no one dominant influential force behind agenda-setting and policy change. Rather, there are multiple influences including the micro-level activities of individuals, the mesa-level activities of groups and coalitions, and the more stable, macro-level influences of the political, economic and social context. As well as the occurrence of external events, such as a change

in government or the emergence of a crisis, which can shape, facilitate and/or hinder the micro, mesa and even macro-level activities.

Reconciling differences between the theories

There are several key differences between the theories: MSF focuses much more on individual policy participants, whereas ACF focuses on policy subsystems and coalitions, and PET focuses on both; PET emphasises the role of institutions and the political system in shaping the activity of individuals, compared to MSF and ACF, which do not focus on these aspects overtly or in great detail; and ACF emphasises the role of beliefs and belief systems, whereas MSF and PET have a greater emphasis on the role of ideas. Rather than being in conflict, I argue that these differences make the theories highly complementary. It is likely they each hold some explanatory truth in practice, meaning that integrating them may better explain the policymaking process. Below I suggest a way of reconciling their differences (Section 3.4).

The emphasis on individuals versus coalitions and subsystems can be readily reconciled, as individuals do not function in isolation; rather they tend to emerge from a coalition and will likely conduct their activities within a coalition, even if they (especially policy entrepreneurs¹) transcend coalition boundaries. As Gunn argued, “Policy entrepreneurs can work in isolation, but network extensively with others when required”, and points to Mintrom and Vergari’s seminal work on policy entrepreneurs and advocacy coalitions arguing that, “advocacy coalitions have more explanatory power when they incorporate the role of policy entrepreneurs in building coalitions.” (167,168)

Regarding the role of institutions, these are part of the wider political system and structure, which frame the context and conditions in which policy subsystems function, so will likely influence policymaking in the way PET sets out. For example, in the US, political institutions were purposefully designed to resist domination by any one part and “conservatively designed to resist many efforts at change”. (163) PET presents an important consideration in examining the influence of institutional

¹ Policy entrepreneurs are discussed and examined in considerable detail in Chapters 4 and 6. They are particularly influential and effective policy actors who are exceptionally effective at communicating and championing issues, evidence, information, and ideas in public and political arenas. They are often willing to invest considerable resource for certain policy outcomes.

and political system factors, which are not missed entirely by MSF and ACF, but would need to be appropriately contextualised for a given setting e.g., the UK.

Finally, the rich, detailed focus on beliefs and belief systems in ACF can be reconciled with the focus on ideas in MSF and PET, because beliefs and belief systems form and translate into ideas. They are linked. This is about how issues are framed in terms of gains and losses, positives and negatives, problems and opportunities. Framing is essentially the way in which an issue is represented. (150) For example, less regulation on the food industry could be framed as a positive, e.g., “increasing consumer choice” and “giving consumers what they want”, or a negative, e.g., “prioritising profits over people’s health”. How an issue is framed links to what is seen to be the “problem” and the ideas about how to tackle it, e.g., moving away from less regulation could be seen by some as decreasing consumer choice (negative) versus others who may see it as increasing consumer health (positive). In short, frames are based on beliefs and belief systems and these convert into ideas.

Strengths and weaknesses

The unique strengths and weaknesses of the three theories have been comprehensively documented in published literature. (150) For the purposes of this research, the strengths considered particularly important are that the theories provide a high-quality, empirically embedded explanation of agenda-setting and policy change to test; they offer easily identifiable and testable hypotheses; they provide clear explanations of the underlying assumptions and context to be taken into consideration when testing them; and they offer some guidance for testing in future research.

In terms of weaknesses, ACF is the only theory that offers explicit guidance for future hypothesis testing. However, new developments in theory testing methods provide promising opportunities to improve this and this research aims to contribute to that emerging literature. (98,169,170) Compared to MSF, the empirical basis (i.e., the specific data sources and method) for ACF is less clear, while for PET it is largely based on four main data types: congressional hearing data, media articles, *Encyclopaedia of Associations* data, and federal and state financial data. These are only four of many potential data types and sources that can help explain the policymaking process, and the explanatory potential may have been increased if findings were triangulated with interview data, for example.

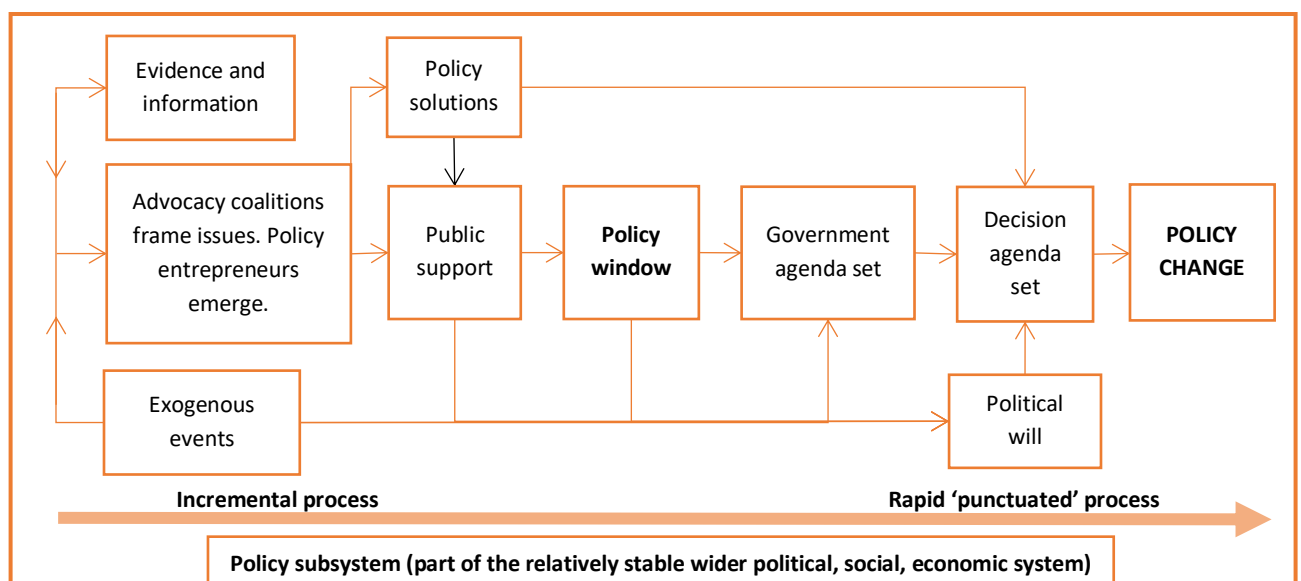
Finally, only PET offers a richly detailed contextualisation of the US federal system and consequential incentive structure and political culture. Although ACF does discuss these contextual details as being key ‘external factors affecting policy change within subsystems’, stating that “policy-making in any political system or policy subsystem is constrained by a variety of social, legal, and resource features

of the society of which it is a part”, it does not explore them in the more specific detail that PET does. Despite this, and as ACF argues, policy process theories “should be applicable to policy change in most industrial polyarchies”, which has been demonstrated by the wide empirical application to non-US settings such as the UK and Australia. (52–55,79)

3.2 Proposed conceptual framework of agenda setting and policy change

Despite some differences, weaknesses and contextual considerations, taken together the three theories provide a relevant, clear, compatible and testable explanatory framework theorising how national government policymaking works. To help guide the research, I developed a conceptual framework, bringing together the three theories’ core concepts to set out an integrated explanation of the conditions most likely to lead to agenda-setting and policy change in national government policymaking (Figure 7). I developed the conceptual framework by identifying the common theoretical themes and components, examining potential compatibilities between those that differed, refining and discussing these with my supervisors until an agreement was reached over which core components should be included, and then setting these out in a sequential order that was as easy and simple to understand and test as possible. A key aim was to integrate the theories while also allowing for their unique explanatory powers to be tested.

Figure 7: Proposed theory-based conceptual framework of agenda setting and policy change



3.2.1 Summary of the conceptual framework

Policymaking on a particular issue or agenda tends to take place in a 'policy subsystem', which is the "principal unit of analysis for studying policy processes" and can be defined by "a topical area, a geographic territory, and the policy actors involved". (171) The policy subsystem functions within a particular political, socio-economic and cultural system and structure. For example, the UK's constitutional monarchy, which comes with specific incentives and institutional structures. The policy subsystems contain various advocacy coalitions that involve policy actors united by a shared belief system ("a set of basic values, causal assumptions, and problem perceptions") and a "non-trivial degree of coordinated activity over time." (166)

Policy actors within a coalition typically include individuals from multiple sectors, organisations and levels of government who share a common perception of an issue. Coalitions compete with each other to set the government (institution) agenda based on their interpretation of evidence and information. They frame an issue as a problem using and producing evidence and information according to their agenda and belief systems. They advocate their ideas, push their solutions, and seek to generate measurable and/or perceived public support. Out of these coalitions, emerge "policy entrepreneurs" who are exceptionally effective and influential policy actors, including at communicating and championing issues, evidence, information and ideas in public and political arenas. They tend to be willing to invest considerable resource (e.g., time, money, effort) to achieve certain policy outcomes. Policy entrepreneurs do not act independently; they rely on support from their respective coalitions and the generation of evidence and information to help frame and back up their stance.

The government's agenda being successfully set does not mean that policy change is guaranteed. For policy change to occur, there must also be political will and viable solutions. When this 'coupling' of key factors occurs, there is a much greater chance of policy change happening. The ultimate goal of a coalition is to establish and maintain a "[policy] monopoly on political understandings concerning the policy of interest and an institutional arrangement that reinforces that understanding". (163) This can be measured in terms of how the government frames an issue, the solutions it proposes and the actions it takes.

Exogenous events remain a constant possibility, either in predictable cycles (e.g., an election) or unpredictably (e.g., a crisis), and they can increase the chance of agenda and/or policy change sometimes depending on their relevance to the issue. In terms of timeframe, the battling out among advocacy coalitions for a policy monopoly and a government agenda based on their problem framing takes place incrementally over a long period of time (often many years). However, the pace of events

sparkling agenda-setting and policy change occurs more quickly and is considered to ‘punctuate’ the otherwise largely stable and incremental policy process.

3.2.2 How the conceptual framework will be used

I will use the conceptual framework to organise the case study data and propose hypotheses to test. I will test whether evidence is found for all the key aspects (e.g., coalitions (including policy entrepreneurs), evidence and information, exogenous events, public support etc.) and the importance of them in influencing agenda-setting and policy change. I will test whether the sequence of events occurs in the order set out in the conceptual framework (e.g., public support was built before political will was generated). I will also test whether the establishment of coalitions and generation of evidence and information occurred over many years, compared to the sparking of agenda-setting and policy change. Details of the theory-testing method are contained in Chapter 4.

3.3 Established policy entrepreneur theory

For research questions 5 and 6 that focus on the specific role of policy entrepreneurs (PEs) in the obesity policy process, I first turned to the policy process theories to understand how PEs, i.e., their activities and traits, were conceived and explained. However, in recent years a more detailed body of literature has emerged focused on PEs, including the development of testable frameworks. This was used for the purposes of answering research questions 5 and 6. This section sets out what the policy process theories say about PEs, before exploring the more recent and specific PE literature in detail.

3.3.1 Policy entrepreneurs in the policy process theories

Multiple Streams Framework (MSF) considers PEs to play a central role in government policymaking and defined them as:

‘Advocates who are willing to invest their resources (time, energy, reputation and sometimes money) to promote a position in return for anticipated future gain in the form of material, purposive, or solidary benefits ... The entrepreneurs are found in many locations. No single formal position or even informal place in the political system has a monopoly on them’. (164)

In MSF, the various qualities of a typical PE are described. They include being heard and listened to by others, e.g., because they are considered an expert or a voice for others; being well-connected and good negotiators and communications; being persistent and relentless in their pursuit of a policy win; being politically savvy and strategically hooking ‘solutions to problems, proposals to political momentum, and political events to policy problems’; and being proactive, including looking out for

potential policy windows and being ready to leap at them. The MSF also emphasised that PE position is less important than PE activities, 'You can do a lot outside the formal structure'. (164)

Punctuated Equilibrium Theory (PET) does not explicitly define PEs but refers consistently to MSF and based its descriptions and explanations of PE activity on MSF theory. In PET's summary of approach and findings, it set out the hypothesis: "Those excluded from the policy subsystem constitute "slack resources" that can be mobilized by policy entrepreneurs." (163) The central role of PEs is emphasised by PET as being a main reason for getting issues to become attractive to those outside its original policy venue, i.e. attractive to "previously disinterested and apathetic citizens". (163) However, both MSF and PET recognise that an actor-centric understanding of policymaking misses the multifactorial influences and cautioned against analysing PEs in isolation without reference to these wider contextual factors.

Although the ACF does not make explicit reference to PEs, the theoretical potential of bringing more actor-centric and coalition-focused theories together has long been recognised. For example, Mintrom and Vergari formally examined the relationship between ACF and PEs and suggested that "it is more important to strive for compatibility between the ACF and the PE than to attempt some type of full-blown synthesis". (168) The idea being that PEs tend to operate within coalitions and can play a critical role helping "solve collective action problems" by framing issues effectively, networking across boundaries e.g., sectoral or organisational, and investing personal resource to further the collective policy aims of the coalition. (168)

3.3.2 Recent developments in policy entrepreneur literature

In more recent years, scholars have been turning their attention increasingly to examining the specific role of PEs in the policy process and there is now a rich and growing body of published literature, including numerous empirical studies. (e.g. 153,157–159)

Who are policy entrepreneurs?

Brouwer and Biermann pointed out that, "One could argue that everyone involved in policy making now and then sees policy gaps and contributes in some sense to policy change. This does not, however, make them policy entrepreneurs." (175) In common with the MSF, they distinguished PEs from other policy actors because they are "involved throughout the policy-change process" and "differ from other participants in policy making in their above-average willingness to take risks and accept failure." However, their study focused on identifying and setting out the policy entrepreneurs' strategies, rather than providing systematic insights into who the PEs were, where they had come from, whether they had always been entrepreneurial in their policy roles, how they came to become policy

entrepreneurs and what had influenced that. The research presents a rather clinical assessment of policy entrepreneur strategies, without making clear whether anyone can become a policy entrepreneur or whether they are simply exceptional individuals. They also state that the study is of policy entrepreneurs, rather than political or public entrepreneurs without having clearly defined that distinction in their methods.

In terms of the strategies that PEs use, risk-taking has remained central to what defines PEs in the literature. Policy entrepreneurs differ “because of their readiness to take risks and their goal-orientated behaviour” wrote Gunn, and their objective is to “break the status quo, but the motivations to do this can be diverse, as are the rewards for achieving their goals.” (167) Navot and Cohen argued that PEs even calculate how much benefit there will be to acting and act only if they conclude they have a good chance of success in leading “society in a desirable direction”. (176) However, these were perceived calculations. Navot and Cohen did not describe how they defined and identified the cost-benefit calculations PEs made, nor did they examine whether such calculations could be measured more accurately to determine the nature and component parts of such calculations in full. For example, what are the precise risks PEs perceive? How do they differ between PEs and in different circumstances or contexts? And how do the differences impact the risk-taking PEs do and do not?

Where do you find policy entrepreneurs?

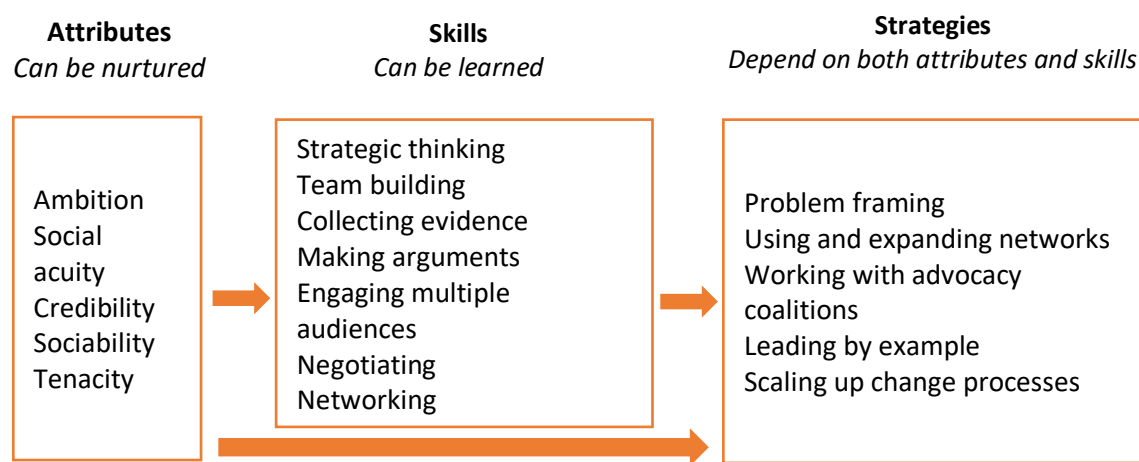
In terms of policy location, PEs function in different locations at different times and this can be for strategic reasons. They can be outsiders acting on the inside *and* outside but for different reasons and to achieve different aims, e.g. building or expanding a coalition could occur outside whereas strategic networking could occur inside. (167,172,173) In common with MSF, Brouwer and Biermann argued that “policy entrepreneurs are primarily identified by the actions they take, rather than by the positions they hold.” (175) However, their study limited the selection of PEs included in the study to members of the regional bureaucracies which prevented a more systematic analysis of PE position and its importance. It is critical, therefore, to consider where PEs are found as a fundamental part of identifying them.

What do policy entrepreneurs do?

A substantial body of PE literature sets out what PEs do in terms of their strategies. Mintrom brought these defining characteristics of PEs together in the paper, *So you want to be a policy entrepreneur*, in which 17 common attributes, skills and strategies of PEs are set out (Figure 8). (173) However, Mintrom does not explain how the categorisations of “can be nurtured”, “can be learned”, “depend on both attributes and skills” were achieved, e.g., a systematic review of the literature. He stated, “Strategies can only be effectively deployed by people possessing specific attributes and skills”, but it

is unclear how the people possessing them came to possess them and whether that has been systematically and rigorously tested. This leaves the conclusions made by the paper vulnerable to criticism regarding the explicit and implicit assumptions, which do not appear rigorously tested or explained. Nevertheless, the paper offers a useful categorisation upon which such rigorous testing could be applied to determine how PEs acquired such attributes and skills, and how they learned to deploy such strategies.

Figure 8: Common attributes, skills and strategies of policy entrepreneurs, adapted from Figure 1, Mintrom (173)



Gunn also explored what PEs do, including how they gather information and their motivation for that, e.g. being selective to make a case. (167) Gunn draws upon the work of Davies, which suggested that PEs can use evidence “instrumentally, conceptually and symbolically in complementary ways throughout the policy process and under different policy and political circumstances.” (167) Timmermans et al. even explored the personality traits of PEs, which goes some way to fill the gaps left in Mintrom’s 2019 paper. However, the study was based on a self-reported questionnaire, which limits the ability to determine how the PEs acquired their personality traits, where they came from, whether they have always been a PE, and what has influenced them. It also did not systematically examine how personality traits linked to entrepreneurial success in relation to other influences, such as other individuals, institutional factors and social, political, economic and cultural norms.

A study by Aukes et al. sought to explore more deeply one aspect of this – the meaning-making processes used by PEs compared to other policy actors. (177) It recognised the two-way nature of policy process interactions, i.e., PEs function in the policy process with other actors, rather than an abstract realm such as the ‘policy stream’. That interaction in terms of how information is communicated and received, is critical to understanding how different actors make different meanings out of different, similar or the same information. It found that a ‘interpretive policy entrepreneur’ (the

Zuid-Haolland province in the Netherlands, focused in particular on the governor and her civil servants) was more successful in achieving certain policy aims by not only considering its own problem framing and meaning-making of a given issue, but also by interpreting other actors' frames and meanings and responding and adapting to them.

Aukes et al. also set out how three framing techniques – incorporation (actor A incorporates a watered-down version of actor B's framing), accommodation (actor A incorporates a non-watered-down version of actor B's framing) and reconnection (actor A connects their frame to a different part of actor B's frame to overcome conflict) – led to an increased chance of policy success. Compared to two other framing techniques – disconnection (actor A rejects actors B's corresponding frame) and polarization (actor A only pushes their own frame) – which were less likely to lead to policy success. However, like the other PE studies, this research did not examine how the interpretive PE came to be this way, the various more historical factors that influenced it, how the PE as a team (the governor and her civil servants) acquired their traits and strategies, and the extent to which each member was particularly influential. (177)

3.3.3 Gaps in the policy entrepreneur literature

In 2020, Petridou and Mintrom published a PE research agenda and identified one particular research gap that aligns with the process-tracing methods adopted and discussed later in Chapter 4.

“Research that would “trace the flow of intentionality, consequences, and interdependencies of action by individual actors or teams of actors towards system-level changes ... [and] would necessarily take into account the macro-to-micro connections and contingencies as well. In so doing, it would ensure that studies of micro-level actions are undertaken with due recognition given to the contexts (including relational contexts) in which policy entrepreneurs operate, aiming at further understanding factors that enable and constrain their actions.” (174)

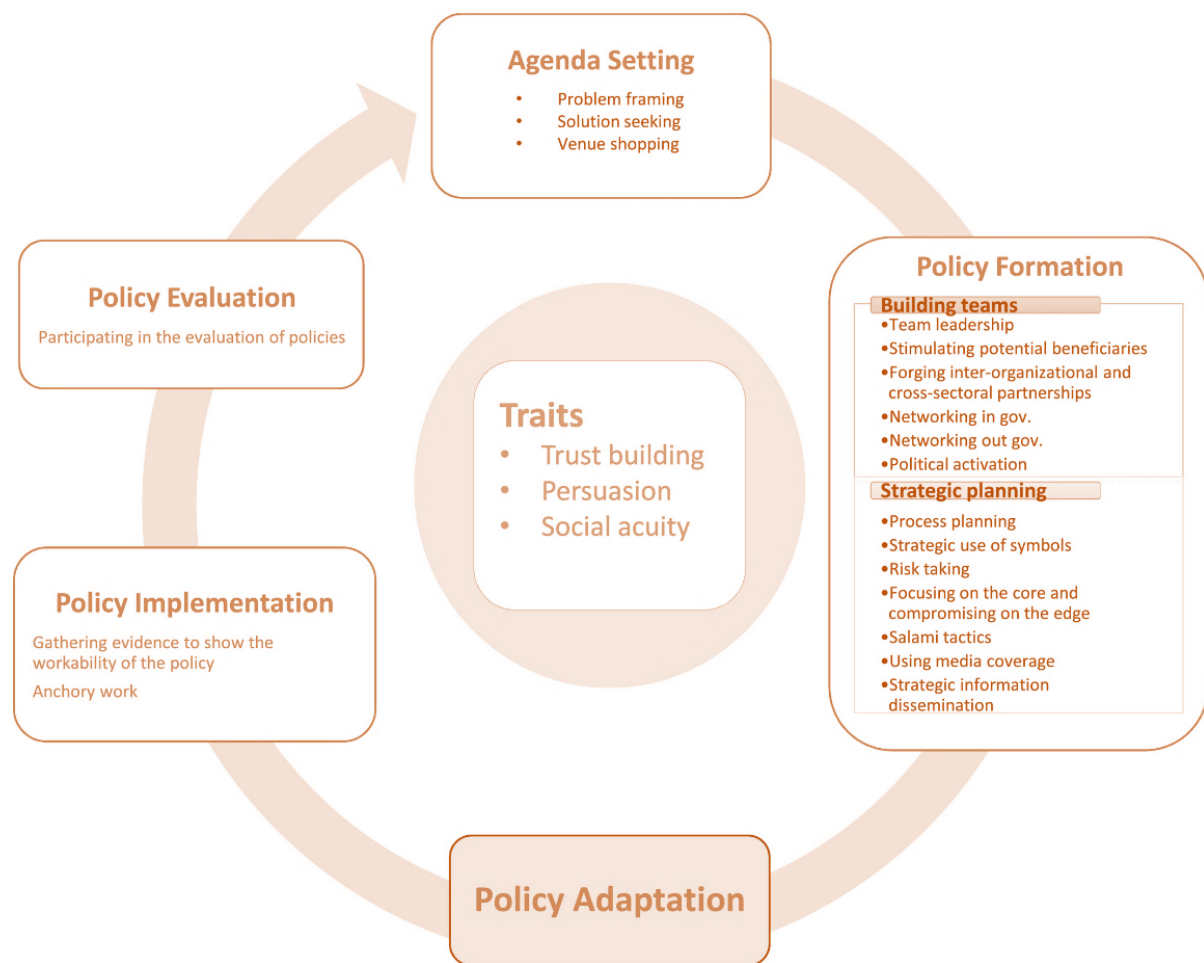
At the outset of this research, no such systematic examination of PEs and their role in the obesity policy process applying a PE theory-testing process-tracing method had been published. Petridou and Mintrom also suggested research to determine the strategies of PEs that are more or less important or influential and at which stages. (174) Although the policy process theories discussed earlier in this chapter contain hypotheses regarding the role of PEs, none comprehensively conceptualise or operationalise their activities. At the outset of my PhD, Mintrom and Norman's work offered one of the most promising testable conceptualisations. (172) For example, they set out four key operationalised activities of PEs:

1. Display social acuity by acquiring access to resources (including information and policy networks)

2. Alertness to recognise policy window opportunities and capitalise on them by defining a problem as a crisis and presenting solutions
3. Building and maintain advocacy coalition(s)
4. Reduce perceived risk by demonstrating workability of policy solution and/or leading by example

However, during the course of my PhD research, a substantially more developed and empirically based conceptualisation and operationalisation of PEs by Aviram et al. was published. (178) They broke PE strategies down into greater detail and set them out in the policy process, thus inferring a hypothesised sequential order (Figure 9). Their framework was based on empirical findings from their systematic review of 229 articles studying PE characteristics and strategies covering over 40 years of PE scholarship. They identified 20 strategies, 17 of which fall within the agenda-setting and policy formation stages, and three key traits (trust building, persuasion and social acuity). They also ran statistical analyses to determine where and when the strategies were most commonly deployed. The systematic review found that studies had examined PEs across 13 fields (e.g., health, environment and transportation), and 69 countries (68.3% of which were Western democracies); that PEs were not only individuals, but groups too (e.g., NGOs and institutions); that PEs have been found to operate at all government levels from the local up to the transnational; and that PEs come from all different sectors (e.g., public, private and third).

Figure 9: Heuristic Framework for Classifying Policy Entrepreneurship Strategies. Source – Figure 1, Aviram et al. (178)



They then explored the strategies and traits in detail and presented a testable framework. They stated that the heuristic framework “does not fit all cases” but is designed to be a helpful tool for testing, refining and developing in future empirical research. Table 8 sets out the strategies for agenda-setting and policy formation, along with predictions of the likelihood of evidence being found for each strategy at the national level based on their statistical analysis.

Table 8: Strategies and traits of policy entrepreneurs based on Aviram et al. (178)

Policy stage	Strategies and traits	Definition	Likelihood of evidence at the national level
Agenda setting	Problem framing	Framing a problem in a politically and culturally acceptable and desirable manner	Very likely
	Solution seeking	Offering a solution, a specific policy program	Very likely throughout the policy process
	Venue shopping	Move from a policy setting where progress is unsatisfactory to seek out a policy setting with a more sympathetic audience (for example: move from a local to national setting or between government departments)	Likely
Policy formation (strategic planning)	Process planning	Having a systematic, long-term plan	Not as likely
	Strategic use of symbols	Use of stories, images and other symbols to stir passion, capture public attention, and build support	Very likely
	Risk taking	Paying a potential price of policy entrepreneurship	Very likely
	Focusing on the core and compromising on the edge	Negotiating and cooperating with those who have different ideas while maintaining the part of the policy that is most important	Not likely
	Salami tactics	Dividing the policy move into stages	Not as likely
	Using media coverage	Using the media (TV, radio and social media) to promote policy	Very likely
	Strategic information dissemination	Strategic use of information among actors in the policy process	Likely
Policy formation (building teams)	Team leadership	Actively leading the policy network	Likely
	Stimulating potential beneficiaries	Praising the benefits of the policy to different audiences	Likely
	Forging inter-organizational and cross-sectoral partnerships	Creating networks with actors from different sectors and organizations	Very likely
	Networking in government	Networking among politicians and bureaucrats	Very likely
	Networking out government	Networking among private, public, and third sector players	Very likely
	Involving civic engagement	Organizing the public to be active in the policy issue	Very likely
	Political activation	Becoming active in policy decision making and politics	Not as likely
Traits	Trust building	Developing trust in relationships and support networks	Very likely
	Persuasion	Using persuasive argumentation	Very likely
	Social acuity	Understanding others and engaging in policy conversations	Very likely

3.3.4 How the policy entrepreneur framework will be used

To answer research questions 5 and 6 using the most directly relevant and updated PE literature, I aimed to empirically test Aviram et al.'s conceptualisation of PE strategies and traits, and the predictions related to the likelihood of finding evidence for the strategies at the national level within the broader policy context of the COP case. (178) As discussed earlier in this chapter, this analysis was also focused on agenda-setting and policy change, rather than policy stages beyond such as implementation and evaluation.

3.4 Chapter summary

This chapter introduced and described the three selected policy process theories related to agenda-setting and policy change that will be used to help guide and test against the empirical data in my research (MSF, ACF and PET). I argued that together they provide a robust, relevant, useful and clear framework to organise my analysis and test my case study against. To facilitate this, I developed an integrated conceptual framework combining the core features of all three theories. I then introduced and described the growing body of literature focused on policy entrepreneurs and the emergence of theoretical frameworks. I have argued that a recent study by Aviram et al. offers a testable PE framework which can be used in my case study analysis to examine the particular influence and activities of a PE. The next chapter sets out the method used to test these two frameworks.

Chapter 4: Studies 2 and 3 – Methods – Case studies applying theory-testing process-tracing

4.1 Introduction

In Chapter 2, the findings from Study 1 revealed that the UK government has published fourteen obesity strategies containing almost 700 policies over the last 30 years, but that these have failed to reduce obesity prevalence or related inequalities. However, research on the policy process behind one or more of these strategies has remained limited. (26,73,78) Studying the government obesity policy process in England could help to reveal limitations and weaknesses and indicate what improvements could be integrated going forward.

The research described below seeks to go some way towards helping to answer these questions by taking a deep dive into how one of the most recent government obesity strategies in England - *Childhood Obesity: A plan for action* (COP) - came about in 2016 using a process-tracing method. It also seeks to explore the particular role of policy entrepreneur (PE) Jamie Oliver, to understand how a PE operates in reality and how he influenced COP. This chapter sets out the process-tracing (PT) method in detail and steps taken to conduct the case study.

4.2 A background of process-tracing

As Robert K. Yin said, “The case study has long been (and continues to be) stereotyped as a weak sibling among social science methods.” (179) Criticisms include insufficient rigour, precision, objectivity and lack of generalisable findings. Process-tracing case study methods aim to address these criticisms. Causal PT methods are research tools to trace and examine causal mechanisms within a single, in-depth case study design. They emerged in the field of political science in the late 1970s after political scientist Alexander L. George, whilst researching at the RAND Corporation in the 1960s, recognised the potential to move beyond merely describing historical case outcomes to explaining them analytically and potentially identifying new cases. He began doing so by subjecting foreign policy cases to more intensive historical analysis, lifting the hood up and examining the intervening decision-making processes, which he referred to as the “causal nexus” linking the independent and the dependent variable. (180) George and his colleagues sought to offer “contingent generalizations” and codifications that political scientists could use to identify and evaluate new cases. (180) Since then much progress has been made to establish a clear framework for the application of PT methods,

including one of the most comprehensive and coherent to date by Beach and Pedersen. (98) This was used to guide the research reported in the following chapters and described below.

4.3 An overview of process-tracing

Process-tracing is concerned primarily with causation, i.e. *how* an independent variable causes an outcome of interest, although “no claims can be made, however, about whether the mechanism was the only cause of the outcome.” (98) Used typically in case studies, PT can help provide a deeper understanding of the causal dynamics that produced a particular case outcome and on more generalisable causal mechanisms linking causes and outcomes within multiple causally similar cases. (181) It is thus advantageous for it identifies intervening pathways between causes and outcomes, which helps explain and analyse complex causal relationships temporally within the policy process.

Unlike variance based statistical analysis, which examines correlations of data across multiple cases, PT methods examine sequential causal processes within a single case. Their purpose is to unpack the ‘black box’ of a particular policy case, unpicking the process linking X to Y, and offering a richer, more precise and rigorous explanation of a given phenomenon. Beach and Pedersen explain that ‘The logic of empirical testing in process-tracing is that if we expected X to cause Y, each part of the mechanism between X and Y should leave the predicted empirical manifestations that can be observed in the empirical material.’ The ambition is to “adopt a form of instrumentalism aimed at accounting for outcomes in particular cases” rather than “attempting what is perceived to be the mission impossible of building and testing law-like generalisations”. (98) Process-tracing can be particularly useful in identifying specific causal processes easily missed in variance-based research, which can then be tested in other cases and at scale.

There are three main PT variants: theory-testing, theory-building and explaining outcome. Theory-building is a more inductive form of research which uses empirical data and a structured analysis to build a “plausible hypothetical causal mechanism”. (182) It tends to be used when there is a lack of understanding about the potential mechanisms linking cause(s) and outcome. (181) Theory-testing examines whether a hypothesised causal mechanism exists in a case and is recommended when “there is a well-developed theoretical conjecture on which a plausible mechanism can be deduced that can then be tested in a single-case study”. (183) ‘Explaining-outcome’ process-tracing is an iterative approach that aims to trace causal mechanisms to produce an explanation of a particular historical outcome. (181)

Since well-developed policy process and policy entrepreneur theories exist, I adopted the theory-testing variant. There are several guides on conducting PT, which I have used below to set out the key research steps. (100,183–186)

4.4 Key research steps of theory-testing process-tracing

To ensure the PT method adopted in this research was as transparent, rigorous and replicable as possible, this section sets out the approach taken in detailed steps that should enable both critical assessment and testing in future research.

4.4.1 Step 1: Case selection and justification

For the policy process

The first step involved identifying and selecting a case study containing X (an issue) and Y (policy change). Of the fourteen government strategies, the COP was selected for its rich potential as a case study of how national government obesity policymaking works based on the following reasons. It marked the start of a major change in direction for the UK government, particularly one led by the Conservative Party. (8) The COP strategy was conceived and developed under the government led by Prime Minister David Cameron but handed over to and published under the government led by prime minister Theresa May, which provided a unique chance to explore how government strategies are handed over between governments (in this case of the same political party) and what the implications are regarding content and policy direction. The strategy also became the first of three COP “chapters”, which was an approach not taken before by the UK government, and although chapter 2 contained more of the theoretically stronger types of obesity policies, it was decided that exploring how COP came about in the first place would enable a useful understanding of an important success story in obesity policy agenda-setting.

The COP strategy was also selected for practical reasons in that it was recent enough to minimise recall bias, and to increase the chance of access to as many relevant documents and people connected to the case as possible. In line with the research questions, the analysis concentrated on the policy process leading up to the publication of COP in August 2016, and not the subsequent events such as implementation, evaluation and the policy process leading up to COP chapters 2 and 3 in 2018 and 2019 respectively. The work undertaken for the COP case study involved a huge amount of detailed qualitative research and to extend this to COP chapters 2 and 3 would have been unmanageable within the time frame of my PhD.

For the policy entrepreneur

In the preliminary data gathering to understand the COP case in more detail, celebrity chef and campaigner Jamie Oliver emerged as being one of the most influential actors in the policy process. He was selected for his rich potential as a PE case study and has also been found to be a particularly key and influential policy actor in previous research. (92,187) Although it would have been desirable to compare and analyse the activities and traits of multiple actors in the case study and see who reflected the PE framework activities and traits more and why, the work undertaken for the PE analysis – like the overall COP case study – involved a huge amount of detailed qualitative research and to have analysed multiple actors in the same level of detail would have been unmanageable in the time I had. However, it is greatly hoped that this study will inspire comparative work on PEs in future, to help develop our empirical understanding much further.

4.4.2 Step 2: Constructing a theory-based causal mechanism

The next step involved formulating tailored hypothesised causal mechanisms linking X to Y based on the theoretical frameworks outlined in Chapter 3. The purpose of this step in theory-testing PT is to open up and set out the hypothesised causal mechanism that “transmits causal forces” from an issue e.g., childhood obesity being present (X) to produce policy change (the introduction of COP) (Y) and test whether the theory holds true in a given case. (98) Only by testing such detailed, causal hypotheses empirically can our confidence in the generalisations that can be made from single cases to policymaking in general be increased or decreased.

The causal mechanism is composed of ‘entities’ (e.g. policy actors) that undertake ‘activities’, which Beach and Pedersen define as the ‘producers of change, or what transmits causal forces through a mechanism.’ (98) They state that entities can be individual persons, groups, states, classes, or structural phenomena depending on the level of theory; and that the ‘theoretical conceptualization of the entities uses nouns, whereas activities should include verbs that define the transmitters of causal forces through the mechanism.’ (98) The mechanism is formed of key ‘parts’, for example, 1. Policymakers seek to tackle perceived problem; 2. Policymakers gather evidence about how to tackle perceived problem; 3. Policymakers assess the range of possible actions; 4. Policymakers choose course of action based on certain reasons. For each part, the researcher investigates whether the predicted empirical evidence was found or not.

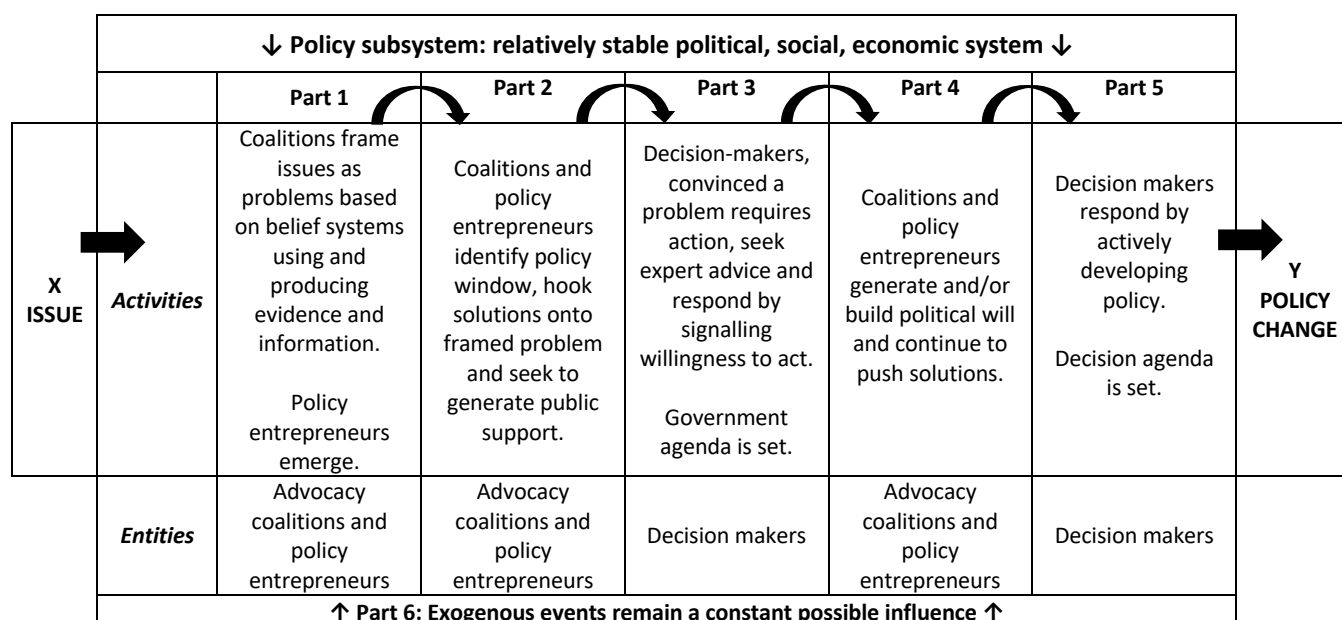
Pragmatism is a central feature of PT, with theories viewed not as flawless explanations, but as “heuristic instruments that have analytical utility in providing the best possible explanation of a given phenomenon.” (98) The ambition is to update our confidence in a given theory by assessing whether there is empirical evidence for the presence or absence of the theorized parts of a causal mechanism.

The frameworks (Figures 7 and 9, Chapter 3) contain key parts set out in a broadly sequential order. These were used to construct more detailed causal mechanisms linking childhood obesity and COP to study the COP policy process (Figure 10) and then Jamie Oliver's PE activities (Figure 11).

For the COP policy process (Figure 10)

Part 1 involves entities (coalitions) framing an issue as a problem based on their belief system and using and producing evidence and information to back their position up. Part 2 involves coalitions identifying a policy window, hooking solutions onto their framed problem and seeking to generate public support. Part 3 involves decision-makers, convinced a problem requires action, then seeking expert advice and responding to the coalitions by signalling their willingness to act. This marks the government agenda as set. Part 4 involves coalitions seeking to generate and/or build political will for their solutions, which they continue to promote. Part 5 involves decision-makers responding by actively developing policy, which marks the decision agenda as set. Part 6 involves the constant possible influence of exogenous events throughout the policy process. The setting for the causal mechanism is the policy subsystem, which sits within the broader and relatively stable political, social and economic system. The six sequential parts of the hypothesised causal mechanism by which issue X can lead to policy change Y are depicted in Figure 10, which describes the activities undertaken and the entities responsible.

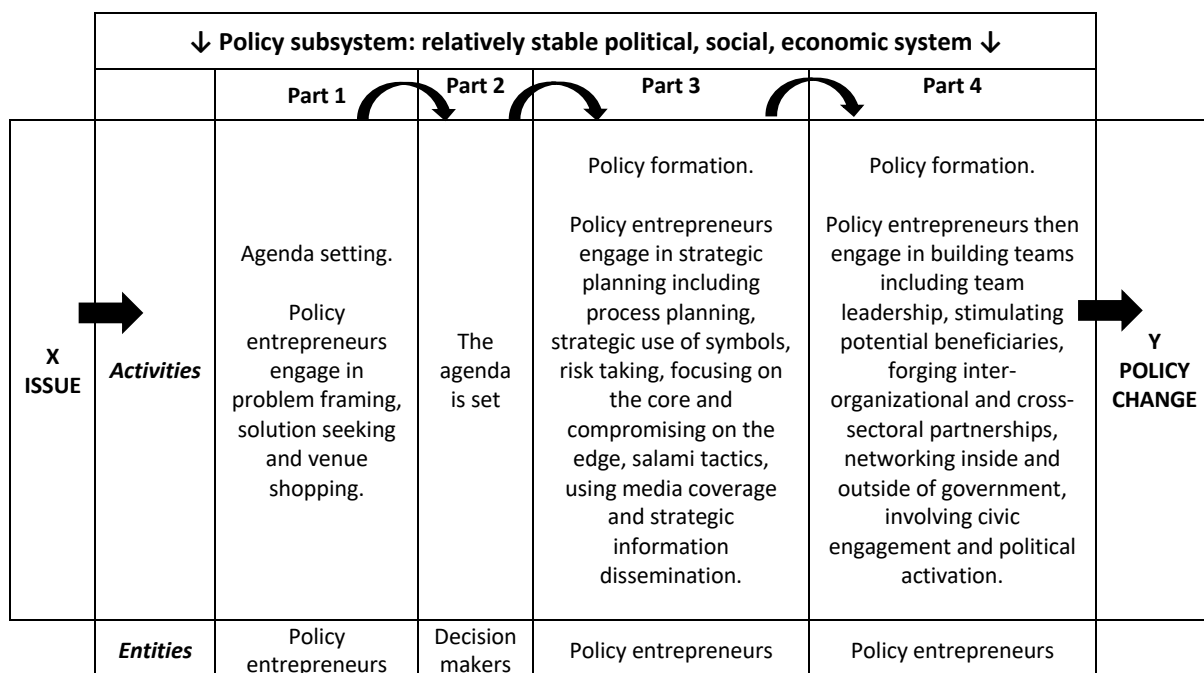
Figure 10: Hypothesised causal mechanism based on the conceptual framework of agenda setting and policy change in Figure 7



For policy entrepreneur activities (Figure 11)

At the agenda setting stage in Part 1, PEs identify and perceive a condition or issue as a problem and link it to a policy solution then actively promote it. Aviram et al. stated, “If the entrepreneur effectively deploys these three strategies, the problem and the proposed solution will win the desired attention and be debated in the appropriate venue”. (178) Once the agenda has been successfully set (Part 2), PEs set about trying to “implement their fragile agenda and turn it into reality in the form of a policy decision”. (178) Part 3 involves the “strategic planning” strategies at first: process planning, strategic use of symbols, risk taking, a focus on the core issues and compromising on the edges, salami tactics, media coverage and the dissemination of strategic information. Then the PEs move to team building strategies: demonstrating team leadership, stimulating potential beneficiaries, forging inter-organisational and cross-sectoral partnerships, networking inside and outside of government, involving civic engagement and engaging in political activity. Together, these should increase the chances of successful policy change. For example, decision-makers introduce a change in policy by publishing a new strategy containing a different policy approach to what previously existed. The four sequential parts of the hypothesised causal mechanism by which a policy entrepreneur plays a key role in issue X leading to policy change Y are depicted in Figure 11, which describes the activities taken and the entities responsible.

Figure 11: Hypothesised causal mechanism of how a policy entrepreneur influences the policy process at the agenda setting and policy formation stages based on Figure 9



The causal mechanism also demonstrates how the activities take place within the context of the policy subsystem. Historically, criticisms about the body of PE literature have been that a focus on individuals, their motives and their actions will produce idiosyncratic results uncondusive to theory-building. Mintrom and Norman suggested that the solution was to study PEs *within* their context, taking into account how it affects their actions and identify patterns. (172) This has been done in other studies. For example, Aukes et al.'s PE case study not only examined the activities of the PE, but they also analysed how two institutional factors, such as access to an institutional venue, affected the activities. (177) They recognised that “not only framing and argumentation shape the outcome”, but other such factors too. Thus, it is critical to embrace the reality that the above activities of PEs do not occur in isolation; rather they are influenced by relatively stable contextual factors. Sabatier referred to these as ‘non-cognitive sources of change’, such as a change in socio-economic conditions (e.g. public opinion) or governing coalition (e.g. as a result of an election), and policy decisions and impacts from other subsystems. (166) Gunn noted that “Mintrom and Vergari demonstrate how the probability of policy change is determined by key contextual variables as well as the actions of policy entrepreneurs within those contexts.” (167) However, no PE study has systematically analysed such factors in the way that a PT method demands, so this study will attempt to fill that gap.

4.4.3 Step 3: Setting out case-based predictions

Testing the theorised causal mechanism is based upon a Bayesian logic of subjective probability, whereby the researcher sets out their confidence in the existence of the causal mechanism parts *a priori* using existing research. For the next step in process-tracing, the researcher asks, “what evidence would we expect to find if the hypothesised mechanism holds true?” This relies upon the researcher’s prior knowledge of the case, for example, who and what was important. The researcher then updates their confidence after testing for the presence/absence of evidence for each part.

The type of evidence matters, and the researcher must assess evidence for its inferential weight. Unlike the frequentist logic commonly used in traditional statistical analyses, the frequency of finding the same or similar types of evidence is not necessarily helpful in explaining Y in process-tracing. For example, if a conversation occurred in private between two people and considerable evidence was gathered about the details of the conversation from people not present, the inferential weight of that evidence, regardless of how many people were asked, would be substantially less than if evidence was gathered from the two people present.

Beach and Pedersen identify four main evidence types: pattern evidence (statistical patterns in evidence: e.g. saliency of an issue could be determined by statistical patterns of media coverage); sequence evidence (temporal and spatial chronology: e.g. we would expect b to happen after a); trace evidence (the mere existence of which provides proof that a hypothesised mechanism exists: e.g. minutes of a meeting provides evidence such a meeting took place); and account evidence (the content of empirical material: e.g. what was discussed in a meeting or an oral account of the meeting). There are also primary and secondary sources. Primary sources are considered to be “eyewitness accounts of a given process”, which can be documented or oral accounts(98). Secondary sources are those produced based on the primary sources, for example, an historian’s account based on the primary source.

Interview data is one of the most commonly used source of evidence in process-tracing research(98). However, all evidence, whether primary or secondary, must be critically assessed and an unbiased selection is key. As Beach and Pedersen ask, “have we spoken to both the winners and losers?” The account provided by the participants must be assessed based on what we would expect them to say given their position and thus predicted motivations and interests in the case; their closeness or direct role in what events they are describing (i.e. primary or secondary account); whether accounts of the same event and if not then why (e.g. participants have been found to overstate the centrality of their role and play down the role and contribution of others); what information secondary source interview accounts is based on (e.g. hearsay or direct communication); and recall bias, which inevitably increases with time since the event took place(98).

The reliability of interview accounts can be strengthened with triangulation across different data types and sources. For example, demonstrating that what was found to have happened in a documentary source matches interview accounts or that multiple interview accounts relay the same account of events. However, data sources must be independent of each other (i.e., it would not be considered triangulation if the documentary source was written by the interview participant). Independence of evidence is therefore critical in triangulation.

Process-tracing requires the researcher to interrogate sources constantly to maximise the availability of critical types of evidence, and to find evidence with the greatest inferential weight. The researcher must therefore constantly ask: e.g., “Can I find two people willing to be interviewed who can provide independent evidence about the issue? Can what the two people say about that issue be trusted or might their motive be to recount the issue differently, perhaps to show themselves in a certain light? Can I find documentary evidence to increase my confidence in what was said, e.g., meeting notes

taken at the time?” The researcher must play detective and search systematically and exhaustively for the sources of corroborative evidence needed to conduct each test.

There are four tests of predictions used in process-tracing, which are colloquially termed: ‘straw-in-the-wind’, ‘hoop’, ‘smoking gun’ and ‘doubly decisive’. (98,101,102,188,189) They test how finding certain types and pieces of evidence leads to an increased or decreased confidence in the hypotheses versus counterfactual hypotheses. Table 9 describes each test inspired by Table 1 in Collier’s 2011 paper but ensuring that the act of finding evidence is in itself an important consideration, especially in policy research where it is not always possible to find evidence, for example, that is private or highly sensitive.

Table 9: Tests of evidence used in process-tracing and their consequences for hypothesis testing in process-tracing based on Table 1, Collier. (101)

		Sufficient for affirming causal inference?	
		No	Yes
Necessary for affirming causal inference?	No	Straw-in-the-Wind	Smoking-Gun
		Passing this test: Affirms relevance of hypothesis, but does not confirm it	Passing this test: Substantially increases confidence in hypothesis and can even confirm it
		Failing this test: Does not eliminate hypothesis, but slightly decreases confidence in it	Failing this test: Does not eliminate hypothesis, but slightly decreases confidence in it
		Counterfactual: Passing this test: Slightly decreases confidence in counterfactual hypothesis Failing this test: Slightly increases confidence in counterfactual hypothesis	Counterfactual: Passing this test: Substantially decreases confidence in counterfactual hypothesis Failing this test: Somewhat increases confidence in counterfactual hypothesis
	Yes	Hoop	Doubly Decisive
		Passing this test: Affirms relevance of hypothesis, but does not confirm it	Passing this test: Confirms hypothesis and eliminates counterfactuals
		Failing this test: Eliminates hypothesis	Failing this test: Eliminates hypothesis
		Counterfactual: Passing this test: Somewhat decreases confidence in counterfactual hypothesis Failing this test: Somewhat increases confidence in counterfactual hypothesis	Counterfactual: Passing this test: Eliminates counterfactual hypothesis Failing this test: Substantially increases confidence in counterfactual hypothesis

Each piece of evidence collected for each part of the causal mechanism was assessed according to one of the tests. For example, in collecting evidence to find out whether a hypothesised actor successfully persuaded a prime minister to support a policy, the evidence may include accounts from people who worked closely to a prime minister who then confirm or disconfirm the hypothesis. This type of

evidence would pass the smoking-gun test because their proximity to the prime minister would substantially increase our confidence in the hypothesis; but if they disconfirmed the hypothesis, it would not eliminate the possibility that they were wrong. If the prime minister themselves confirms the hypothesis that would be doubly decisive. Tables 10 and 11 set out the tailored parts of the causal mechanisms, prior predictions of finding case specific evidence to support the hypothesised parts, means of verification (data sources), and predicted empirical evidence likely to be found in the means of verification for the COP policy process and the particular role of policy entrepreneur Jamie Oliver.

Table 10: Hypotheses, prior predictions, means of verification and empirical evidence required to test hypothesis related to the COP policy process

Hypotheses	Prior	Means of Verification	Empirical Evidence Required
Part 1: a) Coalitions frame issues as problems based on belief systems using and producing evidence and information. b) Policy entrepreneurs emerge	Likely, given evidence of framing by coalitions related to government nutrition policy e.g. Baker et al. (55) and evidence of policy entrepreneurs emerging e.g. Cullerton et al. (56)	Document data including media data, reports, policy documents and parliamentary debates	Documents include direct evidence of coalitions framing and indirect evidence (e.g., media quotes of coalitions framing childhood obesity using evidence and information), and details of evidence and information produced.
		Interviews	Informants discuss their or others' framing and reference evidence and information, including what they or others produced
Part 2: a) Coalitions and policy entrepreneurs identify policy window, hook solutions onto framed problem, push for them b) Coalitions seek to generate public support	Likely, given evidence of coalitions and policy entrepreneurs being alert to policy windows, linking solutions to problems and generating public support. (55,56)	Document data including media data, reports, policy documents and parliament debates	Documents contain evidence of coalitions linking framed problems to solutions and pushing at specific times (e.g., ahead of an election). Documents demonstrate generation of public support (e.g., published polling).
		Interviews	Informants report their or others' identification of policy window, hook solutions onto framed problems and report seeking to generate public support
Part 3: a) Decision-makers seek expert advice b) Decision-makers respond by signalling willingness to act. Government agenda is set	Agnostic, given evidence showing that decision-makers do always seek expert advice but may be provided it, and do not always signal a willingness to act on advice. (59,190,191)	Document data including media data, reports, policy documents and parliament debates.	Documents contain details of commissioned expert advice and/or notes or reports about expert advisory meetings held with decision-makers. Directly or indirectly reported intention to act (e.g., manifesto pledge).
		Interviews	Informants report seeking or others seeking expert advice and willingness to act
Part 4: Coalitions and policy entrepreneurs generate and/or build political will and continuing pushing solutions	Likely, given evidence of coalitions generating and/or building political will. (55,56)	Document data including media data, reports, policy documents and parliament debates	Documents contain details of activities such as events and meetings to generate and/or build political will, and statements containing solutions

Hypotheses	Prior	Means of Verification	Empirical Evidence Required
		Interviews	Informants report their or others' activities to generate and/or build political will and continuing pushing solutions
Part 5: Decision-makers respond by actively developing policy. Decision agenda is set	Agnostic given evidence showing that decision-makers may not always respond by actively developing policy that reflects the evidence and/or what coalitions push. (59,191)	Document data including media data, reports, policy documents and parliament debates	Documents contain details of decision-makers actively developing policy (e.g., verbal confirmation in a Parliament debate or media interview).
		Interviews	Informants report their or others' active policy development
Part 6: Exogenous events remain a constant possible influence	Very likely, given evidence of potential influence of exogenous events. (55,86,90–92)	Document data including media data, reports, policy documents and parliament debates	Documents contain reports of and show the impact/influence of exogenous event(s) on policy process. Documents contain details of exogenous event(s)
		Interviews	Informants report the impact/influence of exogenous event(s) on policy process

Table 11: Hypotheses, prior predictions, means of verification and empirical evidence required to test hypothesis related to policy entrepreneur's role

Hypothesis	Strategies and traits	Likelihood of evidence at the national level	Means of verification	Empirical evidence required
Part 1: Policy entrepreneurs frame the problem, seek solutions and venue shop (nationally and/or internationally) Government agenda is set	Problem framing	Very likely	Document data including media data, reports, policy documents, briefing documents. Interviews	Documents include evidence of policy entrepreneur's problem framing. Informants discuss or describe policy entrepreneur's framing.
	Solution seeking	Very likely throughout the policy process	Document data including media data, reports, policy documents and parliamentary debates. Interviews	Documents include evidence of policy entrepreneur seeking solutions and proposing different solutions over time. Informants discuss how policy entrepreneur sought solutions or reference their policy solutions.
	Venue shopping	Likely	Document data including media data, reports, policy documents and meeting notes. Interviews	Documents include evidence of policy entrepreneur venue shopping e.g., seeking sympathetic audiences at different government levels. Informants discuss policy entrepreneur venue shopping.
Part 2: Policy entrepreneurs try to "implement their fragile agenda and turn it into reality in the form of a policy decision" by deploying strategic planning and building teams strategies	Process planning	Not as likely	Document data including briefing documents, emails, reports and meeting notes. Interviews	Documents include evidence of policy entrepreneur process planning e.g., campaign plans or meeting notes containing details of campaign plan. Informants discuss policy entrepreneur's process planning.
	Strategic use of symbols	Very likely	Document data including media data, reports, policy documents, meeting notes and parliamentary debates. Interviews	Documents include evidence of policy entrepreneur using symbols. Informants discuss policy entrepreneur's use of symbols and why they were used to indicate degree of strategic intent.

Hypothesis	Strategies and traits	Likelihood of evidence at the national level	Means of verification	Empirical evidence required
	Risk taking	Very likely	Document data including media data and parliamentary debates. Interviews	Documents include evidence of policy entrepreneur's experiencing potential risks e.g., receiving criticism and scrutiny. Informants discuss policy entrepreneur's risk taking to contextualise how risk was perceived.
	Focusing on the core and compromising on the edge	Not likely	Document data including media data, reports, policy documents and parliamentary debates. Interviews	Documents include evidence of policy entrepreneur engaging with actors from different framing and solution positions. Informants discuss policy entrepreneur's core focus and degree of willingness to engage with others.
	Salami tactics	Not as likely	Document data including media data, reports, policy documents and briefing documents. Interviews	Documents include evidence of policy entrepreneur breaking the policy process down into shorter term or smaller stages. Informants discuss how the policy entrepreneur broke the policy process down and degree of intentionality.
	Using media coverage	Very likely	Document data including articles, TV footage, social media. Interviews	Documents include evidence of media coverage e.g., articles, TV footage, social media, press releases. Informants discuss policy entrepreneur's use of media coverage. All media should be identifiable in documents.
	Strategic information dissemination	Likely	Document data including emails, reports, policy documents and parliamentary debates. Interviews	Documents include evidence of policy entrepreneur's strategically disseminating information e.g., meeting notes, emails from "core" actors. Informants discuss policy entrepreneur's strategic information dissemination and name "core" actors.
	Team leadership	Likely	Document data including media data, reports, policy documents and parliamentary debates.	Documents include evidence of policy entrepreneur's team leadership e.g., acting in ways and doing things others from the same advocacy coalition are not. Informants discuss policy entrepreneur's team leadership.

Hypothesis	Strategies and traits	Likelihood of evidence at the national level	Means of verification	Empirical evidence required
			Interviews	
	Stimulating potential beneficiaries	Likely	Document data including media data, reports, policy and briefing documents, and parliamentary debates. Interviews	Documents include evidence of policy entrepreneur stimulating potential beneficiaries e.g., praising the benefits of a policy to policymakers or in the media. Informants discuss policy entrepreneur praising benefits of a policy.
	Forging inter-organizational and cross-sectoral partnerships	Very likely	Document data including media data, reports, policy documents and parliamentary debates. Interviews	Documents include evidence of policy entrepreneur forging inter-organizational and cross-sectoral partnerships e.g., joint press release or campaign, meeting notes. Informants discuss policy entrepreneur's forging such relationships.
	Networking in government	Very likely	Document data including media data, emails, meeting notes and parliamentary debates. Interviews	Documents include evidence of policy entrepreneur networking in government e.g., meeting notes and media reports. Informants discuss policy entrepreneur networking in government.
	Networking out government	Very likely	Document data including media data, reports, meeting notes, emails and parliamentary debates. Interviews	Documents include evidence of policy entrepreneur networking out of government including in Parliament. Informants discuss policy entrepreneur networking out of government.
	Involving civic engagement	Very likely	Document data including media data, reports, policy documents and parliamentary debates. Interviews	Documents include evidence of policy entrepreneur involving civic engagement e.g., a public campaign or event. Informants discuss policy entrepreneur involving civic engagement.
	Political activation	Not as likely	Document data including media data, reports, policy	Documents include evidence of policy entrepreneur's political activation e.g., advising

Hypothesis	Strategies and traits	Likelihood of evidence at the national level	Means of verification	Empirical evidence required
			documents and parliamentary debates. Interviews	policymakers through formal routes or direct routes (stand for election). Informants discuss policy entrepreneur's political activation.
Traits	Trust building	Very likely	Document data including media data, briefing documents, meeting notes, emails and parliamentary debates. Interviews	Documents include evidence of policy entrepreneur trust building e.g., having information before others and informing others through the media or emails. Informants discuss policy entrepreneur's trust building or how they or others trusted them.
	Persuasion	Very likely	Document data including media data, briefing documents and parliamentary debates. Interviews	Documents include evidence of policy entrepreneur rhetorical persuasion e.g., through the media, briefing documents or at events. Informants discuss policy entrepreneur rhetorical persuasion or being persuaded by them.
	Social acuity	Very likely	Document data including media data, reports, policy documents and parliamentary debates. Interviews	Documents include evidence of policy entrepreneur's social acuity and understanding of socio-political context. Informants discuss policy entrepreneur's social acuity.

4.4.4 Step 4: Data collection

Once the tailored hypothesised causal mechanisms were constructed and appropriate predictions made, the next step was to collect data to find specific evidence to test the hypotheses. Process-tracing requires the collection of a wide-ranging, and often large amount of data. (98,180,192) In line with this and to enhance triangulation and minimise bias, multiple data sources were collected, including a comprehensive array of documents and interview data. As recommended by Stake, the purpose of case study interviews is multi-part. Not only do they facilitate data triangulation, they also provide a “description of an episode, a linkage, an explanation” and “seek to aggregate perceptions or knowledge over multiple respondents”, rather than simply providing “yes and no answers”. (193) However, in line with PT and elite interview guidance, interview data was sought and collected with a critical perspective in light of potential biases, such as policymakers or policy entrepreneurs wanting to portray a particular representation of events or placing themselves more or less centrally important to the story. (98,192,194–197)

Multiple Streams Framework distinguishes between ‘hidden’ and ‘visible’ policy actors. The visible actors, such as the President and prominent members of Congress, tend to “receive a lot of press and public attention”, while the hidden actors, such as civil servants and congressional staffers, tend to remain behind the scenes. (164) Process-tracing requires the researcher to identify both in order to determine who was most influential and important. The same can be said about documents. There were publicly available, “visible” documents that were identified and obtained more easily (e.g., the COP strategy and Hansard debate documents), and “hidden” documents that were not publicly available or were more difficult to identify and obtain (e.g., private policy memos and internal briefing notes).

In line with PT methods that often take inspiration from a criminal investigation approach to data gathering and analysis, an iterative approach was adopted. (101,102,169) Documents were collected to not only find evidence regarding the COP policy process itself and the role Jamie Oliver played, but also to identify potential interview informants; and interview informants not only provided evidence, but they also suggested and provided additional documents and interview informants. Therefore, interview informants were selected using a combination of purposive and snowball sampling. (192)

Multiple Streams Framework also explains how identifying a precise start point to a policy process story can often be challenging, if not impossible. (164) However, during the initial case familiarisation, the day that Jeremy Hunt was appointed Secretary of State for Health (04.09.12) emerged as being a key moment when government began to consider a shift away from the stricter voluntary, industry-government partnership approach it had taken so far, towards being more open to a stronger

approach, i.e., the build-up to COP. Therefore, this date was used to help define the in-depth COP case study analysis period, including for Jamie Oliver's role, as being between 04.09.12 and 18.08.16 (the day COP was published). Events identified in the data before this period were retained and referred to for historical context purposes. To further enhance transparency, an Excel spreadsheet of all documents collected is provided in Supplementary Document 1.

Document data collection

To begin with, the COP strategy document itself and any directly related government policy documents were identified by searching the government website *gov.uk* using the term "childhood obesity plan" between 18.08.2016 (the date COP was published) and 25.02.2018 (the date COP2 was published). This date range was chosen as once COP2 was published; it was assumed that documents published after that would be related to that strategy rather than COP. All actors, organisations, policies and references to evidence and other types of information relevant to COP were recorded in an Excel spreadsheet.

Next, to gain an initial understanding of the COP story and to identify potentially important actors, organisations, events and evidence, the global news database Factiva was used to search for media stories published during the month COP was published (August 2016) using search terms "childhood obesity" and "plan". The search produced an initial sample of 290 articles. Duplicates were removed and articles were included if they were full media articles (not news summaries or bulletins), with COP as the main focus, published in English, between 01.08.2016 and 31.08.2016, and in any country. The whole month was included to ensure any articles published in the lead up to COP or follow up pieces published in the days and weeks afterwards that might contain useful, relevant information were captured. The final sample contained 86 articles and all key information was recorded in an Excel spreadsheet (article headline, date of publication, newspaper, and all individuals and organisations mentioned).

Hansard debate transcripts are a widely used document source in research that seeks to understand the position and opinion of elected policymakers and political parties on issues, as well as the policy process itself. (59,86,90,198) The Hansard website, which contains all parliamentary debate documents, was searched using "childhood obesity". Debate transcripts from the in-depth case study period (04.09.12 to 18.08.16) were examined (n=89), as well as earlier debates that contained any important contextual information, e.g., the first time a key actor discussed the issue, (n=41).

Based on the documents collected above, an initial list of actors who appeared to be most important, influential, involved in or well-informed about the COP policy process was drawn up to begin the case file development and purposive interview sampling. Case files were developed about these individuals

using Google and the search terms “[actor name]” and “obesity” by year as far back as the earliest evidence of the actor mentioned in relation to the issue of obesity. This provided a broad chronological, actor-specific timeline of activity related to COP. Google was used so as to identify all document types published on the internet (e.g., media articles, press releases, reports, academic literature, published meeting notes, and policy documents). A broad search term ensured all possible documents could be identified. In line with process-tracing guidance, the most relevant and salient documents were recorded in an Excel spreadsheet. Additional potential interview informants and important actors identified in the case files were added to the list.

Interview data collection

The initial list of potential interview informants drawn up during data collection were sent email invitations to participate alongside a participant information sheet (PIS) detailing the research and interview conditionality (an example email and PIS are in Appendices C and D). Given the sensitive nature of the research and insights about the COP policy process, interview informants were given guarantees regarding their anonymity to reassure them that their participation was safe, and they would remain unidentifiable. In line with the principles of snowball sampling, informants were asked to name actors who they deemed important, influential, involved in or well-informed about COP who they recommended for interview. Any actor not already identified for interview was added to my potential recruitment list. Interview informants were also asked to suggest, and in some cases provide, any documents, evidence or information considered to have been important and influential. Any further evidence obtained was added to the list of document data collected in an Excel spreadsheet.

A total of 31 interviews were conducted (due to Covid-19 pandemic restrictions, 28 were via video or telephone call, two in person when restrictions were lifted and one via secure email) with key informants who were understood to be important, influential or involved in the COP policy process. They included policymakers (from across government and Parliament), policy advisors, civil servants, academics and researchers, campaigners, industry representatives, media professionals and other relevant stakeholders (Table 12).

Table 12: List of interview informants by actor category

Informant type	Description	Number of informant types interviewed
Policymaker	All elected politicians (e.g., government ministers and Members of Parliament) and civil servants that predominantly develop policy	10
Government advisor	Special Advisors and civil servants that predominantly advise government	10
Campaigner	Non-government actors who campaign, advocate or push for or against strong obesity policies	6
Researcher	Any type of researcher (e.g., academic)	2
Industry representative	Members of any industry (e.g., food and drink)	2
Media representative	Members of the media (e.g., journalist)	1

Interviews took place between March and October 2021 and took a semi-structured interview approach with questions developed using the themes from the conceptual framework and evidence collected in the case file for each informant. This ensured that, where appropriate, all interviews could be tailored to focus on the aspects of the COP policy process and Jamie Oliver's role that the informant was potentially most well-informed about and/or directly involved in. Where there was time, a more general discussion about the government policy process and/or Jamie Oliver's policy entrepreneur activities took place to enrich the contextual evidence and how typical the COP policy process was. A non-identifiable, illustrative topic guide example can be found in Appendix E. The duration of interview per informant ranged from 25 minutes to 151 minutes depending on how much time the informant had and/or evidence they could offer. The latter duration was the total with one informant on three separate occasions. This was the only interview informant to give multiple interviews. Typically, interviews lasted between 45 and 60 minutes.

Interview informants were followed up once the draft version of events was developed to check for accuracy in the representation of data and events, and to provide further evidence (e.g., documents) where confirmatory evidence was missing, or triangulation required. This is known as member-checking or informant feedback. (199–201)

Ethical approval, consent and data security

Prior to conducting the interviews, ethical approval was applied for and granted by the University of Cambridge Ethics Committee for the School of the Humanities and Social Sciences (Appendix F). Once an informant agreed to be interviewed, arrangements were made in line with Covid restrictions and

participants were sent an electronic consent form prior to the interview. The majority of interviewees submitted their electronic consent forms prior to the interview; however, in some cases verbal consent was obtained before the interview commenced and their signed electronic form was obtained subsequently. Prior to the commencement of the interview, I confirmed verbally that the participant had understood the participant information sheet and the nature of the research, including that their participation would remain anonymous, and answered any questions they had.

The majority of interviews were recorded using a digital recording device and transcribed verbatim (30 by a trusted external commercial company and one by the researcher). Two were not recorded. One because consent for audio recording was not obtained but consent for detailed field notes was, and one because the informant requested that questions be sent via email and their answers were then returned via email. The email was sent via an account set up for the research project and only accessible via the research unit's secure computer network. All transcripts and written interview notes were stored and analysed on the research unit's secure network drive to protect informants' anonymity, and any data used outside of the secure drive, e.g., quotes, was fully anonymised to ensure it remain unidentifiable and then checked with informants to ensure they consented to their words being used anonymously in research outputs.

4.4.5 Step 5: Data analysis

In line with theory-testing PT the purpose of the analysis was to test the presence or absence of the identified elements of the causal mechanism. For this, a deductive thematic analysis was conducted using codebooks developed based on the two frameworks set out in Chapter 3 (Appendix G). (202) It was not possible to systematically code all documents collected because of the substantial volume (more than 1200 documents). Therefore, in line with Beach and Pedersen's guidance about the strategic approach to data collection and analysis in PT, I systematically coded the interviews and Hansard debates from the in-depth case study period (04.09.12 to 18.08.16) because these documents contained rich details of the policy process, political dynamics and sequence of events. All other documents collected were used for triangulation.

Before uploading the interview transcripts and Hansard documents onto the NVivo 12 Pro qualitative analysis software, the interview transcripts were all read and checked against the audio recordings to ensure any mistakes were corrected. In PT, not only do the events need to be analysed, but the order in which they occur too. Therefore, the data was organised into two chronologically ordered documents so they could more easily be coded according to the sequence of events set out in the causal mechanisms. For the Hansard data, this was straightforward as the debates were dated and could be organised into one document accordingly. For the interviews data, the creation of a

chronologically ordered document was more challenging. Interview informants did not always speak about events with reference to the date or sequential order in which they occurred. During the interviews, much effort was made to get informants to clarify when events they were discussing took place to ensure the analysis by sequential order could be conducted as easily as possible. The case files about key policy actors, document data and timeline of events created were used to check against the events discussed by interview informants and ensure the order aligned. Any interview data relating to broader, non-temporally specific points about the policy process, such as the nature of it or the policy actors involved, were organised by broad theme below the sequential order of events. The documents were then uploaded onto NVivo for analysis and re-read and coded using the theory-based codebook.

Data was assessed for its evidential salience and inferential weight in line with Beach and Pedersen's point that "the evidence necessary to test whether the different parts are present can be very different, making evidence for the parts non-comparable with each other." (98) Not all the content of each Hansard debate was relevant to or focused on COP and/or Jamie Oliver's role, so only the segments that were relevant to or focused on these were systematically analysed. These were identified using the search terms "obesity" and "Jamie Oliver". Given the strategies sets out by Aviram et al. are unidirectional (178), in that they do not detail the reciprocity in policymaking (e.g., PE tries to persuade, decision maker is persuaded (or not)), the data was interrogated for proof of the impact of PE strategies. For example, evidence confirming the PE strategy was influential and, where possible, the reasons why.

For triangulation, an Excel spreadsheet containing all documents collected was organised in chronological order. Both the document and interview data were then subjected to the pre-assigned empirical tests and analysed to assess the extent to which it provided confirmatory or disconfirmatory evidence of the presence/absence of the causal mechanism elements. The final triangulated account of events was used to develop a summary of the chronological sequence of events that led up to COP, which was checked with interview informants for its accuracy. Once the final list of documents was collated, each was assigned a unique document ID to ensure quotes or references to the documents could be easily traced (Table 13). For the results section, the document ID numbers and interview informant type were then assigned to the relevant quotations from interviews and documents and presented after each one in parentheses. Quotations from publicly available documents include the name of the person who said it, whereas quotations from the interviews remain anonymous so include just the actor category.

Table 13: Document ID by document type

Document Type	Document ID	Total Documents
Book documents	B1 - B2	2
Government documents	G1 – G149	149
Hansard documents	H1 – H129	129
Industry documents	I1 – I16	16
Media documents	M1 – 769	769
NGO documents	N1 – N55	55
Parliament documents	P1 – P34	34
Political party documents	PP1 – PP11	11
Research documents	R1 – R62	62
Social media documents	SM1 – SM15	15
TOTAL DOCUMENTS		1242

Chapter 5: Study 2 – Results – How does government obesity policy come about? The case study of England’s ‘Childhood Obesity: A plan for action’

‘Knowledge of the decision process is achieved by systematic, empirical studies of how policies are made and put into effect’ - Harold D. Lasswell. (203)

The UK Government’s *Childhood Obesity: A plan for action* (COP) was published on Thursday 18th August 2016 (G128). The ‘plan’, changed from ‘strategy’², was 13 pages long and jointly published by the Department of Health, the Prime Minister’s Office (10 Downing Street), HM Treasury, and Cabinet Office on the official government website as a ‘guidance’ document. It contained 30 policies that aimed to “*significantly reduce England’s rate of childhood obesity within the next 10 years*” and was targeted at primary school aged children in England.

The story of how COP came about is a rich and multi-layered one, with a twist that provokes a plethora of questions including: how does government policymaking work? What are the key ingredients for agenda-setting and policy change? And based on the findings, how do we expect and think it should work?

In many ways COP is both a story of policy success and failure because it shows how major government policy change can be made and rapidly obstructed. But ultimately it demonstrates that policy change *can* happen. As one informant said, “*the popularity of COP and the SDIL should inspire politicians to be less fearful of the public health domain*” (Interview: Policymaker).

This chapter sets out the findings from the in-depth case study using theory-testing process-tracing. It begins with a summary of the story (summarised in Figure 12) before going into the detailed analysis. As defined in Chapter 4, the in-depth analysis was conducted on data between 04.09.2012 and

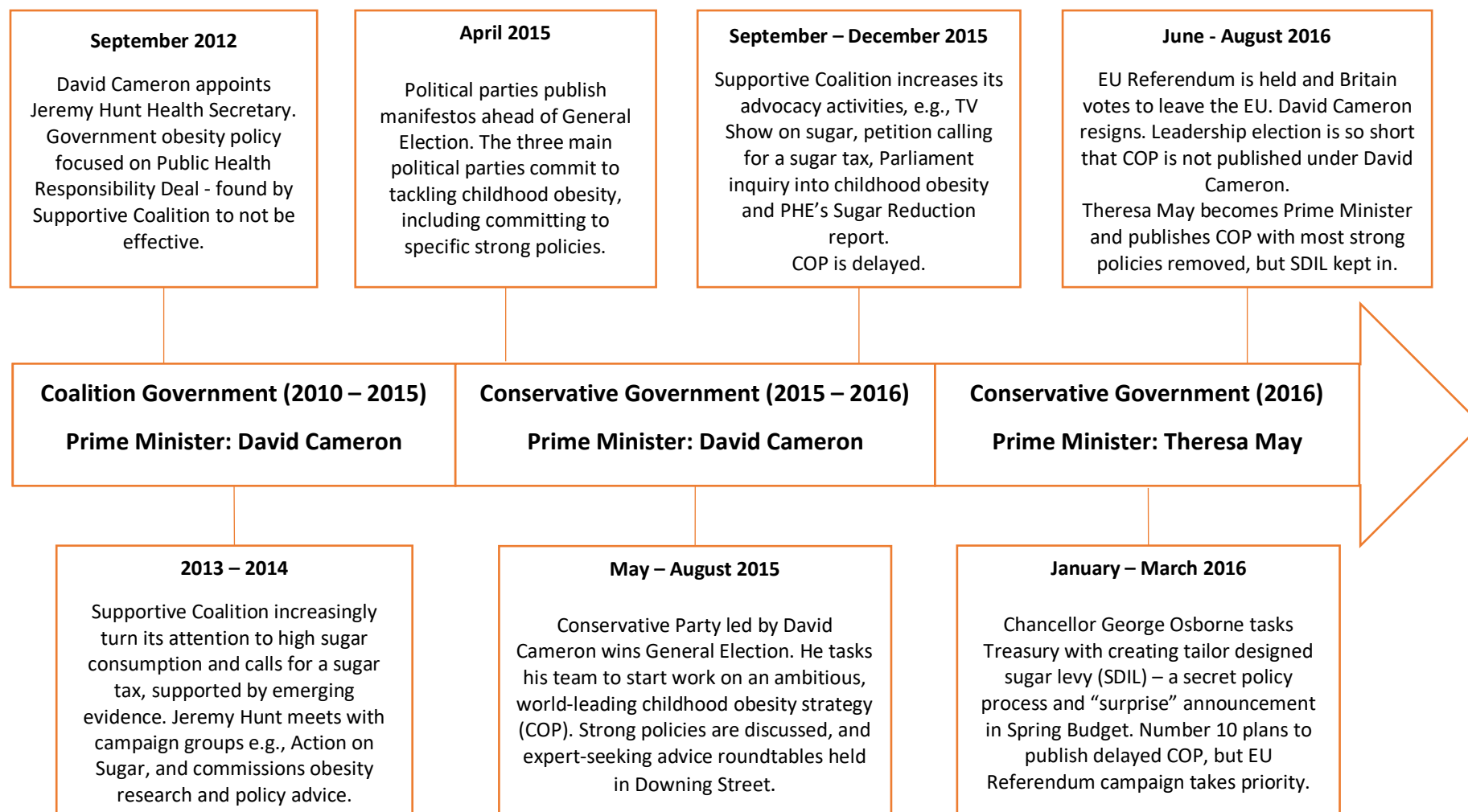
² Up until COP was published, it was referred to as the *Childhood Obesity Strategy* (COS). A strategy indicates a strategic, overarching, long-term vision that contains a plan of how to achieve it. A plan is a list of actions. For consistency, the draft and final published version are both referred to in this research as COP.

18.08.2016, but for context the summary begins earlier when the Coalition Government was elected in 2010 and looks briefly at how the previous Labour Government addressed obesity. Quotations from interviews and documents are referenced using document ID numbers and interview informant type in parentheses. Quotations from publicly available documents include the name of the person who said it, whereas quotations from the interviews remain anonymous so include just the actor category. Table 14 sets out the list of names quoted with their relevant role in the COP policy process. For the full chronological sequence of events see Appendix H and the full data spreadsheet (Supplementary Document 1 in Appendix I).

Table 14: Names and COP policy process related roles of people quoted in Chapters 5 and 6 (from publicly available documents)

Person quoted	Role during COP policy process
David Cameron	Prime Minister (2010 – 2016)
Camilla Cavendish	Journalist (2002 – 2015); Director of the Downing Street Policy Unit (2015 – 2016)
Chris Davies	Member of Parliament for Brecon and Radnorshire
Eustace de Sousa	Deputy Director, national team for Children, Young People and Families at Public Health England
Alesha Dixon	Singer - tweeted support for Jamie Oliver's Sugar Rush TV Show
Steve Double	Member of Parliament for St Austell and Newquay
Jane Ellison	Public Health Minister (2013 – 2016); Financial Secretary to the Treasury (2016 – 2017)
Lady Suzanne Heywood	Wife of Lord Jeremy Heywood, Cabinet Secretary (2011 – 2018) and Head of the Civil Service (2014 to 2018)
Jeremy Hunt	Health Secretary (2012 – 2018)
Dr Rupa Huq	Member of Parliament for Ealing Central and Acton
Millie Mackintosh	Reality star - tweeted support for Jamie Oliver's Sugar Rush TV Show
David Nuttall	Member of Parliament for Bury North (2010 – 2017)
Jamie Oliver	Celebrity chef and campaigner
Gavin Partington	Director General of the British Soft Drinks Association
Katie Perrior	Director of Communications at Downing Street (2016 – 2017)
James R. Quincey	Chairman and Chief Executive of The Coca-Cola Company
Keith Vaz	Member of Parliament for Leicester East (1987 – 2019)
Dr Sarah Wollaston	Chair of the Commons Health Select Committee (2014 – 2019)
Ian Wright	Chief Executive of the Food and Drink Federation (2015 – 2021)

Figure 12: Summary of the COP policy process timeline



5.1 Summary of the story of COP

In 2010, the Conservative Party and Liberal Democrats were elected to form a coalition government. The previous Labour Government had already been investing in and launching various obesity policies under its two Prime Ministers, Tony Blair and Gordon Brown. It commissioned the seminal *Foresight Report* on obesity (2007) (R3), which reframed obesity as a complex systems issue requiring multiple interventions, and introduced various school-based interventions, influenced by celebrity chef and campaigner Jamie Oliver. Stronger obesity policies were also being formally proposed by policymakers. For example, Nigel Griffiths MP introduced a bill calling for a 9pm watershed on unhealthy food and drink TV advertising in 2007 (H23). The Labour Government went some way to action such policy change, including introducing major regulatory changes to TV advertising of unhealthy food and drink to children under the age of 16, although not a full 9pm watershed (G2).

When the Coalition Government was formed in 2010, the new Health Secretary Andrew Lansley brought a distinct vision with him. He sought to enact major reforms to the healthcare system and for obesity, he preferred a voluntary approach, based on government-industry partnerships. This was manifested in his *Public Health Responsibility Deal* (PHRD) (G5), introduced in 2011 and independently evaluated by the DHSC-funded *Policy Innovation and Evaluation Research Unit* (R62). It covered four areas (food, alcohol, physical activity and health at work) and encouraged voluntary pledges by industry (e.g., introduce menu labelling in restaurants and reformulate food and drink), but without consequences if companies did not comply or demonstrate meaningful change. Public health was also overseen in government by a cross-government Cabinet subcommittee chaired by Lansley.

Lansley's healthcare reforms were manifested in the *Health and Social Care Act 2012* (P7), which handed over responsibility of obesity to local authorities and introduced Public Health England (PHE) (G25). PHE was a new arm's-length government body that would "bring together a fragmented system" by combining responsibility for public health activities over from various other organisations and agencies, provide evidence-based advice to government, and help local authorities deliver public health programmes and services.

Not long after the PHRD was introduced, pressure for stronger measures grew from actors outside government arguing that the voluntary approach was failing to achieve substantial and uniform change (M210, M211). Evidence also emerged to indicate that it was difficult to evaluate whether the approach worked (R20). In September 2012, Prime Minister David Cameron appointed Jeremy Hunt to replace Andrew Lansley as Health Secretary, making clear that he wanted everyone to stop talking about the Lansley NHS reforms, which were becoming politically controversial.

During 2013, calls for stronger obesity policies and criticisms of the *Public Health Responsibility Deal* grew louder from health campaigners and experts. Professor Simon Capewell said allowing companies to regulate themselves was like “putting Dracula in charge of the blood bank” (M115). Campaigners were not only increasing their advocacy efforts, but they were coordinating with each other more, and raising awareness about problems related to obesity and potential policy solutions through the media, events and published literature. This included celebrity chef and campaigner Jamie Oliver who had successfully campaigned for policy change (in relation to school food) under the previous Labour Government. A noticeable shift in focus towards sugar as a key obesity-related problem also became visible. More individuals and organisations began calling for a sugar tax and scientific evidence emerged on the possible effectiveness. However, the Government remained sceptical about such food taxes. Particularly as its consideration of a fat tax in 2011, inspired by the one introduced then quickly repealed in Denmark, did not receive positive media coverage (M81).

In May 2013, Prime Minister David Cameron appointed a new health advisor to Downing Street who had openly criticised some of the Government’s health policies. David Cameron welcomed the diversity of thought and challenge, indicating an openness to new policy approaches in health. Towards the end of the year, there were signs that obesity was moving up the government agenda as the Behavioural Insights Team (a unit originally contained within the Cabinet Office then converted into a limited company in 2014, that produces and applies behavioural insights to inform government policy) was commissioned by Health Secretary Jeremy Hunt to develop a list of top evidence-informed obesity policy proposals, whilst Cabinet Secretary Jeremy Heywood (Head of the Civil Service) was liaising with government advisors to develop government’s thinking on this policy area. It was also in 2013 that preparations for the 2015 general election were ignited, as political parties started to develop their party manifestos. A window of opportunity for long-term obesity policy thinking emerged.

As 2014 came around, attention on sugar grew even stronger alongside increased demands for a sugar tax. “*Sugar is ‘the new tobacco’*”, read a Daily Mail headline in January 2014, as campaign group Action on Sugar announced its launch (M151, M152, N11). Labour MP Keith Vaz used this to ask Prime Minister David Cameron directly in the House of Commons if he would give up sugar for a day to show his support for tackling sugar-related problems, which David Cameron pledged to do (H63, M171). The Prime Minister also said he would gladly facilitate a meeting between Action on Sugar and Health Secretary Jeremy Hunt, which took place later that year (N16, N17). Action on Sugar used the meeting to ask Jeremy Hunt to introduce a sugar tax, alongside other policies such as restrictions on unhealthy advertising and marketing.

In June 2014, the government's Scientific Advisory Committee on Nutrition (SACN) published its draft *Carbohydrates and Health* report and consultation (R26), and the same day, Public Health England published a document confirming the Department of Health had asked it to review the evidence on sugar and provide policy advice, which it stated it would publish in April 2015 (G49, G50). Both gained widespread media coverage due to the already high level of public and media attention on sugar and a sugar tax. Supportive coalition members saw this as a "watershed moment" for attention on sugar, as it provided calls for stronger government policy with scientific support.

Calls for strong government obesity policy continued throughout 2014 and pressure was fuelled further by the arrival of additional supportive voices. The new Chief Executive of NHS England, Simon Stevens, called obesity "the new smoking" during his speech at Public Health England's annual conference in September and called for "hard-hitting" obesity policies in his *NHS Five Year Forward Plan* (G55, M252, M251, G58). In November, global consultancy firm McKinsey published *Overcoming obesity: An initial economic analysis*, which was widely reported in the media and picked up by several key policy actors (R29). One of these was Cabinet Secretary Jeremy Heywood who had been briefed by McKinsey before the report was published.

By early 2015, it was clear that whichever party was elected to form the next government, obesity would be on the policy agenda as external pressure mounted and the three main political party manifestos all contained obesity policies. The first signs of COP were set out in the Conservative Party's manifesto, which stated, "*We will take action to reduce childhood obesity*" (PP10). In May 2015, the Conservative Party won the election and formed a majority government. To the surprise of members of his team, Prime Minister David Cameron instructed that work should begin immediately to develop COP and that it was a top health policy priority he wanted to "own" personally. At this time, the PHRD is being gradually closed down, and attention shifting to the development of COP. However, key elements of the PHRD, such as the sugar and salt reduction programmes, continued under PHE.

Some key factors facilitated COPs development:

- Health Secretary Jeremy Hunt, Public Health Minister Jane Ellison and David Cameron's health advisor Nick Seddon were all reappointed. This enabled continuity and they all supported stronger obesity policies. They also knew their brief and the relevant civil servants well.
- Prime Minister David Cameron appointed Camilla Cavendish to become Head of the Downing Street Policy Unit. She had already written about her support for legislation to tackle obesity prior to the appointment.

- Public health policies introduced before the 2015 general election, such as plain packaging for tobacco products (G63), had not resulted in any negative electoral consequences, contrary to what some opposers had warned might happen.
- Pressure outside government for stronger obesity policies was high and included vocal people within the Conservative Party, such as Dr Sarah Wollaston MP, Chair of the Commons Health Select Committee, as well as other influential government actors such as Chief Medical Officer Dame Sally Davies and NHS England Chief Executive Simon Stevens.

Following Prime Minister David Cameron's instruction, intense work on COP began immediately in Downing Street and the Department of Health. A list of obesity policy options was sent to David Cameron to consider as early as June 2015 and several roundtables with key experts and stakeholders were held over the year, both with and without David Cameron in attendance (G76, G78). One of these was widely reported in the media and David Cameron was quoted saying he had "tasked the Department of Health, Department for Education, working with Jamie Oliver and others, to look at this period [primary school] and think 'well, what we can do better [on childhood obesity]?" (M405, M406) The momentum built on sugar in particular was noticed by the Prime Minister who asked, "I don't understand why everyone is going so sugartastic?" (B2)

In July 2015, the media reported that the Government intended to publish COP in the autumn. However, this was delayed due to the scale of the task in formulating such an ambitious strategy and achieving consensus and support across Government and Parliament. It required the fine art of political negotiation and persistent 'softening up' of sceptics and opposers mainly within the Government and Conservative Party.

Despite it being public knowledge that the Government was developing an ambitious strategy to tackle childhood obesity, external pressure was far from subsiding. It increased alongside greater, more meticulous coordination, as COP was considered by supportive actors to be something tangible to influence. In September 2015, celebrity chef and campaigner Jamie Oliver's TV documentary *Sugar Rush* was aired alongside a substantial advocacy push (M418). This included a petition calling for the Government to introduce a "tax on sugary drinks in the UK to improve our children's health" (P34), a social media campaign involving numerous celebrities expressing their support (M419), and the introduction of a 10-pence levy on sugar-sweetened beverages in his Jamie's Italian restaurant chain (M416). The huge number of people signing the petition caused the Parliament website to crash and more than the 100,000 signatures required to trigger a debate in Parliament on the issue was reached within days (M421).

To tie in with this momentum, Dr Sarah Wollaston MP launched a Commons Health Select Committee inquiry into childhood obesity and hosted a number of oral evidence sessions to inform it (P21, M449). Jamie Oliver was invited to give evidence, which, given his celebrity status and the success of *Sugar Rush*, his petition and long-standing campaigning on child health, received widespread media attention. He called on Prime Minister David Cameron to be “brave and strong” (M447, M450). The Committee also used the inquiry to demand that Public Health England (PHE) publishes its report recommending what the Government should do to reduce sugar consumption (P20, P22, G83, M437, G86, M439, M441, P21, P22, G93). It was reportedly being blocked by Downing Street; however, it was apparently the timing that was being controlled so that it would coincide with COP’s publication. Downing Street’s reason was not widely known and so the Committee invited PHE’s Chief Executive Duncan Selbie to give evidence and explain why the report had not been published after being promised in the summer. He said, “I am fully committed to getting it published...There is no conspiracy of silence” (M451). The event received widespread media coverage.

Later in October 2015, PHE’s *Sugar Reduction* report was published with recommendations for Government to introduce a sugar tax and restrictions on unhealthy food and drink marketing, advertising and promotions (G92). A spokesperson for the Prime Minister was quoted saying that he did not think it was “the right course of action” (M502). In November 2015, the Health Select Committee published its inquiry report *Childhood obesity – brave and bold action* and coordinated the publication of it with the sugar tax debate in Parliament that had been sparked by Jamie Oliver’s petition in September (P27, H90). The debate was widely attended by parliamentarians from many different parties. The debate focused on key arguments regarding a possible sugar tax, questions about why COP had still not been published, and proposals for a wide range of other policy solutions.

Meanwhile, government work continued on COP and key policymakers and advisors were also being “seriously lobbied” by industry representatives. For example, some MPs were telephoned to say that certain strong obesity policies would harm industry, and some were targeted with meetings to try and change their mind. A large group of industry representatives from across food and drink, advertising, TV and trade lobbying provided Downing Street with what they called the “Big Generous Offer” - a set of alternative policies instead of regulations and legislation. It included introducing obesity storylines in popular TV shows to educate people about obesity rather than restrictions on unhealthy TV advertising (I10). Although the industry representatives “didn’t get an answer” to their policy offer, Downing Street engaged with industry frequently to understand practical considerations around certain policy options.

At the Conservative Party's annual conference in October 2015, Health Secretary Jeremy Hunt said that "when it comes to children ... we are able to be a little more draconian when it comes to childhood obesity" (M432) and published his NHS England mandate for 2016-17 which included "measurable reduction in child obesity as part of the Government's childhood obesity strategy" (G97). Ahead of the Autumn Budget and Spending Review 2015, Jeremy Hunt pitched the idea of a sugar tax to Chancellor George Osborne as a way to pay for the planned public health cuts. Far from dismissing the idea, George Osborne said the sugar tax's "time was coming, but not just yet". It was also revealed that in August 2015, George Osborne had sent a briefing to the Prime Minister, which included several options for a possible sugar tax.

Throughout the autumn and into winter 2015, the team in Downing Street debated and discussed the idea of a sugar tax. The Government's Chief Medical Officer Dame Sally Davies indicated this when she told the media that she thought the sugar tax was still a "runner" and that attitudes were shifting with the public behind it (M511). Ahead of Christmas 2015, the Treasury was sending Downing Street advice on what a sugar tax could look like and how it could work. Then over Christmas, the Treasury was instructed to work up a more comprehensive briefing on sugar tax options ready for the March Budget preparations that intensified from January onwards.

In January 2016, Chancellor George Osborne began to go through all policy options for the March Budget. This was the time a policy such as a sugar tax would be disregarded if he knew he was not going to consider it. He kept the idea of a sugar tax firmly on the list of policy options and he, his advisors and the Treasury began to work up and explore seriously whether it might work and how it could be designed. This all took place privately and separate from the debates and discussions taking place in Downing Street about a sugar tax.

Meanwhile, the public and media still thought that both the Prime Minister and Chancellor were opposed to a sugar tax. A press conference in the first week of January was held with the Prime Minister who was on a state visit to Hungary (M519, M520, M521, M522). When asked about a sugar tax, this time David Cameron indicated that it was indeed being considered as one of many possible options. In February, COP was largely ready to be published and the original plan was that it would be published in February. Health Secretary Jeremy Hunt gave an interview on *The Andrew Marr Show* declaring obesity as a "national emergency" and promising a "game-changing strategy" (M548). Celebrity chef and campaigner Jamie Oliver was also interviewed saying that he and his fellow campaigners would "get more Ninja" and "less nice" if the Government refused to introduce a sugar tax. By the end of February, the Prime Minister and a select few people were told that a sugar tax was on the cards for the Chancellor's March Budget so the decision was made to publish COP after the

budget, so it could integrate the sugar tax. The media reported COP as being “delayed” yet again, with the change of date again heavily criticised by campaigners.

However, multiple private meetings a week were being held between the Chancellor, his advisors and Treasury civil servants to design the sugar tax. This was because the Chancellor had expressed that politically it would not be feasible to introduce a consumer-focused tax that increased the price of products and pointed to his ‘bank levy’ design as the kind of design he wanted – one that targeted the companies, not the public. The Treasury team was tasked with creating a completely new tax, which was unusual. Discussions took place about what products would be targeted, how it would work and when it would be introduced. Eventually the focus narrowed on sugar-sweetened beverages, which were the most feasible and acceptable product type to include, and a two-tier levy design, which gave companies the option to reformulate and not pay anything. The two tiers were based on the two main sugar content levels of sugar-sweetened beverages in the market and the levy amounts on the £500 million needed to fund a schools programme in the Budget.

Outside of government, the pressure for COP to be published and for it to contain a sugar tax continued. Dr Sarah Wollaston MP scheduled another widely attended Parliament *Childhood Obesity Strategy* debate in January 2016 (H96); Simon Stevens promised a sugar levy in NHS hospitals across England and urged ministers to take “radical action” on obesity (M533, M534, M535); and Mayor of London Boris Johnson introduced a sugar levy in City Hall facilitated by Rosie Boycott, Chair of the London Food Board, and Jamie Oliver’s team (M529). Campaigners and organisations also continued to build pressure. In January 2016, the World Health Organisation published its report on ending childhood obesity containing a recommendation for governments to “implement an effective tax on sugar-sweetened beverages” (R45); Action on Sugar and 16 other organisations published an open letter to David Cameron calling for a sugar tax (N39); and Cancer Research UK and UK Health Forum published a report calling for a sugar tax and a 9pm watershed on unhealthy food and drink advertising (R49).

In March 2016, approximately ten days before the Budget, the Chancellor confirmed the policies that he would announce, and it was sent to the Office for Budget Responsibility to be approved. The Soft Drinks Industry Levy [SDIL] was one of them. The decision had been made not to extend it to fruit juice or sugary milk-based drinks because of fears that the public would not understand a tax on fruit juice, which was perceived as healthy, and because of complications related to baby milk formula and potential opposition from maternity groups. The potential headline of ‘Chancellor taxes baby milk’ was considered too risky (e.g., the potential similarity to Margaret Thatcher’s policy to stop milk provision in schools which resulted in the nickname ‘Thatcher, Thatcher, Milk Snatcher’). Such

negative media could result in the entire tax being opposed and possibly abolished. Even landing a levy on sugar-sweetened soft drinks was considered difficult and politically challenging, so the Chancellor suggested Government could start with that and consider expanding to other products later on.

To ensure the SDIL would be received as positively as possible, the Chancellor and his team telephoned celebrity chef and campaigner Jamie Oliver and his team to inform them that the SDIL was going to be announced in the budget and to see if he could be available to publicly support it on Budget Day. The Chancellor had not met Jamie Oliver before then. On the 16th of March 2016, the Chancellor announced the SDIL during his Budget speech in the House of Commons and Jamie Oliver drove on his motorbike to stand outside Parliament on College Green and give media interviews welcoming it (H108, M576). The SDIL received widespread praise from health campaigners and experts, and criticism largely from industry stakeholders and some politicians. The media reception was considered a success and work began immediately to develop the consultation and bring outsider stakeholders into the policy process.

Once the SDIL had been announced, Downing Street could publish COP with the SDIL as a key component. Preparations were set for an April or May launch and the plan was to go big, with a star-studded launch event in Downing Street attended by a wide range of celebrities and sports stars endorsing the strategy. However, at the same time, public polling in relation to the European Union (EU) Referendum was unexpectedly showing strong support for the 'Leave' campaign. As Prime Minister David Cameron and key members of his team were backing the campaign to remain in the EU, this was a sign they were far from guaranteed to win. The team became increasingly aware that the result could be close, so every possible effort was channelled into campaigning for Remain.

Although COP was ready to be published and arguably could have been considered a welcome break from the attention on the EU Referendum, it was not published for three main reasons:

1. Given Prime Minister David Cameron was not sure he would win the EU Referendum, the team felt it was not worth the risk of any unnecessary negative press, which could come with publishing COP, especially since it contained policies directly impacting business and their main referendum argument was about protecting the economy.
2. The bandwidth of Government was severely limited so the plan to conduct a big public launch was not feasible.
3. If resource was moved to publishing COP and that took resource away from the EU Referendum campaign and the Remain team, headed by David Cameron ended up losing, then

they would not be able to see through COP anyway, whereas if they won then they would be in a position to deliver COP properly afterwards.

On the 23rd of June 2016, the EU Referendum took place, and the result was 52% to 48% in favour of leaving the EU (R58). Having lost, the day after the vote, Prime Minister David Cameron resigned, and a leadership contest was sparked. Downing Street made plans to publish COP in July, before the government changeover. However, due to unforeseen events (leadership candidates dropping out early), the Conservative Party leadership contest finished six weeks earlier than anticipated, and on July 13th, less than three weeks after David Cameron resigned, Theresa May became Prime Minister and gave David Cameron and his team 24 hours to leave Downing Street.

The speed at which Theresa May formed a government left little time for her and the team to prepare a comprehensive and clear policy agenda. This resulted in a lack of clarity among Downing Street appointees and civil servants about what her priorities were, other than having to deal with Brexit and the aftermath of the EU Referendum. In the first few days, the civil servants brought the new Cabinet and team of political advisors up to date on what strategies and policies were most urgent, what decisions needed to be made, and what other strategies and issues were in the pipeline. One of numerous strategies and issues presented to the team was COP and the speed at which things were happening meant decisions were being made fast. However, the relationship between former Prime Minister David Cameron and Chancellor George Osborne, and Theresa May and her team had been problematic for many years. When Theresa May became Prime Minister, her team's desire to see through policies considered to be "Cameroonian" or worse, a "brainchild" of George Osborne, was low. The Childhood Obesity Plan was one of these. Some of the key policies contained within COP, such as advertising restrictions, were considered "nanny-state nonsense" and "gimmicky" by Theresa May and members of her team. They believed there were better, "more sophisticated" ways to tackle the issue. There was also a desire simply to be different from the previous government.

The combination of these factors led to the new Government taking out key strong policies from COP and publishing it during the summer recess in the hope that journalists would be on holiday so it would receive less attention. But why, given the animosity towards "*Cameroonian*", "*nanny state*" policies was COP still published? And why was the SDIL kept in? The fact that there had already been several leaks of the strategy meant that the Government partly did not want to risk the perception that it was already failing on key issues in its first few weeks. Regarding the SDIL, progress was already being made following its announcement, companies were already making changes, and the new Chancellor Philip Hammond supported it.

The decision to publish COP during recess to minimise media attention, did not mean Downing Street desired no media attention at all. In preparation for the publication, Prime Minister Theresa May's Joint Chief of Staff Fiona Hill requested that The Sun newspaper be telephoned and offered an exclusive story along the lines of "Government saves Tony the Tiger" by removing policies restricting the marketing and advertising of unhealthy foods such as cereal. On the 18th of August 2016, COP was published and received widespread criticism from both those wanting stronger obesity policies because so many of the ones promised under former Prime Minister David Cameron were not included, but also by those not wanting stronger policies, such as industry stakeholders, because COP still contained the SDIL (G128). The main differences between one of the drafts from David Cameron's Government compared to the final version published under Theresa May are shown in Table 15.

The differences demonstrate a significant policy shift between the two administrations from a more detailed, ambitious and stronger policy approach involving an increased amount of government intervention under David Cameron across multiple government departments, to a less detailed and ambitious policy approach involving a reduced role for the state across fewer government departments under Theresa May. The majority of policies contained in the draft under David Cameron were removed or changed – often to a policy that was less detailed, strong or ambitious - under Theresa May's administration and the overall target of halving childhood obesity in "the next ten years" was changed to a more nebulous aim to just "significantly reduce England's rate of childhood obesity within the next ten years." (40)

Table 15: Comparison of a COP draft developed under David Cameron's Government compared to the final COP version published under Theresa May (G149, G128)

Key Differences	COP draft under David Cameron's Government	Final COP version published under Theresa May's Government
Title	<i>Making the Healthy Choice the Easy Choice: A healthier future for all our children</i>	<i>Childhood Obesity: A plan for action</i>
Foreword	Two forewords planned – one by the Prime Minister David Cameron and one by the Health Secretary Jeremy Hunt	No foreword(s)
Overall target	"We aim to halve England's rate of childhood obesity within the next ten years"	"We aim to significantly reduce England's rate of childhood obesity within the next ten years."
Evaluation and monitoring plan	"We are developing a clear plan for monitoring and evaluating both the implementation and impact of the strategy" e.g., through the National Child Measurement Programme and Health Survey for England.	"Over the coming year, we will monitor action and assess progress, and take further action where it is needed."
Evidence citations	81	33
Policies kept in	"Introducing a soft drinks industry levy"	Policy kept in
	"Funding innovation to help businesses to make their products healthier"	Policy kept in
	"We will develop a new framework through which to apply advertising restrictions by updating the nutrient profile model"	Policy kept in
	"Continuing to provide support with the cost of healthy food for those who need it most" e.g., re-committing to the Healthy Start scheme	Policy kept in
	"Helping all children to enjoy an hour of physical activity every day"	Policy kept in with an additional point on the government's commitment to produce a Cycling and Walking Investment Strategy

	“Creating a new healthy rating scheme for primary schools” e.g., voluntary healthy rating scheme for primary schools and Ofsted’s thematic review on obesity.	Policy kept in
	“Supporting early years settings” e.g., incorporate revised early years menus into voluntary guidelines.	Policy kept in
	“Harnessing the best new technology” e.g., bring forward a suite of applications that enable consumers to make the best use of technology and data to inform eating decisions.	Policy kept in
Policies removed, replaced or changed	“Taking out 20% of sugar in products” that would be independently monitored i.e., Public Health England would lead it but “an independent assessor” would review progress at 18 and 36 months.	Policy kept in but not with independent monitoring. Assessment to be done by Public Health England.
	“Making sure unhealthy trans fats can’t be used in our food” and introducing legislation to remove trans fat from food in England from the end of 2017.	Policy removed
	“Reducing children’s exposure to the advertising of unhealthy food” e.g., some popular “Saturday night entertainment” shows would contain no unhealthy food adverts. Publishing a consultation to identify policy options.	Policy removed
	“Develop a voluntary framework governing sport’s relationship with companies marketing unhealthy food and drink. This will consider the sponsorship of sportspeople, teams and clubs and the advertising and sale of unhealthy products at sporting events.”	Policy removed
	“Challenging retailers to promote healthier options” e.g., removing unhealthy food and drink from prominent locations such as checkouts and end of aisles, ending the promotion of unhealthy foods and promotional offers, and ending the use of cartoon characters to promote unhealthy foods to children. Challenge manufacturers to “use their creativity to make it easier for families to make healthier food choices.” Consider further action if not enough progress is made.	Policy removed
	“Making healthy options available in all hospitals and leisure centres”. Ensuring full uptake of the Government Buying Standards for Food and Catering Services (GBSF) in	Policy kept in but with <i>no</i> transparent monitoring of compliance and <i>no</i>

central government departments with transparent monitoring of compliance. Consult on the strengthening of GBSF nutritional standards.	consultation on the strengthening of GBSF nutritional standards.
“Making sure the NHS leads the way” e.g., “introducing an NHS ‘sugar premium’” for sugar sweetened beverages sold by NHS vendors with revenue invested in “staff health and wellbeing programmes”; “renegotiating contracts to offer healthier, affordable and tasty options in vending machines and in hospital shops and outlets and limiting the sale of the unhealthiest food”; and “Tougher food and nutrition standards for NHS premises”.	Policy removed
“Supporting local authorities to create healthy high streets” e.g., provide improved guidance to support local planning authorities in creating healthier environments and tackle exposure to takeaway food outlets.	Policy removed
“Making school food healthier” e.g., “update the School Food Standards in light of refreshed government dietary recommendations”; Education Secretary to “lead a campaign encouraging all schools to commit to the standards”; and “work with relevant partners to provide practical ways to prepare affordable but healthier packed lunches”.	Policy kept in but with the policy on lunchboxes removed.
“Being clear on the healthy options” e.g., recommendation for families to use the new ‘Eatwell Guide’ “when considering their diet”.	Policy removed
“Requiring clear calorie labelling for restaurants, takeaways and cafes” e.g., “require calorie labelling for restaurant, café and takeaway menus to make the healthy choice clearer” and providing an online “tool to make it easier for restaurants to calculate this calorie information”.	Policy removed
“Including clearer sugar labelling on products” e.g., teaspoons of sugar or cubes on packaged food and drink “in line with the Government’s new sugar intake recommendations.”	Policy replaced with a review of “additional opportunities to go further” on labelling.
“Inviting local areas to innovate and seize new powers” e.g., “publish a new toolkit for local authorities on “what works” in tackling obesity at a local level.”	Policy removed

	<p>“Recruiting one million supporters of ‘Generation Healthy’ to make real and lasting change” e.g., “launch a national mission to create ‘Generation Healthy’”, recruit “one million supporters, both individuals and organisations, who commit to help children lead healthier lives”, launch a “major new public campaign starting in January 2017 to motivate and support parents to take action” and “setting up fun kids clubs for all primary school children”.</p>	Policy removed
	<p>“Supporting schools and families to take positive action on their children’s weight by extending the National Child Measurement Programme” e.g., “mandate a further weighing and measurement point through the NCMP in year 3”</p>	Policy removed
	<p>“Enabling health professionals to support families”</p>	Policy section changed to remove particular policies and details e.g., “explore what greater role dental care professionals can take to tackle both oral health and obesity”.

5.2 Results of theory-testing process-tracing by causal mechanism

This section presents the results of the theory-testing process-tracing analysis in order of the causal mechanism parts (indicated in brackets), which are explained in detail below and then summarised in Table 17. The analysis was based on 31 interviews triangulated with evidence in the document data (n=1242) (Supplementary Document 1, Appendix I). Results are set out in order of the causal mechanism parts as explained in Chapter 4.

5.2.1 Did coalitions frame issues as problems based on their belief systems using and producing evidence? (Part 1a)

What were the coalitions and who was in them?

Three main coalitions were identified in the evidence: the Supportive, Against and Other. The Advocacy Coalition Framework's proposed 'structure of the belief systems of policy elites' was used to define these coalitions based on their 'core' policy belief around the 'proper scope of government vs. market activity' and the appropriate level of government intervention. (158) As the ACF states, "it would be absurd to assume that all members of an advocacy coalition have precisely the same belief system", (158) so the coalitions were broadly defined as being either supportive of, opposed to or neutral about an increased role of the state in tackling obesity and the introduction of stronger government obesity policies than existed at the time.

Policy actors were assigned to the Supportive coalition if there was evidence that they supported stronger government obesity policies than existed at the time and therefore supported a greater role for government in tackling obesity. Actors were assigned to the Against coalition if there was evidence that they opposed increased government intervention and stronger government obesity policies. Actors were assigned to the Other coalition if evidence indicated a mixed, uncertain or neutral position relating to increased or decreased strength of government policy and intervention to tackle obesity. Evidence for an actor's policy belief included position statements in documents, e.g., from a politician's speech in Parliament, as well as evidence of actors, e.g., in interviews or in documents, explicitly self-identifying as being supportive of or opposed to stronger government obesity policy and the increased role of government in tackling obesity.

Supportive coalition: people and organisations who supported stronger government obesity policies that existed at the time, e.g., escalating from a voluntary to a mandatory regulation approach.

Against coalition: people and organisations who were against stronger government obesity policies that existed at the time, e.g., wanting to maintain a voluntary regulation approach or get government to abandon certain obesity policies.

Other coalition: people and organisations who were mixed, uncertain or neutral about their position on stronger government obesity policies, or for people whom it was unclear what their position was.

The Supportive coalition comprised health and other relevant campaigners, professionals (e.g., medical), policymakers, advisors, academics, researchers, and some industry representatives (e.g., supermarket leaders). The Against coalition comprised mostly industry representatives, policymakers and think tanks. The Other coalition comprised mainly policymakers in formal, senior decision-making positions who often presented a mixed, uncertain or neutral position.

No coalition remained static in terms of members between 2012 and 2016. Some actors moved between coalitions, therefore, at any given time, coalitions had *consistent*, *new* and *former* members. In terms of consistent Supportive coalition members in the period leading up to the government agenda being set in 2015, they included celebrity chef and campaigner Jamie Oliver, certain policymakers such as Chair of the Commons Health Select Committee Dr Sarah Wollaston MP, government organisations such as PHE, and groups such as Action on Sugar, Cancer Research UK, Sustain and the Academy of Medical Royal Colleges. PHE was viewed by some informants as a lobbying organisation within government. The fact that some members of the Supportive coalition were from the food and drink industry was not welcomed by all industry representatives.

"I remember a particularly difficult meeting with Dave Lewis [CEO of Tesco] where it was quite clear he was going to support these proposals [mandatory industry regulations in COP] and similarly Mike Coupe [CEO of Sainsbury's]." (Interview: Industry representative)

Consistent Against coalition members included members of the food and drink, advertising, advertising agency, and broadcasting industries, as well as certain policymakers, influential think tanks and neoliberal campaigners.

In terms of new members in the analysis period, the Supportive coalition's growth was critical for the *conception and development* of COP and the introduction of the SDIL. Key people such as the Prime Minister David Cameron, Health Secretary Jeremy Hunt, Chancellor George Osborne and Chief Medical Officer Dame Sally Davies moved from being against, mixed or unsure about stronger obesity policies, to becoming supportive and therefore developing COP. The Against coalition's growth was

critical for the *publication* of COP because important and influential members, such as new prime minister Theresa May, came to be in positions to make key decisions regarding COP's publication. Moves between coalitions can be traced back to before 2012. David Cameron, who initiated and developed COP, was originally in the Against coalition when he was Leader of the Opposition. He spoke about obesity being a result of moral failure and called for individuals to be more responsible and to tell "the truth" about people's behaviour. Even in 2006 when he appeared to understand the environmental determinants of obesity (PP1), such as the promotion of unhealthy food in retail checkouts, he still concluded that public health was about individual behaviour. He was therefore a *former* member of both the Against and Other coalition, until being more firmly in the Supportive coalition from 2015.

"We as a society have been far too sensitive ... We talk about people being "at risk of obesity" instead of talking about people who eat too much and take too little exercise ... There is a danger of becoming quite literally a de-moralised society, where nobody will tell the truth anymore about what is good and bad, right and wrong." (Document: David Cameron, 2008, PP3)

"As Britain faces an obesity crisis, why does WH Smith's promote half-price chocolate oranges at its checkouts instead of real oranges? ... Ultimately of course, public health is about individual behaviour." (Document: David Cameron, 2006, PP1)

How did coalitions frame issues?

The Supportive coalition put the issue of childhood obesity at the centre of their problem framing, often referencing the link between childhood obesity and inequality. Their core belief was that multiple, stronger government obesity policies than existed at the time were required. For example, David Cameron moved from arguing that the PHRD was sufficient, to arguing it was not enough. It was common, even for actors typically opposed to or sceptical of government intervention, to argue that government intervention was acceptable for the protection of children's health.

"Coca-Cola pledged to reformulate its best-selling drinks to reduce calorie content by at least 30%, but it has chosen not to reformulate its classic, full-fat Coca-Cola, the world's most popular drink. A can of full-fat Coca-Cola has eight teaspoons of sugar. If the responsibility deal is to be truly believed, it has to be more robust. The pace of change among food and drink companies must be dramatically increased. The only alternative to the responsibility deal, in my view, is legislation." (Document: Keith Vaz MP, 2013, H51)

"It is deeply concerning that there is an actual doubling of child obesity rates from reception to the end of primary school, and that children from low-income households are significantly more likely to be overweight or obese." (Document: Eustace de Sousa, 2014, M288)

"We are able to be a little more draconian when it comes to childhood obesity." (Document: Jeremy Hunt, 2015, M432)

"So this is a really serious public health issue that we felt had been undermanaged and we felt that whilst ... a lot of people said to us, 'no', particularly in the Conservative Party there's a strong vein that says, 'you can't have politicians telling people what they eat, it's all nanny-state' - but in fact, people do get it that when it comes to children there is a role for the state, a legitimate role". (Interview: Policymaker)

The Supportive coalition largely focused on negative health outcomes associated with certain risk factors (e.g., high sugar consumption, exposure to unhealthy TV advertising, etc.). The main framed metric of success was government introducing stronger government obesity policies. However, the Supportive coalitions' views were diverse regarding what caused childhood obesity, what solutions were most likely to be effective and what policies government should introduce. Members often focused on specific problem frames (e.g. family relationship instability, a lack of sport and physical activity, unhealthy school food, unhealthy food environment, insufficient industry action, unhealthy advertising and marketing, poverty, and a lack of education and information), which often led them to propose solutions hooked directly onto their specific problem frame (e.g. need to strengthen family relationships, increase sport and physical activity, improve school food, etc.). Although the majority of members recognised the complex nature of obesity and the need for multiple interventions, members tended to focus on one or two policy solutions often framed around arguments about the appropriate role of the state. However, from 2013 onwards, more consistent problem framing, particularly around sugar, emerged and grew.

The Against coalition also framed childhood obesity as a problem, but they tended to focus more on framing government intervention on obesity as the problem due to the potential negative consequences on the economy and individual liberty. Members were explicitly against the introduction of the stronger measures being imposed by government, such as a sugary drinks tax or restrictions on unhealthy advertising. They often argued that industry was already making good progress (e.g., in reformulating products); that there were better alternative measures, such as partnerships with industry; that stronger measures such as a wider sugar tax were not feasible; that stronger obesity policies would not reduce obesity by challenging the scientific evidence; and that stronger measures were indicative of a "*nanny state*", i.e., unwelcome state action:

"We share the recognition that obesity is a major public health priority but reject the idea that a tax on soft drinks, which contribute just 2% of the total calories in the average diet, is going to address a problem, which is about overall diet and levels of activity." (Document: Gavin Partington, 2013, M112)

"Will the Minister confirm that as far as fast food is concerned, personal responsibility will not be replaced by Government-imposed nanny state regulation?" (Document: David Nuttall MP, 2013, H58)

"We always recognised there was an issue with childhood obesity, so we were not sitting there doing nothing. We were always clear that we had a role potentially to play and try to improve children's diets and to increase physical activity and so on ... what we have also done is reach out to the people who are trying to bring in more restrictions ... Actually saying, "well, look, where are you trying to go with this? What's the purpose? Is there anything we can do to help? Can we work together in some way or another? Are there other things we can do? Because again, back to the point, we do recognise there's a problem, we think we can actually help solve it, so we're not sort of deaf to what's going on in the world." (Interview: Industry representative)

"I built up the counter arguments really and tried to look at it ... in terms of economics and cost benefit analyses and trade-offs and all the stuff that tends to get missed out by blinkered fanatics". (Interview: Campaigner)

"A number of them [MPs and ministers] felt that it was like deeply un-Conservative to consider anything as nanny statist as a sugar tax". (Interview: Government advisor)

Although most Against coalition members framed childhood obesity as a problem, some challenged the evidence of the scale of obesity prevalence and published forecasts, e.g., *Foresight* report (2007) (R3):

"These stupid obesity forecasts ... the statistics were very clear that child obesity was not rising and hadn't risen for really a very long time." (Interview: Campaigner)

There was also diversity in the Against coalitions' views of what caused childhood obesity and what policy solutions they supported, although not as much as the Supportive coalition. Members tended to favour a voluntary government policy approach, although it was also not always clear what specific policy solutions they did support. For example, simply calling for a "whole diet" approach without specifying if that included any strong obesity policies.

"We will continue to urge the Government to adopt a 'whole diet' approach ... Government has acknowledged that working in partnership with industry on a voluntary basis is the best way to make progress on this crucial issue." (Document: Ian Wright, Director of the Food and Drink Federation, 2016, M697)

The Other coalition also framed childhood obesity as a problem, however, it was not clear whether they supported or opposed stronger government obesity policy as they were mixed, uncertain and unclear about their position. Prime Minister David Cameron, Health Secretary Jeremy Hunt and Chief Medical Officer Dame Sally Davies were in the Other coalition before becoming supportive. For example, they all discussed the possibility of legislation: David Cameron in 2011 when he considered a fat tax (M42); Jeremy Hunt in 2013 when he indicated government would consider legislation if there was insufficient progress with the PHRD (M93); and Dame Sally Davies in 2014 when she told the Commons Health Select Committee that *"We may need to move towards some form of sugar tax, but I hope we don't have to"* (M186). It was not until 2015 that they appeared certain in their support for stronger government obesity policies. Despite the existence of the Other coalition, the COP policy process was largely defined by the Supportive and the Against coalitions competing for a policy monopoly.

"On the one hand we have campaign groups and medical professionals, but on the other hand there is the argument about the nanny state." (Document: Dr Rupa Huq MP, 2015, H90)

What evidence and information did coalitions use?

The data contained a substantial array of references to the use and influence of evidence, including academic studies, reports from a wide variety of organisations (e.g., think tanks, charities, NGOs), government-produced evidence (e.g., surveillance data, PHE research), evidence on obesity policies in other countries, and other types of evidence such as polling, anecdotal and personal experience. The repeated references to population surveillance statistics, such as from the *National Child Measurement Programme* (NCMP) (a statutory surveillance programme that weighs and measures primary school aged children) and *NHS Digital data* (data from GP practices to support healthcare and research), indicated the importance of such routine information sources. The NCMP meant that regular attention throughout the case study period was paid to the trends, and often used to advocate for government policy.

"Campaigners are demanding taxes on junk food after official figures showed that primary school children from poorer areas are twice as likely as those from wealthier ones to be obese." (Document: The Guardian, 2014, M288)

As has been found in previous health policy studies, coalitions tended to select and frame evidence to reflect their beliefs. (55,149,204–206) To demonstrate how the Supportive and Against coalitions did this, Table 16 compares evidence used by each coalition regarding a sugary drinks tax. It is followed by a critical assessment that compares the papers, including to post-implementation evaluation findings.

Table 16: Comparison of example evidence regarding a sugary drinks tax used by the Supportive and Against coalitions

Publication details	Example of evidence used by Supportive coalition	Example of evidence used by Against coalition
Title	<i>Overall and income specific effect on prevalence of overweight and obesity of 20% sugar sweetened drink tax in UK: econometric and comparative risk assessment modelling study</i>	<i>The Economic Impact of the Soft Drinks Levy</i>
Source (funding)	British Medical Journal (No explicit funding was sought for the work)	Oxford Economics (commissioned by the British Soft Drinks Association)
Author(s) (Year)	Briggs et al. (2013) (207)	N/A (2016) (208)
Aim	Model the overall and income specific effect of a 20% tax on sugar sweetened drinks on the prevalence of overweight and obesity in the UK.	Assess how the levy might affect the price of soft drinks paid by consumers, influence consumer purchasing behaviours, impact sales of soft drinks and affect GDP and employment related to the soft drinks industry.
Framing	Focus on health problems associated with regular sugar sweetened drink consumption e.g., weight gain, type 2 diabetes, cardiovascular disease and dental caries. They are non-essential foods that contain no nutritional benefits.	Focus on the contribution the UK soft drinks industry makes to the economy, its links with other key industries and the jobs it provides. In terms of health, focus on calorie consumption overall and no focus on any related health outcomes.
Methods	Econometric and comparative risk assessment modelling study using household and national health survey data to estimate the effect a 20% tax on purchases and consumption of sugar sweetened drinks would have on population weight by income group.	Econometric and comparative risk assessment modelling study using multiple data sources to estimate the effect the Soft Drinks Industry Levy would have on population calorie consumption and on the on and off-trade soft drinks industries.
Assumptions	People are unlikely to replace drinks by seeking alternative calories. In the event of drink substitution, the substitutes are likely to be less harmful to health e.g., diet drinks, fruit juice, milk or water.	100% of the levy is passed onto consumers. No change in diet drink prices. People would likely substitute the taxed drinks for alternatives such as fruit juices and milk. The tax would likely affect soft drink manufacturers and the linked industries (e.g., retailers, pubs, etc.).
Results	A 20% tax on sugar sweetened drinks was estimated to reduce adult obesity and overweight prevalence by 2.2% (465,000 people) with no significant differences between income group but greatest effects estimated for young people. Predicted annual revenue was £272 million.	The tax would reduce the sales and consumption of taxed drinks (particularly for energy drinks) and reduce calorie intake by five calories per person overall. The sales decrease would be lower for the soft drinks industry than other industries (retailers, pubs, etc.). Predicted annual revenue was £504 million. Predicted job losses were 4,030. Also predicted £8.2 million less raised from corporation and income tax receipts.
Conclusion	"Taxation of sugar sweetened drinks is a promising population measure to target population obesity, particularly among younger adults."	N/A

Critical assessment of evidence used by the Supportive and Against coalitions

The Briggs et al. and Oxford Economics studies found that a sugary drinks tax would lead to a fall in the sales and consumption of sugar-sweetened beverages, and would likely result in substitutions being made by consumers to tax-exempt drinks products such as fruit juices and milk. (207,208) However, they differed substantially in their outcome metrics. Briggs et al. did not account for any economic impacts, e.g., job losses in the soft drinks industry, and the Oxford Economics paper did not account for health metrics other than overall reduction in calorie consumption. The assumptions underlying Briggs et al.'s paper focused on conditions that maximised potential health improvements and Oxford Economics' paper focused on conditions that maximised potential negative economic consequences of such a tax, including expanding the analysis beyond the soft drinks industry itself.

Post-implementation evaluations show that both papers were correct in that purchases of taxed sugary sweetened beverages decreased following the SDIL implementation, as did the sugar content for products in each levy tier due to substantial reformulation. (209,210) They found that the majority of UK adults supported the policy before and after implementation. (144,211) They showed that despite substantial reformulation, some of the levy cost was passed onto consumers, but not always on targeted drinks. (212) They also found that there appear to be no long-term negative economic consequences to industry, including no reduction in the overall volume of all soft drinks purchased, no long-term harm to manufacturers' domestic turnover, and limited evidence of a negative stock market reaction after the day it was announced. (209,213,214)

In terms of health outcomes, Pell et al. only examined purchased sugar reductions so no assessments were made regarding specific health outcomes (e.g., dental caries, type-2 diabetes, cardiovascular disease or obesity), although it references evidence to show how reductions in sugar are associated with health improvements. (209)

5.2.2 Did policy entrepreneurs emerge from the coalitions? (Part 1b)

A number of actors demonstrating policy entrepreneurial (PE) characteristics, skills and techniques emerged from the coalitions. The one actor named by almost every interview informant as being particularly effective at influencing government to introduce strong childhood obesity policies was celebrity chef and campaigner Jamie Oliver. His activities leading up to COP are explored in detail in Chapter 6, but in summary Jamie Oliver dedicated a substantial amount of time, effort and money into his advocacy campaign. For example, he built and funded his own team; he strategically allocated periods of time to his campaign work related to childhood obesity; and he invested in learning about the issue (e.g., starting a master's degree at Queen Mary University in nutrition (M651)) and upskilling to communicate effectively. He relentlessly pursued government policy change over many years, e.g.,

he and his team actively sought to engage with every prime minister since Tony Blair in 2005, as well as senior government ministers and officials about childhood obesity; he was highly networked and politically connected (e.g., he and his family were invited to visit Prime Minister David Cameron and his family at Chequers in October 2015 (N28)); he engaged with and actively convened multiple audiences; he communicated effectively and persuasively, often using props and visual tools; he tailored his arguments and narrative depending on his audience; and he used evidence to support his problem and solution framing.

He also utilised the media and social media to spread messages and engage people; he utilised available tools, such as online petitions to spark Parliamentary debates and generate public and political support; he and his team worked with other coalition members to coordinate their advocacy efforts; Jamie Oliver ‘demonstrated by doing’ (e.g. he introduced a sugar levy in his restaurants before government did and pledged personally to commit to reducing childhood obesity by 5% in five years); and he and his team scaled up advocacy activities from the local to the international level.

“Jamie Oliver, oh my god, ‘St Jamie’ has been, was really important and probably still is. I think [Jamie Oliver’s] very high political access, being well informed and single minded [was why he was influential].” (Interview: Government advisor)

“He [Jamie Oliver] was certainly relentless, but he was relentless but practical. Most people who are relentless are impractical and most people who are practical are not relentless.” (Interview: Policymaker)

Other key Supportive coalition actors who demonstrated PE traits and strategies, included Special Advisors and civil servants working inside government and elected politicians working in Parliament. For some of the more “hidden”, behind-the-scenes PEs, there was almost no evidence about them or their activities in the document data. It was the interviews that revealed examples of certain PE strategies used by other, often hidden actors, such as four influential policymakers and advisors. For example, using props, like Jamie Oliver, and other communication tools to more effectively persuade key decision makers. The majority of examples involved actors purchasing food and drink items and using them to demonstrate the sugar content.

Other actors demonstrating PE traits and strategies also engaged with and built coalitions; worked with other coalition members and coordinated activities; utilised available tools such as select committee inquiries, Private Members’ Bill processes and Parliamentary debates; utilised the media and social media to share messages; and demonstrated relentless proactivity, effective framing,

negotiating, networking and strategic thinking. These were described by several key informants as being relentless efforts.

“Speaking to David Cameron, speaking to his policy advisors, it’s just that exhausting process. Just constantly going to see people and recognising that you can never do anything by yourself in politics, you can only do things and get things done in politics if you don’t mind who gets the credit and you just have to say, ‘well, I’m just going to be a small cog in that wheel and just keep at it.” (Interview: Policymaker)

However, one informant also explained that a key institutional barrier to the influence of MPs trying to be PEs was the lack of power Parliament has versus government.

“Parliament as an institution can achieve very little in my view. I think the Government can do a lot more, but of course British MPs are not like their American counterparts where you can introduce legislation that’s going to work ... you’ll be able to find out about bills that were introduced about the sugar tax, of course they go nowhere because the Government doesn’t support them and, but in this country we have a system of government where MPs are basically lobby fodder and they will do everything their parties and their governments tell you, tell them. It is governments and governments alone that decide what happens.” (Interview: Policymaker)

The interviews revealed evidence of PEs and PE activity in the Against coalition. For example, one industry informant discussed how a cross-industry group of representatives approached Downing Street directly to present policymakers and advisors with their ‘Big Generous Offer’ - a package of alternative, voluntary proposals instead of the strong obesity policies being considered under Prime Minister David Cameron (I10). They explained that the industry group offered this to every prime minister, and it took great resource:

“Quite a lot of effort was put on that Big Generous Offer ... big, big meetings through 2015 and 2016 ... I think we talked them [Government] to a standstill ... [because of] the potential legal challenge, which I think would have come off had they gone ahead with it, there would have been a big legal battle ... and one of the interesting things about this is that quite a lot of big businesses are not prepared to do this and if they can’t hide behind a trade association or a representative body they won’t do it.” (Interview: Industry representative)

Another industry representative discussed relentlessly trying to liaise with different people and departments across government:

"I do remember meetings with [a senior government advisor] certainly. Ultimately try and liaise with everybody. So, of course, you're trying to talk to DH [Department of Health] about the thinking they're doing on obesity because some of it's being done in DH, some of it's being done in Number 10 [Downing Street] and some of it's being done in relation to our sectors in DCMS [Department for Culture, Media and Sport]. So broadly speaking you have to go and talk to everybody really because they're all doing things slightly differently." (Interview: Industry representative)

Other informants described private attempts by Against coalition members to try and influence key policymakers and advisors not to introduce stronger obesity policies e.g., writing letters, having meetings, attending political party conferences, hosting events in Parliament and telephoning policymakers and advisors directly:

"When I started talking to people about tightening these rules [on unhealthy food and drink advertising on TV before 9pm], the reaction was uncompromising. One very charming senior broadcasting executive sat in my office and claimed with a straight face that food and drink advertising had almost no effect on consumption habits. He also wanted me to believe that if we forced a ban before 9pm, the impact on his company balance sheet would be catastrophic. I couldn't see how both these things could be simultaneously true. When I told him that he just smiled – and waved a picture at me, of Mary Berry dwarfed by a huge cake on BBC's The Great British Bake Off. That, I had to concede, was a valid point. If we are going to win this war, we need everyone on side." (Document: Camilla Cavendish, M766)

"I mean, even I got a phone call from the Chair of [a major UK television channel] saying, 'what are you doing wanting to ban stuff before 9pm? You'll break our bank and stuff', you know. To which I said, 'well yeah, we're breaking the bank of obese children'." (Interview: Government advisor)

5.2.3 Did coalitions and policy entrepreneurs identify policy windows, hook solutions onto framed problem and push for them? (Part 2a)

There were several key moments when coalitions and PEs identified a policy window and hooked their solutions onto framed problems, which were rarely new ideas but had often been discussed and known about, particularly within coalitions, for many years. The analysis revealed that in the lead up to the government agenda being set, the Supportive coalition tested out and "softened up" lots of different policy solutions, which were influenced by and influencing the creation of evidence, e.g., on a sugary drinks tax and unhealthy advertising restrictions.

Consensus among coalition members on problem framing did not necessarily lead to consensus on policy solutions. The broader the problem framing among coalition members, e.g., *“childhood obesity is an inequality issue”*, the less obvious consensus there was over policy solutions. This was particularly evident in the Parliamentary debates during which members often agreed on childhood obesity being a problem, but not necessarily on the solutions. One informant explained that policymakers found the fragmentation of support so unhelpful that they advised campaigners to coordinate better and agree on three top policy solutions.

“The [Government decision maker] said it wasn’t helpful for all these obesity NGOs asking for something different every time they came in through the door, so we put effort in and encouraged them, a) to form a coalition and b) to decide on three things and just push, push, push.” (Interview: Government advisor)

Evidence was found for less fragmentation regarding a sugary drinks tax. The specific focus by some Supportive coalition members over a number of years on softening up decision-makers to a sugar tax appeared to partly explain why strong momentum was successfully built and transformational government policy change occurred:

“There was a period in London, when the windows of bookshops were filled with books about how sugar is as addictive as heroin. The view took over in a very middle-class world that it was poison causing obesity. We started becoming aware of it, and then the families and friends of the people that were in Number 10 were very, very immersed in this kind of thinking, worrying about their children and what was happening to their bodies and teeth.” (Interview: Government advisor)

“I think that the sugary drinks tax was probably where there wasn’t debate, as in that was where there’s consistent across the board consensus that that was important.” (Interview: Campaigner)

In terms of policy windows, the main ones included the General Election 2015 and major government fiscal events, such as the Autumn Spending Review 2015 and Spring Budget 2016. Both members of the Supportive and Against coalition used general elections to promote their framing and policy solutions. For example, in the lead up to the 2015 general election, Jamie Oliver said:

“With the general election coming up next year, I find it shocking that no party is showing leadership in trying to reduce childhood obesity and improve public health. It’s a shameful state of affairs and we’re all suffering as a result.” (Document: Jamie Oliver, 2014, M241)

“Obviously the tax situation came and went, which was great...we always wanted to use that one [Budget]...focus of sugar to then explain the rest of the [childhood obesity] story.” (Interview: Campaigner)

Informants explained that relevant civil servants had also developed a long list of policy options over 20 years, and these were kept on file so that when a policy window such as a general election emerged, civil servants could prepare policy options to cater for whichever party was elected. The evidence was reflective of the MSF which finds that civil servants tend to be more influential when it comes to the policy alternatives that are considered by decision-makers, but are much less important when it comes to setting the agenda itself, which is most influenced by elected politicians and their political appointees. (164)

“There was a team working on childhood obesity for the last 20 years or so...every piece of policy that I ever work on there are always moments that existed 20 years earlier, all the way through the history of them... there’s a lot of groundwork that goes in, that happens before.” (Interview: Government advisor)

“We are now going into an election period; we need to be prepared for whoever our next chancellor might be ... we need to have thought about the range of options we might get asked to work up really quickly in a post-election Budget’.” (Interview: Policymaker paraphrasing civil servants’ policy preparations ahead of an election)

Members of the Against coalition also discussed seeing elections as key windows of opportunity to push their policy solutions through:

“I mean, in manifestos we would make a submission...and in the Euro elections, which were essentially a series of questions and we’d stated what the position was of [organisation] and we asked questions of the candidates across all parties.” (Interview: Industry representative)

Prior to the government agenda being set, several other policy windows were identified. For example: the London Olympic Games 2012 and government’s one-year-on legacy report (2013) provided policy windows for the Supportive coalition to raise awareness about unhealthy sport sponsorship and call for government policy on it (632); the publication of the WHO’s revised sugar recommendations in 2015 (M315) and SACN’s consultation for its draft independent *Carbohydrates and Health* review in 2014 (R26) provided Supportive coalition members with opportunities to advocate for a government sugar tax and mandatory reformulation; and the arrival of new people in key government positions, such as Simon Stevens becoming Chief Executive of NHS England in 2014 and immediately calling

obesity “the new smoking” (M252), enabled Supportive coalition members to capitalise on this within-government support by advocating for stronger government obesity policies.

5.2.4 Did coalitions and policy entrepreneurs seek to generate public support? (Part 2b)

Evidence was found for coalitions and PEs attempting to generate public support. A key strategy was using media and social media, giving interviews and publishing polling. For example, in the lead up to the government agenda being set, campaign group Action on Sugar successfully managed to get numerous media articles published about the sugar content of common food and drink items, e.g., fruit juice (M312, M313, R48, R25).

“Many of us assume fruit juice is a healthy way to start the day ... But a survey from Action on Sugar of 200 of our favourite juices, smoothies and fruit drinks has revealed more than a quarter contain the same level of sugar as Coca-Cola – which has 10.6g for every 100ml – or more.” (Document: Huffington Post, 2014, M268)

“The poll – which was carried out for BBC 5Live’s Richard Bacon programme – suggests a majority of people in the UK take a harder line on sugary foods and drinks in schools ... And three quarters supported fixed limits on the amount of sugar used in certain foods, with 60% saying they wanted supermarkets to stop promotions on unhealthy food products.” (Document: BBC News, 2014, M204)

“I think it [Action on Sugar] was actually quite significant in terms of public opinion because Action on Sugar were, and are, quite good at getting media coverage, even though they just pull essentially the same trick every single time of just going on the Tesco website, seeing how much sugar is in various products, and then describing the amount as “shocking” [laughs] ... and the media seem to have an endless appetite for it.” (Interview: Campaigner)

There was strong evidence among interview informants that Supportive coalition efforts to generate and build public support successfully created momentum.

“So, there’s a whole soup of things going on and I think that’s really a zeitgeist isn’t it? It wasn’t that somebody wrote the article [about sugar] and suddenly we were absolutely crystal clear what to do. The shift was a bit more subtle than that.” (Interview: Government advisor)

“It is quite striking how there’s a lot of politics that go on, but the big institutional pressure, and maybe that comes from social change ultimately, is what seems to be winning out.” (Interview: Media representative)

“Building a momentum - that’s how successful campaigns work. Give you that swarm effect of different people seemingly independently coming out with different things who all happen to fill the same narrative.” (Interview: Campaigner)

One informant explained that public support was critical, particularly to counter strong opposition from members of the Conservative Party:

“The Conservative Party has an almost visceral dislike of anything they see as being interference in the taxation of sugar so trying to get any form of sugary drinks tax across the line was going to be an uphill battle, but we recognised that unless we could roll the pitch and build public support and make the case so compelling that people couldn’t ignore it, it wasn’t going to get there, so part of that was showing the very clear evidence.” (Interview: Policymaker)

Prior to the 2015 General Election, there was evidence that Against coalition members attempted to persuade MPs, e.g., using “bogus polling”, that the public did not support interventionist public health policies, such as the Government’s announcement in January 2015 that it would introduce plain packaging regulations on tobacco products before the May election (G63), and because of this there would be negative electoral consequences. However, when Conservative MPs were not only re-elected, but the Conservative Party won a majority, it was seen as proof that the public was supportive of strong government intervention on major public health issues.

“There was a sense, promoted by some, that public health, and especially policy seen as interventionist, would result in a price being paid at the polls by Conservatives. But when David Cameron was returned with a majority it brought a new confidence to public health policymaking after the 2015 election. The sequence of events mattered, absolutely nobody lost their seat in 2015 because of public health measures taken, but that had been the threat, largely generated by the tobacco industry. In fact, many MPs found the opposite, that tough action on public health was incredibly popular, especially with families. So, more people were willing to put themselves on the side of the parents, or the consumer, on obesity and see it more as a health promotion issue that was popular with many voters.” (Interview: Policymaker)

The evidence supported previous research demonstrating that as two distinct types of policymakers, elected politicians and civil servants both work on the same policy issues but play different roles in the policy process. (215) The interviews revealed that elected politicians were largely focused on agenda-setting, policy decision-making and the arguments underlying their decisions. Interview informants, including elected politicians themselves, emphasised how important the perceived level

of political and public acceptability was surrounding issues and policy options. Having to make policy decisions and prioritise certain issues over others involved weighing up the possible consequences, such as the impact on voter support at election time (as the quote above demonstrates) or on political support among party colleagues. This relates to the fact that elected politicians rely on voter support to retain their job and on political support among colleagues to retain the power and mandate to progress their policy agendas.

Whereas civil servants – as discussed previously in relation to the MSF - were largely focused on preparing and proposing a wide range of policy options to suit a variety of politicians and governments, and on delivering policy implementation. The interviews revealed that civil servants did not consider their role to involve making decisions about the political or public acceptability of policy options, although the civil servants interviewed were highly aware of the acceptability considerations elected politicians faced. Rhodes explored the relationship, dynamics, similarities and differences between ministers and civil servants in his 2011 book ‘Everyday Life in British Government’. (216) In one interview, a senior civil servant said to him, “I was looking through an organizational pair of spectacles. He [the minister] was looking through political spectacles. The views are different. And that’s the bit which I’ve had to learn to align.” (216)

5.2.5 Did decision makers seek expert advice? (Part 3a)

Evidence was found of key decision makers actively seeking expert advice prior to signalling a willingness to act. For example, in 2013 and 2014, Health Secretary Jeremy Hunt commissioned the Behavioural Insights Team (BIT), Action on Sugar (N17) and PHE (G50) to draw up a list of obesity policy options to consider based on the evidence and a central recommendation from all organisations was a sugary drinks tax. The existence of BIT was also representative of Prime Minister David Cameron’s desire to tackle issues such as obesity in government from 2010 onwards and much time was spent by BIT developing evidence and policy proposals and presenting these to government policymakers and advisors. There was strong evidence from interview informants that Cabinet Secretary Jeremy Heywood worked with BIT members and others, inside and outside of government, to promote government action on obesity and seek solutions for it to adopt.

“[in 2013] the Secretary of State [Jeremy Hunt] was asking us to do something on it [obesity], so ... that’s already pretty far along the way in terms of interest, you know, that’s already like, when we were interested like Jeremy Hunt already thought it was a big deal.” (Interview: Government advisor)

“A nudge unit [Behavioural Insights Team] was put into the Cabinet Office and was championed by David Cameron. The idea was: how do we incentivise positive behaviour change and that was crucial.” (Interview: Government advisor)

In 2014, Jeremy Heywood brought McKinsey [management consultants] in to meet with him and present its *Overcoming obesity: An initial economic analysis* report, published in November 2014 (R29). The report was mentioned by multiple key informants as being highly influential. For example, Camilla Cavendish wrote about it *before* being appointed to Downing Street in 2015.

“McKinsey’s report is the first robust, global analysis to bust the myth that willpower and education will somehow win the battle against the bulge ... My concern with voluntary partnerships [between industry and government] is this. Whenever my children escape from the muesli gulag that is our home and stay the night somewhere that offers Coco Pops for breakfast, they will gorge on Coco Pops until the box is empty. Voluntary pledges have made no discernible difference to Coco Pops.” (Document: Camilla Cavendish, 2014, M285)

“McKinsey was one of the first organisations I turned to when I became head of the Downing Street Policy Unit.” (Document: Camilla Cavendish, 2018, M766)

5.2.6 Did decision makers respond by signalling a willingness to act? (Part 3b)

There were a number of visible and hidden signals indicating decision makers’ willingness to act, and thus marking the government agenda being set. For example, all main political parties included commitments to tackle obesity in their manifestos ahead of the 2015 election.

“The [Conservative Party] manifesto was the place where the childhood obesity strategy was first signalled.” (Interview: Government advisor)

However, the Conservative Party manifesto did not make clear what policies it would introduce and how strong they might be. This compared to the other main political party manifestos, which contained more specific strong obesity policies. The Liberal Democrat 2015 manifesto committed to *“restrict the marketing of junk food to children, including restricting TV advertising before the 9pm watershed, and encourage the traffic light labelling system for food products and publication of information on calories, fat, sugar and salt content in restaurants and takeaways.”* (PP9); and the

Labour Party manifesto committed to *“set maximum permitted levels of sugar, salt and fat in foods marketed substantially to children”* (PP8).

Interview informants explained that the actors involved in developing the Conservative Party manifesto felt certain they wanted to prioritise childhood obesity, but that it did not require a “star billing” in such a large manifesto. Rather, the manifesto was an opportunity to “bookmark” childhood obesity, so, if successfully elected, they had a mandate to take forward once in government. Part of the reasons given by key interview informants was that childhood obesity was viewed as being more of a “niche” subject in comparison to the economy, defence and foreign policy, and that a prime minister has to be careful not to pursue too many “niche subjects”. However, in the lead up to COP, it was also felt that childhood obesity was becoming “less niche” and more critical so there was agreement that it required prime ministerial attention. The interviews provided strong evidence that the main people responsible for the manifesto, including Oliver Letwin (Minister for Government Policy, 2010 – 2016) and Jo Johnson (Head of the Downing Street Policy Unit 2013 – 2015), were strongly in favour of tackling childhood obesity. However, what that would look like in practice (i.e., support for specific policies) only became clear when COP began to be developed and Jo Johnson was replaced with Camilla Cavendish.

“It goes back to 2013/14 when the manifesto writing begins, before you get to the 2015 moment where you’ve got a line in there, you know, which said something to the effect of, ‘we’ll take action to reduce childhood obesity’ ... it was a concept of the importance of this that had Jeremy [Hunt] behind it, it had Oliver Letwin behind it – who was key in the manifesto process, [it] had Jo Johnson behind – Jo felt strongly that we had to have something in there that was speaking to parents worried about the future of their children.” (Interview: Government advisor)

The analysis revealed that signals made regarding specific policies, such as the sugar tax, indicated government was not willing to act prior to the 2015 general election. For example, when SACN published its draft *Carbohydrates and Health* report in 2014, the Government firmly ruled a sugar tax out (M220, M223). However, evidence revealed that at this time civil servants in the Department of Health were keeping international evidence on sugar taxes “under review”.

“We know some people eat too many calories, including sugar. Childhood obesity is at its lowest since 1998 but more should be done. Next week we will get expert scientific advice on sugar which will help shape future thinking. However, the government is not considering a sugar tax.” (Document: Department of Health spokesperson quoted in The BMJ, 2014, M223)

5.2.7 Did coalitions and policy entrepreneurs generate and/or build political will? (Part 4)

Coalitions and PEs sought to generate and build political will in multiple ways, including direct and indirect communication with political actors; holding and participating in Parliament debates, inquiries and events; running campaigns; and coordinating efforts with other political actors to demonstrate political will.

Prior to the 2015 election, there was a substantial increase in attempts to generate political will by the Supportive coalition. For example, celebrity chef and campaigner Jamie Oliver called on all political parties to have “*one pioneer, one visionary [political party] who’s going to put prevention [of childhood obesity] at the heart of its campaign*” (M202) and personally pledged to reduce childhood obesity by 5 percent by 2019, commenting that no politicians had made the same pledge; Labour Party MP Keith Vaz publicly asked the Prime Minister David Cameron in Parliament in 2013 and 2014 if he would support action to tackle sugar consumption (H46, H63); and campaign groups sent policymakers direct policy proposals, such as Action on Sugar sending Health Secretary Jeremy Hunt its seven-point plan in 2014, following a request by the Health Secretary to provide him with obesity policy options to consider (N17).

“As someone trying to bring up children without excessive amounts of Coca-Cola, I know how big this challenge is ... That is why we challenge business through our responsibility deal to try to reduce levels of sugar and that has had some effect.” (Document: David Cameron, 2013, H46)

Even key political and government actors sought to generate political will prior to the 2015 election. For example, Chief Executive of NHS England Simon Stevens called for “*hard-nosed action*” to tackle unhealthy food and drink in hospitals in 2014 (655, M248, M252), and the Commons Health Select Committee’s published its *Impact of physical activity and diet on health* report two months before the election calling for a ban on fast food outlets in hospitals (P16).

The Against coalition also sought to build political will. For example, coalition attempts (discussed above) to persuade MPs not to support interventionist public health policies prior to the 2015 General Election and many food manufacturers and retailers announcing efforts to voluntarily improve the healthfulness of their products, often welcomed by the Government, e.g., to demonstrate no need for government to introduce stronger measures (M219, M300, I11, G67).

5.2.8 Did decision makers respond by actively developing policy? (Part 5)

There was strong evidence that once the Conservative Party won the General Election in May 2015, Prime Minister David Cameron quickly instructed his team to begin developing COP. Evidence emerged that as early as June, full obesity policy options were being sent in briefing notes to David Cameron to make decisions on. It was also decided early on that COP would be an ambitious, world-leading strategy. This signalled that the Supportive coalition had won a policy monopoly, i.e., their core belief that childhood obesity required stronger government obesity policies was now the dominant belief within government. All key informants recalled that serious policy development regarding COP only really commenced after the 2015 election:

“David Cameron was, in 2015, obsessive about making sure that we’re upholding our commitments...I was actually really intrigued to be on the inside because I, like so many of the public, had got rather sceptical about the idea, you know, that a manifesto is published for the day and then everybody goes ‘okay, let’s move on.’ I was really gratified by how seriously the delivery of that manifesto [2015] – set of manifesto commitments – was taken, but, as I say, you still don’t really know what flavour of commitment is going to look like for all the different things.” (Interview: Government advisor)

“[post-2015 election] David [Cameron] was immediately like, there were two or three things he really wanted to get going on in the health space and one of them was childhood obesity and I think he really felt very personally strongly about this.” (Interview: Government advisor)

“The obesity plan only really took off in the year after the 2015 election, perhaps turbocharged by the success of the tobacco plain packaging initiative and this gave everyone in public health an unexpected boost, as the Conservative Government greenlighted us to move forward.” (Interview: Policymaker)

“So, we were definitely talking about a thing called the ‘Childhood Obesity Strategy’ by the middle of 2015.” (Interview: Government advisor)

“Notes were going up to David Cameron in June and July with increasing intensity, so we’d already got quite a lot of the core components of this and the idea that it needed to be an ambitious strategy, that we were going to take a world-leading position, that this was not about just diet and exercise, it was not just about NHS, it was not just about individual responsibility, but it was about

coming at this with a kind of global mandate and attacking the problem from every angle.” (Interview: Government advisor)

Various actors and government spokespeople, such as Health Secretary Jeremy Hunt and Public Health Minister Jane Ellison, also communicated publicly about COP being developed as early as May 2015, the same month as the general election.

“In terms of my own priorities ... I do want to have a couple of new priorities ... The first of those is going to be a focus on a big, new public health agenda around obesity and diabetes. I think at the start of a parliament you have a chance to put in place a national strategy to reducing diabetes and, indeed, particularly childhood obesity, which I think is a great scandal. The fact that one in five children leave primary school clinically obese is something that we cannot say we accept, is something that we’re prepared to live with, and we absolutely need to do something about that.” (Document: Jeremy Hunt, 2015, G71)

“The start of a new Parliament provides an opportunity to take a serious and thoughtful look at how we tackle a big issue such as obesity ... We are working up our plans for that and will announce them in due course, but they will involve everyone. All parts of Government, local government, industry and individual families will need to move the dial on such a big issue in a way that has not been done in the developed world.” (Document: Jane Ellison, 2015, H78)

There was evidence that the positive feedback loop from previous public health policy success made government action on obesity more acceptable.

“The fact that tobacco reduction policies like banning smoking in cars with children got a huge Parliamentary vote with big cross-party support – including some people who we really weren’t necessarily expecting – began to shift the zeitgeist on public health policy, which helped on COP.” (Interview: Policymaker)

There was strong evidence to suggest that the specific focus among the Supportive coalition to build momentum around a sugar tax was particularly effective. Such a narrow focus on sugar as a problem and a sugary drinks tax as a policy solution provided clarity, consensus and conditions conducive to the idea being placed high on the decision agenda. Informants explained that the Supportive coalition had successfully framed a sugary drinks tax as being symbolic of the extent to which government was seriously committed to tackling childhood obesity. So, irrespective of whether it was the most effective policy government could introduce to tackle childhood obesity, the symbolism of what it represented was considered powerful enough.

"I took the view ... pretty early on that this would ... become the totemic element of the strategy. If you didn't announce the tax, then everybody would say you'd bottled it and certainly it was being made clear to us by the campaigners, [Dame] Sally [Davies], Jamie [Oliver] etc., that this for them was [symbolic]. You know, we could go and do everything else, and it would be really important, but the symbolism of this [SDIL] was so important that we had to land it." (Interview: Government advisor)

"[Public attention on sugar] was massive, so people sat around the Prime Minister's office debating what to do and finally decided to go for a sugar tax." (Interview: Government advisor)

However, childhood obesity being high on the government's decision agenda did not mean government was willing to introduce any strong obesity policy. Evidence showed that David Cameron held mixed views about particular strong obesity policies right up until the change in government. For example, expressing uncertainty about menu labelling even after becoming supportive of a sugary drinks tax. The analysis revealed that because COP potentially involved so many different and largely ambitious policies (e.g., from unhealthy food and drink advertising and promotion restrictions to school food and sugar reduction policies), David Cameron wanted to be convinced about which were "really necessary". Thus, support for individual policies was not uniform. It appeared that beliefs (e.g., that a policy would not be effective) more than evidence was why some policies received more scepticism than others.

The analysis also showed that once childhood obesity was formally and publicly on the government's decision agenda, the Supportive coalition did not consider its role complete. As one informant explained, "[Government's announced development of COP] had the opposite effect, as it became a focal point for campaigners – they knew they had a tangible policy vehicle to influence", (Campaigner). This appeared to explain why, even after the Government put childhood obesity on its decision agenda, evidence was found for continued problem and solution framing by coalitions, the use and generation of policy windows to push these, decision-makers seeking expert advice, and coalition activities to generate and build public support and political will.

For example, Prime Minister David Cameron engaged in most of his policy learning *after* COP started being developed. This included him requesting "teachings", i.e., roundtables, meetings and briefings for him to learn directly from key experts. The symbolism was regarded by informants as showing how serious he was about prioritising and tackling the issue.

"He [David Cameron] actually asked for the teaching ... I can't recall how momentous any of the meetings were in substance, although there was a lot of good content and they entailed a lot of preparation; but in symbolism it was a really big deal that, you know, he [David Cameron] was

spending time learning from the world's leading experts. Not only were we as a team doing this, but he was taking the time to engage and learn." (Interview: Government advisor)

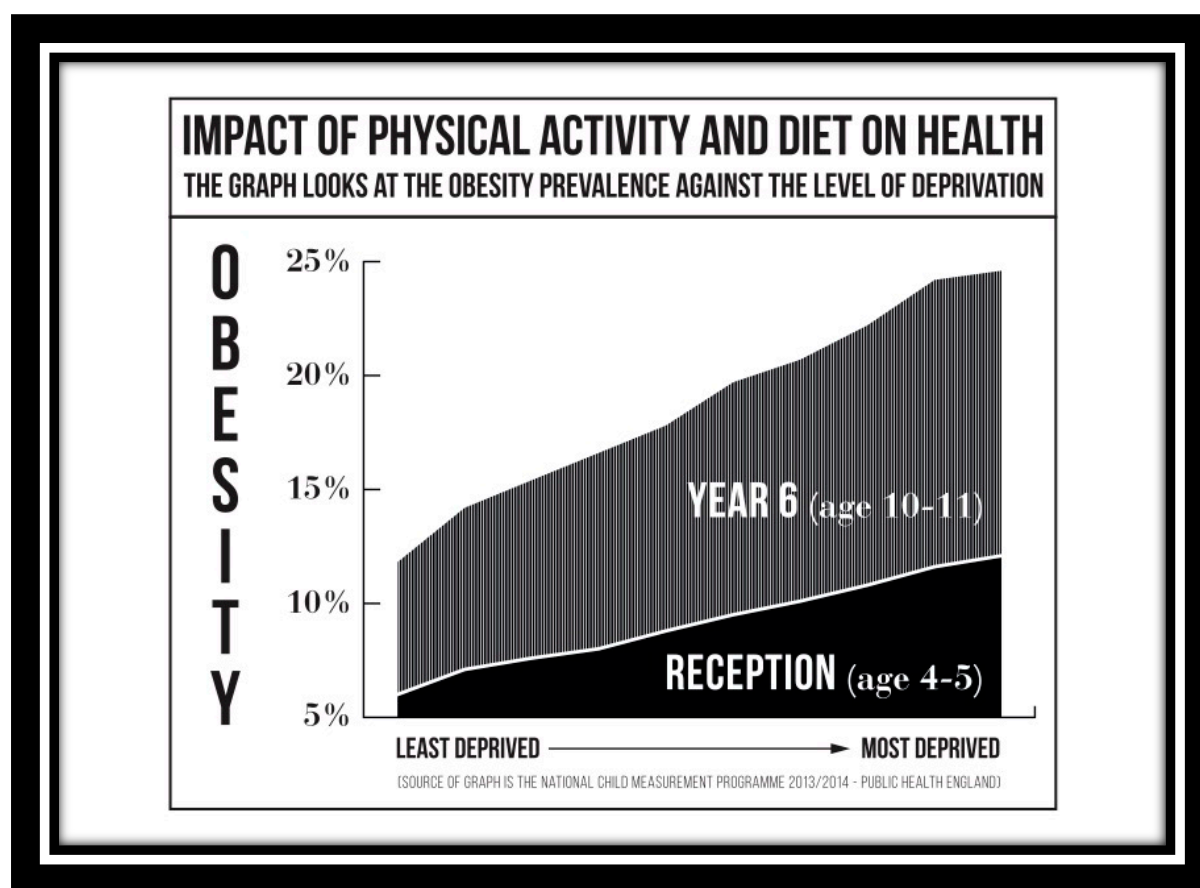
One "teaching" was found to be particularly influential across the data: a roundtable on 16th July 2015 that was attended by key actors including Prime Minister David Cameron, celebrity chef and campaigner Jamie Oliver, Chief Medical Officer Professor Dame Sally Davies, Public Health Minister Jane Ellison and the Director of the BIT David Halpern (B2, 678). It was held a week after David Cameron met privately with Jamie Oliver (July 2015). This had come about because in June 2015, shortly after the general election, David Cameron's Special Advisor Steve Hilton invited a key member of Jamie Oliver's team to his book launch (M351). They used this opportunity to speak to David Cameron and his wife Samantha about childhood obesity, the filming being done for Jamie Oliver's new documentary *Sugar Rush* and to request a meeting between David Cameron and Jamie Oliver. The Prime Minister agreed and at their meeting on July 6th 2015, Jamie Oliver gave David Cameron a framed graph of childhood obesity prevalence in England (Figure 13, N55) to show how children from poorer backgrounds were disproportionately affected. David Cameron then brought this graph to the bigger roundtable, saying he had since been thinking a lot about the issue and wanted to act.

"I remember showing this graph I'd printed off to David Cameron when he was prime minister. It showed the clear link between poverty and obesity. I thought he'd probably bin it, but Cameron then began using that exact same data in all his future meetings", (Document: Jamie Oliver, M768)

"We sat down with Jamie Oliver, the celebrity chef and health campaigner, who presented the prime minister with a framed graph showing how poor children fare worst from the onslaught of junk food. That graph sat by the prime minister's desk for months. And it was that argument – that obesity hurts the poor, and that sugar drives obesity – that convinced him about the sugar tax." (Document: Camilla Cavendish, M766)

"he brought a graph... he basically went into the meeting and he was like, and [David] Cameron said, you know, "what's important?" and Jamie had this graph, which is framed...and basically shows, you know, here's your life expectancy if you've got different types of money in relation to obesity, and he's like, "that's what you should care about David", and in the next meeting he had with Cameron...Cameron brought it back and said, "I have thought about this a lot and I do, you know, care about it"." (Interview: Campaigner)

Figure 13: The graph Jamie Oliver presented to Prime Minister David Cameron in July 2015 (N55)



Also at this roundtable, BIT Director David Halpern applied the PE technique of using props to effectively demonstrate the sugar content of a can of Coca-Cola.

"When some of George Osborne's pension reforms fell away, Jeremy [Heywood] suggested that the gap could be filled by a levy on sugary drinks. This was a measure that he had been advocating for some time with little success, despite the clear evidence that it would help reduce obesity, perhaps because of the wall-to-wall negative coverage that had greeted the Strategy Unit's suggestion back in 2004 of a tax on unhealthy foods. "I don't understand why everyone is going so sugartastic," the Prime Minister exclaimed when they discussed this. But in the end, he came around, partly helped by a meeting with David Halpern in which David had stacked a pile of sugar sachets on the Cabinet table to demonstrate the amount of sugar in a bottle of Pepsi.", (Document: Lady Suzanne Heywood, B2)

The interviews revealed that a wide variety of other expert advice seeking activities went on, including more evidence-gathering, briefings, meetings and roundtables, as well as visits. Key informants discussed the COP policy process as being "*exemplar*" compared to the process for other policies and strategies at the time, and that great resource went into seeking expert advice and evidence. Evidence

cited in interviews as being particularly influential for decision-makers and advisors included PHE's *Sugar Reduction* report (2015) (G92), SACN's *Carbohydrate and Health* report (2015) (R37), evidence produced by BIT, evidence on the sugar content of commonly consumed products produced by Action on Sugar (N17), and evidence on other countries' obesity policies (e.g., Mexico's sugary drinks tax (M526)). Some supportive coalition members particularly saw the SACN review as a "watershed moment" for attention on sugar, as it provided calls for stronger government policy with independent, government-commissioned scientific support. McKinsey's *Overcoming obesity: An initial economic analysis* report (2014) was referenced by several key interview informants as being particularly influential in helping shape David Cameron and his team's thinking about how to tackle childhood obesity (R29).

"The conclusion we arrived at – and this was reinforced by a great McKinsey report – was that this is a multifaceted challenge. We live in an obesogenic environment. There are no silver bullets. You can't just pull one lever and get an effect. This was borne out by the history and the evidence. Despite different efforts in different countries, the trend lines remained undeflected. Waistlines kept growing. So, we needed to come at this from every single angle possible all at once – we needed to have multiple solutions to a multitude of problems. And we would need constancy of purpose, a continuous push over many years." (Interview: Government advisor)

"It really started to cut through with facts like there are nineteen teaspoons of sugar in a can of coke and people asking, 'how do you justify that?'" (Interview: Government advisor)

Evidence of the importance of personal experience was also found. For example, the fact that David Cameron and Health Secretary Jeremy Hunt were parents of young children was raised by several informants and David Cameron spoke out in public about this too. Camilla Cavendish, Head of the Downing Street Policy Unit (2015 – 2016), also wrote about how her personal experience as a parent and holding health-based roles influenced her conversion to being supportive of government intervention. She cited Professor Robert Lustig's and Professor Brian Wansink's research when she was a journalist prior to advising the Prime Minister and how the latter's work had opened her eyes *"to just how much we humans are influenced by our peers, and by portion size"* (M285).

"Back in 2015, when I worked in Number 10 Downing Street, there was a mortifying moment when I was called a 'health fascist' by one of David Cameron's other advisers. We had just come out of the prime minister's office, where I had been arguing that we should tax fizzy drinks. I was taken aback to hear myself described as fascist. I'd been against the smoking ban, I'd championed to legalise drugs, and I loathe the nanny state. The trouble was, I had come up against the horror of the obesity epidemic. As a mother, I'd experienced the full force of pester power. As a board member of the English

hospital regulator, the Care Quality Commission, I saw hospitals widening doors and reinforcing beds for super-sized patients whose illnesses could often have been prevented.” (Document: Camilla Cavendish, M766)

“They [David and Samantha Cameron] had young kids, they were healthy and young parents, and they naturally care about the health, the future, the life chances of their children.” (Interview: Government advisor)

“Jeremy Hunt was very supportive of this whole [agenda] I felt. He also had young children.” (Interview: Policymaker)

The analysis revealed that the most significant and proactive evidence-gathering by decision-makers occurred after COP began being developed, and that COP was one of the most time-consuming strategies key government actors were working on.

“We studied the city of Seinajoki in Finland, which had transformed school lunches, built school playgrounds, taught parents about nutrition, and even developed a popular TV programme to curb obesity. We looked at Mexico, where a sugar tax substantially reduced fizzy drinks purchases by the poorest.” (Document: Camilla Cavendish, M766)

“A number of us on the team were spending a lot of time researching, visiting schools, restaurants, engaging heavily with leading thinkers in the space. For some of us, it was one of the single most time-consuming agendas.” (Interview: Government advisor)

“We were co-ordinating a lot of work to bring together with PHE’s [Public Health England’s] help, a long list of policy options. This was quite a painful process because basically there was the McKinsey work, which set out some really good thinking and I think they came and presented to us in fact. Then PHE, of course, had done an awful lot in this area and the Department [of Health] and Ministers also had their own views.” (Interview: Government advisor)

In terms of coalitions continuing to generate and build public and political will even after COP was on the Government’s decision agenda, activities were seen to increase. For example, an effort by the Supportive coalition to coordinate even more formally. In November 2015, the Obesity Health Alliance, formerly named the Obesity Stakeholder Group, was launched (N37). It began as an alliance of seventeen medical, nursing, charity and public health organisations focused on urging the Government to include key policies in COP, which was expected to be published in January when the alliance launched. Its three main policy recommendations were restrictions on unhealthy food marketing and advertising, a regulated reformulation programme, and a 20% tax on sugary drinks.

Other activities included one TV programme – Jamie Oliver’s *Sugar Rush* (Channel 4 TV, 3rd September 2015) – which was considered particularly effective (M418). It was aired alongside a coordinated campaign and petition that encouraged the public to call for Government to introduce a 20 pence per litre tax on sugar-sweetened beverages. The petition received more than the 100,000 signatures required to spark a debate in Parliament about the issue within days, thus rapidly building and demonstrating strong public support for a sugar tax (M421). Then, because it sparked a debate in Parliament focused on a sugary drinks tax, this helped build political will and was combined with PE efforts to reach out to individual policymakers (H90). The consequential debate in Parliament ended up being well-attended and further coordinated with the publication of a Commons Health Select Committee report, *Childhood obesity – brave and bold action*, which also called for a sugary drinks tax (P27).

“I speak as a Conservative who is a passionate believer in keeping taxes as low as possible; I am reluctant to support the introduction of any new taxes ... Members might be surprised to learn that I support the introduction of a sugar tax. Shortly after I was elected in May, I was approached indirectly by Jamie Oliver ... Fifteen Cornwall [Jamie Oliver’s restaurant] approached me to ask whether I would support the campaign to introduce a sugar tax ... I went away and looked at the issue carefully. As I have looked at the evidence and examined the issue more deeply, I have shifted my position, despite my initial and natural inclination not to support such a tax. The reason is quite simple: it is clear to me that we have an immediate and growing childhood obesity crisis in our country.” (Document: Steve Double MP, 2015, H90)

“I think the Sugar Rush documentary was really important and did shape peoples’ attitudes and thinking about these things.” (Interview: Campaigner)

“If you can make a documentary like Sugar Rush that gets big numbers and then you chop it up, use it on social media, interview the people that are within the programme ... Play clips of it at conferences, it’s like it’s your centre, it’s your holy grail of, you know, the big sort of comms and there everything floods out from there ... Sugar Rush made them [“dry” issues] emotional and because what Jamie does is he makes these issues emotional and makes people care about them and if the public care about them then the politicians care about doing something.” (Interview: Campaigner)

“People like Jamie Oliver definitely had their campaigners ... I think there was a particularly influential programme that he did which was about Coke ... in Mexico. People were, you know, like the children didn’t drink water, they just drank full-fat Coke and the consequences of that.” (Interview: Government advisor)

"It [Sugar Rush] wasn't just a programme, there was a week of publicity around it and he [Jamie Oliver] did interviews before and after and people wrote editorials about it. It was all part of what felt like - almost certainly was - a coordinated campaign to build pressure on this issue ... It's a swarm effect and he [Jamie Oliver] was tweeting about it the whole time as well ... it was all part of building a momentum." (Interview: Campaigner)

These combined and often coordinated efforts by the Supportive coalition in 2015 were considered by key interview informants to be why political momentum was successfully built, particularly around a sugary drinks tax.

"Political momentum, when you capture it, is what shifts things - it's quite difficult to define, but you know it when you've got it ... suddenly you just get the right people come together, you get an alchemy where people align around policies to push them over the line." (Interview: Policymaker)

The Against coalition also sought to generate political will and counter Supportive coalition efforts. For example, in November 2015, a launch event of an Oxford Economics report commissioned by the British Soft Drinks Association was held in Parliament supported by Chris Davies MP (I3, M484).

"I am delighted that Oxford Economics has highlighted the extent to which the soft drinks sector contributes to the UK economy, though it is not surprising. Businesses in this sector, including Radnor Hills in my constituency, sustain thousands of jobs and are a vital part of the UK economy. The successes achieved so far by the industry in increasing the consumption of low and no calorie products is admirable and demonstrates its responsible nature." (Document: Chris Davies MP, 2015, M484)

"This report by Oxford Economics analyses the full extent of the sector's impact on the wider economy and shows that at least 100 jobs in every Parliamentary constituency are supported by the sector. In some it's many more." (Document: Gavin Partington, 2015, M484)

However, evidence suggested that once David Cameron decided to actively develop strong obesity policies, efforts by the Against coalition ceased to be effective at influencing the key people in government.

"I was being lobbied like mad and I think a lot of people were being lobbied like mad by folks in the industry that were worried about where this was going to go ... I mean they spent hours and hours trying to persuade me and us and it never had any effect at all ... part of our research was to make sure that we were engaging with all of the lobbyists, but some of it was so sort of nakedly self-interested that it was not very interesting!" (Interview: Government advisor)

There was also strong evidence that activities to generate and build political will were not just by actors outside government, but actors within government too. Evidence emerged showing how some of the most senior government advisors, policymakers and decision makers in Downing Street sought to generate and build political will across other departments and within the Conservative Party where it was lacking and seen as a potential barrier to policy change.

“If you...announce a childhood obesity strategy, or any other strategy, and it involves legislation, and you bring that legislation forward in the next period and, you know, half your party vote against you alongside the Labour Party, suddenly the whole thing’s dead in the water, and so even the Prime Minister therefore has completely failed to, you know, get something through. So, the political considerations involve trying to understand the party sentiment. If MPs are negative, are they amenable to persuasion or whipping? Or are they so fundamental, so moral, that they’re not going to budge?” (Interview: Government advisor)

“The Childhood Obesity Strategy is a classic example of the amount of time we just spent managing the competing interests of different government departments. I always joke that people think going into government is that the “opposition” is the Labour Party [if another party is in Government]. But the real opposition – as in the people you actually spend time arguing with and who get in the way – are on your own side. The sort of battles you have with different government departments – the constant effort of trying to smooth out or find peace between different ministers in different departments who have different priorities and different views of things.” (Interview: Government advisor)

The consideration of a sugar tax was a particular policy where the horizontal generation of political will across Downing Street and the Chancellor’s team was sought.

“The symbolism of this [SDIL] was so important that we had to land it and that was tricky because there were complex and conflicting views. We had tonnes of meetings, everybody had very good arguments one way or another, it wasn’t just ideology, there were practicalities around the tax, how you’d measure it, what are the loopholes, we spent a lot of time getting advice from Treasury, the Cabinet Office and the health and business departments.” (Interview: Government advisor)

Other horizontal attempts to generate and build political will included supportive MPs seeking to do so within Parliament. For example, Dr Sarah Wollaston MP used her position as Chair of the Commons Health Select Committee to make supportive arguments for strong obesity policies. These were considered particularly effective, as she was a member of the same political party as the Government

so it could not be disregarded as political opposition criticising Government. Her efforts were also considered particularly effective because the events she organised attracted widespread media attention, such as the Committee's inquiry into childhood obesity in 2015 and the *Childhood Obesity Strategy* debate in Parliament debate in January 2016 (P27, H96). The former received widespread attention because Jamie Oliver gave evidence, and the media reported his use of props to demonstrate the sugar content of certain products. It also gained media attention because Dr Sarah Wollaston used the inquiry to question PHE's Chief Executive Duncan Selbie about why PHE's *Sugar Reduction* report had not been published despite being promised months earlier (M439, M437). As one informant explained, this was the kind of story that generated media attention successfully, largely because it was about political conflict.

"The PHE report – that is a very clear, very typical media story in that sense. In a clear, 'there's an interesting issue here, in which there's some tension within government' ... And then it's like, 'Oh, we've discovered there's a secret report that's buried. Brilliant. Everyone loves a secret report. What does it say? Who's got it?' Then it's like, 'there's a new tax in the report that the government want. Oh, that's exciting' ... you know, picking up there was a huge amount of sensitivity around the sugar tax because it had been ruled out." (Interview: Media representative)

"Sarah Wollaston, [Chair of the] Health Select Committee, was obviously extremely pro the maximum force possible...Yeah, I mean, you don't always manage this in different policy areas, but if you can have some outriders that help to build momentum, consensus, noise that is favourable to what you want to do, then it makes life a lot easier than just riding into battle by yourself." (Interview: Government advisor)

"She [Sarah Wollaston] was very good, very strong, yeah. Yes, she did [help push] because she asked questions at the right time and she'd chip in, yeah, and she was still part of the [Conservative] Party at that point." (Interview: Government advisor)

"He [Jamie Oliver] brought props [to the Health Select Committee inquiry 2015] and everybody loves a prop ... he'd have his demonstration of how much sugar was in things and he was funny, and he was engaging and very passionate." (Interview: Policymaker)

In terms of framing, the generation of political will was considered to be more likely and more effective by focusing on childhood rather than adult obesity as a way to make the prospect of government intervention more acceptable and to reduce potential “nanny-state” accusations:

“We took the view that it was much easier to talk about childhood obesity than adult obesity. Childhood obesity, ‘we all care about the future of our children’ ... it’s a relatively easy story to tell. If you tell people that they’re overweight and they need to, you know, do more exercise and eat more healthily when they’re adults, you’re accused of being nanny statist. But, of course, many of the policies that would benefit children would also benefit adults.” (Interview: Government advisor)

“It was never going to be adults...because it’s politically safer ground.” (Interview: Government advisor)

The Soft Drinks Industry Levy

The analysis revealed that, in many ways, the SDIL policy process was considered largely separate from the COP policy process. The analysis also demonstrated how almost the entire decision-making process was hidden from public view. The much more secretive nature of Treasury policymaking meant that the Chancellor George Osborne communicated about his decision to explore, seriously consider and then introduce a sugary drinks tax carefully and privately to ensure news was not leaked prior to the announcement. This meant the SDIL announcement in the March 2016 Budget was a surprise to the vast majority of people, including actors in government (H108, M576-M583, M587).

“Not only was it a surprise to us, it was obviously a surprise to everybody else.” (Interview: Industry representative)

“The policy team [in the Department of Health] only found out about it a week or two before it went live, and it was the economic case for trying to solve obesity.” (Interview: Government advisor)

“It was necessary to tightly restrict advice and decisions, so there are a very, very small number of people that ever really know what actually happened [about the SDIL].” (Interview: Government advisor)

“if he [George Osborne] had had to consult [on SDIL] the issue would have got out of the, would have got into the public domain and it would almost certainly have been impossible to do it in the way that he did, so I think somebody would have leaked it and almost certainly ... it would have leaked and there would have been an outcry, particularly from The Sun ... If they [George Osborne and Treasury]

brought us in [pre-SDIL announcement] we would have stepped in, that's the point." (Interview: Industry representative)

"Treasury told us to go away and then two months later, you know, we got a phone call to say, 'please could you come over tomorrow morning to help us work out the detail of this?' And it was announced the day before we went over to the Treasury. So, we were asked on the day it was announced." (Interview: Policymaker)

Regarding the SDIL decision process, interview informants revealed that George Osborne had signalled a willingness to act on a possible sugary drinks tax as early as August 2015, when he wrote to the Prime Minister about possible sugar tax options. He also verbally signalled a willingness to act privately ahead of the Autumn Statement 2015 when Health Secretary Jeremy Hunt proposed the idea of introducing a sugar tax to him to help pay for the NHS and planned cuts in public health spending. During this period, Department of Health civil servants were also proposing the idea of a sugar tax to Treasury civil servants.

"I was surprised at how [George] Osborne reacted and basically said, "I think the sugar tax is an idea whose time is coming, but not just yet", and it seemed obvious from that, that basically he decided he was going to do it and that he was going to do it himself on his own terms." (Interview: Government advisor)

"Look, we're putting together this childhood obesity strategy, we think that there's a case for a 20% tax on sugar sweetened beverages'." (Interview: Policymaker paraphrasing Department of Health civil servants proposing a sugar tax to Treasury civil servants ahead of the Autumn Statement 2015)

In January 2016, George Osborne was provided with a long list of policy options to consider for the March 2016 Budget. The interviews revealed that this would have been the time when policies he did not want to consider were removed and when policies he wanted to consider were allocated more resource (e.g., numbers of civil servants working on them). At this point, George Osborne decided to keep a sugar tax under consideration and more Treasury resources were allocated to exploring and developing it. The process of removing policy options continued right up until March when the final decision regarding what will go in the Budget was made. The final Budget was then sent to the Office for Budget Responsibility to be costed and approved.

“He [George Osborne] would have had several options to kick it [SDIL] further into the long grass and he chose not to take those options in January, early February.” (Interview: Policymaker)

Between January and March 2016, meetings held specifically about the SDIL increased substantially, as George Osborne became focused on designing and introducing a new tax, which informants explained was unusual for the Treasury. George Osborne decided that, for political reasons, it would not be acceptable for the tax to raise prices for consumers, so it needed to be aimed at manufacturers. Since this approach differed from sugary drinks taxes in other countries³, the Treasury team spent substantial resource developing possible options and testing them out in regular meetings with George Osborne and his advisors.

“It became more about how you can introduce incentives within that system [of soft drink manufacturers] where you can at least in public say, ‘It’s really up to the producers how they handle this. We’re not taxing you, hard-pressed working household. We’re taxing the producer and it’s up to the producer to be responsible and take sugar out of else they’ll have to pay the tax.’” (Interview: Policymaker)

The Treasury also provided him with evidence of the benefits, e.g., to health. Such evidence was gathered from a variety of sources, including expert advice provided by the Department of Health, evidence from other countries that had introduced a sugar tax or similar taxes, and their own research using market data to explore economic considerations.

“The Treasury doesn’t really engage openly with other departments about the detail of tax policy, especially just before a Budget. So, we’ve done the classic Treasury thing, which is when DH [Department of Health] was talking to us, lobbying us to introduce a sugar tax for the purposes of the NHS and their obesity strategy, [we] just sort of like hoovered up all the information they had, so, you know, ‘send us everything you’ve got’ and then just close the conversation down. And so, we didn’t really do a lot of additional evidence gathering into the public health case into that early 2016 phase.” (Interview: Policymaker)

³ **Example of two other countries’ *ad valorem* sugar tax designs:** Mexico’s tax on sugar-sweetened beverages (2014) was 1 peso per litre (approximately 10% price increase). Chile’s tax on sugar-sweetened beverages (2014) was 5% increase on drinks ≥ 6.25 g sugar per 100 mL and 3% decrease < 6.25 g sugar per 100 mL.

There was strong evidence from the interviews that under David Cameron's Government, there was a clear division of responsibility between Prime Minister and Chancellor, which was respected. Public health was considered to be the Prime Minister and Health Secretary's responsibility, while fiscal policy was considered to be the Chancellor's. However, George Osborne came to be persuaded of the public health case for a sugary drinks tax as he read more about it.

"The first of those meetings [focused on the SDIL] was in the Chancellor's office in Number 11 where he [George Osborne] opened up by saying - slightly taking me by surprise - 'I believe in the future we will view these sugary drinks in the same way as we view other vices ... I believe that we will view these things like in the same way that the tobacco industry is beginning to be viewed or is currently viewed, and ... there is a moral imperative on us to tackle the amount of sugar that's going into food and drinks for children'." (Interview: Policymaker)

"George Osborne was vital. He came to believe that most countries would eventually introduce sugar taxes." (Interview: Government advisor)

"[George] Osborne was very definitely of the view that this was a policy whose time was definitely going to come. That obesity is a serious problem, it is obvious that tax is one of the levers that should be used to deal with it, but that is a very politically sensitive set of taxes to do ... His view was that 'in twenty years' time we're going to have one of these things so it's right to be with the flow of where policy is really going and if I can make a start on that that is a good thing'. And it will also get the sugary drinks tax on the George Osborne Wikipedia page rather than the Boris Johnson Wikipedia page." (Interview: Policymaker)

Despite the expressed respected division of responsibility between the Prime Minister and Chancellor, all key informants made clear that the Chancellor's power to introduce policies relied heavily upon Prime Ministerial support. In February 2016, during one of the Chancellor and Prime Minister's regular meetings, George Osborne informed David Cameron that he was planning on introducing a sugar tax. Since so much time had been spent in Downing Street softening David Cameron up to support a sugary drinks tax, by the time of this meeting, he was fully supportive too.

"You just can't underestimate the support of the Prime Minister. If the Prime Minister was like, 'Oh I don't know George, maybe it's a good idea, maybe not', it could easily fall by the wayside. If the Prime Minister is like, 'yeah, this is in line with the kind of thing that I want to do', then, you know, then it happens." (Interview: Policymaker)

Once David Cameron granted George Osborne his support, the final preparations were made regarding the design, scope and rate of the tax. It was decided that the 20% sugar tax design to make drinks more expensive for consumers – the design that campaigners such as Jamie Oliver were calling for – was not acceptable or feasible. Not only because George Osborne wanted the cost to be absorbed by manufacturers rather than consumers, but also because there was already a Value Added Tax (VAT) on soft drink products. Given EU law would have prevented the UK from introducing an additional, standalone *Ad Valorem* tax, the Treasury was left with the option of an excise (indirect) tax. Based on this, it was decided that the best option was to introduce a threshold, under which manufacturers would not pay anything if the sugar content of products were lower, or if they reformulated their products until the sugar content was lower.

The Knowledge, Analysis and Intelligence (KAI) directorate, HMRC's analytical and modelling team, was tasked with modelling the likely outcomes. It predicted that companies would not reformulate but would pass any cost onto consumers. This led to the development of a more sliding-scale, two-tier levy design, to increase the reformulation incentive further. Manufacturers would pay nothing if their products' sugar content fell below the lower threshold (<5g/mL), they would pay 18p per litre if they fell between the thresholds (5-8g per mL), and they would pay 24p per litre if they fell above the top sugar content threshold (>8g per mL). The two tiers were based on the two grouped average sugar contents of sugar-sweetened beverages in the market, and the rates were calculated based on a need to raise £520 million per annum, which was tied to fund a schools sports programme. Once the final design was agreed, the SDIL was included in the final Budget sent to be approved by the Office for Budget Responsibility. The SDIL was then announced by George Osborne in Parliament on the 16th of March 2016.

"By designing the tax with two bands, Chancellor George Osborne created exactly the right incentive for companies to reformulate. Responsible brands and companies such as Suntory-owned Lucozade and Tesco have done so." (Document: Camilla Cavendish, M766)

However, even though the SDIL had George Osborne, David Cameron and most key people in Government fully behind it, there remained a fear, particularly by George Osborne, that it would not be received well by the media and public. To address this, George Osborne telephoned Jamie Oliver asking if he could be outside Parliament when he announced the Budget to give supportive media, indicating he was announcing a policy Jamie Oliver wanted. Jamie Oliver agreed and was interviewed by the media outside Parliament welcoming George Osborne's surprise SDIL announcement.

"This is a big moment in child health. I mean it's [the SDIL] a big signal, it's symbolic that a robust government can actually get control of big business when it's having ill-effect on child health."

(Document: Jamie Oliver, 2016, M576)

"Jamie Oliver managed, because he was such a famous person, to get himself on all the news bulletins. He was more powerful than the PR department of Coca-Cola, so this was how the SDIL survived and flourished and worked much better than I think we dared hope." (Interview: Policymaker)

Following the SDIL announcement

By the time of the SDIL's announcement in March 2016, there had already been several publication dates for COP, which were postponed. Informants explained that this was due to the realities of developing and achieving consensus across government on such a politically challenging, cross-departmental set of policies. The process also took much longer than anticipated due to the amount of time it took to work through feasibility, acceptability and practicality issues regarding the various policies e.g., *"getting everybody comfortable with this tax [SDIL]"* (Government advisor).

"This one [COP] impacted everywhere [in Government]. There was the NHS, there was Public Health England, there was BIS, there was DCMS, etc., etc., Treasury for tax, and that meant that ... we were trying to triangulate very strong views in all directions on each one of those policy areas."

(Interview: Government advisor)

"Officials would basically draw up a long list of potential policy things including lots of things which were not Department of Health policy responsibilities. In fact, almost all of the things on childhood obesity, almost everything that's meaningful, has nothing to do with the Department of Health. It's all policy owned by other people ... so restrictions on advertising – that's a DCMS matter; taxes on sugary fruits – well that's a Treasury matter; Daily Mile and walking in school – so that's Department for Education; banning BOGOFs [buy-one-get-one-free] in supermarkets – well, that's Department of Business. So, the whole point of it was to try and do something which was like a government-wide effort to deal with a society-wide problem, but, of course, that means negotiating all of this individual stuff with individual [government departments]." (Interview: Government advisor)

The realities of developing and securing cross-departmental agreement on policies meant that the original plans to publish COP in autumn 2015, then before Christmas 2015 and then in the New Year 2016 were all delayed. Once the SDIL was agreed between the Chancellor and Prime Minister, the decision was made to publish COP after the March Budget. However, a key exogenous event influenced the months between the SDIL announcement and publication COP (March – August 2016) in an unprecedented way.

5.2.9 Did exogenous events remain a constant possible influence?

(Part 6)

A major exogenous event influenced the COP policy process. The EU Referendum, held in June 2016, first delayed Downing Street's plan to publish COP in April or May following the March Budget because the bandwidth of the Government became almost entirely subsumed by referendum campaigning.

"It [Brexit] was a huge distraction. I remember bumping into a senior Number 10 [Downing Street] figure at the theatre ... and she made the comment that, 'there was just now one thing on the agenda' and that was the [upcoming] Brexit vote, so it [COP] did get squeezed down by Brexit."
(Interview: Researcher)

Once the referendum vote happened, David Cameron's resigned as Prime Minister because his Remain campaign lost. This caused COP to be handed over to new Prime Minister Theresa May who published COP, but with most of strong policies removed. The interviews and documents revealed that Downing Street was trying to publish COP in July before Theresa May took over. However, the speed of the leadership contest – due to contenders quitting early - meant that David Cameron had to hand over power to Theresa May much sooner than predicted.

"[we] got the call to say, 'right, we're [Downing Street under David Cameron] going to give it a go [publish COP before departure], we're going to give it our best, we've got 24 hours, are you going to help us?" And I was like, "absolutely." But then obviously completely fell away because their timings changed and Theresa May - everything happened really, really quickly at the very end." (Interview: Campaigner)

"We were still, almost right to the bitter end, trying to get this out before David Cameron left and then of course, you remember that events happened very fast because the leadership election, which was going to run through to like September suddenly collapsed and various different people quit the race and suddenly it was Theresa May and Theresa said, "right, I want you all out now", and we had like 24 hours to get out ... So, we were actually planning still to do this after the Brexit vote and had got a couple of grid slots lined up and events just happened too fast." (Interview: Government advisor)

"Many of us wanted very much to get the childhood obesity plan over the line before David Cameron left office as part of his legacy, because he had been bold in encouraging both Ministers and key No10 advisers to explore it seriously, and it was very close to being ready for launch." (Interview: Policymaker)

Some informants explained that incoming governments can decide how they want to conduct the handover and that David Cameron, and his team wanted to respect Theresa May by allowing her to decide how she wanted to do things, e.g., engage with them or just take over, and to have her say regarding unpublished policies. Theresa May and her team decided on the latter and gave David Cameron and his team 24 hours to pack up and leave. They also removed most key advisors who were leading the development of COP. New advisors were only given one or two days to decide whether they wanted to take the job in the new government, and then once in post, they were expected to make policy decisions almost immediately.

“We’re talking 24/48 hours top [for people to decide if they want to accept the offer to become a Downing Street advisor]. That’s it. Everything, the life, comes at you fast ... you have no time to think, to plan. You don’t have a week to decide whether or not you’re going to accept the job. It’s, ‘Yes or no? We’ve got to move onto the next person on the list.’” (Interview: Government advisor)

Informants described seeing the rapid change in government as a policy window and trying to understand how the new government might impact COP and the SDIL.

“So, our big concern was that the SDIL would go. That the change in leadership would mean the SDIL would go, so that was the primary concern at the time.” (Interview: Campaigner)

For example, Jamie Oliver and his team used media, social media and private emails to try and push the new government to keep strong obesity policies. During a TV interview in July 2016, he said, *“I can’t wait to meet her”* and *“I believe that it’s an amazing opportunity for her to show her steel as a bright, dominant, incredible Prime Minister and boy does Britain need to see that right now”* (M662). There was also evidence of Against members planning to use the window of opportunity that emerged when the government changed to persuade the new government to not pursue the SDIL. For example, in August 2016 The Sun newspaper reported that Conservative Party MP Will Quince would *“write to Mrs May and new Chancellor Philip Hammond urging them to ditch the tax”*, and quoted him saying, *“It’s time for a re-think. This is the worst time possible to be hitting one of the country’s leading manufacturing sectors.”* (M668) There were also direct efforts to stop the SDIL being continued under the new Government by the Against coalition e.g., Coca-Cola wrote directly to Chancellor Philip Hammond who replied confirming the government was continuing to progress the SDIL.

“The single biggest risk to our ability to maintain our investment in our UK operations is the soft drinks levy. It is by some margin the greatest regulatory burden we face in the UK. We feel it is not necessary and that there is no evidence to show it will work.” (Document: Extract from a letter from

James R. Quincey, President and Chief Operating Officer of the Coca-Cola Company to Chancellor Philip Hammond, 20th July 2016, I14)

“There was a kind of half-hearted campaign - Can the Ban or was it Can the Tax?” (Interview: Campaigner)

The period between Theresa May forming a government on the 13th of July 2016 and COP being published on the 18th of August 2016, was just over one month. Evidence was found that many policy decisions under Theresa May were being made by her Chiefs of Staff Fiona Hill and Nick Timothy, and that Fiona Hill particularly made the decision to remove most strong obesity policies from COP. The account below was triangulated with informants. However, evidence of the precise details leading to this decision could not be identified. For example, whether specific discussions about COP took place between Fiona Hill and Theresa May and what they involved if they did take place; what role responsible civil servants in Downing Street played; what discussions took place regarding COP; and if other members of the Against coalition successfully influenced the decision.

“It was August 2016 and Fiona Hill, the prime minister’s joint chief of staff, had singlehandedly drawn a red strike through the government’s anti-obesity strategy, by scrapping curbs on the marketing of sugary foods to children. She was so happy about this fact that she insisted the communications team called The Sun to brag about it. Despite my protests, she was firm. And it was clear who was boss. To my eternal shame, I let my deputy make the call, and guess what? Turns out The Sun wasn’t that bothered about Tony the Tiger after all. We had three days of bad media coverage instead of one.” (Document: Katie Perrior, M764)

Various reasons were given by informants as to why the new Government changed the content of COP. For example, Theresa May and her team were not particularly interested in the issue of childhood obesity, e.g., no evidence in documents was found of Theresa May discussing obesity prior to July 2016. Although she had opposed a related public health policy in 2013 when she led a successful Cabinet revolt against Minimum Unit Pricing⁴ in England (M114, M116, M117).

⁴ Considered by the Conservative Government between 2011 and 2013 to tackle problem drinking and health-related problems such as obesity, but the ideas were abandoned after a group of government Cabinet ministers revolted. The policy would introduce a minimum price on alcohol per unit.

Some informants explained that Theresa May herself did not have a particularly strong vision or strong ideas about what policies she supported, but her chiefs of staff, Fiona Hill and Nick Timothy, did. For example, the interviews revealed that prior to becoming Prime Minister, it was unclear to people working closely to Theresa May whether she had spent time formally considering or communicating her vision and ideas. They also revealed that despite this, she had communicated a desire to become prime minister as early as 2013. No evidence was found to confirm whether she *had* considered her vision formally, but kept it private, or whether she simply had not.

Other salient reasons provided for why COP was changed was that it was just one of many strategies waiting for the new Government to make quick decisions on and was not a priority issue; the new Government wanted to differentiate itself from David Cameron, George Osborne and the previous Government, including their policy approach; Theresa May and her advisors felt some of the policies in COP were too “*nanny statist*” and “*gimmicky*”, especially at a time when businesses were facing economic uncertainty due to the public having voted to leave the EU; and the culture in Downing Street involved senior actors holding very strong positions against certain individuals, such as Jamie Oliver, and certain policy ideas, such as that a policy restricting advertising of unhealthy food and drink to children would be an effective way to tackle childhood obesity.

“Basically she [Theresa May] thought of it [COP] as slightly gimmicky, headline-grabbing, and while obviously we need to do things to tackle obesity, that there are probably more sophisticated and more effective ways of doing it.” (Interview: Government advisor)

“I mean, firstly, she [Theresa May] is different. If she tried to be a David Cameron-style politician, she’d have, like, she’d have failed miserably.” (Interview: Government advisor)

“When we arrived in Number 10 ... the world hits you, comes at you quickly, in that gig. When we arrived in Number 10 we got told, ‘Decisions have to be made by Friday on these three things. You’ve got another two weeks before this comes at you, and we’ve got a delay that we could possibly, a stunt we could pull to delay that, but this is basically on your plate right now’, and you’d have EVF, Hinckley Point, nuclear reactors. You’d have, ‘are you willing to spend money on X?’ And childhood obesity was right in the middle of that ... the obesity strategy was one of many that got dumped on our desk early doors to say, ‘this is in your in-tray’.” (Interview: Government advisor)

“And then obviously the decisions then start to come quite thick and fast, and obviously you want to impose yourself on that and be proactive in lots of ways. But, actually, lots of it is just the reality of government ... decisions just keep coming before you all the time, so it’s inevitably a bit reactive.” (Interview: Government advisor)

There was also evidence that key members of the new Government assumed there would be little public support for the strong policies in COP, despite polling showing otherwise, and that all food and drink industry members would also be opposed, despite evidence to the contrary. For example, major industry actors, such as Mike Coupe, Chief Executive of Sainsbury's supermarket and Andrew Opie from the British Retail Consortium, had publicly called for mandatory and legislative obesity policies (M712). The assumption of strong obesity policies being unpopular led to the assumption that The Sun newspaper would welcome the news that government was removing most of the strong obesity policies. However, The Sun did not celebrate the removal and instead wrote that the policies had been "watered down" and "junked", and that "health campaigners fume".

"So, they [Against coalition] kind of assumed that the public would not be ready for this, but the public actually were." (Interview: Policymaker)

"It was surprising for me [that The Sun was not supportive of strong obesity policies being removed] because The Sun obviously relies on advertisers as well. There was some reason why they weren't keen on it [the story], I can't really remember but all I remember is that it didn't go to plan." (Interview: Government advisor)

"Going back to the politics, people assume what the politics was and they assume what industry wants, they assume what The Sun would be interested in as a story and I think that is a big part of the type of ... environment politics is and the type of people who go into it ... the kind of people who want to go in and think, 'yeah, no, I am the best person to run Number 10' tend to be the kind of people who think, 'yes, I definitely know best and ... my assumptions are going to be right.' Otherwise, you'd be doubting yourself too much." (Interview: Media representative)

In terms of timing, summer recess was chosen. The belief was that key journalists and policymakers would be away on holiday so COP would not receive much media attention. One informant explained the thinking:

"'dump it [COP] in recess because there'd be loads of journos away. The Prime Minister's away, we'll dump it in recess'. So, there was a constructive reason for doing it in recess, which was in the hope that people wouldn't be paying attention." (Interview: Government advisor)

Several informants also discussed the difference in culture and policy process between the David Cameron and Theresa May's governments, including how Downing Street was run and the power ministers were granted. This provided further evidence that despite institutional rules existing to limit concentrations of power, the governments held considerable freedom to decide how to conduct policy and decision-making processes. There was evidence of mechanisms to mitigate this, e.g., the

civil service briefed the incoming government on structures and procedures, but ultimately for policy decisions such as COP, the new Government could decide to take strong obesity policies out with little obstruction. For example, interviews revealed that in the first few weeks of Theresa May's Government, key Downing Street advisors were not given clear instructions regarding their role, what was expected from them and how things worked. Some informants described how some people made efforts to engage with their predecessors, while others did not.

"It was in my third week that I said to my secretary, 'no-one's going to come and tell me how to do this job or what this is, are they? ... 'Where's my induction, where's HR, where are these people?' ... There's no handover, there's no notes from your predecessor, there's no structure." (Interview: Government advisor)

Ultimately, the combination of the factors above led to key strong obesity policies, e.g., mandatory menu labelling and restrictions on unhealthy advertising and marketing, being removed. Evidence was found to explain that the reason COP was still published, despite strong opposition in the new Government, was because COP had already been leaked and reported, and the new Government *did* view childhood obesity as a problem it should seek to tackle. However, they thought there were *"probably more sophisticated and more effective ways of doing it"*. Interviews revealed that despite civil servants briefing the new Government about the COP policies and evidence behind them, key members were not persuaded to keep most in. The desire by the new Government to be *"different"* from its predecessor outweighed arguments by people in favour of keeping strong policies as David Cameron had already overcome potential barriers.

"It's the fact that it's leaking so badly that you can't not go ahead with it because it looks like chaos, and chaotic, rather than "we've got a plan of action". So, I think it was one of those whereby really early on you can't look like you're failing so "let's just get on with it"." (Interview: Government advisor)

"After all the effort that [David] Cameron had put in, and all of the grief he got back from his own party and from the media on the issue of obesity, I couldn't understand why Theresa [May] didn't just finish the job off. If she wanted an excuse, she could blame him and claim we were too far down the path to retreat. He did all the hard work of getting over the jump on the issue, only for her to drop it. There was too much of wanting to reinvent the wheel for the sake of it when we arrived at No.10 [Downing Street] and not enough savvy advice around to tell the PM 'actually you could have your cake and eat it on this'." (Interview: Government advisor)

“So a change of leadership means a change of government and it’s important for us to, you know, you don’t make any assumptions that anything that you’ve drafted under a previous prime minister will be the same as what is wanted by the new, and you almost start again with, ‘here is the waterfall [of policy options], here are the interventions that we think we can do something about, these are the ones that we think will have an impact, here are the trade-offs, you know, kind of what’s your ambition and how bold do you want to be?’ ... Theresa May taking over from David Cameron is changing context and you start the negotiations again.” (Interview: Policymaker)

Informants explained that the reason the SDIL was kept in while other strong policies were removed was because it had already been announced; progress by the soft drinks industry and government had already been made; the new Chancellor Philip Hammond supported the policy; and because there was a concerted effort by supportive campaign groups, Treasury officials and Jane Ellison who moved from being Public Health Minister to being Financial Secretary to the Treasury, were made to coordinate and build public and political support. This was deemed unusual for the Treasury.

“As soon as Theresa May came in, we were asked within the Treasury to put together a list of the highest priority things that we need to get done and sugar tax consultation was right up there in second or third place, which was pretty surprising when you think about what else was going on at that point. But we’d announced it, it had landed well, and we wanted to do it, so it got on that list.” (Interview: Policymaker)

“The Treasury, and the then Chancellor Philip Hammond, were really supportive on the sugar levy.” (Interview: Policymaker)

“Jane Ellison, when she came over from Public Health Minister to be the Financial Secretary, at that point she just loved the sugar tax, and she was an absolute champion for it ... She really sort of like picked up the mantel and worked really closely with the public health campaigners to drive it ... So, in terms of sort of Treasury policymaking, this became a much more sort of open and collaborative exercise at this point than it quite often is.” (Interview: Policymaker)

Finally, evidence showed that in terms of the overall nature and pace of change, after many years of a more incremental policy process leading up to the government agenda being set, the nature and pace of change between COP being initiated and published was much faster and ‘punctuated’. (163)

5.3 Summary of results

Table 17 provides a summary of the theory-testing PT results, including the interpretation of each part of the causal mechanism based on the *a priori* predictions in Chapter 4.

Table 17: Summary of theory-testing process-tracing for the COP case study

Hypotheses (h)	Interpretation (prior → posterior)
Part 1a. Coalitions frame issues as problems based on belief systems using and producing evidence	Likely → Very likely for supportive and against. Agnostic for Other. Greater diversity of arguments and proposed solutions among the Supportive coalition compared to Against. The nature of the Other coalition meant that its framing and support for strong obesity policies was mixed, unclear, uncertain or neutral.
Part 1b. Policy entrepreneurs emerge	Likely → Very likely for Supportive and Against. Unlikely for Other. Evidence was found of one main policy entrepreneur from the Supportive coalition and many other actors displaying policy entrepreneurial traits, skills and strategies. Evidence found of actors displaying policy entrepreneurial traits, skills and strategies in the Against coalition. However, no one actor was identified as being as influential compared to the Supportive coalition. No evidence of policy entrepreneurs emerging from the Other coalition.
Part 2a. Coalitions and policy entrepreneurs identify policy window, hook solutions onto framed problem and push for them	Likely → Very likely for Supportive and Against. Unlikely for Other. Multiple windows of opportunities were found and although evidence was found of coalitions hooking solutions onto framed problems and pushing them during the whole analysis period, there was an increase around perceived windows of opportunity. No evidence was found for the Other coalition.
Part 2b. Seek to generate public support.	Likely → Very likely for Supportive and Against. Agnostic for Other. Evidence found of coalitions seeking to generate public support e.g., through publishing polling. Unclear whether Other coalition statements arguing in favour of existing policies constituted an active method of generating public support. Evidence of decision-makers seeking to generate public support <i>after</i> a policy decision had been made.
Part 3a. Decision-makers seek expert advice	Likely → Very likely Decision-makers sought expert advice, but not all decision-makers and not always prior to actively developing policy. Strongest evidence of decision-makers seeking expert advice occurred after decision agenda was set.
Part 3b. They respond by signalling willingness to act. Government agenda is set.	Likely → Very likely Decision-makers signalled their willingness to act at different times in private versus in public. For the SDIL, decision-makers did not publicly signal a willingness to act at all until policy change had occurred.
Part 4: Coalitions and policy entrepreneurs generate and/or build political will	Likely → Decisive for Supportive and Against. Unlikely for Other. Coalitions and policy entrepreneurs generated and built political will, but this did not only occur before the decision agenda was set. It largely increased afterwards. It also did not only occur in a bottom-up, vertical direction. Evidence was found of horizontal and top-down generating and building of political will e.g., Downing Street generating and building political will in other government departments and within their own party No evidence was found for the Other coalition.
Part 5: Decision-makers respond by actively developing policy. Decision agenda is set.	Likely → Decisive Decisive evidence of decision-makers actively developing policy. For COP, it was publicly visible that decision-makers were actively developing policy. For the SDIL, it was completely hidden that decision-makers were actively developing policy.
Part 6: Exogenous events remain a constant possible influence	Very likely → Decisive One exogenous event (Brexit) led to another exogenous event (change in government, same political party), which caused a very different policy process than had occurred under the previous government. This obstructed and impacted policy change.

Counterfactual hypotheses

Counterfactual hypotheses relate to where evidence for the primary hypotheses (the hypothesised causal mechanism and its component parts above) was not found. Evidence was not found to show that the component parts occurred strictly in the sequential order presented, i.e., that Part 1 was followed by 2, then 3, etc. Rather, evidence was found for the majority of parts *throughout* the policy process, and, for certain parts, some of the most salient evidence was found in a different order. For example, key evidence for Part 3 (decision-makers seek expert advice and respond by signalling a willingness to act) and Part 4 (coalitions and policy entrepreneurs generate and/or build political will) was found *after* Part 6 (decision-makers respond by actively developing policy).

For example, the analysis revealed that some of the most critical political will generation occurred *after* COP started being developed, potentially because the Conservative Party had not included clear details about what policies COP would include when it established its mandate in the 2015 manifesto. This may not have been the case had another party, such as Labour or the Liberal Democrats, been elected given that their manifestos contained more specific obesity policies and thus political will and consensus may have already been achieved.

For the Conservative Party, there was strong evidence that a major barrier was a group of people in the party who opposed agendas perceived to involve “telling people how to live their lives”, and whose views were reflected by certain newspapers such as The Sun. However, it was not clear from the analysis how the barrier would fully manifest itself, other than draining resources (e.g., time and effort spent debating, persuading, and convincing sceptical and opposed actors), creating risk aversion and fear of a backlash. This was enough of a barrier to mean that even though Prime Minister David Cameron and Chancellor George Osborne were considered the most influential decision-makers, even they felt they could not achieve policy change without having generated and built sufficient political will within the Cabinet and their own party.

“We were working hard to try and ensure that there was a balance of the sort of softer stuff and harder stuff and even if we couldn’t get everything, just getting some of the harder stuff in would be symbolic as much as anything else and would also, you know, provide forcing mechanisms that ... would provide some levelling in the market.” (Interview: Government advisor)

Childhood obesity was also considered such a complex issue that it could not just be led from Downing Street and the Department of Health but required almost full cross-departmental action. It involved action that ministers in other departments did not necessarily view as their responsibility and some actors in other departments felt the actions to tackle childhood obesity conflicted with some of their

departmental interests, such as the vested interests of actors related to their department. For example, the Department for Education felt that the potential policy of making all academies subject to school food standards went against its policy of “freedom” and that banning vending machines in schools as Downing Street proposed would mean primary legislation for what was considered a “small problem”.

“What shocked me was not business lobbying, but the hostility from the relevant Whitehall departments, the Department for Digital, Culture, Media and Sport. Officials recited the same out-of-date statistics as industry. They saw health as issue for a different department and enjoyed their relationship with broadcasters too much to want to rock the boat.” (Document: Camilla Cavendish, M766)

“And, you know, we were definitely sailing close to the wind on a number of elements of the childhood obesity strategy ... there were many others such as whoever the DCMS Secretary was at the time who was like, ‘over my dead body are we going to do nine o’clock watershed for advertising, that’s completely against, you know, everything in industry’.” (Interview: Government advisor)

“The Department for Education was largely against any intervention on telling schools what they should and shouldn’t be doing. The thesis in [the Department for] Education was all for autonomy and devolution - empowering head teachers, letting schools get on with educating and looking after their children rather than setting targets and meeting obligations in Whitehall ... so it was quite, that was all very difficult when [the Department of] Health was trying to mandate what they did.” (Interview: Government advisor)

Evidence for the importance of policy and political alignment within government was also found regarding the SDIL because although fiscal policy was technically the responsibility of the Chancellor, it required the support of the Prime Minister. One informant compared the alignment between David Cameron and George Osborne to former Labour Party Prime Minister Tony Blair and Chancellor Gordon Brown, explaining that the latter’s dynamic was less cohesive and aligned, so more conducive to leaks and policy obstruction.

“We were pretty aligned across 10 and 11 [Downing Street], although as I said ... it was a battle that came and went over months ... it wasn’t as straightforward as like, ‘this is the right thing to do’, and there were many, many different opinions around.” (Interview: Government advisor)

“Leaks either happen when there’s a big different between a chancellor and a prime minister as each side wants to claim credit for things, which you tended to get with the Tony Blair, Gordon Brown period. You also get leaks more in a coalition.” (Interview: Policymaker)

Furthermore, the political will built under David Cameron and George Osborne was not sufficient to achieve full policy change when the government changed, despite the new government being from the same political party. Informants explained that this was because it typically takes a prime minister and new government time before they understand the policy approach needed to tackle childhood obesity meaningfully.

"It takes a Prime Minister a couple of years to realise why they should do something on obesity, because it takes that long, because they don't want to do something on obesity...it's complex, there's no magic bullet, it's against the libertarian part of their party...And it takes them a couple of years to realise that they really ought to do it." (Interview: Government advisor)

"So a change of leadership means a change of government and it's important for us to, you know, you don't make any assumptions that anything that you've drafted under a previous prime minister will be the same as what is wanted by the new, and you almost start again with, 'here is the waterfall [of policy options], here are the interventions that we think we can do something about, these are the ones that we think will have an impact, here are the trade-offs, you know, kind of what's your ambition and how bold do you want to be?' ... Theresa May taking over from David Cameron is changing context and you start the negotiations again." (Interview: Policymaker)

There was also evidence of multiple other obesity-related policies that were introduced over the period of analysis, that were not named in COP. For example, the NHS Healthy New Towns initiative, which was launched by NHS England and PHE in 2015 (G74). This provided evidence that the policy process related to one government strategy, such as COP, does not mean it is representative of *all* policies the government is pursuing or implementing related to the same issue.

5.4 Chapter summary

I have presented findings of Study 2 to answer research questions 3 and 4. This study is the first to examine how a government obesity strategy in England came about using theory-testing PT. It found that the government policy process leading up to COP published in 2016 involved all key conditions for policy change, as identified in previous studies, but it was the substantial expert-seeking activities, political will-building between key political actors, actions of policy entrepreneurs, key institutional factors (political cycles and changes in government), and policy windows that enabled it to result in policy change. The case showed how much of the most important policy processes were largely hidden from public view and even from members of government. For example, the *Soft Drinks Industry Levy* (SDIL) was almost an entirely hidden policy process until it was announced in the March 2016 Budget. The SDIL demonstrated the potential effectiveness of political considerations in increasing policy

experimentation and innovation, as it led to the tailored sugar tax design. The case also demonstrated how exogenous events can obstruct policy and political continuity.

Overall, this study demonstrated that the COP policy process did involve the core conditions for policy change set out by the policy process theories, but not necessarily in the sequential order of the hypothesised causal mechanism. It demonstrated how political considerations can both hinder and facilitate the government policy process and revealed that government strategies can contain only a selection of what government is doing about an issue at any given time. This case offers rich learning on how government obesity policymaking works in reality, and insights into the precise conditions and causal mechanisms that lead to agenda-setting, active decision-making, and policy change. In chapter 6 I will present the results of Study 3 before discussing the strengths and limitations of the methodological approach applied in both Study 2 and 3 in Chapter 7, as well as the relationship of the findings to previous obesity policy research and identify the implications for policy and further research.

Chapter 6: Study 3 – Results – How do policy entrepreneurs influence the government obesity policy process? The case of Jamie Oliver in England

6.1 Overview

The story of how British celebrity chef and campaigner Jamie Oliver (JO) became a policy entrepreneur (PE) dates back long before the UK Government published its *Childhood Obesity: A plan for action* (COP) in 2016, and is a tale of meticulous, relentless, strategic, long-term, highly curated and coordinated campaigning. It was no coincidence that JO was considered by interview informants and individuals in the document data to be one of the most influential forces behind COP and the *Soft Drinks Industry Levy* (SDIL). But what exactly did his efforts involve? To what extent does the PE literature accurately explain his strategies and traits? And can more generalisable lessons be drawn from them?

This chapter presents the results from the in-depth case study using theory-testing process-tracing (PT). The chapter starts with a brief history of JO and how he rose to become a PE before setting out the results of the theory-testing PT in detail. As defined in Chapter 4, the in-depth analysis was conducted on data between 04.09.2012 and 18.08.2016, but for context the brief history starts in 2004 when JO first moved into food and health campaigning. Quotations from interviews and documents are referenced using document ID numbers and interview informant type in parentheses, and for the full chronological sequence of events see Appendix H and full data spreadsheet (Supplementary Document 1, Appendix I).

6.1.1 Brief history of Jamie Oliver's efforts to influence government policy

Short biography of Jamie Oliver

Jamie Oliver (JO) is a British celebrity chef, restaurateur, cookbook author, TV presenter and campaigner. He was born in Essex, England in 1975 and grew up working in his parents' gastro pub, *The Cricketers*. At age 16, he attended Westminster Catering College before working at Antonio Carluccio's restaurant as a pastry chef followed by the River Café restaurant in London. After being scouted by a TV producer whilst working at the River Café, his first TV show, *The Naked Chef*, was commissioned and aired on the BBC in 1999. He later moved to Channel 4 where his first five-part

documentary series, *Jamie's Kitchen*, was aired in 2002. On it he trained a group of 15 disadvantaged young people to become chefs. As a result of the show, he was invited to bring his 15 trainees to cook a five-course meal for the Prime Minister Tony Blair in 2003 and made a *Member of the Order of the British Empire* the same year.

Jamie Oliver's rise to policy entrepreneur

In 2004, JO first formally moved into public health campaigning when he began filming his *Jamie's School Dinners* TV show in Greenwich, which aired in 2005 and was launched alongside his *Feed Me Better* campaign (M2). He had wanted to do more campaign-based work following his TV show *Jamie's Kitchen* and began looking into school food. He saw that there was a widespread issue regarding the quality and so his *School Dinners* campaign sought to improve the healthfulness of school food in Britain and reduce unhealthy food such as "Turkey Twizzlers" (an ultra-processed turkey-based food product) from being served. Public and political recognition quickly followed. His *Feed Me Better* online petition received 271,677 signatures (M4). It was sent to Downing Street in March 2005, and he was voted "Most Inspiring Political Figure of 2005" in Channel 4 News' annual viewer poll (M7). Prime Minister Tony Blair responded the same month as the petition by putting school food high on his Government's agenda and ensuring that the Department for Education and Skills invested £280 million over three years to improve school food ingredients, targeted areas with the poorest school food services, set up a new independent School Food Trust to build on JO's work and designed new school food standards (M3, M4, M5). The Government also commissioned the seminal *Foresight* obesity report published in 2007 (R3), and other policies, e.g., Ofcom's restrictions on unhealthy food adverts shown during children's TV, were introduced (G2).

Between 2005 and 2010, JO continued developing his efforts to influence government policy and expanded to an international scale. Alongside numerous TV programmes (e.g., *Jamie's Return to School Dinners* (2006), *Eat to Save Your Life* (2008), *Ministry of Food* (2008) and *The Great Food Revolution in the US* (2009)) (M769), he continued to speak out publicly, including giving an award-winning Ted Talk in the US (M21, SM1); he established campaigns in the US and Australia (M23, M27); and liaised and met directly with both the UK government and opposition parties. In 2008, Jamie addressed the Health Select Committee, saying that five years ago school food was "a disaster" and "all governments neglected it", but that the Labour Government was "the first government that had done something about it. Thank God, brilliant" (M15).

In 2009, following the initial three-year investment, the Labour Government invested a further £375 million to "tackle obesity", including £75 million for a new multimedia health promotion campaign *Change4Life* and various voluntary industry commitments with brands including Kellogg's, ITV, Tesco

and PepsiCo (M16, M18). Labour's Health Secretary Alan Johnson remarked, "It's unprecedented for supermarkets to join the government and pledge to cut prices on healthy food". However, just over a year later the political circumstances changed as the 2010 general election brought in the new Liberal Democrat and Conservative Coalition Government.

In 2011, JO continued his international work by launching his *Food Revolution* and 20-year obesity campaign in the US after winning the Ted Talk prize in 2010 (SM1, SM2, SM3). In September 2011, he joined other health experts and campaigners to call for global action on obesity (SM4). He addressed the *One Young World* conference 2011 in Switzerland, setting out how he came to be a campaigner on food and health issues.

"I never grew up thinking I'd be having conversations with the Obamas [President and First Lady of the US, January 2009 – January 2017] and going to Number 10 Downing Street and having like a thousand people walk behind me with banners and stuff like that. I never thought that was me. That wasn't me. I was never even political ... and then as I became a chef and started working around the country, getting to London, this kind of campaigning happened by fluke. It really did. So, it started off not in food, but with young people, giving young people opportunities ... [I] started campaigning in food and it sort of led me down this path where I'm here today. My life now involves me working, campaigning, researching, meeting a lot of scientists, specialists around the world", (Document: Jamie Oliver, 2011, SM4)

He then went on to frame the problem of obesity globally and some of the root causes:

"There seems to be a trend with developing countries wanting to follow in the footsteps of the western world and copy their patterns of fast food and consumerism ... pre-packed convenience food is seen as a symbol of being 'modern' in developing countries, but the problems it causes are long-term and costly ... Diet-related diseases are two of the top five causes of premature death for people under 60 years old. They look set to create an absolute catastrophe over the next 30 to 40 years if nothing changes." (Document: Jamie Oliver, 2011, SM4)

As explained in Chapter 5, in October 2011, the Coalition Government published its obesity strategy, *Healthy Lives, Healthy People: A call to action on obesity in England*, which contained 69 policies, including the *Public Health Responsibility Deal* (PHRD) (G10). The media reported JO's response who called the voluntary approach "worthless, regurgitated, patronising rubbish" because "simply telling people what they already know – that they need to eat less and move more – is a complete cop out" (M44).

Throughout 2012, JO continued his campaign work in the UK, largely focused on school food and restrictions on unhealthy food marketing and advertising in sport in light of the 2012 Olympic Games in London (M68, M69, N3). He also continued expanding and developing his obesity and food campaign work internationally and was awarded Harvard University's 'Health Cup Award' (M65, M52). In April 2012, a comprehensive media interview with JO was published. The interviewer wrote, *"To understand anything about [Jamie] Oliver you have to start with Fifteen [Jamie Oliver's first restaurant]. It is really where it all began for him, he believes. It's where he turned from a celebrity chef on a scooter to one-man global food missionary"* (M59). The article then went on to detail his upbringing, reasons for becoming a chef and his campaign work in the UK, the US and Australia, including a recently announced £3 million project funded by the Victorian State Government. When asked whether he feels the responsibility for global nutrition *"seems onerous"*, he replied, *"You can't just stir all this up and then walk away."*

In 2012, JO's attention returned more strongly to UK government school food policy because new academy schools were not mandated to comply with school food standards (M77). The media reported JO saying, *"Me and Mr [Michael] Gove [Education Secretary 2010 – 2014] haven't got very far on this one though. This mantra that we are not going to tell schools what to do just isn't good enough in the midst of the biggest fucking obesity epidemic ever. The public health of five million children shouldn't be left to luck or chance"* (M59, M70, M73, M77). As part of this, he teamed up with footballer Steven Gerrard to call for cookery lessons in schools (M60, M61, M62). In June 2012, Jamie Oliver told the media that he has *"lost faith with ministers"* due to government's failure to include all schools in nutritional standards (M66).

6.2 Theory-testing process-tracing results: *Jamie Oliver and his role in the COP policy process (2012 – 2016)*

As highlighted in the data presented in Chapter 5, JO was identified as influential in the process leading up to COP. This section sets out in detail the results of the analysis of his strategies, traits and the role he played. The results of the theory-testing process-tracing (PT) analysis using Aviram et al.'s (2020) heuristic framework for classifying policy entrepreneurship strategies between 04.09.12 and 18.08.16 are set out in order of the component parts of the causal mechanism, with the detailed analysis below and a summary in Table 18.

6.2.1 Did the policy entrepreneur frame the problem, seek solutions and engage in venue shopping? (Part 1)

The analysis found that between 2012 and 2014, JO's problem framing, and solution seeking was focused on three key areas:

(1) Poor school food and promoting the need for investment and universal standards in light of the *School Food Plan* (2013) - a review commissioned by Education Secretary Michael Gove in 2012 and led by restaurateurs Henry Dimbleby and John Vincent (G30). For example, in 2012 he was reported in the media criticising the Government and calling for legislation on school nutrition standards to apply to all schools and to not allow academy and free schools to remain exempt.

"I have to say this Government, and I'm not getting political, as far as school food is concerned I think is the worst one yet. Mr Gove has taken away the nutritional standards, which is something I'm still battling on about. I think it's an abuse of policy you can take away standards from a child's food when mums and dads are busy around the country." (Document: Jamie Oliver, 2012, M73)

(2) The insufficient approach of the Coalition Government's *A call to action on obesity* strategy and the need for stronger government obesity policies, such as restrictions on unhealthy food advertising; and

(3) Unhealthy food and drink sponsorship of the 2012 London Olympic Games and the need for policies to stop this.

At the beginning of 2013, the first signs emerged of JO supporting a sugary drinks tax. In February, he was reported in the media responding to a report by the Academy of Medical Royal Colleges that called for an experimental 20% tax on sugary drinks alongside universal healthy school food across all schools, nutritional standards for hospitals and a ban of fast-food outlets and vending machines in hospitals. This followed a report by Sustain in January 2013 also calling for a sugar tax.

"The clearest warning sign yet that the medical profession is deeply concerned about obesity. We need action now to educate children and families on how to choose the right food to give them the best life chances." (Document: Jamie Oliver, 2013, M112)

In 2014, a year before the 2015 general election, JO focused on framing the problem of political leadership and called on the UK political parties to have *"one pioneer, one visionary, who's going to put prevention [of childhood obesity] at the heart of its campaign"* (M202). He also personally pledged to reduce obesity by 5% in the next five years and said:

“With the general election coming up next year, I find it shocking that no party is showing leadership in trying to reduce childhood obesity and improve public health. It’s a shameful state of affairs and we’re all suffering as a result ... You can’t have one arm of Government investing money in food education and school lunches and then have another part promoting junk food, en masse, to be licensed and given permission to trade within a stone’s throw of a school .. There is not one country on the planet which has smashed it – not one country where obesity levels are coming down.” (Document: Jamie Oliver, 2014, M241)

In 2015, JO increased his advocacy on the specific problem of high sugar consumption. In January 2015, a media interview focused, in part, on his calls for a sugary drinks tax and how Britain should follow France, which had introduced a €0.0716 per litre tax on sugar and sweetened drinks in January 2012:

“Sugar’s definitely the next evil. It’s the new tobacco, without doubt, and that industry should be scared. And it should be taxed, just like tobacco and anything else that can, frankly, destroy lives. I’m not passionate about taxing, but when you look at the pot of cash that isn’t getting any bigger, and if you think that 69 per cent of every case that goes through the NHS is diet-related, then yes, you need radical change ... Parts of South America have been raped by low-quality Westernised brands.” (Document: Jamie Oliver, 2015, M296)

In terms of shopping for policy venues in which to seek sympathetic audiences (particularly within government) and push for change between 2012 and 2015, JO did this at all government levels. He shopped at the national level by seeking sympathetic audiences in Downing Street, the Department of Health and the Department for Education; at the international level by continuing to expand his efforts to a global audience with *Food Revolution* campaigns in the US and Australia; and at the local government level through his *Feed Me Better* campaigns from 2004, where *Ministry of Food* branches were subsequently set up across the UK and funded by local councils (N10).

“What we [Jamie Oliver and his team] found with school food as well, you always have to find somebody in there [government] who actually believes in it or the key policy person. You can talk to ten different people in the Department of Health, Department for Education. I’ve never really come across anyone who’s – very rarely come across anyone who’s that bothered about any of it. But then once you do find your ambassador, then you’re underway, then you know that you can actually work with them to work the whole process internally at Number 10 [Downing Street].” (Interview: Campaigner)

Other strategies

Strategic planning

Evidence from the interviews, triangulated in the documents found that JO did not only use problem framing, solution seeking and venue shopping strategies to get obesity on the government agenda, he used strategic planning strategies too. For example, he publicly discussed having a long-term plan for his obesity campaigning as early as 2010 when he won the Ted Talk Award and made clear he was planning to campaign over decade-long periods. Having a systematic, long-term plan was confirmed by interview informants and there was evidence that his planning became substantially more strategic from 2015 onwards.

"I had been encouraging him to do more, on the back of Fifteen really, to do more television that actually had impact because that was the thing that I could see, and he really agreed, and it was the only thing that he wanted to do. At the very, very beginning was to ensure that he ensure that he used his platform to actually, incrementally make some sort of social change." (Interview: Campaigner)

He used media and social media coverage and the strategic use of symbols throughout the agenda-setting stage to communicate his problem framing and solutions. For example, using the story of how food and drink companies had *"raped parts of South America"* (M295) as a way to stir passion, capture public attention and build support for action. In terms of risk taking, there was evidence that there were considerable risks of promoting change, as it left JO exposed to being scrutinised and criticised, potentially resulting in reputational consequences. For example, in 2012 a study of recipes in five best-selling cookbooks was published in the British Medical Journal that found that meals from JO's recipe books were less healthy than supermarket ready meals (R12). This was widely reported by the media with potentially reputationally-risky headlines, which might be all some people engage with and remember. However, the media did report that the study researchers *"did not set out to bash the chefs"*, and how JO's team mitigated the potential reputational risk by responding that his most recent recipe book contained nutritional information and the team welcomes *"any research which raises debate on these issues"*.

"Roasting for celebrity chefs over 'unhealthy' recipes" (Document: The Times, December 2012, M87)

"Ready meals 'healthier' than TV chefs' fare" (Document: BBC, December 2012, M86)

"TV chefs' recipes may be less healthy than ready meals, study finds" (Document: The Guardian, December 2012, M85)

He also deployed salami tactics by breaking the policy stage down into sequential steps. For example, as shown above, in 2014 he used the upcoming general election in 2015 to try and influence the political parties to make at least a commitment to prioritise childhood obesity. During this period, he and his team continued to network with people inside and outside of the UK government. However, as shown earlier, finding receptive audiences inside government was rare and key government actors were more often than not, not “*bothered*”.

Building Teams

During the agenda-setting stage, JO also engaged in many team-building strategies, including team leadership, forging inter-organization and cross-sectoral partnerships, and networking outside of government. For example, prior to the Academy of Medical Royal Colleges 2013 report, JO convened a group of health experts and medical professionals in 2010 to discuss what could be done to tackle obesity. The group included many of the people involved with the report such as Professor David Haslam, President of the British Medical Association, Professor Terence Stephenson, Chair of the Royal College of Paediatrics, and Dr Aseem Malhotra, cardiologist and vocal health campaigner. Between that meeting and the report, there was evidence of this group continuing to coordinate activities, including forming an obesity-focused steering committee (M53).

Throughout this period, his campaigning was also built on strong civic engagement and team leadership. For example, his *Food Revolution Day*, which brought together thousands of people globally once a year to raise the profile of the campaign and call for more action to tackle childhood obesity and malnutrition. On JO’s website in 2013, it stated, “*Ministry of Food centres across the UK showed great support for Food Revolution Day 2013*” and showed examples from places such as Bradford and Newcastle (N9).

6.2.2 Was the agenda set? (Part 2)

As reported in Chapter 5, in April 2015, evidence was found for the agenda being set as all three main political parties published commitments to tackle obesity in their manifestos ahead of the general election in May. Soon after the Conservative Party won the general election in May 2015, Prime Minister David Cameron instructed his team to action their manifesto commitment to “*take action to reduce childhood obesity*” by developing COP (PP10).

6.2.3 Did the policy entrepreneur engage in strategic planning first during policy formation? (Part 3)

Evidence showed that JO and his team deployed all strategic planning strategies during the policy formation stage, which were often interlinked and combined. In terms of process planning, JO spoke at an event in 2016 about his long-term efforts to try and influence COP. He explained that for his *Jamie's School Dinners* campaign, over a ten-year period he had eight Education Secretaries to try and build a relationship with and influence. He said, *"It's hard to build these relationships"* (SM9). Interview informants confirmed process planning and explained that JO's year was divided between campaigning and commercial work to strategically accommodate both, and plan activities over long periods of time.

"So, there is spaces within his [Jamie Oliver's] sort of year that he's able to devote to campaigning more. He would campaign all year round if it was his, you know, his motivation is absolutely that, but equally he's got a big business and lots of people he employs that need their jobs so, you know, he needs to earn money as well." (Interview: Campaigner)

The long-term plan also involved breaking the whole childhood obesity "story" down into discrete policy areas, e.g., sugary drinks tax, and using each one to continue bringing attention back to the wider issue of childhood obesity and child health.

"I think from our point of view, we always wanted to use that one focus of sugar to then explain the rest of the story [about childhood obesity]." (Interview: Campaigner)

In terms of the strategic use of symbols, as reported in Chapter 5, JO used multiple props, images and stories e.g., the graph JO gave to David Cameron of childhood obesity prevalence (Figure 13, N55) and the use of props during the Health Committee's 2015 evidence session. Strong evidence from both the documents and interviews demonstrated its effectiveness in helping persuade policymakers to support strong obesity policies. Also detailed in Chapter 5, JO used media and social media in various ways. For example, he integrated his TV programme *Sugar Rush* with a wider campaign that involved numerous PE strategies (M418): the strategic use of symbols (story telling through the TV programme), using media (TV combined with a media and social media campaign), and involving civic engagement (a widely signed petition (P34)). He also used the media at other events to advocate for COP. For example, when Chancellor George Osborne announced the SDIL in March 2016 he used it to call for COP to be published; and in May 2016 (M576), he and Professor Corinna Hawkes spoke at the World Health Assembly on *Food Revolution Day* and used this to advocate for COP (SM11).

“And now I expect a lot from the obesity strategy which is due in the next months so hurry up please Mr Cameron, he’s personally looking after it so go boys, let’s see it.” (Document: Jamie Oliver, 2016, M576)

“The last 15 years have been tough at times. There were a few of us out there asking questions, wanting answers and making a lot of noise but it often felt like no one was listening. But recently we’ve started making headway, governments are beginning to change policies. One in three kids are obese and overweight in the UK, this just isn’t right. The world is crying out for action and there has never been a better time to make changes to save millions of lives ... We need to act now with a bold childhood obesity strategy to protect children’s health and wellbeing.” (Document: Jamie Oliver, 2016, SM13)

The interview informants also discussed how JO engaged in risk taking. Most commonly, that his PE activities were paid for by him, so this relied upon his own personal financial investment, and yet the campaign work also took time away for him to do the work that earned him that money, such as publishing cookbooks and making cookery TV programmes. Informants also indicated that there was a general reputational risk of being someone that speaks out on issues and pushed for government change.

“It’s only really with the likes of Jamie putting his neck on the line in a really public way.”
(Interview: Campaigner)

“He [Jamie Oliver] kind of puts himself on the line to do those sorts of things because it moves the agenda on a little bit.” (Interview: Policymaker)

“He puts his money where his mouth is, so he pays for his campaign team, obviously out of his own pocket, and there’s quite a few of us.” (Interview: Campaigner)

In terms of focusing on the core and compromising on the edges (i.e., negotiating and cooperating with those who have different ideas, while remaining focused on the most important aspect of the policy) JO’s engagement with governments and commercial industries provided evidence of this. He explained this in detail during the Advertising Association’s *Lead 2016* conference where he discussed his numerous negotiations with governments and major food and drink and advertising companies. Informants also discussed his work with leading supermarkets Sainsbury’s and Tesco as being ways to cooperate in order to progress change (SM9).

"It's all good but I want more ... your industry's [referring to McDonald's] been hiding behind sport for the last 30 years, you know, you took over our Olympics [sponsorship]." (Document: Jamie Oliver, 2016, SM9)

"That's why Sainsbury's and Tesco were taken on because he could see, by working with them, he could actually encourage way more people to have access to way more food and way more ways of being able to utilise that food." (Interview: Campaigner)

In terms of strategic information dissemination, evidence from the interviews found that JO's team strategically disseminated information to Downing Street and other departments and vice versa, particularly in the lead up to the TV programme *Sugar Rush*. Key members of JO's team "played the role of 'connectors'" by keeping members of Downing Street informed about what was being filmed, what they had discovered and when the TV programme was going to be aired alongside the campaign. (178)

"So [the government advisor] would report back to me on what was landing well, what wasn't landing well, and I would then be able to give [the advisor] obviously, 'this week Jamie's filmed this in hospitals extracting teeth,' you know, give a complete lowdown of what was going to be in the show [Sugar Rush], which is always really helpful for them to know in advance." (Interview: Campaigner)

"And actually, talking to civil servants and they will say, 'well, actually this isn't going very well, or this is going well.' They obviously wanted to make sure, especially if Jamie would go in and out, they would give like a little bit of a nod and a wink if they felt that things were landing well. And part of the whole process is to just to make sure that we always get a gauge." (Interview: Campaigner)

6.2.4 Did the policy entrepreneur engage in building teams next during policy formation? (Part 4)

There was strong evidence for many of the building teams strategies as part of the policy formation stage, but not always *after* strategic planning strategies. In terms of team leadership, he used his public profile to increase attention on the issue of childhood obesity and to call for action in ways other Supportive coalition members may not have been able to do without his level of fame. For example, he secured high-profile celebrity support for his *Sugar Rush* documentary (M418).

"1/3 of UK kids are overweight or obese. It's time for the government takes this seriously. Watch @jamieoliver #sugarrush @channel4 9pm." (Document: Millie Mackintosh, 2015, M419)

"1/3 of UK kids are overweight, it's time the Government takes this seriously @jamieoliver #SugarRush Channel 4, 9pm!" (Document: Alesha Dixon, 2015, M419)

In terms of stimulating potential beneficiaries, JO used his direct and indirect engagement with decision-makers to praise the benefits of certain policies. For example, the health benefits of introducing a sugar tax by using other countries as examples and publishing in his own manifesto that it could raise £1 billion per year for government to fund other programmes e.g., in the NHS and schools (N28).

"Studies show that this could have a significant impact on health in the UK, potentially reducing obesity levels by up to 200,000 people, and reducing sugary drink consumption by 15%. The levy could raise revenue of up to £1 bn per year to support preventative strategies in the NHS and in schools around obesity and diet-related disease." (Document: Extract from 'Jamie's Sugar Manifesto', 2015, N28)

Throughout the policy formation period, JO and his team continued to forge inter-organizational and cross-sectoral partnerships (e.g., continuing his work with other campaign organisations, schools, local authorities, and businesses such as supermarkets). For example, in January 2016 a member of his team joined sixteen other organisations through a letter published in The Times "urging the government to include the [sugar] tax as part of their comprehensive [COP] plan" (N40). His team also continued to network inside and outside of government (e.g., below example from Steve Double MP); and JO personally participated in political activation (e.g., directly advising David Cameron and giving evidence to the Commons Health Select Committee as detailed in Chapter 5, and his team worked with Mayor of London Boris Johnson's team and advisors to get a sugar levy introduced in City Hall in January 2016 (M529)).

"I speak as a Conservative who is a passionate believer in keeping taxes as low as possible; I am reluctant to support the introduction of any new taxes ... Members might be surprised to learn that I support the introduction of a sugar tax. Shortly after I was elected in May, I was approached indirectly by Jamie Oliver ... Fifteen Cornwall [Jamie Oliver's restaurant] approached me to ask whether I would support the campaign to introduce a sugar tax ... I went away and looked at the issue carefully. As I have looked at the evidence and examined the issue more deeply, I have shifted my position, despite my initial and natural inclination not to support such a tax. The reason is quite simple: it is clear to me that we have an immediate and growing childhood obesity crisis in our country." (Document: Steve Double MP, 2015, H90)

Other strategies

Gathering evidence to show the workability of the policy

Aviram et al.'s heuristic framework includes the strategy of gathering evidence to show the workability of the policy as occurring during the policy implementation stage of the policy process, "Policy entrepreneurs often take action intended to reduce the perception of risk among decision-makers. A common strategy involves when they lead by example – taking an idea and turning it into action themselves - agents of change signal their genuine commitment to improved social outcomes." Evidence revealed that prior to the implementation of COP, JO deployed this strategy in June 2015 when he introduced his own 10p sugar levy on sugary drinks in his restaurants to show the workability (M416). (217) It resulted in other restaurants signing up, such as Leon and Abokado, and linked to the success of getting the Mayor of London Boris Johnson to introduce a sugar levy in City Hall in January 2016.

6.2.5 Did policy change occur?

As reported in Chapter 5, policy change occurred. Firstly, the SDIL was announced in March 2016. In one of the media interviews, he gave outside Parliament on announcement day he discussed his surprise at the policy change and the global significance of it in potentially inspiring other governments to do the same:

"Today, surprisingly and fascinatingly we've seen Mr Osborne come out with a bold, brave tax that's fair, you know, it's got two years, it's in two bands so it's really pushing reformulation and it's about protecting our kids ... we've been talking with the Government on and off for the last half a year ... we haven't had the [childhood obesity] strategy yet, it's due out in June, July I believe, but this [SDIL] is bold and brave so it just makes me very excited ... this is a profound moment, this, I believe, will travel to Canada, Australia ... we want to get prime ministers - we want them to grow some balls and start doing stuff that actually affects child health and I think today's profound. It's about getting your hands around big business and caring like a parent, not a politician." (Document: Jamie Oliver, March 2016, M576)

Secondly, policy change occurred when COP was published in August 2016. As reported in Chapter 5, this occurred following a change in government. Two weeks after the new government came into power, JO gave an interview on ITV's 'This Morning' saying that he "can't wait to meet" new Prime Minister Theresa May.

"I believe that it's an amazing opportunity for her to show her steel as a bright, dominant, incredible Prime Minister and boy does Britain need to see that right now...The obesity strategy is an

environmental bit of work, and everyone had to contribute ... I had been working with the Government on the obesity strategy, and my job – I work for the public as far as I see it – so my job is to collaborate with them but also be a pain in the backside.” (Document: Jamie Oliver, 2016, M662)

However, his team’s attempts to engage with the new Downing Street advisors proved unsuccessful, in part because key members did not like JO.

“I remember that there was a real hatred for Jamie Oliver amongst the Theresa May team and that anything Jamie Oliver wanted was instantly binned because essentially they didn’t like him telling the Government what to do. The view was ‘who is this man, telling elected politicians what to do all the time?’” (Interview: Government advisor)

“I do vaguely remember some disobliging comments about him.” (Interview: Government advisor)

In August 2016, COP was published without JO’s direct involvement and with most of the strong regulatory policies developed by David Cameron’s team taken out. Although COP contained the SDIL, JO called it “underwhelming” because “so much is missing.”

“I’m in shock. The long-awaited Childhood Obesity Strategy from Theresa May’s new Government is far from robust, and I don’t know why it was shared during recess. It contains a few nice ideas, but so much is missing. It was set to be one of the most important health initiatives of our time, but look at the words used – ‘should, might, we encourage’ – too much of it is voluntary, suggestive, where are the mandatory points? Where are the actions on the irresponsible advertising targeted at our children, and the restrictions on junk food promotions? The sugary drinks tax seems to be the only clear part of this strategy, and with funds going directly to schools that’s great, but in isolation it’s not enough.” (Document: Jamie Oliver, 2016, SM15)

6.2.6 Traits

Trust building

The strongest evidence of trust building was in JO being brought into Downing Street on multiple occasions to advise the Prime Minister and his team about COP, and JO and his team being in regular contact with key Government policymakers and advisors about COP’s development during 2015 and early 2016. Furthermore, as reported in Chapter 5, Chancellor George Osborne also asked him to give supportive media outside Parliament when the SDIL was announced. Very few people had been trusted with the information that the SDIL was being announced until it was public. When asked by the media whether it was a coincidence that he happened to be passing the Houses of Parliament on

announcement day, JO appeared to maintain the trust by replying that “it was a fluke” and his team did not want him there giving interviews because no one was with him.

“It’s no surprise that Jamie Oliver was all over the press the morning of the sugar tax because he’d been ... such a strong advocate of the sugar tax ... [and] had been a key person in persuading David Cameron that we needed to do the sugar tax as a symbolic thing as well as all the other stuff.”
(Interview: Government advisor)

However, when the government changed in July 2016, JO failed to develop a trusting relationship with the new Prime Minister Theresa May and her team before they published COP. His association with David Cameron was cited as one reason, which indicated how trust building in one political context can act as a barrier in another.

Persuasion

There was strong evidence of JO successfully persuading decision-makers e.g., to support a sugar tax and teaspoons of sugar labelling on products.

“We sat down with Jamie Oliver, the celebrity chef and health campaigner, who presented the prime minister with a framed graph showing how poor children fare worst from the onslaught of junk food. That graph sat by the prime minister’s desk for months. And it was that argument – that obesity hurts the poor, and that sugar drives obesity – that convinced him about the sugar tax.” (Document: Camilla Cavendish, M766)

“Jamie Oliver, in his presentation to us, made a compelling case about labelling. Let us put the number of teaspoons of sugar on drinks. This morning, I was trying to look at drinks labels, and I found them confusing. We need clear information that says whether the product contains 12, 13, or six teaspoons of sugar.” (Document: Dr Sarah Wollaston MP, H90)

Social acuity

There was mixed evidence of social acuity, particularly when it came to decision-makers. As Mintrom explained, social acuity involves developing ideas about “what kinds of political support, policy arguments, and evidence will serve them best in particular policymaking venues” and that because “opportunities to promote policy innovations do not come along with labels on them” that “they need to be perceived within complex social and political contexts.” (173) Evidence indicated that JO understood well how politicians operated and what motivated them.

“As ever, we always, even with Tony Blair, we always pitch it in a way that actually it’s all about them [politicians].” (Interview: Campaigner)

“I think he [Jamie Oliver] really understands people, so what makes him a brilliant campaigner is that he knows what is right, and what he wants to achieve, but also what motivates a politician to deliver it.” (Interview: Campaigner)

However, the change in government affected JO’s social acuity as evidence was found to show a lack of clarity and understanding about what motivated the new government under Theresa May, what policy arguments would work and what evidence would best serve convincing key decision-makers. As shown above, there was also evidence that key members of the new Government simply did not like him.

6.2.7 Strategies additional to the heuristic framework

Resource-building and investing

In addition to the strategies in Aviram et al.’s framework, evidence was found for additional strategies. For example, JO invested in resources that enabled him to carry out his PE strategies, such as employing people to help his policy work and using members of his team focused on his commercial work to help with his policy work.

“We actually had amazing people that Jamie [Oliver] employs, who could actually come up, literally in 24 hours, a complete snapshot of what, if we were going to go for this, what the strategy in the manifesto needed to look like.” (Interview: Campaigner)

“It’s like there’s nothing that he doesn’t know because unlike the politician, he’ll be paying hundreds of thousands of pounds for a team to work full time for him knowing all about this stuff, so he knows about it, and he also knows how to make people care about it.” (Interview: Campaigner)

“Relentless but practical”

There was strong evidence that, compared to other campaigners, JO was *“relentless but practical”*. The interviews and document evidence revealed that many campaigners were perceived negatively by policymakers and advisors because they would rarely recognise progress, would only criticise government and point out what had not been done, and often communicated in a way that did not win the support of decision-makers and advisors. Evidence from the documents showed that JO deployed a different strategy, including being careful not to just criticise and complain, partly to prevent getting *“fatigue”*.

"He [Jamie Oliver] was certainly relentless, but he was relentless but practical. Most people who are relentless are impractical and most people who are practical are not relentless." (Interview: Policymaker)

"If you keep whining all the time you get fatigue. So, you've got to pick and choose your fights." (Document: Jamie Oliver, 2015, M293)

Gain access

Evidence also revealed the importance of gaining access to decision-makers. A PT study of how epistemic communities influence policy by Loblova found that gaining access was an integral part of the causal mechanism, "Access should not be seen as an optional part in a pitchforked causal path, but as integral to the mechanism". (191)

"I think very high political access, being well informed and single minded [was how Jamie Oliver influenced government policy]." (Interview: Policymaker)

Lack of access that JO and his team had to Theresa May's Government may have been a key factor that impeded his ability to prevent strong government obesity policies being removed from COP.

Readiness to act and react

Finally, there was evidence that JO embraced a flexibility and nimbleness that enabled him and his team to act and react at short notice in order to pursue policy change e.g., dropping commitments at short notice to support Chancellor George Osborne's SDIL announcement and being ready to launch COP with 24 hours' notice, despite this then not happening.

Table 18 summarises the evidence for each PE strategy and trait, and confidence in each hypothesis concerning how likely such strategies and traits are to occur during the various policy process stages. Illustrative quotes are included.

Table 18: Summary of the theory-testing process-tracing examining the policy entrepreneur strategies and traits deployed by Jamie Oliver in the COP policy process

Policy stage	Strategies and traits	Definition	Interpretation	Illustrative quote
Agenda setting	Problem framing	Framing a problem in a politically and culturally acceptable and desirable manner	<i>Very likely → Decisive</i> Use of multiple frames over time including health consequences for children, poor educational outcomes, cost to the NHS and the disproportionate harm to the poorest. Framed as a problem government has direct responsibility to tackle and intervene in.	<i>“You’ve got to think like where’s my piece of comms for the policymakers? Where’s my piece of comms for all the Mumsnet people that might be out there?...Where’s my comms that gets the teacher unions interested in it?...you then map out who are the groups in society that can help make the politicians care.”</i> (Interview: Campaigner) <i>“If we don’t want the NHS to crumble completely because of the costs of diet-related disease like type-2 diabetes...We need the government to step up.”</i> (Document: Jamie Oliver, M416)
	Solution seeking	Offering a solution, a specific policy program	<i>Very likely throughout the policy process → Decisive</i> Many solutions offered over time, often presented in JO’s own manifestos. Main policy solutions included a sugar tax, restrictions on unhealthy advertising, promotions, marketing and sponsorship, universal school food standards and provision, food education and strong political leadership.	<i>“I believe we need one strong, hard action – and that is the sugar tax.”</i> (Document: Jamie Oliver, P24) <i>“First and foremost, we should not be advertising junk food which is high in salt, fat and sugar before 9 o’clock: end of story.”</i> (Document: Jamie Oliver, P24)
	Venue shopping	Move from a policy setting where progress is unsatisfactory to seek out a policy setting with a more sympathetic audience (for example: move from a local to national setting or between government departments)	<i>Likely → Decisive</i> JO venue shopped between decision-making authorities, including at the local, regional, national and international level. Venue shopped within government levels including between departments and with different	Internationally: <i>“We tried to do the same in America [media campaign and direct engagement with government].”</i> (Interview: Campaigner) Within government: <i>“What we found with school food as well, you always have to find somebody in there [government] who actually believes in it</i>

Policy stage	Strategies and traits	Definition	Interpretation	Illustrative quote
			governments from the moment they are elected in.	<i>or the key policy person. You can talk to 10 different people in the Department of Health, Department of Education, I've never really come across anyone who's, very rarely come across anyone who's that bothered about any of it. But then once you do find your ambassador, then you're underway, then you know that you can actually work with them to work the whole process internally at Number 10."</i> (Interview: Campaigner)
Policy formation (strategic planning)	Process planning	Having a systematic, long-term plan	<p>Not as likely → Decisive</p> <p>JO employed a team solely focused on policy campaigns, which developed strategic, systematic long-term campaign plans to ensure government policy change continued and developed. Also set self-imposed long-term targets e.g., reduce childhood obesity by 5% in next five years.</p>	<p><i>"I had been encouraging him to do more, on the back of Fifteen really, to do more television that actually had impact because that was the thing that I could see, and he really agreed, and it was the only thing that he wanted to do. At the very, very beginning was to ensure that he ensure that he used his platform to actually, incrementally make some sort of social change."</i> (Interview: Campaigner)</p> <p><i>"Way back when Jamie, [aged] 25, 26, he was blown away by his success at the beginning, with the TV and the book, but realised that he could actually use it to everyone's advantage, so part of his DNA is to ensure that that continues."</i> (Interview: Campaigner)</p>
	Strategic use of symbols	Use of stories, images and other symbols to stir passion, capture public attention, and build support	<p>Very likely → Decisive</p> <p>Continued, strategic and effective use of symbols e.g., framed graph showing childhood obesity and deprivation link for the Prime Minister, sugar cubes in a can of coke during Health Select Committee inquiry and TV</p>	<i>"He brought a graph...he basically went into the meeting and he was like, and [David] Cameron said, you know, "what's important?" and Jamie had this graph, which is framed...and basically shows, you know, here's your life expectancy if you've got different types of money in relation to obesity, and he's like, "that's what you should</i>

Policy stage	Strategies and traits	Definition	Interpretation	Illustrative quote
			shows such as <i>Sugar Rush</i> showing children having teeth extracted.	<i>care about David”, and in the next meeting he had with Cameron...Cameron brought it back and said, “I have thought about this a lot and I do, you know, care about it”.</i> (Interview: Campaigner)
	Risk taking	Paying a potential price of policy entrepreneurship	Very likely → Very likely In pushing for policy change and “ <i>putting his neck on the line</i> ”, JO was open to criticism and being scrutinised, which led to reputational risks, e.g., researchers showing that his recipes were less healthy than supermarket ready meals. It also led to the new Government considering him helping actors they did not want to associate with i.e., the previous Government, so he risked losing his influence when Government changed.	<i>“It’s only really with the likes of Jamie putting his neck on the line in a really public way.”</i> (Interview: Campaigner) <i>“He [Jamie Oliver] kind of puts himself on the line to do those sorts of things because it moves the agenda on a little bit”</i> (Interview: Policymaker)
	Focusing on the core and compromising on the edge	Negotiating and cooperating with those who have different ideas while maintaining the part of the policy that is most important	Not likely → Decisive Evidence of engaging and working with actors that held different ideas and recognising the need to work <i>with</i> them. Celebrating single issue policy wins while continuing to push for more policy change.	<i>“A year and a half ago the British government said, ‘absolutely no way [to introducing a sugar tax]’, and I was given a fairly hard time for a year. Britain now has a sugary drinks tax where all the money goes to the schools.”</i> (Document: Jamie Oliver)
	Salami tactics	Dividing the policy move into stages	Not as likely → Very likely Strong evidence was found of applying salami tactics to the wider issue of childhood obesity problem by slicing it into discreet policy asks e.g., sugar tax, school food standards and provision, restrictions on advertising and marketing.	<i>“It’s like anything, like the sort of global goals is, you know, like the Childhood Obesity Plan...all the policy in it is so far reaching and some of it seems so impossible to wrangle with, whereas what Jamie did was break it up and then campaigning on the single issues, so the sugar tax was single issue, the watershed single issue, traffic light labelling single issue...Because it’s too much otherwise.”</i> (Interview: Campaigner)

Policy stage	Strategies and traits	Definition	Interpretation	Illustrative quote
	Using media coverage	Using the media (TV, radio and social media) to promote policy	Very likely → Decisive Relentless, strategic and creative use of all media to frame problem, promote policies, build support and advocate for government action. Often combining multiple media approaches for individual campaign pushes.	<i>"There's a communications pyramid...what gives you the biggest numbers and makes the most impact? It's TV, right? ... if you can make a documentary like Sugar Rush that gets big numbers and then you chop it up, use it on social media, interview the people that are within the programme...play clips of it at conferences, it's like your centre, it's your holy grail."</i> (Interview: Campaigner)
	Strategic information dissemination	Strategic use of information among actors in the policy process	Likely → Very likely Strategic sharing of information between JO's team and government through key members of both teams who play the role of 'connectors'.	<i>"So [the government advisor] would report back to me on what was landing well, what wasn't landing well and I would then be able to give [the advisor] obviously, "this week, Jamie's filmed this in hospitals, extracting teeth", you know, give [the advisor] a complete lowdown of what was going to be in the show, which is always really helpful for them to know in advance."</i> (Interview: Campaigner)
Policy formation (building teams)	Team leadership	Actively leading the policy network	Likely → Very likely JO launched a Food Revolution in 2010 and hosted an annual <i>Food Revolution Day</i> every May, on which he would call for major policy change, using petitions and events such as the World Health Assembly to generate public and political support, as well as convening other health campaigners.	<i>"Create a strong sustainable movement to educate every child about food, inspire families to cook again, and empower people everywhere to fight obesity."</i> (Document: Jamie Oliver, SM1)
	Stimulating potential beneficiaries	Praising the benefits of the policy to different audiences	Likely → Decisive Tailored praising of the benefits of policy solutions to different audiences. For example, the health, education and schools funding benefits directed to the public; and the	<i>"Studies show that this [sugary drinks tax] could have a significant impact on health in the UK, potentially reducing obesity levels by up to 200,000 people, and reducing sugary drink consumption by 15%. The levy could raise revenue of up to £1 bn per year to support preventative strategies in the NHS and in schools</i>

Policy stage	Strategies and traits	Definition	Interpretation	Illustrative quote
			political legacy and policy symbolism benefits directed to politicians.	<i>around obesity and diet-related disease.”</i> (Document: Jamie’s Sugar Manifesto 2015, N28) <i>“I believe that it’s an amazing opportunity for her [Theresa May] to show her steel as a bright, dominant, incredible Prime Minister.”</i> (Document: Jamie Oliver, M662)
	Forging inter-organizational and cross-sectoral partnerships	Creating networks with actors from different sectors and organizations	Very likely → Decisive Forged relationships with a wide range of organisations, sectors and actors, including corporate relationship with a leading supermarket and partnerships with other health campaigners and organisations.	<i>“That’s why Sainsbury’s and Tesco were taken on because he could see, by working with them, he could actually encourage way more people to have access to way more food and way more ways of being able to utilise that food.”</i> (Interview: Campaigner) <i>“Network to have the most positive impact on child health...working closely with people like the Obesity Health Alliance...lots of academics, just getting a really deep understanding of the issue.”</i> (Interview: Campaigner)
	Networking in government	Networking among politicians and bureaucrats	Very likely → Decisive Systematic networking among politicians and bureaucrats including across multiple government departments and bodies, and among each government that was elected.	<i>“In a position of ensuring that we could liaise [with Number 10] and information could flow really freely.”</i> (Interview: Campaigner on Jamie Oliver and his team’s networking when David Cameron was Prime Minister)
	Networking outside government	Networking among private, public, and third sector players	Very likely → Decisive Systematic and continuous networking among private, public and third sector actors. This included with policymakers outside of government.	<i>“Jamie Oliver was especially interested to hear about my visit. He had invited me as one of a number of health experts to discuss what more needs to be done to tackle the worsening obesity epidemic. Our gathering included Professor David Haslam, chair of the child obesity forum, and Professor Terence Stephenson, chair of the Royal</i>

Policy stage	Strategies and traits	Definition	Interpretation	Illustrative quote
				<p><i>College of Paediatrics.” (Document: Dr Aseem Malhotra, 2012, M53)</i></p> <p><i>“We had a meeting with Jamie Oliver, he came, after he gave evidence to the Health Select Committee.” (Interview: Policymaker)</i></p>
	Involving civic engagement	Organizing the public to be active in the policy issue	<p>Very likely → Decisive</p> <p>Continuous use of tools to facilitate public activity and engagement including petitions, community campaigns and local programmes.</p>	<p><i>“WE DID IT!! To the 100,000+ lovely people in the UK THANK YOU for signing and supporting the petition! #SugarRush.” (Document: Jamie Oliver, M421)</i></p> <p><i>“One example of success is the petition launched by Jamie Oliver to tax sugary drinks, which was signed by 155,516 people. It was debated in parliament in November 2015 and although initially the Government said it did not have plans for a sugar tax, George Osborne announced a levy only months later.” (Interview: Media representative)</i></p>
	Political activation	Becoming active in policy decision making and politics	<p>Not as likely → Decisive</p> <p>Invited to formally advise the Prime Minister, Chancellor and other key decision-makers on COP and the SDIL. He also gave evidence to the Commons Health Select Committee.</p>	<p><i>“Jamie [Oliver] came to a series of meetings and at least one, you know, more intimate meeting [with the Prime Minister]” (Government advisor)</i></p> <p><i>“Jamie Oliver appeared before the Health Select Committee to discuss the evidence for and the necessity of introducing a radical obesity strategy.” (Document: Sustain charity, N54)</i></p>
	Gathering evidence to show the workability of the policy	Engaging with others to clearly demonstrate the workability of a policy proposal, including demonstrating by doing and leading by example. Likely during the policy implementation stage.	<p>Not likely → Decisive</p> <p>Demonstrated the workability of introducing a sugary drinks tax alongside other restaurants and showed how it could raise money for other public health interventions.</p>	<p><i>“In four months, we’ve raised enough from our sugar tax to give thousands of children access to free healthy water in their local park. Just think what could be achieved if the Government introduced a national tax and invested that back in our children’s health.” (Document: John Vincent, 2016, M306)</i></p>

Policy stage	Strategies and traits	Definition	Interpretation	Illustrative quote
Additional strategies	Resource building and investing	Building resources including team, financial and the allocation of time	Built robust and strategic resources over time, including personally paying for a policy and advocacy team and allocating time throughout the year to campaign.	<p><i>"He puts his money where his mouth is, so he pays for his campaign team, obviously out of his own pocket, and there's quite a few of us."</i> (Interview: Campaigner)</p> <p><i>"So, there is spaces within his sort of year that he's able to devote to campaigning more, he would campaign all year round if it was his, you know, his motivation is absolutely that, but equally he's got a big business and lots of people he employs that need their jobs so, you know, he needs to earn money as well."</i> (Interview: Campaigner)</p>
	Relentless but practical	The avoidance of letting external or internal factors prevent or deter strategic advocacy efforts, but not only being critical by recognising the practical challenges of political decision-making.	Relentless push for government policy change, but practical about the realities of how hard policy change and making political decisions are. Involves not only pushing and criticising lack of progress but recognises and even celebrates when progress is being made.	<p><i>"Then obviously outside government you do have people like Jamie Oliver who sort of has spent years trying to change the terms of debate on this [childhood obesity]."</i> (Interview: Media representative)</p> <p><i>"He [Jamie Oliver] was certainly relentless, but he was relentless but practical. Most people who are relentless are impractical and most people who are practical are not relentless".</i> (Interview: Policymaker)</p>
	Gain access	Successful gaining of direct access to receptive decision-makers including meetings and invitations to events	Successfully gained direct access to government decision-makers and advisors including meetings, invitations to events and personal calls to help when David Cameron was Prime Minister but did not gain access when Theresa May became Prime Minister.	<i>"I think very high political access, being well informed and single minded [was how Jamie Oliver influenced government policy]",</i> (Interview: Policymaker)
	Readiness to react and act	Readiness to react and act, particularly to unforeseen events	JO and his team were ready to react and act in the COP policy process. Evidence of willingness to react and act when asked but	<i>"Jamie [Oliver] basically dropped everything he was doing and rode over on his scooter to outside the House of Commons, the green outside the Commons called College Green, and then sort of</i>

Policy stage	Strategies and traits	Definition	Interpretation	Illustrative quote
			not always able to put into action when circumstances changed.	<p><i>gave like hours of interviews after the Budget saying it [SDIL] was the right thing to do.” (Interview: Policymaker)</i></p> <p><i>“[We] got the call to say, ‘right, we’re [Downing Street under David Cameron] going to give it a go [publish COP before], we’re going to give it our best, we’ve got 24 hours, are you going to help us?” And I was like, “absolutely.” But then obviously completely fell away because their timings changed and Theresa May - everything happened really, really quickly at the very end.” (Interview: Campaigner)</i></p>
Traits	Trust building	Developing trust in relationships and support networks	<p>Very likely → Decisive</p> <p>Strongest evidence being trusted by the Chancellor George Osborne to be told about the SDIL before it was announced, which was a surprise for many key stakeholders including actors in government and industry.</p>	<p><i>“Jamie Oliver was all over the press the morning of the sugar tax because he’d been ... such as strong advocate of the sugar tax.” (Interview: Government advisor)</i></p>
	Persuasion	Using persuasive argumentation	<p>Very likely → Decisive</p> <p>Effective use of persuasive arguments particularly through presentations and the use of props and media. Evidence of JO’s persuasion efforts leading to policymakers and decision-makers being persuaded.</p>	<p><i>“We sat down with Jamie Oliver, the celebrity chef and health campaigner, who presented the prime minister with a framed graph showing how poor children fare worst from the onslaught of junk food. That graph sat by the prime minister’s desk for months. And it was that argument – that obesity hurts the poor, and that sugar drives obesity – that convinced him about the sugar tax.” (Document: Camilla Cavendish, M766)</i></p> <p><i>“Jamie Oliver, in his presentation to us, made a compelling case about labelling. Let us put the number of teaspoons of sugar on drinks. This morning, I was trying to look at drinks labels, and</i></p>

Policy stage	Strategies and traits	Definition	Interpretation	Illustrative quote
				<i>I found them confusing. We need clear information that says whether the product contains 12, 13, or six teaspoons of sugar.</i> (Document: Dr Sarah Wollaston MP, H90)
	Social acuity	Understanding others and engaging in policy conversations	<p>Very likely → Decisive</p> <p>Strong engagement in policy conversations and demonstrated an understanding of what key stakeholders cared about so adapted problem framing and policy solutions to tie in. Evidence that such social acuity increased JO's ability to influence decision-makers and ultimately policy change.</p>	<p><i>"As ever, we always, even with Tony Blair, we always pitch it in a way that actually it's all about them [politicians]."</i> (Interview: Campaigner)</p> <p><i>"I think he [Jamie Oliver] really understands people, so what makes him a brilliant campaigner is that he knows what is right, and what he wants to achieve, but also what motivates a politician to deliver it."</i> (Interview: Campaigner)</p>

6.3 Conclusion

I have presented findings of Study 3 to answer research questions 5 and 6. This study is the first to systematically test PE strategies and traits of a key government obesity policy process actor in England using theory-testing PT. It applied Aviram et al.'s heuristic framework to examine the strategies and traits of celebrity chef and campaigner Jamie Oliver during the policy process leading to COP published in August 2016. (178) It found that he deployed all PE strategies and some additional ones during the agenda-setting and policy formation stages. It found that the most influential strategies involved a combination at first to build momentum around a particular policy problem and solution, followed by gaining access to decision-makers and strategically using symbols and storytelling to frame issues and solutions persuasively. He demonstrated how effective being “relentless but practical” can be, i.e., not relenting in efforts to achieve policy change, but recognising that political decision-making is difficult, so welcoming even imperfect policy change or progress. In chapter 7 I will discuss the strengths and limitations of this methodological approach, relationship of the findings to previous obesity policy research, and identify the implications for policy and further research.

Chapter 7: Discussion of case study findings in context

7.1 Introduction

Chapters 5 and 6 set out the results of the in-depth case studies to answer research questions 3-6. The case studies sought to expand on the results in Chapter 2 by examining and explaining how and why one of the fourteen government obesity strategies - COP - came about, and to examine even more deeply how and why policy entrepreneur (PE) Jamie Oliver influenced it, using theory-testing process-tracing (PT). The analysis tested two hypothesised causal mechanisms based on two theoretical frameworks, which I developed from three policy process theories (MST, ACF and PET) and Aviram et al.'s PE framework (Chapter 3). (178) The findings, based on the triangulation of multiple document and interview data sources, provide novel insights, which are summarised and discussed in this chapter. The chapter examines the extent to which the research questions were answered, summarises the key findings that arose, and discusses how these relate to existing research literature (section 7.2), explores the strengths and limitations of the methodological approach (section 7.3), as well as the contribution to theory, knowledge and research (section 7.4); and then sets out the implications for policy and practice (section 7.5), unanswered questions and future research needs (section 7.6).

7.2 Key case study findings and relationship to prior knowledge

In terms of research question 3, which asked how and why the COP policy process came about, the analysis was consistent with existing research, finding that there are multiple barriers and facilitators: the nature, capacity and resource of coalitions, groups and individual actors (e.g., PEs); institutional, structural and other contextual factors; values, beliefs, political ideology, vested interests and experiences; the use, generation, interpretation and framing of evidence; and exogenous events. (54,55,80,87,134,218–223) However, few studies, especially in the context of England, shed sufficient light on *how* these influence the policy process and *when* they are particularly important. Both chapters 5 and 6 findings help answer research question 4, which asked how accurately policy process theory could explain the COP policy process. Evidence was found for all parts of the theory-based casual mechanism, but not always in the sequential order set out. For example, some of the most influential expert advice and evidence-seeking activities did not occur *before* decision-makers actively developed policy, they occurred *after*. Previous research has highlighted the importance of timing (74,86,92,224); however, the findings here deepen and expand our understanding of it by

systematically analysing the sequential order and relative importance of influential factors at each point of the policy process.

The next sections set out why and how the COP policy process occurred and how and why PE Jamie Oliver influenced the process before exploring the strengths and limitations of the research, the utility of applying policy process theory, the contribution to knowledge, theory and research, and the implications for policy and practice.

7.2.1 How and why did the government agenda get set?

Prior to the agenda being set in 2015, the Government in England favoured a less interventionist approach that focused on voluntary public-private partnerships and policies encouraging individuals to change their own behaviour without shaping the environment to make that easier. Two key coalitions were identified: one favouring a continuation of this (the Against coalition which was against stronger intervention) and another favouring stronger government intervention (the Supportive coalition). A third coalition was identified (the Other coalition) but was found not to be a key influence. As research has shown, governments have tended to fall into the Against coalition with political priority for stronger (e.g., regulatory and legislative) intervention on obesity remaining low. (59,134,225) Consistent with previous research, the key reasons for government being against stronger intervention prior to the agenda being set were: a prevailing neoliberal ideology, which favours less government intervention, and has been characteristic of Conservative, Labour and Coalition governments in England (60,62–65); the effectiveness of industry lobbying preventing stronger intervention (e.g., using “deny, dilute and delay” tactics (226)) and the influence of particular industry sectors (e.g., food and drink, retail, advertising and broadcasting) (75,76,78,83,87,227,228); and the lack of evidence and consensus around specific stronger obesity policies. (32,229)

However, another reason largely missed from existing literature, although alluded to by Freudenberg et al., was that strong obesity prevention policy was considered by key decision-makers to be fairly “niche”, especially when compared to broader NHS policy or defence, foreign and economic policy. (83) This presented a barrier because people in policymaking only have so much political capital to spend and the more niche a policy priority, the less political capital they may be willing to allocate, especially if controversial. This has been well documented by political scientists such as Kingdon who explained that decision-makers only have a finite stack of political “chips” and that “presidents find they can wear out their welcome, and therefore must save their resources for the subjects they consider highest priority”. (164) Thus, policy actors are inevitably risk-averse, weighing up the risk of pushing for controversial policies against potential loss of authority, support and influence. The evidence showed that this was particularly the case with elected politicians rather than the politically

neutral civil servants, which challenges Rhodes who found that elected politicians often wanted civil servants to be less risk averse. (216) It is critical, therefore, to understand the obesity policy subsystem in the context of and in relation to more politically prioritised policy subsystems. (230,231)

In light of the government's position being largely resistant to stronger intervention and obesity not being one of the highest political priorities, the years preceding the 2015 election were characteristic of PET's notion of stable equilibria, in which the Against coalition sought to maintain the status quo, whilst the Supportive coalition competed to try and change it. (163) Existing literature has strongly emphasised the importance of coalition unity, i.e., a strong internal and external frame alignment, and consensus around specific obesity policies. (55,74,84,85) The Supportive coalition was united in believing that the existing public-private partnership approach was ineffectively tackling obesity and stronger government intervention was necessary.

In terms of explaining precisely *how* unity and consensus was built, coalition members strategically coordinated with each other, such as meeting to discuss long-term advocacy plans, and co-signing letters and co-supporting reports and manifestos calling for certain policies; utilised media and social media, such as publishing press released research on the sugar content of popular products, which was widely covered in the media; and networked inside and outside of government, including meetings and events with policymakers. The success of these efforts was aided by having influential actors, such as celebrity chef and campaigner Jamie Oliver and MPs, actively involved. This supports previous research on the most effective strategies to influence government nutrition policy. (56)

After years of effort by the Supportive coalition to get stronger obesity policy on the government agenda, the 2015 election provided a focusing event in which the governing and opposition parties were pushed to consider and declare their priorities and policies. This provided coalitions with a policy window to promote their framed problems and proposed solutions to try and win a 'policy monopoly'. The findings were consistent with previous research emphasising the influence of focusing events such as elections and the capitalisation of them as 'policy windows', especially by PEs. (55,74,81,83,86) For example, Jamie Oliver published a manifesto for parties to adopt and called on them to put obesity at the top of the political agenda.

In terms of the agenda being set, evidence showed that parties differed regarding the specific details about what that meant. The Conservative Party's manifesto simply committed to "take action to reduce childhood obesity", whereas Labour and the Liberal Democrats specified stronger obesity policies, such as regulating unhealthy food marketing targeting children. Therefore, the Supportive coalition's unity around the broad need for government to do more was sufficient for all parties to commit to tackling obesity. The complex nature of obesity, wide-ranging possible solutions and

consequential lack of unity around specific policies has been a well-documented barrier to obesity policy change in previous research. (56,59,61,80) Despite increasing consensus and unity around a sugary drinks tax, a reformulation programme, and stronger unhealthy marketing and advertising restrictions, only the latter was specifically proposed by Labour and the Liberal Democrats. This reflects previous findings that unity around specific stronger obesity policies may increase the chances of political commitment for them, but other facilitators, such as alignment with other policy priorities, are needed too. (56,85,93,232) However, had one of the other parties been elected, other factors may not have been as necessary in order for regulatory policy to be introduced given the explicit manifesto commitments.

7.2.2. How and why did policy change occur?

Once the Conservative Party won the election, Prime Minister David Cameron gave instructions that COP should be developed and it was made clear early-on that he wanted it to be ambitious and was open to stronger intervention. Previous research has shown how ‘a favourable political climate’ facilitates government obesity policy, but has not necessarily explained *how* that is achieved. (73) Evidence showed that by 2015, a combination of factors was behind David Cameron’s willingness to consider stronger intervention: he had already been in government for five years and because indicators (e.g., surveillance data) showed obesity was not being successfully reduced, he became convinced a stronger approach was necessary. This is consistent with previous findings on the influence of indicators. (32,55,92) By 2015, there was an increase in key actors in influential positions, e.g., senior advisors and politicians, who supported stronger obesity policies, which reflects previous research about how supportive contexts facilitate obesity policy action. (81,233) Personal experience played a role as David Cameron and other key actors’ faced personal challenges as parents trying to limit their children’s sugar intake, which also reflects previous research. (234,235) This provided evidence to support ACF’s notion of policy-oriented learning, whereby coalitions are more willing to alter secondary beliefs (i.e., about specific policy programmes) than core beliefs (i.e., about the appropriate role of government versus market activity), and that shifts in core beliefs are unlikely to be a result of persuasion and good argument, but instead result from an external event or replacement of one coalition by another. (166) Like other research examining conditions for policy-oriented learning, this case found that the combination of an external event (obesity not being reduced), an increase of Supportive coalition members in influential positions and other factors such as personal experience increased the conditions for a shift in the government’s core policy beliefs. (236)

During the policy formation stage, the findings reflected existing research regarding key barriers to policy progress. The complexity of obesity resulted in a lack of clarity, consensus and evidence about

what policies were most necessary and effective. (32,85,229) This barrier was partly overcome with the help of accumulated evidence that was well communicated. For example, a 2014 McKinsey report set out the case of government needing to introduce multiple interventions from an economic as well as health perspective, which was found to resonate and align with government priorities and framing and presented a clear list of policy options alongside their likely effectiveness. Despite an increase in evidence on the possible effectiveness of stronger obesity policies, policies that conflicted with stakeholder's beliefs, values, vested interests or experience were more vulnerable to scrutiny about their evidence-base than policies which aligned or conflicted less. This has been well documented in the literature and appeared to be a critical root-cause of the barriers to progress in the government policy process. (86,90–92,94) The same was found with different government departments. The open, cross-departmental nature of COP meant that where departmental priorities or vested interests conflicted with particular obesity policies, there was more resistance compared to policies which were not in conflict with departmental priorities and interests. (73,92) For example, DfE resisted mandatory policies for schools as it conflicted with its policy to give schools greater individual freedoms and DCMS resisted unhealthy advertising restrictions as it conflicted with its desire to protect the interests of the advertising industry.

Efforts by industry and corporate actors to influence, e.g., delay, dilute or prevent, stronger government regulation have been widely identified and examined in previous research. (78) Efforts include 'intense lobbying' (78), direct funding of political parties, the development of close relationships between industry and government actors, and the generation of scientific uncertainty e.g., industry funding research to support their advocacy position and to counter scientific evidence that may support the case for stronger government intervention. Evidence to support previous research was found in Study 2. Intense lobbying efforts included repeated attempts by industry actors to meet with and write to the most senior politicians to prevent them from introducing strong obesity policies such as the SDIL, the proposal and proactive introduction of alternative voluntary actions, the direct involvement of industry actors in shaping government policy, industry funded research showing the possible negative consequence of introducing stronger policies (Table 16), and the creation of scientific uncertainty by industry, industry lobby groups and certain think tanks who questioned the possible effectiveness of stronger obesity policies. For example, a 2016 briefing on sugar taxes by the Institute of Economic Affairs stated that "No impact on obesity or health outcomes has ever been found" with sugar taxes (R43).

However, the evidence in Study 2 demonstrated that direct industry attempts to prevent stronger obesity policies were limited in their success, particularly once David Cameron's administration began developing COP in 2015. Industry influence appeared to diminish once key policy actors, such as the

Prime Minister David Cameron and his senior advisors, had become persuaded of the need to introduce stronger obesity policies and consequently viewed industry attempts to delay, dilute or prevent stronger obesity policies as being “nakedly self-interested”. However, it took the government years to be persuaded away from taking a voluntary approach and this was aided by substantial momentum-building efforts by the Supportive coalition, including the generation of scientific evidence and strategic advocacy activities. Furthermore, key policy actors, such as Prime Minister David Cameron, Health Secretary Jeremy Hunt, Public Health Minister Jane Ellison and senior advisor Nick Seddon, remained in the same position for most of the analysis period, which meant that they observed how the voluntary policies they initially introduced – and largely favoured by industry actors – were ineffective or too slow in achieving meaningful change. (73) This appeared to reflect what ACF defines as ‘policy-oriented learning’, whereby policy actors shifted their core policy beliefs. This learning was aided by key conditions the ACF sets out for policy-oriented learning, such as the prime ministerial roundtables and debates held in Downing Street, which acted as a ‘relatively apolitical forum in which experts of the respective coalitions are forced to confront each other’. (158) The conditions that constrained industry influence required substantial time and resource and for key actors to remain in responsible policy positions over time. The change in government further demonstrated how changes in government can hamper policy-oriented learning and reopen opportunities for industry to influence the policy process.

Consistent with previous research, these barriers were largely overcome by policymakers and advisors spending substantial time softening up and persuading other departments to support stronger policies (90); effectively framing evidence to align with wider government priorities (74,237); persuading decision-makers that government could counter or overcome opposition (92); and by leveraging institutional power (e.g., the Prime Minister stepping in to resolve departmental resistance where necessary). (84,85) With the SDIL, the policy process was kept secret, meaning issues related to departmental conflicts were avoided. This supports previous research showing that more open cross-departmental policy processes can impede stakeholders “to get beyond dialogue” due to competing priorities and interests. (73)

The SDIL was also facilitated by the momentum built by the Supportive coalition. Consistent with previous findings, coalition unity around specific problems and policies was critical. (55,83,85,218) For example, sugar consumption was a clearly framed and targeted problem, and a sugary drinks tax was an agreed solution, strongly supported by scientific evidence from other countries and modelling in the UK. How this momentum was built included key Supportive coalition members, such as Action on Sugar, being established, producing media-targeted research and networking with key political actors, such as the Health Secretary. Their efforts also benefited from the timely publication of evidence, such

as a key SACN report, which recommended a reduction in population sugar consumption. This led to PHE being commissioned to explore and propose policy solutions to reduce sugar consumption, further adding to the momentum. When that report was published, it received widespread media coverage because of coordinated, strategic efforts by key Supportive members. The influence of such evidence in acting as a focusing event is consistent with previous findings. (73) However, Chapter 5 emphasised that scientific evidence alone is unlikely to influence policy decisions but can be facilitated through strategic and coordinated activities that capitalise on the opportunities.

Furthermore, the alignment with other government priorities and ambitions was found to be key. For example, with the SDIL, the momentum and evidence built around a sugary drinks tax in the years preceding 2016 meant that it was put on the Treasury's list of policy options for the 2016 Budget. However, it was the Chancellor's desire to introduce a legacy policy that helped ensure it was kept under serious consideration. This is consistent with previous research on the conditions leading to a sugar tax, such as by Carriedo et al. and Le Bodo et al., who found that in many other countries a sugar tax was considered not only for the health benefit reasons, but for alternative reasons such as helping raise revenue too. (93,94) As Le Bodo et al. state, "public health and economic motivations frequently co-exist in soda tax policy processes." (93) Furthermore, the findings support previous research on how political acceptability for taxes can increase if revenue is ring-fenced for public health, educational or other such funding. (238)

Although neoliberalism was identified as a key barrier, the SDIL policy process also challenged the widely accepted findings that such political considerations tend to obstruct. (55,80,86,134,135,239–243) Instead, the findings showed how the Chancellor's desire to not increase consumer prices or be seen to be interfering with people's choices, led him to reject the sugar tax policy design introduced in other countries and advocated for by supportive actors (e.g., a 20% tax). Instead, his political concerns led him to push for a more innovative, experimental and potentially more effective design (a tiered levy targeting manufacturers and producers). (144) Therefore, this research sheds light on how political considerations can sometimes enhance as well as hinder obesity policymaking.

This also links to previous research by Beach et al. that found that when policymakers turn to cases of what policies worked or did not work in other contexts, they often learn from them without carefully considering contextual differences. (244) The findings here demonstrated that with the SDIL, contextual differences were considered so carefully that, even though other key analogous cases globally were designed differently, and supportive actors were calling for such *ad valorem* taxes, key decision-makers still focused on designing a policy that accounted for important contextual differences rather than simply copying what had already been done and suggested. Overall, the

findings here contribute to the growing body of studies on the sugary drinks tax policy process by providing novel insights into the policy process behind the UK SDIL. (93,94,210,238,245,246)

Other key ways in which policy progress was facilitated included the establishment of PHE, which provided institutional and structural resource, whilst remaining a more independent voice within government (i.e., being an arms-length body rather than sitting within a government department). Particular individuals within PHE also helped amplify pressure on government to act. This was consistent with Clarke et al., who highlighted the effective influence of both policy entrepreneurial officials and the *National Partnership Agreement on Preventive Health*(92). The framed focus on children further facilitated obesity policy change, as it was seen to be more politically acceptable for government to intervene to protect children, which was also consistent with previous findings. (32,73)

Finally, the case demonstrated the potential influence of exogenous events. Despite substantial and rapid policy progress between mid-2015 and mid-2016, the EU Referendum and subsequent change in government impacted policy change. The way in which changes in government can affect and even radically change policy has been widely documented by other studies. (26,70,74,81,84,92) However, the focus has typically been on changes between different party governments. This case study provided novel insights by showing how substantial changes can even occur between governments of the same political party. Furthermore, the new government was led by a politician who served in the previous government's cabinet, emphasising that there are no guarantees of policy continuity when governments change. Like Clarke et al. showed, incoming governments can be more interested in "pursuing something 'new' and different" to a previous government than in tackling certain problems in the most effective way. (92)

7.2.3 The role of policy entrepreneurs

Chapter 6 set out the findings from the analysis of how one policy entrepreneur (PE) – celebrity chef and campaigner Jamie Oliver – influenced the COP policy process. By the time COP was being developed, Jamie Oliver had been involved in influencing government policy for a decade. Consistent with previous research, this was important because in that time he had come to understand the political and institutional context within which he was operating, including that neoliberalism prevailed, policymaking is pressurised and risk-adverse with multiple competing agendas, and that politicians may not be primarily motivated to solve issues but by factors such as electoral popularity. (56) As has been found in other studies, he familiarised himself with the system of governance he was operating in; engaged in strategies to navigate it, such as venue shopping; ensured he balanced being critical of government with praising it when policy progress happened, and being willing to engage

directly when invited; and, he adopted a long-term approach, investing resource and accepting that policy change can often take years, if not decades. (56,172,247)

Consistent with Aviram et al.'s systematic review, which found that problem framing and active solution-seeking were strategies used in more than 80 percent of the 229 studies, Jamie Oliver engaged not only in framing the wider issue of obesity as a "crisis" (248), but also framing specific problems such as high sugar consumption and unhealthy school food. He hooked solutions onto these and often tailored them according to a policy window, such as an election or publication of a report. (94,178,224) He forged and invested in a wide range of strategic relationships across sectors, including policymaking, academia, advocacy and industry, which enabled him to know about and support emerging relevant research, bring people together to form alliances and increase coalition unity, and become active in the policymaking process. (80,83,85,232,249,250)

The link between networking in government and becoming active in decision-making is consistent with findings from two previous government obesity policy studies. (81,84) They analysed how Sue Campbell, former Chief Executive of Youth Sport Trust, rose to become a "prominent 'policy entrepreneur'" in school sport and physical education policy in England by being well networked and a highly persuasive communicator. (81) This additional strategy of gaining access echoed research by Loblova, which found that it was an integral part of how epistemic communities successfully influenced policy. (191) Unlike previous obesity policy research, which has lacked detail about the stories, symbols and images used by PEs to "stir passion, capture public attention, and build support" (178) around obesity policy, the findings provide ample empirical evidence to validate Deborah Stone's seminal work on how to effectively navigate policy paradoxes and capture the political imagination. (178,251,252) This included giving Prime Minister David Cameron a printed graph of the link between poverty and childhood obesity, using TV to tell stories of the damage sugar consumption was doing to children's health globally, and bringing physical examples of how nutritional labelling on drinks could be improved to an evidence session in Parliament (Figure 13, N55). The findings provide detailed examples of media strategies, which have been identified as highly influential in the obesity policy process but not always easy to make happen. (56,253)

Finally, the case study revealed the importance of reciprocity in that no matter how much time, effort and resource a PE invests, their success still depends on government being receptive. The importance of "supportive contexts" has been noted in previous research (54,81,233), and what the findings showed was that Jamie Oliver was able to influence more effectively when David Cameron was prime minister because he liked Jamie Oliver. However, when the government changed, members of the new government did not like him, and he was shut out of the decision-making process. Despite this,

his efforts prior to the change in government had successfully built sufficient support and political will for strong policies, such as the SDIL, which helped ensure they survived.

Overall, this research provided novel insights because whilst the influential role of PEs has been explored in previous obesity policy research (85,86,90,92,224), PEs have not been the primary focus, nor has PE theory been applied. One obesity policy process study that also adopted theory-testing PT did not mention the role of PEs at all. (59) Therefore, the findings provide some of the most comprehensive insights into the role of PEs in the government obesity policy process to date.

7.3 Strengths and limitations of the theoretical and methodological approach taken, and the policy scope of the study

As set out in Chapter 1, the research on the government obesity policy process in England has to date been minimal. Theoretical and methodological developments in the context of government obesity policy in other countries were a key source of inspiration for the research in this thesis. In particular, the combination of studies by Clarke et al. and Baker et al. (59,86,90–92) This section details the strengths and limitations of the case study research and the strategies used to enhance the credibility, transferability, dependability and confirmability. (254,255)

7.3.1 Strengths

The research conducted in this thesis was rooted in pragmatism and sought to combine a theoretical perspective and methodological approach considered most appropriate and practically useful to address the research questions. The bringing together of three policy process theories to construct and test a minimally sufficient explanation of the government policy process was done pragmatically. Rather than aiming to create and vindicate a single overarching theory, the approach sought to incorporate and test the explanations from multiple theories. As Evans said, ‘Cases are always too complicated to vindicate a single theory, so scholars who work in this tradition are likely to draw on a *mélange* of theoretical traditions in hopes of gaining greater purchase on the cases they care about’. (256) The theoretical and methodological freedom that comes with pragmatism allowed me to embrace, capture and investigate the complexity of government policymaking. Hirschman emphasised the value of this, ‘ordinarily, social scientists are happy enough when they have gotten hold of *one* paradigm or line of causation. As a result, their guesses are often farther off the mark than those of the experienced politician whose intuition is more likely to take a variety of forces into account.’ (257)

As with previous studies, the findings confirm the usefulness and explanatory power of applying multiple 'synthesis' policy process theories. (52,54,79) By producing a more comprehensive conceptual framework, the limitations of individual theories, such as MSF, ACF and PET, could be better overcome. (161) The MSF was particularly useful for understanding the role of and categorising key individuals such as PEs by their sector, and for separating the main "streams" of the policy process so that the intrinsically political nature of obesity policymaking could be sufficiently understood. As Oliver argues, "politics, for better or worse, plays a critical role in health affairs". (82) The MSF also ensured sufficient analytical attention was paid to the position and importance of policy actors, such as the Prime Minister, and to the conditions that increase the chance of specific policy proposals being progressed.

The ACF complemented MSF by ensuring that individual actors were examined in the context of their relative group and coalition. The ACF was particularly useful for understanding coalition dynamics, including how they were formed and developed, what belief systems underpinned and united (not fail to) members, and the impact this had on actors' policy positions. Although previous studies applying MSF have explored the role of beliefs and values, their analysis did not systematically explore how such beliefs are formed or changed, nor the interactive relationship between individual actor and wider coalition beliefs. (83,258) The ACF's detailed hypotheses about the conditions leading to changes in policy and secondary beliefs ensured that factors such as 'policy-oriented learning' were better understood. (166) This ensured that a deeper understanding of how critical factors, such as a "favourable political climate", can come about. (73) Furthermore, compared to MSF, the ACF emphasises the importance of the wider political and socio-economic context, and policy subsystem within which policy processes take place. This ensured that factors such as how open and cross-departmental the policy process was could be understood, as well as considering barriers such as competing policy interests and priorities. For the SDIL policy process, this was particularly important as the closed nature of the process was a key reason potential barriers were mitigated and avoided.

As explained in Chapter 3, ACF and MSF are more limited when it comes to exploring institutional factors and characterising the overall nature and pace of policy change, whereas PET was analytically complementary and helped reveal how after many years of a largely stable equilibrium, the speed at which the policy process increased was notable between COP being initiated in mid-2015 and published in mid-2016. The PET's focus on institutional factors also ensured a richer understanding of how institutional dynamics and norms influenced the way in which policy actors operated. Only using MSF, for example, may inadvertently lead researchers to overestimate the agency of individual actors and underestimate wider institutional constraints. (150) This was particularly important in COP, where an informant explained that no matter how much MPs in Parliament used institutional opportunities

and tools (e.g., Private Members' Bills), the ultimate power of government meant actors in government exercised much greater agency than actors outside.

Overall, the combination of such theories helped provide a more comprehensive understanding of the COP policy process. Their individual explanatory potential was combined into a novel conceptual framework, which suited the theory-testing PT method because it could be easily converted into an hypothesised causal mechanism. (98) This also ensured that the study not only explored *what* influential factors were particularly important but also *when*. This thesis argues that delineating the policy process into key stages (e.g., agenda-setting, active decision-making etc.) is analytically important, but can be greatly improved by adopting detailed, systematic, chronological analysis. Theory-testing PT facilitates this by providing a rigorous analytical structure through which a more precise understanding of timing and sequence can be achieved. (101) Despite Baker et al. adopting theory-testing PT to analyse the government obesity policy process in Australia, the study did not set out a clear causal mechanism or prior hypotheses, nor did it examine the influential factors in chronological order. (59) For readers keen to understand how the government policy process can be influenced, knowing when to deploy certain strategies and focus on certain factors is critical so that energy, time and efforts are not wasted.

In terms of applying PE theory, testing Aviram et al.'s framework ensured substantially richer insights were found about how PEs influence the government obesity policy process because every specific strategy and trait contained within the PE framework (based on a comprehensive systematic review of 229 empirical PE studies) was examined. (178) This mitigated against the analysis only focusing on the most obvious strategies, which previous research has tended to do. For example, Clarke et al. focusing on PE framing or seizing of a policy window, but not other key strategies. (91,92)

In terms of the theory-testing PT method, there are several key strengths. The method ensured that forensic insights could be gained into how and why government obesity policy in England came about and the particular influence of PEs. The PT method demands substantial reflexivity regarding how data is collected and its quality; what the data tells us; and how it can be interpreted to mitigate against and expose any potential bias. This was true of all stages, from the theory and case selection, through to the development of a causal mechanism, data collection, and analysis and triangulation. By systematically and transparently setting out all predictions and assumptions *a priori*, I have been able to demonstrate clearly how the analysis challenged or confirmed them. Such an approach was substantially more transparent than that set out in Baker et al.'s PT study. (59)

As with the COP case study, the PT method and PE theory combination not only provided a significantly more comprehensive insight into the strategies and traits of PEs in government obesity policymaking,

but it also examined the relative importance of them at each chronological stage of the policy process. This aligns with the recent rise of empirical policy process research that applies a ‘causal mechanism’ perspective. A 2019 review of such research by van der Heijden et al. argued that such an approach “may help to arrive at more nuanced and perhaps more robust explanations of the policy process”. (259) However, it found that there has been limited application and exploration of causal mechanisms, and even less so in relation to PEs. Where such an approach has been taken for studying PEs, research has focused on other policy areas such as Norwegian institutional reorganisation or Greek foreign policy. (247,260)

Credibility

To enhance the credibility of this research I used multiple strategies. I invested considerable time (almost three years) to become familiar with the case and build relationships to ensure I could conduct in depth interviews and establish enduring engagement with interview informants and other relevant individuals. I benefited from having prior relationships with some actors involved in the policymaking process, which further enabled me to gain access to salient evidence and key informants. This deep investment in the case enabled me to identify the characteristics and elements of the case that were most relevant to observe, such as the political considerations in policymaking, and to focus on understanding how this manifested in reality. I engaged in data and method triangulation, and transparently and systematically set out the results of the analysis alongside verbatim quotes, documentary extracts and referencing findings. I also conducted member checks where possible to check my interpretation of the data with those from whom it was originally obtained.

Transferability

To enhance the transferability of the findings, I used as much thick description as possible in the results, including making clear when events were perceived or interpreted to have happened differently by different sources and considering why that may have happened. Furthermore, I set the description of events in their wider context to ensure such contextual factors can be accounted for in future.

Dependability and confirmability

To enhance the dependability of the findings, I provided rich details regarding the data sample, collection, analysis and triangulation. I set out the research steps in a clear and chronological order with thick descriptions of the data sources, search terms and search scopes. A record of the research path was maintained throughout the study to facilitate accurate reporting of the process in the thesis. The coding framework used to analyse the data is provided in a supplementary file alongside rich details about how it was applied, which I hope will aid future application and testing. I provided

detailed descriptions of the interview informants (without breaching anonymity agreements) and how the sample was secured, as well as how the documents were collected. To further enhance dependability, I have attached a supplementary file containing all documents, which are referenced in the body of the results. Whilst interview informants remain anonymous, I attributed verbatim quotes using a policy actor categorisation that enables the reader to assess the relevance of the insights and conclusions made.

Reflexivity

Given my own professional and personal history in politics and policymaking I ensured a continual examination of my own conceptual lens. This included constant consideration of my explicit and implicit assumptions, and preconceptions and values, and how these may have affected both my research decisions and analytical interpretations. I engaged in numerous, in-depth discussions with my supervisors, members of my research unit, and other individuals who held different views about politics and policymaking to check my approach and thinking, and to consider alternative perspectives. I hope this is reflected in the analysis and questions I have raised for readers to consider.

In terms of policy scope, this study examined the policy process leading up to a whole government obesity strategy containing numerous different policies. This differs from the majority of the obesity policy process research, which has focused on specific policies or policy areas, such as a sugary drinks tax or menu labelling. (86,93,94,232) By focusing on a whole strategy, the case study was able to reveal how a government commitment to tackling obesity is no guarantee of its commitment to individual policies; and how the process of getting a cross-departmental strategy containing multiple policies can be substantially more complex than the process behind single policies, which research has shown is challenging enough. Given that Study 1 demonstrated how obesity strategies tend to be the vehicle through which major government obesity policies are proposed, understanding how they come about may be more empirically useful than focusing only on the process behind single policies. (8)

7.3.2 Limitations

Adopting a pragmatic theoretical and methodological approach is not without its limitations. The risk with combining different ontological and epistemological perspectives is that the strengths of each can get watered down and a component of subjectivity is inevitable. By not completely sitting within a positivist paradigm, there are risks that – as the researcher – my own biases, experiences and perspectives may have influenced the analysis and components of the interpretations may have thus been more selective. By not completely sitting within an interpretivist paradigm, there are risks that nuances may have been missed in the desire to eliminate as much bias as possible. What one

researcher considers to be the most appropriate, practical and ‘workable’ way to address a research question may not be the same as another, even when the research purpose is explicitly set out.

In combining multiple policy process theories into one theoretical framework, there were further limitations in the extent to which each theory could be individually tested and explored. Previous studies that did not combine theories in the way that I did in this thesis were more able to explicitly explore individual concepts within each theory they applied. For example, Clarke et al.’s analysis of health promotion policy in Australia included a detailed breakdown and exploration of the individual streams of the MSF and each component of the belief systems in ACF. (91) This may have ensured that particular details and concepts contained within each theory were not overlooked and that comparisons between research applying the same theories could be made more easily.

Applying a theory-testing PT method to examine a complex phenomenon such as the government policy process also presented several challenges. In line with Beach and Pedersen, the method required “an intensive and wide-ranging search” for, and interrogation and interpretation of, the empirical evidence. This proved resource-intensive because there are numerous factors to consider in the policymaking process and applying a high level of scrutiny to each aspect and each data source took considerable time. The evidence was very rich for each part of the causal mechanism, and it was often the case that more questions were raised than answers found. There were also numerous potential features of the selected policy process theories that could have been tested in the same level of detail but were beyond the scope of this research.

Applying PT to the study of elite government policymaking also comes with the challenge of finding evidence to triangulate with interview data because so much of the process is informal and hidden. One informant explained this saying, *“Well I mean it [the policy process] won’t even be recorded, will it? Because it’s conversations and emails”*, (Government advisor). This becomes particularly challenging when the case study is retrospective because evidence may no longer be available, people may have moved on, and there is likely to be recall bias. Conducting PT on a current or live case study could mitigate this by capturing events as they unfold. However, it may be more challenging securing people for interview if they remain in key positions in which they are constrained from sharing key information or within which they want to remain anonymous. Although protecting interview informant anonymity meant that I was able to secure interviews with people who may not have otherwise agreed if the interviews had not been anonymous, protecting their anonymity came with some key limitations. A key part of PT is the weighing up of how salient one’s data is. For example, a piece of ‘fingerprint evidence’ from one interview source could be incomparably insightful, more reliable and richer than collecting lots of data from another source. Not being able to explicitly

attribute my interview data restricted me from demonstrating the salience of it. It also made exploring the important distinctions between different actor and data source types more difficult as doing so more than was presented in the thesis risked revealing interview informant identity. In developing this research, I considered whether presenting interview informants with the choice of remaining anonymous could help overcome this. However, revealing some of the interview informants' identities may inadvertently help reveal the identity of those who wished to remain anonymous as there can only ever be so many people involved in a specific government policy process so people could potentially be identified by a process of elimination. Therefore, having no interview informant anonymity may have enriched the analysis and enabled a deeper discussion of the certain implications of data source and the role and influence of certain policy actors.

For Study 3, a key limitation was that only an 'outsider' PE was systematically analysed and therefore it was not possible to conduct a systematic comparison of how contextual factors and personality characteristics affect the activities and influence level between outsider and insider PEs. Previous PE theory and research has explored these differences and found that outsiders can often struggle to affect policy change due to a reduced understanding of how policymaking actually works inside government compared to insiders. (164) Mintrom and Norman noted that "efforts to secure major change must be informed by insider sensibilities" and that this understanding "helps us appreciate why the efforts of "outsiders" to make change often come to nothing." (164) Despite no systematic comparison being conducted between outsider and insider PEs, Study 3 supported previous findings that outsider PEs can increase their chance of influencing policy change by building up and utilising insider networks. (164,165,253)

Credibility

Although I ensured as much prolonged engagement as possible for the study of this case, the scope and depth were far-reaching (analysing, in considerable detail, four years of government policymaking as well as the longer history for context). It was unfeasible to analyse all documents collected systematically using my coding frameworks and I had to be selective about which to scrutinise. The research could have benefitted from a more systematic analysis of all documents collected, and validity and reliability may have been enhanced through independent double coding, even for a portion of the data(261), but this was challenging in terms of my own time and that of others, especially amidst a global pandemic. The research could also have benefited from a deeper exploration of particular components of the policy process and PE strategies, and the potential collection and systematic analysis of further data for each part. Even when time was available for the searching, collecting and analysing of empirical evidence for particular parts, the retrospective nature of the case study presented additional barriers. Some events simply did not have documentary

evidence at all, some documents were no longer accessible, and some were private and/or sensitive. This resulted in a heavier reliance upon interview informant accounts, which were likely to have been biased in various ways. However, given the resources available, I believe the case study still presents a rich and rigorous examination of the research questions.

The research adopted a single case study approach but might have benefitted from a comparative analysis. For example, for the COP case study, a comparative analysis could have been conducted against a government obesity policy process in another country, at another time in the UK, or an unsuccessful obesity policy change case; and for the PE case study, a comparative analysis could have been conducted between different actors within the case or between PEs in different cases of government obesity policymaking. However, this was also beyond the scope and resources of this PhD research.

Transferability

Despite giving as much rich, thick description as possible, the anonymous nature of the elite interviews prevented even thicker and more precise descriptions from being included, which inevitably reduced the transparency of the research. (194–196,262) In terms of interview informants, my prior relationships with people in policymaking may have enabled me to gain access to data which may not be easily replicated in other people's research. (263) The frustrating reality of conducting in-depth empirical research about government policymaking is that it is heavily dependent upon access and even personal relationships. This raises questions about the importance of relationship building in research and how to help researchers overcome access barriers so the same quality of salient data can be collected regardless of the researcher's background or pre-formed relationships. (263,264)

Reflexivity

As is the nature of qualitative research, humans are capable of being reflexive up to a certain point. There are likely remaining biases and underlying assumptions that were not considered or reflected upon as deeply as others, particularly in relation to my prior knowledge and experience in British politics. (263) However, it is hoped that readers of this research can facilitate the exposure of these and increase the accountability, all of which I encourage and welcome. It is only by exposing our research as fully as possible that such reflexivity can be enhanced further.

As the case study focused on a whole government obesity strategy, less of an understanding could be gained of the unique processes behind each obesity policy considered in the process. This compares to previous research which has focused on the processes leading to specific policies such as menu labelling or a sugary drinks tax. (86,93) The scope may have meant unique challenges regarding individual policies may have been missed or that more attention was paid to more controversial

policies such as the SDIL than was paid to less politically controversial ones such as the Daily Mile initiative. Future research could shed further light on these unique challenges by examining the processes behind each individual policy, e.g., in COP, such as restrictions on unhealthy food advertising or menu labelling.

7.4 Contributions to theory, knowledge and research

7.4.1 Theory

The case study research in this thesis contributed to policy process theory by providing a testable conceptual framework set out in Chapter 3, combining insights and explanations of three policy process theories – MSF, ACF and PET. I then tested the conceptual framework against empirical evidence using a PT method and demonstrated where important revisions, particularly regarding the sequential order, could be made. Further testing of the conceptual framework with other policy case studies will help determine the extent to which the findings here are reflective of government policymaking more generally and help to establish the value of this integrated conceptual framework.

The research also tested the PE framework by Aviram et al. and demonstrated that such a framework is useful for examining PE strategies and traits, but not necessarily which are most influential and how they are or can be used in combination. (178) Although Aviram et al. explicitly state that the framework “does not fit all cases”, but rather offers a “heuristic breakdown of policy entrepreneurship strategies” set out in the key policy stages, the findings in Chapter 6 demonstrate that the framework may unhelpfully misrepresent what strategies are most influential at each stage. (178) For example, I found evidence during the agenda-setting stage for strategies Aviram et al.’s framework proposed as being critical or most likely in the policy formation stage. The framework could, therefore, be improved if strategies and traits were set out in a more empirically accurate way, e.g., like Cullerton et al.’s conceptual model. (56,178) I also identified additional strategies, which could be tested in future research to determine whether they were unique to this case. Overall, given that systematic applications of PE theory have been missing in government obesity policy process research, it is hoped that this case study will inspire future applications.

7.4.2 Knowledge and research

As identified in Chapter 1, research explaining how and why government obesity policy in England comes about, and how and why PEs influence it has been notably limited. Of the studies about the government obesity policy process in England, the analysis of the process has either been a small part of a wider analysis (73); confined to a specific policy area, such as physical activity (74,81,84); or devoid of methodological rigour or a theoretical lens. (26) Instead, this study took inspiration from the recent

rise in high quality government obesity policy research on other countries (59,86,90–92) to help fill the research gap for England. It also provided one of the first studies focused on the role of PEs in the government obesity policy process. Furthermore, the way in which the theory-testing PT method was conducted in the case studies is an improvement on Baker et al.’s PT study in terms of transparency, rigour, detail and scope. (59)

7.5 Interpretation and implications for policy and practice

The research here provides sequentially ordered and analytically rich insights into the influence of all major factors in the government obesity policy process, as well as detailed insights into the most influential PE strategies and traits. Together, they provide readers with applicable recommendations that largely validate existing research on effective advocacy strategies for influencing government obesity and public health policy more generally. (55,56,265) However, these previous studies did not integrate PE theory and may therefore have missed certain influential strategies or lacked operational detail. Aviram et al.’s PE framework, combined with the additional strategies identified, essentially offers a list for policy actors to apply strategically, combine and test strategies and establish what combinations work most effectively, in what conditions and when. (178) The main considerations for PEs to make for influencing the government policy process, example questions to ask, and the strategies and traits for influencing the government obesity policy process identified in this research and reflective of previous studies are set out in Table 19.

Table 19: Summary of the key PE considerations, questions to consider, and strategies and traits for influencing the government obesity policy process

Key considerations	Questions	PE strategies and traits
Learn about and familiarise yourself with the political system and context in which you are operating.	<ul style="list-style-type: none"> ○ What is the relevance and priority level of your policy subsystem? ○ What are the ideological foundations (e.g., neoliberalism) and how may they impact support? ○ What are the institutional and governance structures? ○ Where does decision-making power lie? ○ What are the political incentives and risk considerations? ○ Who is important and most influential? 	<ul style="list-style-type: none"> ○ Venue shopping ○ Strategic information dissemination ○ Networking in government ○ Salami tactics ○ Political activation ○ Trust building ○ Social acuity ○ Relentless but practical ○ Gain access

Key considerations	Questions	PE strategies and traits
Build and maintain supportive coalition by investing in cross-sectoral, cross-political and cross-government where relevant/useful. Engage a policy entrepreneur.	<ul style="list-style-type: none"> Who are the key actors who could join the coalition? Who could be most useful and who would potentially invest resource (e.g., policy entrepreneurs)? How can relationships best be maintained and strengthened? Who would be best placed to help lead the coalition? 	<ul style="list-style-type: none"> Venue shopping Team leadership Stimulating potential beneficiaries Forging inter-organizational and cross-sectoral partnerships Networking in government Networking out of government Political activation Strategic information dissemination Resource-building and investment
Establish and build unity around framed problems and clear solutions.	<ul style="list-style-type: none"> Has a clear, unified problem frame and solution(s) been developed? Has unity been established and if not, how can it be? 	<ul style="list-style-type: none"> Problem framing Solution seeking Focusing on the core and compromising on the edge
Invest in tailored, strong and persuasive communication.	<ul style="list-style-type: none"> What media opportunities are there to communicate through? What communication channels most relevant for specific target actors, e.g., politicians versus public? How can the strategic use of symbols, stories and images be applied? 	<ul style="list-style-type: none"> Problem framing Solution seeking Using media coverage Strategic use of symbols Strategic information dissemination Focusing on the core and compromising on the edge
Build momentum.	<ul style="list-style-type: none"> How can the policy process be divided up to build momentum strategically? What political opportunities, events and policy windows are there to couple with framed problem and solutions? How can the wider public be engaged? If policy windows close or exogenous events occur, how can momentum be practically maintained or picked up again in the future? 	<ul style="list-style-type: none"> Using media coverage Involving civic engagement Risk taking Stimulating potential beneficiaries Team leadership Salami tactics Process planning Social acuity Persuasion Relentless but practical

In terms of the policy process itself, there are several implications. The case study demonstrated how new governments, even of the same political party as the previous one, can be motivated to be different, regardless of the impact on policy. However, this could also have been exacerbated by key contextual exogenous events, e.g., Brexit. To prevent government changes negatively impacting policy progress, actors should consider how problems and solutions can be framed to align with the new government's priorities and interests, and potentially even appear different. The same could be applied to other exogenous events, such as a crisis or disaster.

The difficulty of achieving cross-departmental unity and support for policies was evident. Actors may consider how policy solutions can be designed and proposed in a way that may overcome potential barriers, such as competing interests or feasibility issues. For example, for an obesity policy, leading with arguments and evidence about health improvements may not persuade decision-makers focused on economic improvements, protecting industry interests or seeking political legacy or popularity. Therefore, building the evidence and arguments to align with those focuses may be more effective. This has implications for public health researchers and academics too, who should consider integrating economic or other non-health outcomes into evidence built around particular policy interventions. Some such research has been published to date, e.g., by Law et al.. (266,267) Furthermore, evidence on how potential detrimental impacts of public health interventions, e.g., to industry, can be mitigated may help reduce political uncertainty and opposition.

Finally, the case reinforced the fact that obesity and public health is intrinsically and inherently political. (82) If policy change is to become more likely, building the evidence and our understanding of the nature of obesity problems and possible solutions must be matched with empirical evidence and a greater understanding of the political context in which these problems and solutions are made and considered.

7.6 Unanswered questions and future research

The case study research has highlighted many unanswered questions which future research could seek to answer. Table 20 sets out several suggested research gaps by theme, resulting from the unanswered questions in this thesis.

Table 20: Suggested future research by theme

Suggested research theme	Suggested future research
Policy process	<ul style="list-style-type: none"> Extend Study 2 to examine the policy process leading to succeeding government obesity strategies in England, e.g., COP Chapters 2 and 3.

Suggested research theme	Suggested future research
	<ul style="list-style-type: none"> • Comparative analysis of government obesity policy process between governments at different times, governments of different political parties, governments at different levels (e.g., national versus local) or governments in different countries to understand the unique challenges, influences and considerations • Analyse and compare the policy process leading to specific policies, including policies proposed and policies omitted, to understand the unique challenges, influences and considerations. • Examine the time it takes new governments and politicians to become supportive of stronger obesity policies and the factors influencing that. For example, Prime Minister David Cameron took approximately a decade to become supportive of stronger obesity policies, whereas only two years after Theresa May became prime minister and removed most strong policies from COP, she re-proposed them in Chapter 2. • Systematically compare the media portrayal of a policy process to case study findings to help determine the accuracy of the media's portrayal of the policy process.
Policy entrepreneurs	<ul style="list-style-type: none"> • Examine how PEs influence the government obesity policy process in different settings, under different political conditions and between PEs in different positions. Such research may benefit from comparative approaches that compare successes and failures. Similar to the 2018 PT study by Loblova which looked at how gaining access to decision-makers was the difference between a policy success and failure, future research could do the same regarding obesity policy, including examining PEs in particular. (191) • Systematically analyse how actors' abilities to influence policy are affected by their position or whether their strategies and traits matter more. Gunn (167) said that "'policy entrepreneurs are primarily identifiable by the actions they take, rather than by the positions they hold' (Brouwer & Biermann)". (175) • Analyse the strategies and traits of all policy actors named as being influential in order to determine who fulfils most of an existing PE framework, such as Aviram et al.'s. (178) This may also help develop our understanding of PE personality traits, which have been examined in relation to other policy issues previously. (268) • Expand the analysis conducted in this study to examine what PE strategies and traits are found in later stages of the government obesity policy process such as during policy implementation and evaluation, as well as the policy process in its entirety.
Evidence use	<ul style="list-style-type: none"> • Systematically and critically assess the quality of evidence and information used during the policy process and examine the extent to which high quality scientific evidence is more or less influential compared to other types of information. • Examine what types of evidence are more influential in the policy process and at particular moments, e.g., whether evidence of the problem and risk factors or evidence on policy solutions is more influential and why.

Suggested research theme	Suggested future research
Social networks	<ul style="list-style-type: none"> • Examine the similarities and differences in the dynamics and relationships between different policy actors and policy actor groups, e.g., Supportive versus Against coalition. • Analyse the degree of problem and solution framing uniformity to understand how aligned actors within a coalition are. • Examine the dynamics and relationships between actors inside and outside of government to understand different actor's potential to influence.
Framing	<ul style="list-style-type: none"> • Systematically examine the relationship between coalition and/or policy actor belief with problem and solution framing to understand whether there is an association between the two. Study 1's findings indicate that there were not major differences between political parties and the framing and types of policies proposed, which may indicate that expected differences in policy position and support based on associated beliefs may be more complex.

7.7 Chapter summary and conclusion

Chapters 5 and 6 offer one of the most comprehensive analyses of how and why government obesity policymaking in England comes about and how and why PEs influence it. I combined three policy process theories (MSF, ACF and PET), to produce a testable conceptual framework. I used this to examine how one of the fourteen government obesity strategies in England identified in Study 1 came about (*Childhood Obesity: A plan for action (COP)*). I found that the theories accurately predicted the conditions for policy change, but not necessarily in the sequential order set out. I also found that political considerations can enhance and facilitate policy change, as well as hinder and obstruct it. I then examined the particular role of PE celebrity chef and campaigner Jamie Oliver, exploring how and why he influenced the COP policy process. I found evidence that validated all components of Aviram et al.'s framework, as well as identifying additional strategies, but not necessarily in the sequential order set out. (178) Overall, this research offers a through and holistic examination of how government obesity policymaking in England works in practice. The findings have allowed me to propose some unanswered questions for further research, and practical ways in which policymaking can be improved, policy change can be made more likely and for readers to influence policy more effectively.

The research was conducted to find out how government obesity policymaking in England works in reality and what influences it. It was largely inspired by the fact that a substantial body of literature has been published on how researchers can better disseminate their evidence to policymakers, based on the assumption that this will improve policymaking. (48,49,51,269,270) However, this assumption

may be flawed. Researchers must also understand how policymaking works *in reality* in order to determine what the main barriers and considerations are, how these can be navigated and what improvements can be made and how. Researchers must also be clear about what counts as improved policy and policymaking, as not all researchers may agree.

Chapter 8: Reflections from the PhD research and process

Conducting this PhD research was one of the most fulfilling, fascinating and challenging experiences imaginable. I wanted to produce research that was innovative, impactful and interdisciplinary. As UK Research and Innovation states, “many of the most pressing research challenges are interdisciplinary in nature, both within the social sciences and between the social sciences and other areas of research.” (271) The benefits of interdisciplinary research have been shown to increase impact. (272) Despite there being serious challenges conducting most of the research during the COVID-19 pandemic, the timing helped shine a light on the critical importance of the relationship between scientific research and government policy, the consequences of which are often a matter of life or death.

However, the process was not straightforward. The nature, approach and scale of my research led me to learn far more than I ever anticipated. I learned that there remains a substantial gap in high quality empirical research about the nature of government public health policy and the policy process globally, and that without this researchers, policy professionals and others may never fully understand why certain problems do not get solved and how they may be overcome. I learned that conducting interdisciplinary research for a PhD can be extremely challenging given I had to not only learn about multiple research fronts in a relatively short amount of time, but to also identify the promising opportunities to connect and combine them in the most systematic, rigorous and methodologically robust way. I learned that good communication is one of the most critically important aspects of research and, although it is often spoken about, examples of excellent practice are hard to come by and it can still be seen as a secondary component to the research itself. Finally, I learned that it is a good thing to emerge from the end of the PhD with more thoughts about what I would do differently than what I would do the same and this is a mark of great learning!

If I could do the process again, I would limit the scope of the case study, e.g., the temporal or conceptual scope, and use that to refine the theoretical, methodological and analytical application to the highest possible degree. This is because the scale, nature and scope of the theory-testing process-tracing research conducted in this thesis was an enormous undertaking. Therefore, by limiting the scope and using that to refine the approach to the highest possible level of scientific rigour and quality, that could then be used to test on other case studies. However, I would not have learned this without taking on the more ambitious scope, so I am grateful for those lessons and hope to continue refining and building upon them in my own future research.

A key thing I would have also liked to do differently would have been to formally collaborate more with researchers from different but complementary research backgrounds and areas of expertise. I am inspired by 19th Century philosopher John Stuart Mill who wrote that, for the most part, our truths “are only half-truths” and that “unity of opinion, unless resulting from the fullest and freest comparison of opposite opinions, is not desirable, and diversity not an evil but a good.” (273) Thus, I greatly look forward to continuing my research, learning from my PhD experience and leading with collaboration, innovation and continual debate, discussion, development, refinement and testing.

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Appendices

Appendix A

Search terms for literature search (Chapter 1)

Scopus: TITLE-ABS-KEY ((policy* AND process* OR "policy process")) AND TITLE-ABS-KEY (obes*) AND TITLE-ABS-KEY ((theor* OR framework))

Web of Science: policy AND process* OR "policy process*" (Topic) and obes* (Topic) and theor* (Topic)

PubMed: ((policy[Title/Abstract] AND process*[Title/Abstract] OR "policy process"[Title/Abstract]) AND (obes*[Title/Abstract])) AND (theor*[Title/Abstract])

Appendix B

Coding framework for Study 1

Table 21: Coding framework for Study 1 (Chapter 2)

Theme	Code	Description	Examples
Target behavior type	Diet	Any policy focused solely on addressing diet.	Reformulation of unhealthy food and drink, menu labeling, provision of fruit and vegetables.
	Physical activity	Any policy focused solely on addressing physical activity.	Provision of cycle infrastructure, compulsory physical education.
	Nonspecific	Any policy that does not specify whether it seeks to tackle diet or physical activity and any policy focused on addressing both diet and activity.	Change4Life, Sure Start.
Policy type: Code by immediate aim, that is, where policies have two or more types of aim, for example, produce research on an inform intervention, code according to the initial type, for example, code the aforementioned example as research rather than informing policy.	1. Institutional	Any policy relating to institutional change in national or local government or any other sector, body, or organization. Includes a policy to introduce a new or update an existing strategy.	A change in or a new ministerial position, government body, organization, or strategy (e.g., in a specific policy area).
	2. Evaluate	A policy focused solely on an evaluation carried out by government, an independent body, or another nongovernment sector or organization. Includes the evaluation of a policy program or other initiative.	Evaluation of a particular policy, a government review.
	3. Monitor	A policy relating to the monitoring and/or surveillance of an identified issue, for example, population obesity levels. Includes any policy that seeks to continue and/or expand an existing monitoring/surveillance program.	National Health Survey for England, National Child Measurement Programme, Central Health Monitoring Unit.
	4. Research	Any policy focused on the facilitation, funding, or initiation of research on an identified issue by government or any	NIHR Obesity Policy Research Unit, launch of a

Theme	Code	Description	Examples
		other sector, body, or organization. Includes any policy to produce a one-off piece of research on an issue.	national prevention research initiative.
	5. Guidance or standards	Any policy relating to the development, implementation, or updating of guidance or standards by and/or for government or any other sector, body, or organization. Standards are sometimes referred to as “codes” or “codes of conduct.”	NICE guidance, school food standards, government buying standards.
	6. Professional development	Any policy relating to the development or training of relevant professionals.	Health professionals, NCMP training, resource packs for teachers, training for planners on the health implication of local plans.
	7. Eliminate choice	A policy that seeks to regulate in such a way as to eliminate a choice.	Ban a particular food or drink; ban trans fats.
	8. Restrict choice	A policy that regulates to restrict options available to people (including to certain demographics).	Ban the sale of energy drinks to children; ban vending machines in schools; ban advertising of junk food to children on TV.
	9. Fiscal disincentive	Any policy that uses a fiscal disincentive to achieve change or reduce noncompliance.	Soft Drinks industry Levy.
	10. Fiscal incentive	Any policy that uses a fiscal incentive to achieve change or increase compliance.	Tax break on bicycle purchases for employees, tax cut for the production or sales of healthy products.
	11. Non-fiscal disincentive	Any policy that uses a non-fiscal disincentive to achieve change or reduce noncompliance.	Traffic congestion charge.
	12. Non-fiscal incentive	Any policy that uses a non-fiscal incentive such as a reward or award to	Healthy Eating Award, Healthy

Theme	Code	Description	Examples
		achieve change or increase compliance.	Workplace Award.
	13. Change default	Any policy that seeks to change the default of a product by making it healthier or when options are still offered, the default option is the healthier of them.	Calorie and sugar reduction program.
	14. Enable	Any policy that enables individuals to change their diet and/or physical activity behavior. Differs from non-fiscal incentive policies in that the offering is passive.	Weight loss classes, free fruit and vegetables, Our Family Health digital support, Cooking for Kids.
	15. Inform	Any policy that seeks to provide people with information, including through a health promotion campaign.	Menu labeling, food labeling, health leaflet, 5 A DAY.
Implementation viability	Target population	When the target population is specified enough to know who is included and who is not.	Children, women, low-income groups, families, ethnic groups, parents.
	Responsible agent	A policy in which the responsible agent is specified enough to know which individuals or organizations will be responsible. "Government" or "the food industry" was not considered specific enough. For example, there are many departments in government and many companies in the broader food industry, so the responsible one(s) needs to be made explicit.	Department of Health and Social Care, Sport England, Office for Standards in Education, Children's services, and Skills (Ofsted).
	Monitoring and/or evaluation	A policy in which details of a monitoring and/or evaluation plan are made explicit in relation to a policy.	Evaluate Healthy Start Scheme before rolling out; PHE will provide an assessment at 18 and 36 months on the approach . . . [and] use this information to determine whether sufficient progress is being made.

Theme	Code	Description	Examples
	Time frame	A policy in which details of a time frame, including when a start or implementation date is stated, are made explicit.	We will consult [on the SDIL] before the end of 2018 on our intention to introduce legislation; HM Treasury will . . . legislate in the finance bill 2017.
	Cost and/or budget	A policy in which details of the anticipated, estimated, or calculated cost and/or budget are made explicit. A budget was counted only when it was in direct reference to a policy.	Sport England will receive £392 million from the government and an estimated £324 million from lottery funding from 2008 to 2011 to deliver community sports.
	Cited evidence	When a policy proposal was supported by cited scientific evidence of any kind, either in a reference or directly referred to in the text of the policy proposal.	Evidence tells us that one of the reasons energy drinks are appealing to children is that they are often cheaper than soft drinks (with cited reference).
	Change theory	When a policy was proposed alongside a proposed or established theory relating to changes in the target group, that is, some form of explanation relating to how the policy will or is designed to achieve a desired outcome(s) and how the target group will do that.	Choosing A Better Diet sets out a theory relating to changes in individuals' food choices: if people are provided with simpler and clearer labeling that is "more in keeping with their lifestyles," then they will be able to make

Theme	Code	Description	Examples
			healthier food choices.
Regulation approach	Capacity building	Any policy that builds the capacity and/or knowledge of an issue, including for the government, any other sector, organization, or body, or the public.	With funding from the regional directors of Public Health, they set up a working group with the entertainment technology industry to develop tools for parents to manage children's time online.
	Restoration	Any proposed and/or recommended policy that is based on the assumption that the responsible actor(s) is able and/or willing to act without deterrence measures, that is, various forms of self-regulation by government, any other sector, organization, or body or individuals. The process may involve public praising or shaming for action or inaction.	Public Health Responsibility Deal, and calorie and sugar reduction program.
	Deterrence	Any policy that uses deterrence measures to prevent or control certain conduct, based on the assumption that the responsible actor(s) is unable and/or unwilling to act without deterrence. The deterrence tool may be the responsibility of government and/or any other sector, organization, or body. Consequences may be financial, legal, or otherwise.	Soft Drinks Industry Levy, and The Office of Communications (Ofcom) advertising restrictions.
	Incapacitation	Any policy that incapacitates government, any other sector, organization, or body, or individual from acting or operating in a certain way or at all.	Revoking a food company's license to sell its products and making the selling and/or consumption of a product illegal.

Theme	Code		Description	Examples
Intervention agency demands	Agentic (micro)	a	Any policy targeted at the micro level (e.g., school, worksite, clinic, or home) that demands a high level of individual agency, meaning that it requires individuals to draw on high levels of personal resources (e.g., knowledge, engagement, willingness) to engage with the intervention effectively. Includes any policy that requires individuals to actively engage rather than be proactively engaged with.	Healthy eating campaign in school, health leaflet in a clinical setting, and workplace nutrition education program.
	Agentic (macro)	b	Any policy targeted at the macro level (e.g., national, local, or community) that demands a high level of individual agency, meaning that it requires individuals to draw on high levels of personal resources (e.g., knowledge, engagement, willingness) to engage with the intervention effectively. Includes any policy that requires individuals to actively engage rather than be proactively engaged with.	National social marketing campaign (e.g., Change4Life), population-wide healthy eating or physical activity guidelines.
	Agento-structural (micro)	c	Any policy targeted at the micro level (e.g., school, worksite, clinic, or home) that makes low to moderate demands on individual agency, meaning that it requires individuals to draw on low to moderate amounts of personal resources (e.g., knowledge, engagement, willingness) to engage with the intervention effectively. Includes any policy that offers proactive support to individuals to change their own behavior.	Community gardens, healthier food served in canteens, workplace design to encourage healthier behaviors, school-based cooking programs.

Theme	Code		Description	Examples
	Agento-structural (macro)	d	Any policy targeted at the macro level (e.g., national, local, community) that makes low to moderate demands on individual agency, meaning that it requires individuals to draw on low to moderate amounts of personal resources (e.g., knowledge, engagement, willingness) to engage with the intervention effectively. Includes any policy that offers proactive support to individuals to change their own behavior.	Healthy voucher program (e.g., Healthy Start Scheme), regulation of fast-food outlets, mandatory menu labeling, policy planning to increase walking and cycling infrastructure, reduction of portion sizes of, for example, sugar-sweetened beverages.
	Structural (micro)	e	Any policy targeted at the micro level (e.g., school, worksite, clinic, home) that makes no obvious or minimal demands on individual agency, meaning that it requires individuals to draw on no or minimal personal resources (e.g., knowledge, material resources, engagement, willingness) to engage with the intervention effectively. Includes any policy that individuals may not notice that the decision or change has been made without any need for their engagement.	School or workplace canteen policies restricting unhealthy food, mandatory school food standards, mandatory increase of physical education and activity delivered in schools, and removal of vending machines containing unhealthy products from the workplace.

Theme	Code		Description	Examples
	Structural (macro)	f	Any policy targeted at the macro level (e.g., national, local, community) that makes no obvious or minimal demands on individual agency, meaning that it requires individuals to draw on no or minimal personal resources (e.g., knowledge, material resources, engagement, willingness) to engage with the intervention effectively. Includes any policy that individuals may not notice that the decision or change has been made without any need for their engagement.	Banning the sale of energy drinks to children; regulating unhealthy food advertisements or marketing; food procurement policies based on nutritional standards (e.g., government buying standards for food, food reformulation policies.

Appendix C

Example email to prospective interview informants

Dear [insert name],

I am pleased to write to invite you to be interviewed as part of my current research examining government policymaking. I am conducting a case study analysis of how the UK Government's Childhood Obesity: A plan for action (COP) (2016) came about, including what people, information and evidence was most influential and why. You have been identified as someone who played an important policy role in the COP policymaking process and I am writing to invite you to participate in an interview for my research, given your unique knowledge and expertise.

All interview participants will be anonymised, and no data will be attributable to participants. Any quotations or other data will be checked with the relevant participant before it is included. I have attached the Participant Information Sheet containing all the relevant information about the study and what the interview will involve. In addition to reading this, I would be delighted to arrange an informal 10-minute chat on the phone or via Zoom to discuss the research and answer any questions you may have at this stage. Alternatively, if after reading the Participant Information Sheet you are happy to proceed directly to an interview, then that would also be great, and we can arrange a date and time that suits you best. Given current Government restrictions, the interview will be conducted by telephone, video or audio call.

Thank you for taking the time to read this email and attachment. If you have any questions I can answer via email or call, please do not hesitate to ask. I greatly look forward to hearing from you.

Yours faithfully,

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Appendix D

Interview Participant Information Sheet | Dated: 25 February 2021

Study title: What influences government policy? The case of childhood obesity policymaking in England

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Please read this information carefully before deciding to take part in this research.

What is the research about?

Obesity is one of the most pressing public health issues in England today. Since 1991, the UK government has recognised its role in tackling obesity prevalence and has since introduced fourteen major strategies containing numerous policies. One of the most recent is the Government's *Childhood Obesity: A plan for action* (COP) published in 2016, followed by Chapter 2 in 2018 and Chapter 3 in 2019. The field of evidence-based policy recognises that in order to influence and improve the policymaking process (e.g., by ensuring high quality evidence is better communicated), an empirical understanding of how it works is critical. This includes understanding who most effectively influences policymaking, how and with what evidence. My PhD research seeks to answer these questions, specifically how particular individuals known as 'policy entrepreneurs' influence agenda setting and policy change, and what evidence and information they use to facilitate this.

I will be using the COP as a case study to explore how such a strategy comes about and who is behind it. I will be conducting interviews with key stakeholders who have been involved in or are knowledgeable about the COP policymaking process in England to understand better what happened and how it evolved. I am a third year PhD student, interested in and focused on public health policy research. My research is funded by the Medical Research Council and National Institute for Health Research's School of Public Health Research. I am based in the MRC Epidemiology Unit and The Centre for Diet and Physical Activity Research (CEDAR) at the University of Cambridge.

Why have I been chosen?

You have been identified as someone who played an important role in the COP policymaking process, from within or outside government, and has experience in how the policymaking process works OR

you have been identified as someone who is knowledgeable about the COP policymaking process and can provide an insight into what happened and how it evolved. In total I plan to interview between 20 and 40 people in my research.

What will happen to me if I take part?

You will be invited to arrange a time for an interview on your views about the COP policymaking process. Because of the coronavirus pandemic, interviews will be conducted online (e.g., via Zoom), by telephone or, if Government rules permit, in person (ensuring safety measures in line with Government coronavirus guidance are met) at a time convenient to you. If you agree, the interview will be audio-recorded so that it may be transcribed to assist with the research. It is expected that each interview will take approximately an hour (this can be flexible based on your schedule). If you agree, you may also be contacted up to a maximum of two more times, no less than 6 months apart to ask if you would like to participate in additional interviews or to provide additional information. Taking part is completely voluntary and you may refuse to take part or withdraw at any point without giving a reason and without penalty or loss of benefits which you may otherwise be entitled.

Are there any benefits in my taking part?

The information collected during this study will help to better understand how the policymaking process works and in particular, who influences it most, how and with what evidence and information. By taking part you are helping to improve the understanding of the policymaking process and how individuals can better influence it, which may ultimately help improve the policymaking process going forward.

Are there any risks involved?

There are minimal risks involved in taking part.

Will my participation be confidential?

Your participation will be treated as confidential and the information you provide will be held and used in accordance with the Data Protection Act 2018 and stored securely at the MRC Epidemiology Unit in Cambridge. All interviewees will be anonymised, and related data will only be identifiable using an allocated participant ID number. Any information about you will have your name and place of work removed so that you cannot be recognised from it.

What will happen to information about me collected during the study?

Any information we hold and share about you will have your name and address removed so that you cannot be recognised from it, and it will not be used or made available for any purpose other than for

research. Identifying details (such as your name, email or other details you may have given us to get in touch with you) will be kept separately from the transcript of your interview and linked only by an ID number. The database containing personal information is on a secured, password-protected drive on computers in the MRC Epidemiology Unit, University of Cambridge. Extracts from your anonymised interviews may be included in reports or talks presenting study findings.

With your permission, the full anonymised transcripts of your interviews will be stored by the MRC Epidemiology Unit so other approved researchers may be able to use your valuable interviews for approved future research projects. These researchers might be from other places, including outside the UK, and might also include partners and collaborators from outside of academia. Strict confidentiality will be maintained at all times. Occasionally our studies may be monitored by our Sponsor (University of Cambridge). This is to ensure our research is conducted soundly. This procedure is routine and carried out by fully qualified personnel. Data confidentiality will be adhered to at all times.

What happens if I change my mind?

You are free to withdraw from the study at any time and without giving a reason. If you do decide to withdraw, or if you are no longer able to take part in the study, we will use the data collected up to the time of your withdrawal, unless you ask us not to use this.

What if there is a problem?

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What will happen to the results of the study?

When the study is completed, reports and papers will be published, and talks given to share the findings with researchers and other stakeholders. Your identity and personal details will be kept confidential. No information that could identify you, like your name, will be published in any report about this study. We will also prepare a summary of the findings for all interview participants, which we will send to you if you are interested in what the interviews have shown.

Who has reviewed the study?

This study has been reviewed by an independent group of people, called the Research Ethics Committee, to protect your safety, rights, wellbeing and dignity. The study has been given a favourable opinion by the University of Cambridge School of the Humanities and Social Sciences Ethics committee.

Where can I get more information?

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Appendix E

Example interview topic guide

1. Could you please start by explaining how you came to your role and what the role involves/d?
2. What would you say your organisation's role in government policymaking is?
3. Who did you work with most in government and how?
4. Can you tell what you remember about how COP came about?
5. Who was particularly influential in COP coming about and how did they influence the process? (Prompt or give examples where necessary)
6. Who was particularly influential in the COP policy process itself and how did they influence the process? (Prompt or give examples where necessary)
7. What events were particularly influential in COP coming about and how did they influence the process? (Prompt or give examples where necessary)
8. What evidence or information was particularly influential in the COP policy process and how did it influence the process? (Prompt or give examples where necessary)
9. To finish, could you tell me how you would describe and explain the government policy process more generally, thinking in particular about COP?
10. Is there anything else you think is important to add?
11. Who else do you think would be important for me to speak to about the COP policy process?

Appendix F

Ethical approval confirmation letter



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30 October 2020

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Ethical approval: What influences government policy? The case of childhood obesity policymaking in England
Our reference: 20.260

The Chair of the Ethics Committee for the School of the Humanities and Social Sciences, acting on the Committee's behalf, has considered the documentation you provided, which followed the procedures concerning ethical approval of research.

I am able to inform you that approval, with respect to ethical considerations, has now been given to your project with effect from 29/10/2020.

Please note that this clearance is based on the documentation you have submitted. You must resubmit your application to the Ethics Committee should you subsequently make any substantive changes relating to matters reviewed by the Committee.

This approval is given for the duration of the project, which is due to end on **22/08/2021**. Should the project be extended, please contact the Ethics Committee Secretary to request an extension to the ethical approval.

We are content for this letter to be forwarded to your grant sponsors.

Yours sincerely,

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Appendix G

Coding frameworks for Study 2 and 3

Table 22: Coding framework for Study 2

Conceptual Framework Component	Broad Code	Code	Description	Inclusion Criteria
Context: relatively stable political, social, economic, human system	Context/System	System context	Any evidence about the relatively stable political, social, economic system in which the policy making is taking place.	Includes references to how policymaking typically happens and the influence of system dynamics such as institutional constraints.
		Human context	Any evidence about the relatively stable condition of how humans operate and what they are capable of.	Includes evidence of bounded rationality
Evidence and information	Evidence	Scientific evidence	Any peer-reviewed, published scientific research	
		Government evidence	Any research or information published or produced by a government department, organisation or body	SACN, PHE and CMO publications
		Parliament evidence	Any research or information published or produced by an organisation or individual in Parliament	Select committee, APPG, Parliamentary organisations such as POST or Commons Library publications and work produced by a member

Conceptual Framework Component	Broad Code	Code	Description	Inclusion Criteria
		Interest group evidence	Any research from an interest group	Think tanks, NGOs, charities, issues-based groups
		Industry evidence	Any research from a commercial, profit-driven organisation	Industry companies, industry lobby companies, trade bodies
		Personal experience/anecdotal		
		Other evidence		
Coalitions framing issues using evidence and information. Policy entrepreneurs emerge from coalitions.	Supportive coalition	Supportive coalition	Any evidence of actions or verbal indications in support of stronger government obesity policy than is being carried out at the time.	Includes any influential actor or organisation supportive of stronger government obesity policy
	Other	Other (Unclear/Mixed/Uncertain/Neutral) coalition	Any evidence of actions or verbal indications that present an unclear/mixed/uncertain/neutral position regarding stronger government obesity policy than is being carried out at the time.	Includes any influential actor or organisation with an unclear/mixed/uncertain/neutral position regarding stronger government obesity policy.
	Opposition coalition	Opposition coalition	Any evidence of actions or verbal indications in opposition of stronger government obesity policy than is being carried out at the time.	Includes any influential actor or organisation in opposition of stronger government obesity policy.
	Policy Entrepreneurs	Policy entrepreneurs	Any evidence of a highly influential policy actor expending their resources to achieve a policy gain.	
Exogenous Events	Exogenous event	Exogenous event	Any evidence of an expected or unexpected exogenous event including evidence of the event and its impact(s) before, during and after it occurs.	General election, fiscal events, other planned events such as a conference or forum, a crisis, impact from other policy areas.

Conceptual Framework Component	Broad Code	Code	Description	Inclusion Criteria
Policy solutions	Policy Solution	Supportive solution	Any evidence of policy solutions being proposed in support of stronger government obesity policy than is being carried out at the time.	Includes a proposal that strengthens, expands or escalates an existing government policy or approach.
		Other (Unclear/Mixed/Uncertain/Neutral) solution	Any evidence of policy solutions being proposed in which the position regarding stronger government obesity policy than is being carried out at the time is unclear/mixed/uncertain/neutral.	Includes advocating for stronger measures but not at present or while expressing clear reticence.
		Against solution	Any evidence of policy solutions being proposed in opposition to stronger government obesity policy than is being carried out at the time.	Includes a proposal to maintain the status quo or existing government policy approach.
Public support	Seek to generate public support	Public support	Any evidence of attempts to generate public support	
	Public Support	Public support	Any evidence of measurable or perceived public support for stronger obesity policy than is being carried out at the time	Polling, references to any public support or a favourable national mood
Policy Window	Policy window	Policy window	Any evidence of a perceived opening in the policy process where potential influence over policy is considered increased	
Seek expert advice	Seek expert advice	Seek expert advice	Any evidence of policymakers turning to experts for policy advice	
Government agenda set	Government Agenda	Government agenda action	Any evidence of the government putting stronger obesity policy than	Inclusion of obesity policy in a party manifesto, launching a

Conceptual Framework Component	Broad Code	Code	Description	Inclusion Criteria
			is being carried out at the time formally on the government agenda.	review or research into stronger obesity policy, holding a meeting about stronger obesity policy.
		Government agenda verbal	Any evidence of the government verbally committing to putting stronger obesity policy than is being carried out at the time on the government agenda.	A speech or any media, for example, by a government actor containing references to stronger obesity policy.
Political Will	Seek to generate political will		Any evidence of actors seeking to generate or build political will largely among policymakers	
	Political will for	Political will for	Any evidence of political actors indicating willingness to move to making active decisions about stronger government obesity policy than is being carried out at the time.	Includes verbal indications by other actors that a political actor was supportive of progressing stronger obesity policy.
	Political will against	Political will against	Any evidence of political actors not indicating willingness to move to making active decisions about stronger government obesity policy than is being carried out at the time.	Includes verbal indications by other actors that a political actor was against progressing stronger obesity policy.
Decision agenda set	Decision Agenda	Decision agenda action	Any evidence of the government taking active decisions regarding stronger government obesity policy than is being carried out at the time.	The active development of stronger obesity policy such as evidence of decisions being made about what policies to include in a strategy.
		Decision agenda verbal	Any evidence of the government verbally indicating active decision	Verbal confirmation of decisions being made by government on

Conceptual Framework Component	Broad Code	Code	Description	Inclusion Criteria
			making regarding stronger government obesity policy than is being carried out at the time.	stronger obesity policy than is being carried out at the time.
Policy change	Policy change	Policy change	Any evidence of government obesity policy changing to be or become stronger than is being carried out at the time.	The publishing of stronger government obesity policy, for example, in a strategy, or the introduction of stronger obesity policy, for example, stronger obesity-related legislation.

Table 23: Coding framework for Study 3 (Chapter 5)

Conceptual framework component	Code	Definition
Agenda setting	Problem framing	Any evidence of PE framing a problem in a politically and culturally acceptable and desirable manner
	Solution seeking	Any evidence of PE offering a solution, a specific policy program
	Venue shopping	Any evidence of PE moving from a policy setting where progress is unsatisfactory to seek out a policy setting with a more sympathetic audience (e.g., move from a local to national setting or between government departments)
Policy formation (strategic planning)	Process planning	Any evidence of PE having a systematic, long-term plan
	Strategic use of symbols	Any evidence of PE using stories, images and other symbols to stir passion, capture public attention, and build support
	Risk taking	Any evidence of PE paying a potential price of policy entrepreneurship
	Focusing on the core and compromising on the edge	Any evidence of PE negotiating and cooperating with those who have different ideas while maintaining the part of the policy that is most important
	Salami tactics	Any evidence of PE dividing the policy move/process into stages
	Using media coverage	Any evidence of PE using the media (TV, radio and social media) to promote policy
	Strategic information dissemination	Any evidence of strategic use of information by PE among actors in the policy process
Policy formation (building teams)	Team leadership	Any evidence of PE actively leading the policy network
	Stimulating potential beneficiaries	Any evidence of PE praising the benefits of the policy to different audiences
	Forging inter-organizational and cross-sectoral partnerships	Any evidence of PE creating networks with actors from different sectors and organisations
	Networking in government	Any evidence of PE networking among politicians and bureaucrats
	Networking out government	Any evidence of PE networking among private, public, and third sector players
	Involving civic engagement	Any evidence of PE organising the public to be active in the policy issue
	Political activation	Any evidence of PE becoming active in policy decision making and politics
Traits	Trust building	Any evidence of PE developing trust in relationships and support networks
	Persuasion	Any evidence of PE using persuasive argumentation
	Social acuity	Any evidence of PE understanding others and engaging in policy conversations

Appendix H

Full COP case study chronology

Table 24: Full COP case study chronology

Day	Month	Year	Event
28	March	2003	Commons Health Select Committee announces its intention to hold an inquiry into obesity.
12	June	2003	Commons Health Select Committee hosts its first of fourteen oral evidence session as part of its inquiry into obesity.
	February	2004	Cabinet Office publishes <i>Personal Responsibility and Changing Behaviour: the state of knowledge and its implications for public policy</i> , which explores unhealthy food and drinks sponsorship and marketing and says, “ <i>The British Medical Association recently discovered proposals to raise tax rates on fatty foods as part of a drive to reduce the level of obesity-related disease in the UK ... However, there are no signs that any current Western government sees policies of this kind as either desirable or feasible.</i> ” Media focuses on the tax recommendation.
29	March	2004	Commons Health Select Committee hosts its last of fourteen oral evidence session as part of its inquiry into obesity.
27	May	2004	The Commons Health Select Committee publishes its <i>Obesity</i> report.
14	June	2004	Andrew Lansley is appointed Shadow Health Secretary.
23	February	2005	Celebrity chef and campaigner Jamie Oliver’s four-episode documentary <i>Jamie’s School Dinners</i> airs for the first time on Channel 4, marking the start of him combining his TV and campaign work aimed at improving food, nutrition and health in the UK.
20	March	2005	The Observer reports that Prime Minister Tony Blair has directly responded to celebrity chef and campaigner Jamie Oliver’s <i>Feed Me Better</i> campaign and petition signed by more than 100,000 people. His response includes launching the independent School Food Trust and meeting with Jamie Oliver.
6	December	2005	David Cameron is announced as the newly elected Leader of the Conservative Party. One of the key questions he wanted to answer was what should the Conservatives bring to social policy in the same way it had for economic policy? He focused on the word responsibility and built a vision around everyone taking responsibility, e.g., individual, civic, corporate etc, which became the foundation of his Big Society idea and eventually to Andrew Lansley’s <i>Public Health Responsibility Deal</i> .
1	April	2006	Conservative Party Leader David Cameron’s speaks at the King’s Fund and discusses the obesogenic environment. First known mention of obesity by David Cameron.

Day	Month	Year	Event
8	March	2006	Health charities express disappointment at obesity not being mentioned as one of the key issues Conservative Party Leader David Cameron wants to address.
20	July	2006	Conservative Party Leader David Cameron's 'General Well-being' speech. Discusses obesity as being an issue can be tackled through "shared responsibility".
1	April	2007	The Nutrient Profiling Model developed by the Food Standards Agency starts being used by Ofcom in light of the regulations to restrict unhealthy TV food and drink advertising targeted at children introduced by the Labour Government.
27	June	2007	Gordon Brown becomes Prime Minister after being the only successfully nominated candidate of the Labour leadership contest.
15-16	October	2007	National Obesity Forum Conference. Magnus Scheving, who plays Sportacus in the TV programme LazyTown, speaks about Iceland's health initiative aimed at children.
17	October	2007	Government's Foresight report <i>Reducing obesity: future choices</i> is published.
23	January	2008	Government's <i>Healthy Weight, Healthy Lives: a cross government strategy for England</i> is published.
5	February	2008	The media writes about the possibility of a Sportacus-inspired set of obesity policies with a "Tory official" quoted saying that the character "has done a lot of good reducing obesity in Iceland".
8	February	2008	Conservative Party Leader David Cameron holds a meeting with Magnus Scheving, who plays the LazyTown Sportacus character, and others about obesity. Magnus Scheving says he is not fronting Tory leader obesity policies.
14	March	2008	Conservative Party Leader David Cameron is interviewed about the Conservative Party's chances of winning the next election and issue he wants to solve.
	July	2008	Government's <i>Food Matters</i> strategy is published.
8	July	2008	Conservative Party Leader David Cameron's speech in Glasgow in which he discusses obesity being a result of poor choice.
27	August	2008	Shadow Health Secretary Andrew Lansley's launches plans for his <i>Public Health Responsibility Deal</i> .
5	November	2008	Celebrity chef and campaigner Jamie Oliver gives oral evidence to the Health Select Committee. He discusses unhealthy TV advertising and says that five years ago, progress on nutrition was a "bloody disgrace" and "all governments neglected it, this is the first government that had done something about it. Thank God, brilliant."
22	January	2009	Government announces £372 million funding to help tackle obesity including a £75 million advertising campaign [Change4Life]. Prue Leith is announced as the Chair of the School Food Trust.
26	May	2009	Conservative Party Leader David Cameron's <i>Fixing Broken Politics</i> speech in which he discusses the fact Britain has "record childhood obesity".

Day	Month	Year	Event
5	June	2009	Andy Burnham is appointed Health Secretary
4	January	2010	Conservative Party Leader David Cameron is interviewed by Cancer Research UK's CEO Harpal Kumar and discusses the Public Health Responsibility Deal.
11	January	2010	Conservative Party Leader David Cameron's speech at Demos. He discusses obesity in relation to what he calls 'the responsibility agenda' and calls for cultural change.
13	January	2010	Conservative Party Leader David Cameron and Shadow Health Secretary Andrew Lansley launch their public health green paper and set public health as a priority for their party if elected in May. The media report that David Cameron has been working with Professor Richard Thaler on his "nudge" policies. Leaked emails show that David Cameron's advisor Steve Hilton liaised with Professor Richard Thaler and plan to work with him if they win the election.
10	February	2010	Celebrity chef and campaigner Jamie Oliver's Ted Talk on obesity and his campaign for government policy change. Jamie Oliver wins TED award for his obesity advocacy work.
24	February	2010	The Scientific Advisory Committee on Nutrition (SACN)'s meeting which includes first Working Group on Carbohydrate update.
29	March	2010	Media report on research showing how celebrity chef and campaigner Jamie Oliver's TV programme ' <i>Jamie's School Dinners</i> ' and ' <i>Feed Me Better</i> ' campaign has improved children's education.
6	May	2010	UK General Election. The Conservative Party and Liberal Democrat coalition government is elected with David Cameron as Prime Minister and Nick Clegg as Deputy Prime Minister.
19	May	2010	Media attention on celebrity chef and campaigner Jamie Oliver's US obesity campaign and US First Lady Michelle Obama's childhood obesity campaign ' <i>Let's Move!</i> '
	June	2010	The Government's <i>Behavioural Insights Team</i> led by David Halpern is launched in government to apply insights from behavioural sciences to government policy.
8	November	2010	Celebrity chef and campaigner Jamie Oliver launches his <i>Ministry of Food</i> campaign in Australia.
28	November	2010	Media report on the Government's public health policies contained in its white paper, <i>Healthy Lives, Healthy People</i> . Media reports that Prime Minister David Cameron requested his cabinet reads <i>Nudge</i> by Professor Richard Thaler.
30	November	2010	The Government's <i>Healthy Lives, Healthy People: our strategy for public health in England</i> is published.
2	December	2010	Prime Minister David Cameron's <i>Business in the Community</i> speech. He discusses the need for business to help tackle obesity.
1	January	2011	The Department of Health publishes its <i>Nutrient Profiling Technical Guidance</i> , which confirms that the nutrition team has been moved from the Food Standards Agency to the Department of Health.
25	February	2011	Dame Sally Davies is confirmed as interim Chief Medical Officer

Day	Month	Year	Event
2	March	2011	Celebrity chef and campaigner Jamie Oliver launches his <i>Food Revolution</i> and 20-year obesity campaign. He posts a YouTube video to update one year on from his award-winning Ted Talk.
20	March	2011	The media report a potential conflict of interest as Prime Minister David Cameron's PR advisor Matthew Freud, who advises on the government's Change4Life programme, also represents food industry clients in his business.
16	April	2011	The Academy of Medical Royal Colleges launches a campaign to tackle obesity with Professor Terence Stephenson as chair of the steering group.
26	April	2011	Celebrity chef and campaigner Jamie Oliver launches campaign to have plain milk rather than sugary sweetened milk in schools.
16	May	2011	Prime Minister David Cameron's speech on the NHS at Ealing Hospital. He discusses obesity.
22	May	2011	The media report on potential government policies to pay GPs to tell patients they are obese as part of the 'nudge' policy approach.
25	May	2011	US President Barack Obama's official visit to the UK. In the official joint statement between Barack Obama and Prime Minister David Cameron, it is stated that they sought to collaborate on childhood obesity related research.
1	June	2011	Professor Richard Thaler is interviewed and discuss how he got to know Prime Minister David Cameron and Chancellor George Osborne and how they developed their policy approach from his work.
10	July	2011	Chief Medical Officer Dame Sally Davies is quoted in the media discussing the new exercise guidance saying some parents are not aware of the importance of children's physical activity and some are too busy.
11	July	2011	House of Lords Science & Technology Committee's <i>Behaviour Change</i> report is published.
26	August	2011	Public Health Minister Anne Milton is reported in the media saying, " <i>you can't tax your way out of this [obesity] ... it is about personal responsibility.</i> "
4	September	2011	Celebrity chef and campaigner Jamie Oliver and a group of campaigners and experts including Sir David King call for global action to tackle obesity. Jamie Oliver addresses the <i>One Young World</i> conference in Switzerland.
5	October	2011	Denmark introduces a 'fat tax', which Prime Minister David Cameron says, "I think it is something that we should look at" but is not seriously considered by government.
13	October	2011	Government's <i>Healthy Lives, Healthy People: A Call to Action on Obesity</i> strategy is published and contains the 'Public Health Responsibility Deal'. Chief Medical Officer Dame Sally Davies is quoted in the media saying, " <i>people in general are not honest with themselves about what they're eating and drinking</i> ".
25	November	2011	Celebrity chef and campaigner Jamie Oliver uses the media to ask Prime Minister David Cameron about food in schools and what he plans to do in light of news that Education Secretary Michael Gove is removing nutritional standards in schools.

Day	Month	Year	Event
27	January	2012	The media report that Prime Minister David Cameron wants to introduce minimum unit pricing on alcohol to help tackle obesity.
13	February	2012	Professor Susan Jebb, Co-Chair of the Public Health Responsibility Deal Network for food says public health policy must move from being “ <i>transactional to transformational</i> ”.
8	March	2012	Celebrity chef and campaigner Jamie Oliver visits Australia to launch his Ministry of Food campaign with the Australian Government.
11	March	2012	Medic and campaigner Dr Aseem Malhotra’s article in media is published detailing a meeting organised by Jamie Oliver to discuss “ <i>what more needs to be done to tackle the worsening obesity epidemic</i> ” with Professor David Haslam and Professor Terence Stephenson.
13	March	2012	Prime Minister David Cameron and his wife Samantha Cameron go on a state visit to the US and Samantha Cameron is taken by US First Lady Michelle Obama to visit the <i>Let’s Move!</i> campaign.
23	March	2012	Prime Minister David Cameron is reported to be set to consult on introducing a minimum unit price for alcohol mainly to tackle public disorder and problem drinking, but also to tackle the health consequences such as obesity.
27	March	2012	Health Secretary Andrew Lansley’s <i>Health and Social Care Act</i> receives Royal Assent.
14	April	2012	Medic and campaigner Dr Aseem Malhotra’s article <i>We must demonise junk food for the sake of our children</i> states that McDonald’s “ <i>is the main sponsor</i> ” of the London Olympics. The article references work by Cancer Research UK, Professor Robert Lustig, the Children’s Food Trust and Professor Boyd Swinburn.
18	April	2012	Labour Party’s Keith Vaz MP introduces a motion to bring in a Bill in the <i>Diabetes Prevention (Soft Drinks)</i> debate, which includes requiring manufactures of soft drinks to reduce the sugar content of soft drinks by 4%.
6	May	2012	Celebrity chef and campaigner Jamie Oliver, footballer Steven Gerrard and other supportive campaigners write to Prime Minister David Cameron calling for a minimum of 24 hours cooking lessons in schools. The Department of Education states that it is reviewing the national curriculum and will announce its decision in due course.
17	May	2012	Government’s <i>Obesity Review Group</i> is launched.
19	May	2012	Celebrity chef and campaigner Jamie Oliver speaks to media about his <i>Food Revolution</i> campaign progress and says in light of nutritional standards being removed by the Department for Education that he has “given up on politics” and will focus on his business and people because governments are ‘too transient’. He Recommends that government should tax “crap” foods similar to its plan for minimum pricing for alcohol. He states that his role is being the “ <i>the provocateur, the renegade</i> ”.
25	June	2012	Prime Minister David Cameron and Chancellor George Osborne meet with Professor Richard Thaler, author of <i>Nudge</i> .
4	July	2012	Department for Education announces a new review led by Henry Dimbleby and John Vincent into school food.

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25	July	2012	Celebrity chef and campaigner Jamie Oliver and a group of health campaigners and experts publish an open letter in The Times condemning the Olympics association with unhealthy food and drink sponsorship.
26	July	2012	Children's Food Campaign publishes its <i>The Obesity Games</i> report calling for an end to unhealthy sports sponsorship.
27	July	2012	The London 2012 Summer Olympics begins. Coca-Cola, McDonald's, Cadbury and Trebor are named as sponsors.
24	August	2012	Tesco introduces front-of-pack 'traffic light' nutritional labelling.
4	September	2012	Prime Minister David Cameron appoints Jeremy Hunt to replace Andrew Lansley as Health Secretary in his cabinet reshuffle.
28	September	2012	The Department of Health's Dr Alison Tedstone concludes that Professor Iain MacDonald should stay on the Scientific Advisory Committee on Nutrition (SACN) after questions are raised about him advising food companies such as Mars and Cola-Cola.
16	October	2012	The media report that Commons Health Select Committee member Dr Sarah Wollaston MP was "horrified" by the unhealthy products sold in vending machines in NHS buildings. The media quote a "government advisor" who says, <i>"this government doesn't like banning things."</i> (M??)
20	October	2012	The media reports on supermarkets being persuaded to introduce 'traffic light' nutritional labelling on pre-packaged products as part of the Government's Public Health Responsibility Deal.
5	November	2012	Celebrity chef and campaigner Jamie Oliver calls for universal school meal Nutritional Standards in light of new research by LACA and ParentPay which shows that 92% of parents support universal nutritional standards in schools.
8	November	2012	Media report that the cross-government subcommittee on public health set up by former Health Secretary Andrew Lansley has been abolished.
15	November	2012	Health Secretary Jeremy Hunt says the Public Health Responsibility Deal has achieved more than regulation would have, <i>"There are many areas where action cannot be achieved through regulation."</i>
18	November	2012	Mayor of London Boris Johnson proposes a ban on school children leaving school to get food from takeaways and for local authorities to impose strict planning laws following measures introduced in New York City.
21	November	2012	Chief Medical Officer Dame Sally Davies' first <i>Annual Report - On the state of the public's health</i> includes examining obesity. The media report her saying that the public needs to have a better awareness about their health and to take more personal responsibility.
28	November	2012	NICE publishes its <i>Obesity: working with local communities – Public health guideline</i> .
28	December	2012	The media report that 8,000 people get weight-related cosmetic surgery on the NHS.
1	January	2013	Royal College of Physicians publishes its <i>Action on obesity: Comprehensive care for all – Report of a working group</i> .
5	January	2013	Health Secretary Jeremy Hunt is interviewed by the media saying he will consider legislation if insufficient progress is made by industry as part of the Public Health Responsibility Deal.

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			Shadow Health Secretary Andy Burnham is interviewed by the media proposing a 30% cap on sugar in cereals, <i>"I don't think any parent would be comfortable with their child eating something that is 40% sugar."</i>
13	January	2013	Journalist Camilla Cavendish writes in The Times that fat and sugar are just as bad for people's health as cigarettes are.
16	January	2013	Labour Party's Keith Vaz MP asks Prime Minister David Cameron in the House of Commons if he will join him in the "war on sugar".
22	January	2013	Drinks manufacturers announced plans to cur sugar in drinks such as Lucozade and Ribena, which are welcomed by Chair of the Government's Public Health Responsibility Deal Food Network Professor Susan Jebb.
23	January	2013	The media report on Public Health Minister Anna Soubry's speech at the Food and Drinks Federation Conference saying that parents have the "primary responsibility" over what children eat and that poorer people are more likely to be obese.
28	January	2013	Health Secretary Jeremy Hunt is reported discussing the possibility of unhealthy food legislation.
29	January	2013	Sustain publishes a report calling for a 20p tax on sugary drinks. The media quote Health Secretary Jeremy Hunt being interviewed on a TV programme about the possibility of government introducing such legislation.
5	February	2013	David Halpern, Director of the Behavioural Insights Team, is interviewed by the media avoiding stating his support or not for food taxes and saying the focus is on measures such as healthier checkouts in supermarkets with the example of a leading Finnish supermarket. Dame Sally Davies, Chief Medical Officer, is interviewed in light of the Health and Social Care Act coming into force saying she cannot force local authorities to focus on obesity but will try, <i>"only by force of personality."</i>
11	February	2013	Media report that the Department for Education announces that, <i>"For the first time ever cookery will be a compulsory part of the curriculum from Key Stages 1 to 3"</i> following calls from celebrity chef and campaigner Jamie Oliver and other campaigners for cooking lessons and universal nutritional standards in schools.
18	February	2013	The Academy of Medical Royal Colleges publish <i>Measuring Up: The Medical Profession's Prescription for the Nation's Obesity Crisis</i> report to tackle obesity in England, which includes experimenting with a 20% tax on sugary soft drinks for a year, for local authorities to limit fast food takeaways, an expansion of bariatric surgery, ban on fast food outlets and vending machines in hospitals and for a 9pm watershed on unhealthy TV advertising.
20	February	2013	Shadow Public Health Minister Diane Abbott says that Prime Minister David Cameron and Health Secretary Jeremy Hunt's approach through the Public Health Responsibility Deal is not working.
25	February	2013	The Academy of Medical Royal Colleges obesity report and campaign launch in Parliament is attended by Public Health Minister Anna Soubry and Shadow Health Secretary Andy Burnham.
8	March	2013	In light of the Global Burden of Disease Study being published, Health Secretary Jeremy Hunt is quoted saying, <i>"Despite real progress in cutting deaths we remain a poor relative to our global cousins on many measures of health,</i>

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			<i>something I want to change. For too long we have been lagging behind and I want the reformed health system to take up this challenge and turn this shocking underperformance around."</i>
13	March	2013	Plans to introduce a minimum unit price for alcohol are dropped by the government after Theresa May successfully led a " <i>cabinet revolt</i> " (M??) against it. However, it was also felt by Downing Street that the timing was not quite right and that since it had been introduced in Scotland, the Government could see how it worked there and then look to introduce it across England later on. A reception is hosted in Parliament as part of Salt Awareness Week hosted by David Amess MP with Professor Graham MacGregor and Shadow Minister for Public Health Diane Abbott.
16	March	2013	Government announces £150 million funding for primary school sport in England. Prime Minister David Cameron is quoted saying " <i>we can create a culture in our schools that encourages all children to be active and enjoy sport</i> ". Health Secretary Jeremy Hunt says that this " <i>will help us tackle this country's obesity problem.</i> "
19	March	2013	The Institute of Economic Affairs publishes details of its new <i>Lifestyle Economics</i> programme which seeks to counter public health arguments and present arguments from the perspective of " <i>market liberals</i> ".
23	March	2013	Public Health England states in a press release that longer and healthier lives will be the focus of Public Health England.
26	March	2013	<i>Soft Drinks International Journal</i> states that the British Soft Drinks Association responded to a new government-commissioned report on children's oral health and that following news about Finland's sugar tax, the Academy of Medical Royal Colleges published a report calling for a sugar tax.
27	March	2013	Commons Communities and Local Government Select Committee publishes its <i>The role of local authorities in health issues</i> report stating that obesity will be the responsibility of local authorities.
1	April	2013	Public Health England begins operating and publishes its priorities for 2013 to 2014 including tackling childhood obesity.
23	April	2013	All Party Parliamentary Group for Cycling publishes its <i>Get Britain Cycling</i> summary and recommendations including cycling to tackle childhood obesity.
24	April	2013	Public Health England launches its <i>Child Health Profiles</i> app. A new study is published showing the link between sugar-sweetened beverage consumption and health problems
25	April	2013	Public Health Minister Anna Soubry is reported discussing the high sugar content of drinks served in coffee chains and that people should not snack in between meals.
26	April	2013	' <i>Consumption of sweet beverages and type 2 diabetes incidence in European adults: results from EPIC-InterAct study</i> ' is published demonstrating a link between increased incidence of type-2 diabetes and a high consumption of sugar-sweetened beverages.

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8	May	2013	British Soft Drinks Association publishes a new report by Oxford Economics it commissioned showing that the value of the soft drinks industry rose by 3.3% to nearly £15 billion in 2012 and claiming that obese and overweight people are more likely to choose 'no added sugar' soft drinks than added sugar soft drinks. Government publishes <i>its 2010 to 2015 government policy: obesity and health eating</i> policy paper.
13	May	2013	Prime Minister David Cameron appoints Nick Seddon as his health advisor in Downing Street. Nick Seddon, together with Jeremy Hunt and Jamie Oliver, begin to influence David Cameron's thinking on obesity and he starts believing in the need to do more than just have responsibility deals.
15	May	2013	Meeting notes are published from ASDA's meeting with Health Secretary Jeremy Hunt regarding the Public Health Responsibility Deal.
21	May	2013	The British Medical Journal publishes an article by medic and campaigner Dr Aseem Malhotra titled, ' <i>The dietary advice on added sugar needs emergency surgery</i> '.
25	May	2013	The Institute of Economic Affairs publishes a critique of Denmark's fat tax
12	June	2013	Health Secretary Jeremy Hunt is interviewed by the media encouraging local authorities to ban soft drinks and vending machines in schools.
19	June	2013	Government launches consistent voluntary front-of-pack nutrient labelling with major retailers and food manufacturers.
26	June	2013	Government's <i>Obesity Review Group</i> hosts a meeting.
8	July	2013	The independent <i>School Food Plan</i> review by Henry Dimbleby and John Vincent is published. It states that Professor Susan Jebb showed them that food standards only worked in the US when legislation was introduced.
26	July	2013	Government publishes its <i>Inspired by 2012: The legacy from the London 2012 Olympic and Paralympic Games</i> report which discusses the <i>Change4Life School Sports Clubs</i> .
14	August	2013	The government announces £5 million to encourage children and families to exercise with £3 million for Change4Life Sports Clubs, £1.1 million for Street Play and £1 million for walking initiatives.
7	September	2013	The World Health Organization announces its plans to revise its recommendations for nations to reduce population sugar consumption "in the coming months".
10	September	2013	The Children's Food Campaign publishes a public letter to the newly elected President of the International Olympic Committee Thomas Bach calling for action on unhealthy sport sponsorship.
17	September	2013	A new modelling study that assessed the effect of a 10% tax on sugar-sweetened beverages in Ireland is published. It found such as tax could have a "small but meaningful effect on obesity".
7	October	2013	Prime Minister David Cameron appoints Jane Ellison as Public Health Minister

Day	Month	Year	Event
8	October	2013	The Local Government Association publishes its report ' <i>Changing behaviours in public health – to nudge or to shove</i> ' confirming that Public Health England has set up its own behavioural insights team.
10	October	2013	Newly appointed Public Health Minister Jane Ellison discusses the Public Health Responsibility Deal in relation to health in the workplace.
22	October	2013	The British Medical Journal publishes an article by medic and campaigner Dr Aseem Malhotra on, ' <i>Saturated fat is not the major issue</i> ' because companies have " <i>compensated by replacing saturated fat with added sugar</i> ".
24	October	2013	Chief Medical Officer Dame Sally Davies' second Annual Report <i>Prevention pays – our children deserve better</i> is published and discusses childhood obesity and the possible economic savings that could be made tackling it.
24	October	2013	Simon Stevens is announced as the new Chief Executive of NHS England.
28	October	2013	The Institute of Economic Affairs' Christopher Snowdon's article on the "disease of public health" in Spiked, (M??)
30	October	2013	The media report on the difference in position on obesity between Public Health Minister Jane Ellison and her predecessor Anna Soubry who stated she was not in favour of government action on unhealthy food and drink promotions and marketing in supermarkets.
31	October	2013	A new modelling study examining the effectiveness of a 20% tax on sugar-sweetened beverages in the UK is published in the British Medical Journal showing it could lead to a 1.3% obesity prevalence reduction.
12	November	2013	A new initiative is announced to provide vouchers for mothers to encourage them to breastfeed. Chair of the Public Health Responsibility Deal Food Network Professor Susan Jebb states, "Financial incentives have proved modestly effective in changing some other health-related behaviour
27	November	2013	Journalist and broadcaster Jeremy Paxman interviews Coca-Cola's Europe President James Quincey about the sugar content of Coca-Cola's products. Government Minister Brandon Lewis said it would be "socialist" to force the restaurants off UK high streets as Labour MPs are reported to have criticised changes to planning regulations that enable the conversion of premises into "betting shops, pay-day lenders and fast-food restaurants."
16	December	2013	Public Health England publishes its report ' <i>Public Health England Marketing Strategy: 2014 to 2017</i> ' confirming that it has been working with the Behavioural Insights Team.
		2013	The election manifesto writing process begins for political parties ahead of the 2015 general election. The key people behind the Conservative Party's manifesto writing are Jo Johnson and Oliver Letwin. Oliver Letwin is particularly focused on the agenda related to childhood obesity. However, the issue is not considered big enough to be giving a central place in the manifesto, so it is bookmarked in the manifesto, so the Conservative Party have the mandate to focus on it in the future.

Day	Month	Year	Event
			Home Secretary Theresa May considers the possibility of becoming Prime Minister one day and begins to consider her vision for the country. However, the day-to-day workload of being Home Secretary prevents deep thought and sufficient time to be allocated to devising a comprehensive vision.
		2013/14	Behavioural Insights Team is commissioned to produce a briefing for Health Secretary Jeremy Hunt on actions to tackle obesity.
1	January	2014	Mexico's sugar tax comes into force.
2	January	2014	Public Health England launches its Change4Life <i>Smart Swap</i> campaign to help families reduce their sugar consumption.
4	January	2014	Celebrity chef and campaigner Jamie Oliver is interviewed by the media and discusses his campaigning. He says he is " <i>incredibly political</i> " but will not vote until a political party includes food in its manifesto. In light of the news that Education Secretary Michael Gove is reviewing school food, Jamie Oliver says " <i>That won't be the end of it for me</i> ".
8	January	2014	Action on Sugar formally launches, and the Daily Mail publishes an article about it titled, ' <i>Sugar is 'the new tobacco': Health chiefs tell food giants to slash levels by a third</i> '. Health Secretary Jeremy Hunt is reported saying that America has started to "turn the tide on obesity" but Britain has not.
8	January	2014	The British Medical Journal publishes results of its investigation into government meetings between ministers and food and drink industry representatives. The media report on a potential conflict of interest between vested interests and policy as the Conservative Party's campaign director Lynton Crosby is linked with alcohol and tobacco companies.
12	January	2014	Chair of the Public Health Responsibility Deal Food Network Professor Susan Jebb is widely reported recommending that fruit juice should be excluded from the five-a-day recommendation due to its high sugar content and says she is in favour of taxing sugary drinks but that such an approach would not be supported by the public.
13	January	2014	Action on Sugar hosts a reception as part of <i>National Obesity Awareness Week</i> and invites Public Health Minister Jane Ellison. The National Obesity Forum publishes a report that heavily criticises lack of government policy progress on obesity.
14	January	2014	Prime Minister David Cameron's wife Samantha Cameron hosts a charity reception in Downing Street for the National Obesity Forum, which is attended by other organisations such as Action on Sugar and Silver Star. As parents, Samantha Cameron and David Cameron discuss the challenges of being a parent and trying to limit children's sugar intake. David Cameron speaks about this in Parliament when asked what he plans to do about sugar by Keith Vaz MP.
20	January	2014	Channel 4's <i>Dispatches</i> programme focused on the Scientific Advisory Committee on Nutrition (SACN) and its links with the food and drinks industry is aired.
22	January	2014	Government's <i>Obesity Review Group</i> holds another meeting, and they discuss whether obesity should be classed as a disease and how there needs to be "high political leadership" on obesity.

Day	Month	Year	Event
29	January	2014	BBC TV programme <i>Horizon - Fat v Sugar</i> airs with Chair of the Public Health Responsibility Deal Food Network Professor Susan Jebb interviewed discussing the obesogenic food environment.
2	February	2014	The Daily Mail publishes results of its investigation into meetings between food industry representatives and government.
3	February	2014	Action on Sugar meets with Health Secretary Jeremy Hunt and asks for a plan of action on obesity.
4	February	2014	The media report on Irn-Bru manufacturer AG Barr's plans to sponsor the Commonwealth Games and mirror the success of Coca-Cola at the Olympic Games.
5	February	2014	Food Manufacturer's editor Rick Pendrous writes that he " <i>predicted in my leading article in the November 2013 issue of Food Manufacturer, sugar is now the next battleground. However, little did I realise the lengths sugar's detractors would go to in their attempts to demonise this ingredient</i> ". The public attention on sugar and its links to health problems continues to grow.
7	February	2014	Prime Minister David Cameron and footballer Gary Lineker launch a campaign to prioritise sport and health in schools.
10	February	2014	Research is published in The Lancet showing that fruit juice is potentially as bad for health as sugar-sweetened beverages.
25	February	2014	Media attention on the sugar content of food products and Action on Sugar's Professor Graham MacGregor calls for a government-supported sugar reformulation programme like has been conducted with salt.
26	February	2014	Commons Health Select Committee publishes its <i>Public Health England</i> report which expresses concern that there is "inadequate clarity" about how Public Health England will approach important issues such as obesity.
27	February	2014	A Mirror newspaper investigation finds that 74 morbidly obese children have been taken into care in the past five years. Public Health Minister Jane Ellison responds to the investigation saying that the government is working with industry to reduce fat, sugar and salt in food, running Change4Life and funding local authorities to tackle obesity.
4	March	2014	Chief Medical Officer Dame Sally Davies proposes a sugar tax while giving evidence at the Commons Health Select Committee's oral evidence session in Parliament.
4	March	2014	The media widely report the World Health Organization's recommendation that 5% daily sugar intake is ideal for adults to aim for.
14	March	2014	Evidence about takeaways and obesity is published and Dr Alison Tedstone is reported in the media saying that Public Health England is working with local authorities to tackle takeaway proliferation.
15	March	2014	Details of how Action on Sugar plans to replicate the activities done to reduce national salt intake but for sugar, " <i>We call on the UK Government and the Department of Health (England) to start setting targets now.</i> "
21	March	2014	<i>Action on Junk Food Marketing</i> campaign group calls for a 9pm watershed on unhealthy food and drink advertising

Day	Month	Year	Event
27	March	2014	Chief Medical Officer Dame Sally Davies's Annual Report is published on the state of the nation's health. It warns that England is <i>"in danger of 'normalising' being overweight, which is not good for our health."</i> She is interviewed by the media saying she changed her own behaviour regarding health so others should too.
28	March	2014	Chief Medical Officer Dame Sally Davies is interviewed by the media saying that she sees a sugar tax as "a last resort. I want people to take individual responsibility, I want families to take responsibility, communities and society – and that includes industry."
1	April	2014	Government publishes <i>Living Well For Longer</i> to set out plans relating to ageing and health. Includes obesity policies sets out in <i>Healthy Lives, Healthy People: A call to action on obesity in England</i> .
3	April	2014	The Lancet publishes <i>For debate: a new wave in public health improvement</i> focused on non-communicable diseases and the need for action to make it easier for everyone to live a healthy life.
7	April	2014	British Heart Foundation hosts a meeting about obesity. The Institute of Economic Affairs' Christopher Snowdon attends and discusses the Danish fat tax.
25	April	2014	Celebrity chef and campaigner Jamie Oliver calls on political parties for at least one of them to have "one pioneer, one visionary who's going to put prevention [of childhood obesity] at the heart of its campaign". He comments that the biggest policy from the Coalition Government has been infant free school meals following the School Food Plan led by Henry Dimbleby and John Vincent.
30	April	2014	Public health professionals write an open letter to Prime Minister David Cameron about food poverty in the UK and the media report that "The Chief Medical Officer [Dame Sally Davies] has recently raised concerns about obesity becoming the norm."
7	May	2014	Innocent Drinks CEO Douglas Lamont speaks at the UK Soft Drinks Industry Conference warning against the "alarmist" media on fruit juices and health problems and says they are about to publish evidence on how Innocent drinks contain the same amount of fibre as raw fruit and vegetables.
8	May	2014	Chief Medical Officer Dame Sally Davies discusses the potential of nudge as part of the fifth wave of public health at a conference on the social determinants of health.
16	May	2014	Celebrity chef and campaigner Jamie Oliver pledges to reduce childhood obesity by 5% in the next five years and calls on politicians and parties to pledge the same ahead of the 2015 election, saying he will be "deeply offended" if none of them do.
22	May	2014	Tesco announces plans to stop selling sweets at the supermarket checkout which is welcomed by Public Health Minister Jane Ellison
23	May	2014	Chief Medical Officer Dame Sally Davies says GPs should not be obese or overweight, <i>"How are they going to have the impact on patients if they are not taking note and thinking about it for themselves?"</i> She suggests patients should always be weighed during a GP appointment.

Day	Month	Year	Event
29	May	2014	The media report on there being an increasing proportion of girls living with obesity and overweight.
31	May	2014	Department of Health publishes an update on the Public Health Responsibility Deal and the media report of the lack of progress made by industry to reduce fat, sugar and salt in their products.
2	June	2014	Action on Sugar meets with civil servants to discuss the Government's sugar and salt reduction programmes.
3	June	2014	Public Health England hosts a sugar reduction stakeholder event.
11	June	2014	Public Health Minister Jane Ellison writes to Chief Executive of Public Health England Duncan Selbie to set out the Government's expectations of Public Health England including supporting <i>"progress towards achieving a downward trend in the level of excess weight in children by 2020."</i> She confirms that the Government commissioned Public Health England to provide recommendations to inform government's work on public sugar consumption.
12	June	2014	Action on Sugar publish research showing the level of sugar in sugar-sweetened beverages and states, <i>"We urge the Secretary of State for Health, Jeremy Hunt MP, to set incremental targets for sugar reduction now – and to start with these sugary drinks. Replacing sugar with sweeteners is not the answer. We need to reduce overall sweetness so people's tastes can adjust to having less sweet drinks."</i>
18	June	2014	Dr Sarah Wollaston MP is elected Chair of the Commons Health Select Committee, having been a member since she got elected in 2010.
20	June	2014	Co-op supermarket announces plans to remove 100 million teaspoons of sugar from its own brand range of squash which is welcomed by Public Health Minister Jane Ellison.
22	June	2014	Action on Sugar publishes a seven-point plan to tackle children's poor diets <i>"following a request for its views from Health Secretary Jeremy Hunt."</i>
25	June	2014	Chair of the Public Health Responsibility Deal Food Network Professor Susan Jebb is interviewed by the media and says <i>"The responsibility deal probably isn't enough, but it is a great deal more than in other countries. What gets me out of bed is knowing we are going not a bad job and better than most."</i>
26	June	2014	Scientific Advisory Committee on Nutrition (SACN) publishes its consultation on its draft 'Carbohydrates and Health' review report and Public Health England publishes its research and analysis discussion paper 'Sugar reduction: responding to the challenge', which includes plans to <i>'provide recommendations to inform government's thinking on sugar in the diet in the spring of 2015'</i> . They received widespread media. The media reports that Health Secretary Jeremy Hunt <i>"ruled out introducing a sugar tax on food and fizzy drinks last week"</i> .
27	June	2014	Public Health Minister Jane Ellison launches an award in partnership with the Royal School of Public Health to recognise <i>"innovative and successful workplace health schemes that exist in organisations across England"</i> .
	July	2014	McKinsey presents its research on obesity ahead of it being published to Cabinet Secretary Jeremy Heywood.

Day	Month	Year	Event
3	July	2014	Commons Health Select Committee publishes its <i>Managing the care of people with long-term conditions</i> report which sets out the committee's other priorities including marketing restrictions on unhealthy foods and positive marketing of healthier food, schools to educate and normalise healthy eating and to push for major public health interventions and legislation.
5	July	2014	The media report the Chair of the Commons Health Select Committee Dr Sarah Wollaston calling for primary school children to be weighed and measured every year as part of the National Child Measurement Programme.
29	July	2014	The media report on the number of joint replacements for people living with obesity and overweight. Chair of the Commons Health Select Committee Dr Sarah Wollaston MP is quoted.
30	July	2014	Chief Executive of NHS England Simon Stevens is reported saying that overweight doctors and nurses should be 'incentivised' to lose weight.
31	July	2014	Mintel research is published showing a decline in consumers drinking carbonated soft drinks. An article writes that in 2013 major soft drink manufacturers discussed increasing collaboration to promote work they are doing on nutrition and to drive up consumption, but that such a "cross-industry campaign has yet to materialise".
4	August	2014	Chief Executive of NHS England Simon Stevens is reported saying that NHS England needed to take 'hard-nosed action' to tackle unhealthy food and drinks in hospitals.
18	August	2014	The Institute of Economic Affairs publishes an article on <i>The Fat Lie – the real cause of the rise in obesity</i> .
28	August	2014	Celebrity chef James Martin criticises poor food standards in hospitals and calls for a meeting with Health Secretary Jeremy Hunt. The Hospital Food Standard's report on standards for food and drinks in NHS hospitals is published.
29	August	2014	Celebrity chef and campaigner Jamie Oliver calls on all political parties to prioritise obesity ahead of the 2015 election.
1	September	2014	Letter from Adam Smith Institute to Chair of the Commons Health Select Committee Dr Sarah Wollaston MP about her obesity campaigning.
4	September	2014	Coca-Cola adopts the UK government's voluntary front-of-pack 'traffic light' nutrition labelling as part of the Public Health Responsibility Deal
9	September	2014	Public Health England runs a workshop to determine what research into obesity needed and is attended by Chair of the Public Health Responsibility Deal Food Network Professor Susan Jebb.
17	September	2014	Public Health England Annual Conference with Public Health Minister Jane Ellison as keynote speaker and Chief Executive of NHS England Simon Stevens who warns that the UK is "sleepwalking into the worst public health emergency for at least three decades." Media reports on new research is published showing the link between artificial food sweeteners and diabetes.

Day	Month	Year	Event
18 - 20	September	2014	Public Health Minister Jane Ellison speaks at the inaugural <i>Food Matters Live</i> event alongside experts, health professionals and industry representatives about the Public Health Responsibility Deal.
14	October	2014	<i>Obesity Commission</i> report published for Mayor of London by the London Health Commission.
16	October	2014	Public Health Minister Jane Ellison is recognised as a new entry in the Evening Standard's list of <i>The 1000 – London's most influential people 2014: Innovators</i> . Chief Medical Officer Dame Sally Davies is interviewed by the media and says, " <i>The things that damage our health – whether it's diet leading to obesity, smoking or addictions – are individual choices. I think it's very important we don't sidestep that by becoming a nanny.</i> " But that " <i>Regulation has a role to play.</i> "
22	October	2014	NHS England launches its <i>Five Year Forward View</i> which includes supporting hard-hitting action to tackle obesity.
23	October	2014	Public Health England publishes <i>Evidence into action: protecting and improving the nation's health</i> which includes obesity as one of its seven priorities for the next five years. It confirms that it will produce an independent report for government on sugar and diet, " <i>including evidence reviews on fiscal measures and promotions</i> ".
31	October	2014	The Royal Society for Public Health calls for alcohol nutritional labelling. Public Health Minister Jane Ellison responds saying, " <i>While it is already possible for alcohol producers and retailers to display calorie content on their labels, we will continue to look at what else can be done to help people make healthier lifestyle choices.</i> "
11	November	2014	<i>Soft Drinks International</i> writes about the increasing pressure on governments to introduce a sugar tax. New research is published by Action on Sugar showing the sugar content of fruit juices.
15	November	2014	Sainsbury's publishes its update on its sustainability commitments which includes obesity as a priority. Public Health Minister Jane Ellison is quoted saying, " <i>Sainsbury's are once again helping to lead the way in providing customers with the information that they need to make informed choices.</i> "
18	November	2014	<i>Food Matters Live</i> event includes a debate on the <i>Calorie Reduction Pledge</i> with Professor Susan Jebb, Chair of the Public Health Responsibility Deal Food Network.
19	November	2014	McKinsey publishes its ' <i>Overcoming obesity: An initial economic analysis</i> ' report and is widely reported in the media. It recommended governments introduce and try a range of measures and no one solution will work in isolation, " <i>Rather than wait for perfect proof of what works, we should experiment with solutions, especially in the many areas where interventions are low risk ... We have enough knowledge to do more.</i> "
23	November	2014	Journalist Camilla Cavendish writes about the McKinsey obesity report in her article titled ' <i>I choke on the words, but our bulging world needs laws to curb Big Food</i> ' having come across the work of Robert Lustig, US endocrinologist and author of <i>Fat Chance</i> (2014). She writes about the book and the need for more government intervention including laws to tackle obesity.
27	November	2014	Journalist Sarah Boseley credits Jamie Oliver with having helped progress policy on food education.

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	December	2014	The Treasury commissions an internal briefing paper to be produced setting out a range of possible VAT and excise tax options ahead of the 2015 general election. The purpose is to have considered potential revenue raising measures so that whatever political party is elected to form a government, the Treasury is ready to progress any of them that fit the party's agenda. A sugar tax is one of the options examined in the briefing and questions on feasibility, revenue raising potential and ways to make such a tax happen are considered. Previous work had been done by the Treasury on such tax options under Gordon Brown's government. The version of a sugar tax considered in this briefing was a flat rate on sugary products that could raise a few million pounds, rather than a levy.
3	December	2014	The Organisation for Economic Co-operation and Development (OECD) publishes its <i>Health At A Glance Europe 2014</i> report which shows the UK as being one of the most obese countries in Europe.
13	December	2014	Richard Dobbs, author of the McKinsey <i>Overcoming obesity: An initial economic analysis</i> report, has his article published on the World Economic Forum website about the report ahead of speaking about it in Davos.
26	December	2014	Chief Executive of NHS England Simon Stevens responds to the OECD report showing how England ranks in obesity prevalence compared to other European countries and is reported in the media.
3	January	2015	Celebrity chef and campaigner Jamie Oliver is reported in the media arguing that sugar is " <i>definitely the next evil</i> " and " <i>should be targeted</i> ". He calls for a sugar tax and references the sugar tax policy in France as a model the UK should follow. He condemns the actions of the sugar industry in South America. Media report on bariatric surgery and suggest that the Chief Executive of NHS England Simon Stevens is unlikely to take up NICE recommendations relating to bariatric surgery provision as he wants to focus more on prevention.
12	January	2015	Asda announces its sugar reduction plans which are welcomed by Public Health Minister Jane Ellison but criticised by Action on Sugar that says the Public Health Responsibility Deal provides a false sense of progress.
16	January	2015	Tesco rolls out confectionary-free checkouts across all its stores which is welcomed by Public Health Minister Jane Ellison.
28	January	2015	Media attention on research by Action on Sugar showing the sugar content of breakfast cereals.
10	February	2015	Commons Health Select Committee holds its second oral evidence session as part of its inquiry into the <i>Impact of Activity and Diet on Health</i> . Chief Executive of NHS England Simon Stevens gives evidence, as well as Professor Kevin Fenton and Dr Alison Tedstone from Public Health Nutrition.
11	February	2015	The BMJ publishes an article questioning the link between food industry funding and academic independence including the Chair of the Government's Public Health Responsibility Deal Food Network Professor Susan Jebb.
14	February	2015	Prime Minister David Cameron launches a review to explore how to get people back into work, including those suffering with drugs or alcohol addiction, or those living with obesity. The review is chaired by Professor Dame Carol Black.

Day	Month	Year	Event
25	February	2015	A new campaign called <i>Give Up Loving Pop</i> (GULP) is launched by the social enterprise Health Equalities Group, funded by North West Directors of Public Health.
26	February	2015	The media reports Action on Sugar's call for energy drinks to be banned for under-16s.
12	March	2015	Public Health England, NHS England and Diabetes UK launch the <i>National NHS Diabetes Prevention Programme</i> which is widely reported in the media. It includes weight loss, physical activity, cooking and nutrition classes and vouchers, peer support and online support from trained professionals. The Children's Food Campaign publish new research and call for a sugar tax.
13	March	2015	Sainsbury's <i>Active Kids</i> vouchers scheme receives Prime Minister David Cameron's <i>Big Society Award</i>
16	March	2015	Campaigner Jeanette Orrey credits celebrity chef and campaigner Jamie Oliver's TV programmes for leading to school food policy change in light of the Fabian Society's report <i>Recipe for Inequality</i> being published.
17	March	2015	Chair of the Public Health Responsibility Deal Food Network Professor Susan Jebb gives the 5 th Annual Oxford London Lecture on <i>Solving the obesity crisis: knowledge, nudge or nanny?</i>
25	March	2015	Commons Health Select Committee publishes its ' <i>Impact of physical activity and diet on health</i> ' report and is viewed as a signal that the committee is " <i>going to start looking at these public health issues.</i> " (Policymaker)
27	March	2015	The media reports on the Commons Health Select Committee <i>Impact of physical activity and diet on health</i> report and quote its Chair Dr Sarah Wollaston MP. The media also focuses on the call to ban fast food outlets in hospitals as the UK second's busiest Greggs is in a hospital.
31	March	2015	Celebrity chef and campaigner Jamie Oliver launches a petition on change.org to introduce mandatory food education in schools, " <i>Our global petition starts in Australia, but it's also about all the governments in the G20.</i> "
7	April	2015	Media report on IRI market research is published showing a decline in sales of sports and fruit drinks, which is attributed to sugar reduction campaigns.
14	April	2015	Labour Party launches its manifesto which contains the line, " <i>We will set a new national ambition to improve the uptake of physical activity and take targeted action on those high strength, low-cost alcohol products that fuel problem drinking. And we will set maximum permitted levels of sugar, salt and fat in foods marketed substantially to children.</i> "
15	April	2015	The Conservative Party launches its manifesto which contains the line, " <i>We will take action to reduce childhood obesity and continue to promote clear food information.</i> " It also states, " <i>We will review how best to support those suffering from long-term yet treatable conditions, such as drug or alcohol addiction, or obesity, back into work.</i> " The Liberal Democrats launch their manifesto which states they will, " <i>Restrict the marketing of junk food to children, including restricting TV advertising before the 9pm watershed, and maintain the effective 'Five a Day' campaign</i> "; " <i>Encourage the traffic light labelling system for food products and publication of information on calorie, fat, sugar and salt content in restaurants and takeaways</i> "; " <i>Promote evidence-based 'social prescribing' of sport, arts and other</i>

Day	Month	Year	Event
			<i>activity to help tackle obesity”, and “by opening up more sports facilities and building more cycle routes we can cut obesity and reduce heart problems.” It also states they will “work to improve the wider factors that affect our health like warm homes, good air quality and access to health food” and “introduce a National Food Strategy to promote the production and consumption of healthy, sustainable and affordable food. Our strategy will increase the use of locally and sustainably sourced, healthy and seasonable food, including in public institutions like schools and the NHS, implementing and expanding Defra’s Plan for Public Procurement.”</i>
23	April	2015	British Journal of Sports Medicine publishes an editorial on how <i>“physical activity does not promote weight loss.”</i> The media report mixed reactions with Professor Mark Baker from NICE saying it would be “idiotic” to rule out physical activity and Ian Wright from the Food and Drinks Federation saying, <i>“The benefits of physical activity aren’t food industry hype of conspiracy, as suggested.”</i>
	April	2015	Talks are held between senior civil servants and the main political parties in the lead up to the general election so that the civil service can prepare for whichever party wins and be informed about their potential policy plans.
5	May	2015	Diabetes UK publishes an article about which party people should vote for based on NHS funding pledges and commitments to tackle obesity and diabetes. It states that the Conservative Party and Liberal Democrats have committed the most amount as requested by Chief Executive of NHS England Simon Stevens, but that all parties are <i>“vague on the subject of how they will approach the prevention of obesity and type 2 diabetes.”</i>
7	May	2015	General Election. The Conservative Party wins a majority and is elected to form a government.
8	May	2015	Government publishes its updated <i>2010 to 2015 government policy: obesity and healthy eating</i> paper
12	May	2015	Media on 26 March 2015 study in Addiction journal that finds that the Public Health Responsibility Deal has failed to effectively tackle poor diet in England. The Government continues its gradual closing down of the Public Health Responsibility Deal as the focus shifts to COP, although elements of it, such as the sugar and salt reduction plan, continue being delivered largely under Public Health England.
14	May	2015	Celebrity chef and campaigner Jamie Oliver releases his <i>Food Revolution Day</i> song with Ed Sheeran and many other celebrities as part of <i>Food Revolution Week</i> .
15	May	2015	The media report that Jamie Oliver is calling for a ‘nanny state’ ... <i>“when he was working with the then prime minister Tony Blair on school dinners 10 years ago the obsession was “we don’t want to be nanny state”.”</i> Action on Sugar publishes its annual report which states that the Public Health Responsibility Deal website has not been updated and annual updates on progress postponed until 2016 resulting in a lack of monitoring.
18	May	2015	Prime Minister David Cameron gives a speech on plans for a seven-day NHS service and cites Chief Executive of NHS England Simon Stevens who gives a speech the same day in Birmingham and says, <i>“It’s time to get our act together on prevention ... It’s a no brainer ... Junk food, sugary fizzy drinks and couch potato lifestyles are normalising obesity and as parents, a third of us can’t now spot when our own child is seriously overweight.”</i>

Day	Month	Year	Event
			Tesco becomes the first retailer to commit to a major government sugar reduction programme which is welcomed by Action on Sugar.
19	May	2015	Prime Minister David Cameron's advisor Steve Hilton's book launch is held in East London and is attended by David Cameron, Chancellor George Osborne and a key member of celebrity chef and campaigner Jamie Oliver's team who is invited personally by Steve Hilton. At the event the team member speaks to David Cameron and his wife Samantha Cameron about the work Jamie Oliver is doing on obesity and informs them he is preparing a new TV programme [<i>Sugar Rush</i>]. As a result of this, David Cameron agrees to a meeting being set up between him and Jamie Oliver. Public Health Minister is given the additional role of children's health minister as her predecessor Dr Dan Poulter is reshuffled out of government.
20	May	2015	Health Secretary Jeremy Hunt gives his first speech following the general election at the King's Fund setting out his new priorities which includes obesity and diabetes.
21	May	2015	Prime Minister David Cameron appoints journalist and former McKinsey consultant Camilla Cavendish to be the head of the Downing Street Policy Unit. David Cameron instructs his team to start drawing up COP. In terms of the whole public health agenda, childhood obesity became one of the main focuses as key members of the Government believed it was more effective to focus on one or two main issues. Rather than if government tries to mitigate and control demand on all public health issues which can be seen as government trying to tell people what they should do and how they should live their life. For some members of the government, COP becomes the policy they " <i>spent most time on</i> " (Government advisor) following the 2015 election.
21	May	2015	Minister George Freeman suggests the idea of a sugar tax while speaking at the Hay Festival, although he is generally against " <i>heavy-handed legislation</i> ". Downing Street submits an official response saying that a sugar tax " <i>is not the right approach</i> " and that the Government would be exploring other policies to tackle obesity. Tesco is the first company to commit to reducing sugar by 5% incrementally from all of its major soft drinks.
29	May	2015	Chief Medical Officer Dame Sally Davies is interviewed in the media explaining her role in government and discussing obesity.
31	May	2015	Chief Executive of NHS England Simon Stevens is interviewed on The Andrew Marr Show and says that obesity has become the key battle for public health with a big focus on the need for reformulation and for everyone to play their part.
	June	2015	As early as June, COP policy options are being sent to David Cameron with ' <i>increasingly intensity</i> ' (Government advisor) and discussions were had about the tactical things Downing Street needed to do to get COP progressed, the implications for other government departments, ministerial positions and managing " <i>different pressures and perspectives</i> " (Government advisor) within the Conservative Party, and working through technical challenges such as how all the policies would work and how much they would cost.

Day	Month	Year	Event
2	June	2015	Chief Executive of NHS England Simon Stevens visits Manchester Health Academy to see the work being done to increase healthy eating, tackle obesity and improve personal, social and emotional health. The Year 8 students bake him “healthy” cakes.
3	June	2015	Chief Executive of NHS England Simon Stevens gives a conference speech and is interviewed by the media. He says action is needed by all sectors and everyone and industry must reformulate. Ian Wright from the Food and Drinks Federation (FDF) is also interviewed saying the industry has done a lot already. The FDF also publishes an open letter to Simon Stevens asking him to “ <i>encourage all parties, including the food industry, to play an active role in tackling obesity.</i> ”
4	June	2015	Health Secretary Jeremy Hunt gives a speech on the NHS and cites NHS England Chief Executive Simon Stevens’s comments the previous day about childhood obesity being a scandal. The McKinsey <i>Overcoming obesity: An initial economic analysis</i> report is cited by the European Parliamentary Research Service Blog as one of its main informative obesity reports.
5	June	2015	Professor Graham MacGregor speaks at The Times Cheltenham Science Festival calling for a ban of unhealthy food and drink adverts and says that “ <i>the biggest tragedy of the last Government was taking nutrition away from the Food Standards Agency.</i> ”
6	June	2015	The Lancet interviews Professor Susan Jebb about her work advising the government on obesity policy and negotiating voluntary agreements with industry to improve the healthfulness of food. She is described as being “ <i>one of the most effective people to step out of the laboratory and participate in the formulation of nutrition policy</i> ”. Professor Susan Jebb repeats her belief that taxes on food are not publicly popular.
1	July	2015	NHS England and Public Health England launch the NHS Healthy New Towns programme. Chief Executive of NHS England Simon Stevens launches it in Harrogate and says, “ <i>The NHS is ready to roll its sleeves up and play its part in putting health at the heart of our new neighbourhoods and town.</i> ” Health Secretary Jeremy Hunt gives a speech to the Local Government Association on personal responsibility and discusses the UKs high obesity rates but says, “ <i>Thankfully people are starting to take more responsibility.</i> ”
6	July	2015	Celebrity chef and campaigner Jamie Oliver meets with Prime Minister David Cameron and presents him with a gold embossed graph showing how childhood obesity gets worse during primary school and is worst among lower socioeconomic groups. It is that statistic - that during primary school, more children become obese - as shown in the graph, which becomes a light bulb moment for David Cameron, alongside the influence of his health advisor Nick Seddon, head of his policy unit Camilla Cavendish, Health Secretary Jeremy Hunt, Cabinet Secretary Jeremy Heywood and Chief Medical Officer Dame Sally Davies. David Cameron is persuaded of the need for more state driven action. The socioeconomic argument was considered by Downing Street to tie in well with its life chances agenda.

Day	Month	Year	Event
8	July	2015	Work and Pensions Secretary Iain Duncan Smith seeks to revise the government's poverty measure. Chair of the Commons Health Select Committee Dr Sarah Wollaston MP measures it and calls for it to also include health issues such as obesity and tooth decay.
9	July	2015	Inaugural meeting of the Obesity Stakeholder Group (later renamed the Obesity Health Alliance) held at the Royal College of Physicians.
12	July	2015	The British Medical Association publish a report calling for a 20% tax on sugary drinks. Chief Executive of NHS England Simon Stevens responds calling for a change "in the terms of trade" with the food industry and the need for reformulation but does not explicitly support the idea of a sugar tax. Ian Wright from the Food and Drinks Federation says, " <i>demonising one nutrient out of a range on the national menu is not a healthy way to proceed</i> " and such taxes have " <i>not proven effective at driving long-term, lasting change to diets.</i> "
15	July	2015	Public Health England launches its <i>10-minute shake up</i> campaign with Change4Life and Disney to help get children more physically active.
16	July	2015	A "teaching" is hosted in Downing Street for Prime Minister David Cameron to hear directly from key stakeholders on childhood obesity about what his strategy should include. In attendance is celebrity chef and campaigner Jamie Oliver, the Prime Minister's health advisor Nick Seddon, the Prime Minister's Director of Communications Craig Oliver, the head of the Downing Street Policy Unit Camilla Cavendish, Public Health Minister Jane Ellison, Director of the Behavioural Insights Team David Halpern, author of the McKinsey <i>Overcoming obesity</i> report Richard Dobbs and the Chief Medical Officer Dame Sally Davies. The case is made that there is no silver bullet and multiple levers need to be pulled, and that this approach would break the cycle of ineffective government action so far. David Cameron was interested to find out how he could be the first government to tackle the problem effectively. The McKinsey report on obesity is one of the key pieces of evidence to making the case for multiple policies. David Halpern demonstrates how much sugar is in a can of Coca-Cola by putting the equivalent amount in sugar sachets into a cup and sliding the cup down to David Cameron who is shocked.
17	July	2015	Scientific Advisory Committee on Nutrition's (SACN) <i>Carbohydrate and Health</i> review report is published recommending the nation's sugar consumption should be halved from 10% of dietary intake to 5%. Public Health England publishes <i>SACN's sugars and health recommendations: why 5%?</i> To explain the evidence and research behind the SACN review. Public Health Minister Jane Ellison responds to the Scientific Advisory Committee on Nutrition's <i>Carbohydrates and Health</i> report saying government is accepting the recommendations and will use them to inform COP.
19	July	2015	Cancer Research UK publishes its <i>Achieving world-class cancer outcomes, a strategy for England 2015-2020</i> Taskforce report. In its six strategic priorities is a government " <i>national action plan on obesity.</i> "

Day	Month	Year	Event
31	July	2015	Prime Minister David Cameron is interviewed by the media during a trade delegation visit to South East Asia about COP and what policies he supports. He states his view against introducing a sugar tax has not changed.
	July	2015	The idea of a sugar tax becomes the focus of many debates and discussions in Downing Street. It becomes symbolic of how serious the government is in its desire to tackle childhood obesity. Not everyone in Downing Street is convinced, but the debates raise important arguments and a core team of advisors become key champions of it “softening” the idea up to more sceptical colleagues. Prime Minister David Cameron sees the importance of having a sugar tax as a symbol of how prepared, particularly a Conservative government is to introduce tough measures to tackle childhood obesity.
	August	2015	Chancellor George Osborne submits a briefing note containing policy ideas to Prime Minister David Cameron which includes a sugar tax. David Cameron receives briefings containing possible policies for COP and indicates being in favour of stronger measures such as bans where ‘nudge’ policies do not work, but still unsure about introducing tax measures.
25-27	August	2015	The media report on celebrity chef and campaigner Jamie Oliver’s TV programme <i>Sugar Rush</i> , due to be aired in September. The media report that Jamie Oliver has imposed a 10p levy on sweet drinks sold in his restaurants.
28	August	2015	Celebrity chef and campaigner Jamie Oliver hosts his <i>Big Festival</i> with the proceeds going to Food Foundation
2	September	2015	Chief Executive of NHS England Simon Stevens speaks at the <i>NHS Innovation Expo</i> conference and launches an initiative to improve health in the workplace including removing unhealthy food and drink in hospitals. Research is published on the link between carbonated soft drinks and heart attacks.
3	September	2015	Celebrity chef and campaigner Jamie Oliver’s ‘ <i>Sugar Rush</i> ’ documentary airs on Channel 4 and his petition calling for the government to introduce a sugar tax is published. Jamie Oliver also launches a five-point <i>Sugar Manifesto</i> . The programme includes an interview with Ian Wright from the Food and Drinks Federation who disagrees that sugary food is aggressively marketed to children and says the key to tackling obesity is consumer choice and responsibility.
4	September	2015	The media report all the supportive tweets from celebrities endorsing Jamie Oliver’s <i>Sugar Rush</i> TV programme and petition calling for a sugar tax.
8	September	2015	The media reports on the parliament website crashing due to people wanting to sign Jamie Oliver’s petition calling for a sugar tax, which reached beyond the 100,000 signatures needed to spark a debate on the issue in Parliament within days.
11	September	2015	The Institute of Economic Affairs’ Christopher Snowden writes in the media about calorie consumption having fallen for years in light of Jamie Oliver’s <i>Sugar Rush</i> TV programme.
16	September	2015	Coca-Cola launches a new advertising campaign to draw attention to its sugar reduction work. Public Health England Annual Conference. Public Health Minister Jane Ellison confirms that the government will publish COP “later this year”.

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			Adam Smith Institute publishes, <i>"Can we get this straight please? Obesity saves the NHS money."</i>
27	September	2015	Chief Medical Officer Dame Sally Davies is interviewed by the media discussing COP and her reticence to government introducing regulations such as a sugar tax.
30	September	2015	Media covers research by Action on Sugar on sugar-sweetened beverages that finds that 88% of cans exceeded the recommended daily intake of free sugars and that Coca-Cola and Pepsi in the UK have more sugar than in other countries.
1	October	2015	Public Health Minister Jane Ellison gives a speech at the Advanced Wellbeing Research Centre discussing COP and the government's commitment to tackling obesity and encouraging physical activity.
5	October	2015	Jeremy Hunt speaks at a fringe event at the Conservative Party Conference in Manchester and the media widely report that he advocates from stronger intervention from the government on childhood obesity. Food and drink industry representatives also attend the Conservative Party Conference and meet with policymakers to discuss COP.
6	October	2015	Brighton and Hove becomes the first local authority to launch a city-wide campaign and become a <i>Sugar Smart City</i> in partnership with Jamie Oliver. Media reports on industry activities to tackle obesity.
7	October	2015	Chair of the Public Health Responsibility Deal Food Network Professor Susan Jebb visits Oxford University and is interviewed saying, <i>"The Government has largely shied away from stronger policy action, but it may be time to look for a nanny to protect the nation from eating itself to an early grave."</i>
9	October	2015	Chair of the Commons Health Select Committee Dr Sarah Wollaston writes to Chief Executive of Public Health England Duncan Selbie to request the publication of the Public Health England report on reducing sugar.
12	October	2015	Chair of the Commons Health Select Committee Dr Sarah Wollaston MP writes in the media about the fact that a report on sugar reduction by Public Health England is <i>"sitting on the desk of [health secretary] Jeremy Hunt"</i> , but that he is <i>"refusing to publish this study ... despite repeated requests to make it available to the public."</i> She requests for it to be published ahead of COP but says the Chief Executive of Public Health England Duncan Selbie <i>"agreed with Mr Hunt"</i> that <i>"it is inappropriate to publish in advance of the obesity strategy."</i>
13	October	2015	Commons Health Select Committee oral evidence session with Professor Graham MacGregor who says Action on Sugar was asked by Health Secretary Jeremy Hunt to produce a plan on obesity but have not heard anything from him since. Ian Wright from the Food and Drinks Federation gives evidence.
14	October	2015	Public Health England, Local Government Association and Association of Directors of Public Health announce new partnership with Leeds Beckett University to design, implement and evaluate adopting a whole systems approach to tackle and prevent obesity. Chief Executive of NHS England Simon Stevens gives a lecture in Birmingham and discusses obesity.

Day	Month	Year	Event
			An interview with David Halpern, Director of the Behavioural Insights Team, is published stating that he <i>“might be the Cameron government’s most influential research”</i> and that obesity is one of the team’s main policy focuses. Public Health England gives its sugar reduction evidence to the Government to review and consider. Chief Executive of Public Health England Duncan Selbie says, <i>“There is no secrecy here”</i> responding to accusations the report is being controlled by the Government.
18	October	2015	Jamie Oliver and his family visit Prime Minister David Cameron and his family in Chequers.
19	October	2015	<p>Commons Health Select Committee hosts an oral evidence session as part of its inquiry into childhood obesity. Celebrity chef and campaigner Jamie Oliver gives evidence, and it is widely reported in the media that he is calling on Prime Minister David Cameron to be <i>“brave”</i>. Jamie Oliver attends the All-Party Parliamentary Group for Diabetes events after the Health Select Committee oral evidence session and meets with MPs.</p> <p>Jamie Oliver is interviewed by the media calling for a sugar tax, policies on labelling and unhealthy advertising, and a <i>“need to change the rules for the game”</i>. Media quotes Chair of the All-Party Parliamentary Group for Diabetes Keith Vaz MP saying, <i>“It’s because of the work of people like Jamie Oliver that I understand that it’s important that we know about what we eat. I would like to thank Jamie Oliver for the excellent work he has done in this area.”</i> Media reports that Wetherspoons CEO Tim Martin says a sugar tax would cost the pub industry millions of pounds.</p> <p>Chief Executive of Public Health England Duncan Selbie is questioned about why PHE has not published its report on sugar. The Committee inquiry is deliberately timed to coincide with the PHE due to be published. Dr Alison Tedstone states that Public Health England’s delayed report on sugar reduction will recommend fiscal measures to reduce sugar consumption and that <i>“the higher the tax increase the greater the effect.”</i> (H??) Professor Susan Jebb warns against COP just focusing on children.</p>
21	October	2015	<p>The British Medical Journal report on the evidence Dr Alison Tedstone from Public Health England gave at the Commons Health Select Committee inquiry into childhood obesity and the fact she explained that the evidence in the unpublished Public Health England report on reducing sugar showed the possible effectiveness of introducing a fiscal measure such as a sugar tax.</p> <p>ITV TV programme <i>XXL Britain</i> airs including interviews with a range of stakeholders and examining the public popularity of a sugar tax.</p>
22	October	2015	Public Health England publishes its delayed <i>Sugar Reduction: The evidence for action</i> report, which recommends tackling price promotions on and advertising of unhealthy food and drink, a price increase through the use of a tax or levy on full sugar soft drinks, and a reformulation programme. Dr Alison Tedstone from Public Health England confirms they are working with the government on COP and that government <i>“will use the PHE evidence review to inform its development of a childhood obesity strategy, due in the coming months.”</i>

Day	Month	Year	Event
			Downing Street submit a formal response to the media and say there are <i>“more effective ways of tackling”</i> obesity than a sugar tax. Celebrity chef and campaigner Jamie Oliver is interviewed in the media and discusses the PHE report and Prime Minister David Cameron ruling out a sugar tax. Mims Davies MP publishes a blog about meeting Jamie Oliver in Parliament but is <i>“certainly not convinced there should be a sugar tax”</i> .
26	October	2015	A group of health experts and professionals call for a sugar tax after a Royal College of Paediatrics and Child Health commissioned a survey of 2000 people found that 53% supported taxing unhealthy food and drinks to improve children’s health.
27	October	2015	Behavioural Insights Team publishes findings from its citizens’ jury research in Australia as part of its VicHealth work since 2014 which finds that the jury asked for a 20% tax on high-added sugar drinks.
	November	2015	Ahead of the Chancellor’s Spending Review and Autumn Statement, Health Secretary Jeremy Hunt proposes the idea of a sugar tax to Chancellor George Osborne as a way to help fund public health services, which faced spending cuts as part of the Spending Review. George Osborne responds by saying that the sugar tax is an idea whose time is coming, but not just yet. Civil servants from the Department of Health also meet with civil servants in the Treasury to say that they are putting COP together, the case is strong for a sugar tax and the gauge how likely it is. The Treasury civil servants do not indicate to the Department of Health civil servants that there is a likelihood of such as sugar tax as the 20% flat rate idea is considered unfeasible and publicly the Prime Minister and Chancellor have stated they are not considering a sugar tax. In this process, the Treasury receives all the evidence and briefing notes from the Department of Health team. The Spending Review is met with criticism from members of the Government’s party.
3	November	2015	New research is published showing link between sweetened beverages and heart failure.
4	November	2015	Comres poll is published showing that the majority of the public support government introducing a sugar tax.
11	November	2015	The media reports on Sainsbury’s half-year profits falling by 18%. Sainsbury’s Chief Executive Mike Coupe is interviewed on the radio discussing the sugar reduction work from own-brand products and calling for a <i>“holistic approach”</i> to tackle childhood obesity.
17	November	2015	Ian Wright from the Food and Drink Federation speaks in a Food Matters Live session explaining why he thinks a sugar tax would not work, that it was not included in the Conservative Party’s manifesto and that the government promised no new taxes earlier in the year so <i>“This would be a great contravention of their agreement.”</i>
20	November	2015	Oxford Economics report commissioned by British Soft Drinks Association is published showing the soft drink industry’s contribution to the UK economy and a launch event is held with Chris Davies MP.
23	November	2015	Health Secretary Jeremy Hunt announces that NHS hospitals will be ranked on the NHS Choices websites based on the quality of their food.

Day	Month	Year	Event
25	November	2015	The Chancellor announces his Spending Review and Autumn Statement. Public Health England Chief Executive Duncan Selbie writes to local authorities confirming the government has reduced public health spending. Obesity Stakeholder Group (renamed Obesity Health Alliance) host a workshop with 17 organisations, including charities and medical groups. The workshop forms the basis of a report published about what policies should be the focus and how to advocate for policy change.
29	November	2015	Wales Health Minister Mark Drakeford writes to the Department of Health calling for a 9pm watershed on unhealthy food and drink advertising and says soft drinks are a main contributor to poor diet among children.
30	November	2015	The Commons Health Select Committee publishes its report <i>Childhood obesity – brave and bold action</i> , which is widely reported by the media. The media report that COP is due to be published in the coming months. It is criticised by the Advertising Association for calling for a watershed on unhealthy food and drink advertising. The House of Commons holds a debate on a sugar tax as a result of celebrity chef and campaigner Jamie Oliver's petition calling for a sugar tax to be introduced. The Obesity Stakeholder Group, a coalition of organisations focused on tackling obesity, is formed and announced the same day. They agree on three main policy asks: a sugar tax, a 9pm watershed on unhealthy food and drink advertising on TV and a reformulation programme. Action on Sugar launches its six-step plan including recommending government introduces a sugar tax.
	December	2015	Focus on a sugar tax in Number 11 grows and the Treasury increases work on the idea, which is included in its policy long-list drawn up for the March Budget by Christmas. The Department of Health had planned to publish COP before Christmas, the bulk of which had already been written, but due to the nature of putting together such a comprehensive strategy with policies that affected and involved multiple government departments, the publishing date was delayed to the new year.
1	December	2015	The Department of Health publishes its mandate for NHS England which includes “contributing to the Government’s goal to reduce child obesity”.
2	December	2015	Dr Alison Tedstone from Public Health England speaks at the first <i>Sugar Awareness Week</i> reception in Parliament and focuses on policies on unhealthy food and drink promotions and advertising as being key to government’s approach.
11	December	2015	Dame Sally Davie’s <i>Chief Medical Officer Annual Report</i> is published recommending that obesity is included in the government’s national risk planning, and she is interviewed by the media saying she thinks the sugar tax “is a runner”.
15	December	2015	The <i>London Health and Care Collaboration Agreement</i> is published and signed by Mayor of London Boris Johnson and Chief Executive of NHS England Simon Stevens. It commits to “Achieve a 10% reduction in the proportion of children obese by Year 6 and reverse the trend in those who are overweight.”

Day	Month	Year	Event
16	December	2015	Government publishes its <i>Sporting Future: A New Strategy for an Active Nation</i> which includes COP as a key next step for government to deliver.
17	December	2015	<p>The media report about a Policy UK forum event focused on obesity policy. It reports that Andrew Opie, Director of Food and Sustainability at the British Retail Consortium called for mandatory reduction targets as part of COP. It reports the author of the McKinsey <i>Overcoming obesity: An initial economic analysis</i> report explaining that tax increases on products is lower down in effectiveness because other factors influence consumer choice, “<i>If people were price sensitive they’d be buying Tesco coke and not actual Coca-Cola,</i>”</p> <p>A coalition comprised of the food and drinks industry, advertisers, broadcasters and advertising agencies send a letter to the Prime Minister offering an alternative to mandatory, regulatory childhood obesity policies, called an “accountability deal” or “The Big Generous Offer”.</p>
	January	2016	The Treasury and George Osborne’s team begin a more serious series of policy meetings focused on the March Budget, which includes over 4000 policies to consider. The Treasury is tasked with looking out for “signature reforms” (policymaker) for this budget. George Osborne goes through the long list to remove policies definitely not going to be included in the Budget. A sugar tax is kept on the list of possible options and the Treasury is tasked with developing the idea, which is light on detail at that stage, and setting out all the necessary considerations, e.g., level of the tax, what products it applies to, etc., as well as policy process considerations such as what needs to go through Parliament if such as tax measure is introduced. The final decision on what policies will make it into the budget is left to be decided much nearer the announcement. The fact that a sugar tax is being considered is kept incredibly secret, with only a few people in government kept in the know. This is typical of Treasury policies because almost everything the department works on is market sensitive and a public debate early on in government’s consideration would hinder its ability to carefully and comprehensively consider such potentially sensitive and impactful policies. It also allows government to build up the political will, understanding and case to counter possible attacks that could stop an idea early in its consideration from being properly developed.
4	January	2016	Public Health England launches its <i>Sugar Smart</i> campaign to help inform parents and help them reduce their children’s sugar intake.
7	January	2016	David Cameron indicates publicly that a sugar tax is not being ruled out completely during a press conference in Hungary. The media report it as a sign that he has changed his mind having previously publicly ruled it out.
8	January	2016	Heather Hancock is appointed Chair of the Food Standards Agency
9	January	2016	Chief Medical Officer Dame Sally Davies is interviewed by the media saying, “ <i>While a sugar tax is totemic, it’s not going to have the biggest impact.</i> ” But the focus should be on reformulation, resizing, preventing promotions, and preventing advertising. Data from the Health Survey for England shows that children as young as eight are going on “ <i>crash diets</i> ” to lose weight.

Day	Month	Year	Event
10	January	2016	Media report on IRI market research showing supermarket cola is cheaper than bottled water.
12	January	2016	Media report on research showing the link between sugar-sweetened beverages and health problems.
14	January	2016	<p>A part of National Obesity Awareness Week, the Obesity Stakeholder Group continue its soft launch by publishing a joint policy position statement with ten policy asks and the expectations are that COP will be published in late January. In private, the Obesity Stakeholder Group tells civil servants in the Department of Health that they would have happy if government introduced two of their three main policy asks, i.e., a sugar tax, 9pm watershed on unhealthy food and drink advertising and a reformulation programme. The National Obesity Forum calls for sugar tax as part of its <i>JanUary</i> campaign.</p> <p>The British Journal of Sports Medicine report on the fact that in 2003 the <i>Hastings Review</i> was already recommending restrictions on unhealthy food and drinks advertising.</p> <p>Media report Mayor of London Boris Johnson introducing a 10p charge on all added sugar-sweetened beverages sold in the City Hall café, with proceeds going to health campaigns.</p>
15	January	2016	Government announces that Chris Wormald will replace Dame Una O'Brien as Permanent Secretary of the Department of Health.
17	January	2016	Chief Executive of NHS England Simon Stevens promises to introduce a levy on sugary foods and drinks in NHS hospitals.
19	January	2016	BMG polling shows majority of public support a sugar tax.
20	January	2016	Commons Library publishes its <i>Childhood obesity strategy</i> debate pack ahead of the Commons debate, <i>That this House calls on the Government to bring forward a bold and effective strategy to tackle childhood obesity</i>
21	January	2016	<p>Childhood Obesity Plan debate is held in Parliament after the motion <i>That this House calls on the Government to bring forward a bold and effective strategy to tackle childhood obesity</i> was proposed by Dr Sarah Wollaston MP.</p> <p>The World Health Organization publishes its <i>Ending Childhood Obesity</i> report which recommends implementing an effective tax on sugar-sweetened beverages.</p>
22	January	2016	Action on Sugar, Jamie Oliver and a group of campaigners and experts publish letter calling for David Cameron to put a sugar tax " <i>back on the table</i> ".
24	January	2016	Jamie Oliver named in The Times as one of 'Britain's 500 most influential' people referencing his " <i>battle to reduce childhood obesity</i> " continuing.
26	January	2016	Public Health England launches its Change4Life sugar-tracking app. Public Health Minister Jane Ellison welcomes the 1 million downloads. The media reports that COP is expected to be published in February.
27	January	2016	<p>Onalytica publishes its analysis of most influential people on obesity policy based on Tweets and celebrity chef and campaigner Jamie Oliver is named as the most influential person and Chair of the Commons Health Select Committee</p> <p>Dr Sarah Wollaston is named as number four most influential.</p>

Day	Month	Year	Event
29	January	2016	Celebrity chef and campaigner Jamie Oliver speaks at the <i>Lead 2016</i> Advertising Association conference to discuss his obesity campaigning and be interviewed. Jamie Oliver says he got no thanks or people didn't support when he was filming his <i>Sugar Rush</i> TV programme but once aired, he was fully supported. He describes his motivation - he asks, " <i>do people really thinks I want to focus all my energy on a sugar tax?</i> " and says it's " <i>the right thing to do</i> ". He claims he was blocked from doing more campaigning on Olympics unhealthy sponsorship and industry links. He also speaks about working with industry, their progress and why he keeps asking for more.
	Late January/Early February	2016	By late January, early February, Chancellor George Osborne is set on introducing a sugar tax and explains in a meeting that these sorts of measures on public health are inevitable.
	February	2016	<p>Chancellor George Osborne and Prime Minister David Cameron meet regularly every two weeks to discuss their policy plans. In one of these meetings, George Osborne informs David Cameron that he is seriously considering a sugar tax. They both confirm their policy teams have been looking into sugar tax options and David Cameron confirms his support. Head of the Prime Minister's policy unit Camilla Cavendish, celebrity chef and campaigner Jamie Oliver, Health Secretary Jeremy Hunt, Chief Medical Officer Dame Sally Davies, and the Prime Minister's health advisor Nick Seddon are considered key to building David Cameron's support. However, other Downing Street advisors think they are "mad" (policymaker) to introduce a sugar tax. Once the sugar tax is confirmed, a select few Downing Street advisors are informed it is happening as a serious contender for the March budget and they decide to delay the publication of COP until afterwards so it can contain the sugar tax. The support of David Cameron is considered critical.</p> <p>The main discussions on the sugar tax in the many meetings had between George Osborne, his advisors and the Treasury team were focused on mirroring the bank levy design, which was a policy George Osborne had announced previously and liked how it was designed. The aim was to similarly create a levy that incentivises businesses to reformulate or pay if they did not change their products, rather than a consumer-focused tax that was likely to lead to a product price increase. A consumer facing tax, i.e., adding 20% to the price of a drink, is what campaigners for a sugar tax and experts are recommending, including Jamie Oliver, Public Health England, and the Health Select Committee. This took time to design since other sugar taxes already in existence in other countries were more consumer-focused taxes. The discussions were also focused on deciding what products such a levy would apply to and how easy reformulation would be for manufacturers for different products. For example, fruit juices and milk drinks, as well as sugar sweetened beverages. The main argument against the inclusion of fruit juice was that the public may not support it because fruit juice is perceived as being healthy so the public may not understand why it is being levied, and for milk drinks that maternity groups may not support it if it applied to baby formula milk. This could lead to the media publishing a headline such as "Chancellor taxes baby milk", which could result in the</p>

Day	Month	Year	Event
			government having to “U-turn” and drop such a policy. There were also some technical challenges to applying the levy to a wider range of products. In one of these meetings, a civil servant brings in a Tesco shopping bag of different drinks to show how the levy would work on different products.
3	February	2016	The International Diabetes Conference is held in the House of Commons and is attended by Public Health Minister Jane Ellison and a group of international keynote speakers. One of these is Mexico’s minister for health prevention Dr Pablo Kuri Morales.
6	February	2016	Professor Susan Jebb, former government obesity advisor, is reported in the media criticising the fact that COP focuses on children and not adults too as parents are important influences. The media report that COP is expected to be published later in February.
7	February	2016	Health Secretary Jeremy Hunt and celebrity chef and campaigner Jamie Oliver are interviewed on The Andrew Marr Show. Jeremy Hunt calls childhood obesity a “national emergency” and promises a “game-changing” strategy, including a sugar tax or something “equally robust”. Jamie Oliver says he would “get more ninja” and “less nice” if the government does not introduce a sugar tax. Supportive campaigners keep attempting to increase pressure on the government to publish COP and include a sugar tax.
11	February	2016	Sainsbury’s announces plans to phase-out promotions on unhealthy food and drink which is welcomed by Public Health Minister Jane Ellison.
17	February	2016	Action on Sugar publishes a report showing the sugar content of hot drinks and calls for a sugar tax.
19	February	2016	Government publishes its <i>Shared delivery plan: 2015 to 2020</i> which includes a target to “ <i>reduce rising levels of obesity – particularly among children</i> ”. Cancer Research UK and UK Health Forum publish report showing the effectiveness of introducing a sugar tax.
21	February	2016	The media report on parents complaining about receiving letters telling them and their children what their children’s weight is as part of the National Child Measurement Programme and the fact that Dr Sarah Wollaston has called for the programme to be extended so children get weighed and measured every year. <i>Soft Drinks International</i> journal reports Gavin Partington, Director General of the British Soft Drinks Association saying that the Commons Health Select Committee inquiry into childhood obesity was a PR campaign.
23	February	2016	Health Secretary Jeremy Hunt writes to key stakeholders including Chief Executive of NHS England Simon Stevens and the Department of Health’s Permanent Secretary Dame Una O’Brien on the legal duties to reduce health inequalities and mentions obesity.
24	February	2016	The Royal Voluntary Service publishes research on the poor diet of NHS staff. The media report on a new café launched at the Royal Bournemouth Hospital in Dorset and shop in Western General Hospital in Edinburgh as part of its Healthy Choices Initiative. Chief Executive of NHS England Simon Stevens welcomes it.

Day	Month	Year	Event
25	February	2016	ITV TV programme <i>Young & Obese – Confronting the Crisis?</i> airs with former government obesity advisor Professor Susan Jebb saying shops not selling food should not have unhealthy food sold.
26	February	2016	Media reports that the Department of Health announces that it will not publish COP until the summer, after the European referendum. The Guardian removes a quote by the Department of Health saying that a sugar tax is unlikely stating that <i>“The department has subsequently said this was not the case.”</i>
1	March	2016	Chief Executive of NHS England Simon Stevens gives a speech at the King’s Fund to discuss the 10 new <i>NHS New Healthy Towns</i> . The media reports that 114 local authority applications to be part of it were received by NHS England in 2015.
3	March	2016	In late February/early March, the final meetings are had to finalise and agree upon the design of the sugar levy. Around ten days before the Budget is announced, it is sent to the Office for Budget Responsibility so the costings can be approved.
7	March	2016	Public Health England launches its £3 million <i>One You</i> campaign to help adults to live healthier lives through information provision.
11	March	2016	Interview with Chief Executive of NHS England Simon Stevens covers obesity as he says, <i>“We know that obesity is a great threat to our health as grownups and kids ... There’s no magic wand but there’s a series of things which can be done to wind the clock back. There is nothing God-given about this.”</i>
16	March	2016	<p>Chancellor George Osborne announces in his Budget statement in the House of Commons that the government will introduce a soft drinks industry levy (SDIL) on sugar sweetened beverages. The interviews revealed that there were a number of reasons behind George Osborne’s decision to introduce the SDIL. He had become convinced by the inevitability of such fiscal measures being introduced globally and was aware that it could be his last budget, and so it becomes a good chance for a legacy policy to be included. There was also a need to find £500 million to fund a schools programme, so the revenue raising potential also became important, but secondary to the ambition to get industry to reformulate their products.</p> <p>The SDIL is a surprise to the vast majority of people in the Supportive, Against and Other coalitions, including industry representatives directly affected by the levy. Only a very small group of people, including a select few civil servants, Special Advisors, are told about it before the Chancellor’s announcement in the House of Commons. One of these is celebrity chef and campaigner Jamie Oliver. George Osborne and his team phone Jamie Oliver and his team up before the announcement to ask if he can be ready to push out supportive media the moment SDIL is announced. Jamie Oliver agrees and drops his commitments to be on College Green outside the Houses of Parliament to give supportive interviews the moment the SDIL is announced. Supportive campaigners find out about the SDIL and conclude that although the design of the levy was not what they had been asking for (i.e., the 20% flat rate consumer tax), it was actually better.</p>

Day	Month	Year	Event
17	March	2016	<p>Public Health England publishes its new <i>Eatwell Guide</i>, which is “a policy tool used to define government recommendations on eating healthily and achieving a balanced diet.” It is criticised by nutritionists for recommending a substantial intake of carbohydrates.</p> <p>The Local Government Association says that unhealthy food and drink adverts should be banned near schools.</p> <p>The SDIL announcement is not considered by Chancellor George Osborne and the Treasury to be a guarantee that it will lead to enactment, so attention turns to building public, political and industry support for it, “<i>how we would launch the campaign, you know, get support for it</i>”, (policymaker). The day after the announcement, the key Treasury team hosts a call with key industry representatives to explain the reasons for the decision, how Treasury envisages it will work and to explain there will be a consultation they can submit evidence and advice to.</p> <p>Up to the announcement, the Treasury team had been focused on the SDIL separately to COP. Once announced, the focus and attention in the Treasury shifts to viewing it as part of COP so work begins in collaboration with the Department of Health team. This includes preparing to publish the consultation and forming a group comprised of the key civil servants and external campaigners, such as the Obesity Health Alliance, to build the public and political support so the SDIL would pass through Parliament as part of the Finance Bill. The Finance Bill, in which the SDIL is placed, is a particularly important piece of legislation as if it does not pass-through Parliament then it can trigger a vote of no confidence in the government so attention on creating the supportive conditions for it to pass becomes central.</p> <p>Industry representatives begin seeking legal advice and discussing possible legal challenges following the announcement of the SDIL. The media report that “a senior industry source said: ‘<i>It’s fair to say we are more than just considering legal action. This has been rushed through without warning</i>’”</p>
21	March	2016	Celebrity chef and campaigner Jamie Oliver publishes answers to questions about the SDIL and discusses his six-point plan to reduce childhood obesity.
22	March	2016	Media report on the <i>NHS Healthy New Towns</i> initiative and <i>NHS Diabetes Prevention Programme</i> , including how personal trainers and weight loss support is being offered by NHS England as one of the policies. Chief Executive of NHS England Simon Stevens says, “ <i>Around 500 people every day find out they’ve got type 2 diabetes – a serious but often preventable health condition. By offering targeted support for at-risk individuals, the NHS is now playing our part in the wider campaign against obesity – which is already costing the country more than we spend on the police and fire service combined.</i> ”
	April	2016	Downing Street has a COP draft that is ready to publish and now containing the SDIL but campaigning ahead of the EU Referendum becomes the main focus for the team and wider government with other issues side-lined.

Day	Month	Year	Event
6	April	2016	<i>Childhood Obesity & Food Policy in the UK – High Level Group on Nutrition & Physical Activity</i> Meeting is held in Brussels. Civil servant Emma Reed gives a presentation outlining government plans for COP, saying it will be launched in the summer.
8	April	2016	Former government obesity advisor Professor Susan Jebb is interviewed ahead of The Times Cheltenham Science Festival saying people are obese because of the environment and food culture, not because of poor will power. The media report that Conservative MPs disagree and say it is a matter of personal responsibility.
12	April	2016	Action on Sugar publishes its manifesto which includes a sugar reduction programme, ban on advertising and promotions of unhealthy food and drinks, and ban partnerships that imply increasing physical activity alone will reduce obesity.
13	April	2016	Public Health England publishes its <i>Strategic plan for the next four years: better outcomes by 2020</i> and states it will help “ <i>enable England to become the first country in the world to significantly reduce childhood obesity, contributing to the delivery of the government’s Childhood Obesity Strategy and the development of the sugary drinks levy.</i> ”
21	April	2016	The National Farmers Union Horticulture and Potatoes Board publishes its <i>Fit for the Future – Helping consumers eat more fruit and vegetables</i> report
22	April	2016	Celebrity chef and campaigner Jamie Oliver has lunch with Chancellor George Osborne to discuss the SDIL and George Osborne says that he wants “ <i>to be able to look his children in the eye later down the line, to be able to show that he had the power, and that opportunity so why wouldn’t he have put that [SDIL] in play and why wouldn’t he have been able to use his position to everyone’s advantage?</i> ” (Supportive campaigner).
27	April	2016	The <i>Behavioural insights and healthier lives: VicHealth’s inaugural Leading Thinks</i> residency report by David Halpern is published containing results from its real-world experiment on a 20% tax on sugary drinks and “ <i>found that it did go some way to encouraging healthier habits.</i> ”
	May	2016	Treasury Minister Damian Hinds meets with Diabetes UK, Cancer Research UK, British Heart Foundation, Royal College of Paediatrics and Child Health, Public Health England, UK Health Forum, and Action on Sugar “ <i>to discuss public health</i> ”.
9	May	2016	Commons Committee of Public Accounts hosts an oral evidence session on <i>NHS specialised services</i> . Chief Executive of NHS England Simon Stevens gives evidence and discusses obesity and surgery. Karin Smyth MP responds, “ <i>When we have the strategy for obesity, we will look forward to matching those two things up [obesity and cost of surgery].</i> ” Liverpool City Council launches campaign revealing the number of sugar cubes in popular sugar-sweetened beverages.
11	May	2016	Public Health England hosts a two-day Health X Hackathon in Manchester.
12	May	2016	Soft Drink Industry Levy ministerial roundtable held with Damian Hinds MP, Treasury and Department of Health civil servants, and Supportive coalition members.

Day	Month	Year	Event
15	May	2016	Action on Sugar publishes its <i>Annual Report</i> stating that the EU Referendum has delayed COP and to ensure government commitments are not side-lined or delayed further.
18	May	2016	Queen's Speech confirms the SDIL will be brought into legislation.
20	May	2016	Celebrity chef and campaigner Jamie Oliver calls for another global food revolution on Food Revolution Day as part of Food Revolution Week.
23	May	2016	Government publishes its statement for the 69 th Session of the World Health Assembly. Celebrity chef and campaigner Jamie Oliver and Professor Corinna Hawkes address the World Health Assembly about efforts to tackle obesity. The National Obesity Forum publishes its report telling people to eat more fat which receives widespread media coverage of the criticisms.
24	May	2016	Diabetes UK supports celebrity chef and campaigner Jamie Oliver's call for the Government to publish its childhood obesity strategy and for it to be "strong and effective". Cabinet Secretary Jeremy Heywood meets with Coca-Cola to discuss obesity.
	June	2016	Health campaigners continue work on their campaign to build up public and political support for and understanding of the SDIL including producing briefing papers and running supportive campaigns. They also try and lobby the Treasury team to expand the scope of the SDIL to products such as candy sprays and milk-based drinks ahead of the SDIL consultation.
7	June	2016	Commons Health Select Committee host an oral evidence session with key stakeholders including Public Health Minister Jane Ellison, Chief Executive of Public Health England Duncan Selbie and Chief Executive of NHS England Simon Stevens who says, " <i>a good place to start would be childhood obesity, and obviously the sugar tax in the budget is a key building block in that</i> " and that more will be contained in COP which should be published " <i>shortly</i> ".
8	June	2016	Meeting between Special Advisor to Health Secretary of State and members of the Supportive coalition
20	June	2016	Obesity Health Alliance publishes a report stating that by 2035, more than 7.6 million new cases of disease linked to people being overweight or obese could be diagnosed in the UK.
21	June	2016	Chief Executive of NHS England Simon Stevens gives a speech at a conference on Innovation and Technology and announces NHS England will offer patients apps and mHealth devices free of charge from April 2017 to help with health conditions and reduce obesity.
23	June	2016	The EU Referendum vote is held in the UK.
24	June	2016	The UK votes to leave the European Union and Prime Minister David Cameron resigns as prime minister and leader of the Conservative Party triggering a leadership contest. Meeting held between Treasury officials and members of the Supportive coalition about how to reduce the chances of progress implementing the SDIL being blocked.

Day	Month	Year	Event
29	June	2016	Home Secretary Theresa May and Boris Johnson MP are considered the main two people most likely to win the Conservative Party leadership contest.
30	June	2016	Boris Johnson withdraws from the Conservative Party leadership contest after Justice Secretary Michael Gove announces his candidacy.
5	July	2016	Home Secretary Theresa May wins the first ballot of MP votes with 165 votes compared to Minister Andrea Leadsom in second with 66 votes and Justice Secretary Michael Gove in third with 48 votes.
6	July	2016	Supportive coalition members meet to discuss Government's plans to publish COP week commencing the 11 th or 18 th of July
7	July	2016	Theresa May wins the second ballot to become Conservative Party leader with 199 votes, compared to Minister Andrea Leadsom with 84 votes and Michael Gove with 46 votes. Justice Secretary Michael Gove is eliminated from the leadership contest.
9	July	2016	Minister Andrea Leadsom tells a journalist that she would be better placed to lead the country because she is a mother, unlike Home Secretary Theresa May.
10	July	2016	The Food and Drink Federation leads calls for the SDIL to be abolished by government in light of the Brexit vote as it warns of business problems, <i>"The whole thing should be paused ... Confidence in the consumer goods market is very fragile and the government has promised not to impose any new burden on industry."</i>
11	July	2016	Minister Andrea Leadsom withdraws from the Conservative Party leadership contest, making Home Secretary Theresa May the winner. Theresa May becomes Leader of the Conservative Party the same day she is in Birmingham giving her speech to formally launch her national campaign, <i>"My vision of a country that works for everyone"</i> . Health campaigners meet to share intelligence that some COP policies have already been watered down. Chief Executive of NHS England Simon Stevens speaks at a reception in Parliament on health among older generations and discusses tech solutions to help people live healthier lives and tackle conditions such as obesity.
12	July	2016	Outgoing Prime Minister David Cameron asks newly elected Conservative Party Leader Theresa May if he can remain in post as prime minister for another week to finalise things, given that the leadership contest ended one to two months early. She says no and David Cameron and his team are given 24 hours to leave Downing Street. There is no formal handover between David Cameron, Chancellor George Osborne and their Special Advisor teams and the incoming teams. The handover is left to the civil servants who remain in their positions. David Cameron chairs his final Cabinet meeting as Prime Minister. Supportive coalition members discuss via email and conference call what is happening with COP including the planned publication "next week" being delayed due to the sudden change in government and what the new government under Theresa May might mean. Belief expressed that Theresa May might be supportive of COP due to having Type 1 Diabetes so understanding the health problems associated with Type 2 Diabetes.

Day	Month	Year	Event
			Research is published showing that sweeteners in soft drinks may increase hunger in people.
13	July	2016	<p>David Cameron does his final Prime Minister's Questions in the House of Commons. He then offers his resignation as Prime Minister to the Queen and recommends she invite Theresa May to form a government, which the Queen accepts. Theresa May becomes Prime Minister, begins to appoint her cabinet, and recruit her Downing Street team of advisors. This includes Philip Hammond as Chancellor, Jeremy Hunt remaining as Health Secretary, Jane Ellison reshuffled to become Treasury Secretary and Nicola Blackwood appointed as Public Health Minister. Institute for Government publishes its government reshuffle blog stating that while most ministers have been changed, COP is one of the strategies that has ministerial continuity with Jeremy Hunt kept as Health Secretary. Nick Timothy and Fiona Hill are appointed as Joint Chiefs-of-Staff, Chris Wilkins as Director of Strategy, John Godfrey as Head of the Policy Unit, Katie Perrior as Director of Communications. People are given between 24 and 48 hours to make their decision to accept or turn down the job offer.</p> <p>A blog by Director of the Behavioural Insights Team David Halpern is published stating that <i>"with an obesity strategy due out in few weeks ... obesity and lifestyle evidently came up quite a few times at the People Powered Health event, not least in a forthright speech from Simon Stevens, the Head of the NHS."</i></p> <p>The All-Party Parliamentary Group for Diabetes hosts a reception for launch of Diabetes UK <i>State of the Nation's Health 2016</i> report which is attended by Jeremy Hunt and Victoria Atkins.</p>
14	July	2016	<p>Once the new prime minister and team is in place, the civil service sets out what decisions are needed across a range of issues. One of these is on COP. Only a select few individuals in Government are involved in the revising and publishing of COP.</p> <p>GULP campaign announces that £50,000 of revenue from a voluntary restaurant sugar levy allocated by the Children's Health Fund launched in 2015 will fund open water fountains in parks, schools, youth groups and a BMX club.</p>
15	July	2016	<p>A leaked draft of COP is seen by health campaigners. Action on Sugar says the draft has changed from the draft developed under David Cameron, with key policies such as restrictions on unhealthy food and drink marketing removed. The media reports that Health Secretary Jeremy Hunt <i>"faces a battle with his new cabinet colleagues to 'put the teeth back' in the plan"</i>. Department of Health responds to criticism about the leaked draft saying <i>"Any suggestions that we are diminishing the ambition or the measures we take to reduce child obesity are quite wrong. There isn't yet a final version of the obesity strategy."</i></p> <p>Commons Committee of Public Accounts publishes its <i>NHS specialised services</i> report which includes discussions about obesity surgery and COP.</p>
16	July	2015	Celebrity chef and campaigner Jamie Oliver posts a video of himself on social media urging Prime Minister Theresa May to publish COP and offering his help. He is quoted responding to the leaked draft of COP saying, <i>"New PM, new</i>

Day	Month	Year	Event
			<i>structures, new ministers. But from my point of view and for all the other organisations, NGOs, specialists, scientists, and people that care about the next generation...the childhood obesity strategy is one of the most important things ... I'm so frightened that it [COP] goes the wrong way."</i>
18	July	2016	Celebrity chef and campaigner Jamie Oliver is interviewed by the media about the SDIL and COP. Chief Executive of the NHS Simon Stevens writes in the media about the radical blueprint the NHS needs to survive life after Brexit and states that action is needed on prevention and health inequalities, and that <i>"we now spend more on obesity than on police and fire service combined. We urgently need an activist child obesity strategy, with comprehensive action on food reformulation, promotions, and advertising."</i>
19	July	2016	Commons Health Select Committee publishes its <i>Impact of the Spending Review on Health and Social Care</i> report which calls <i>"on the Government under Theresa May as Prime Minister to publish and implement the strategy at the earliest possible opportunity, and on the Chancellor of the Exchequer to implement the existing plans for a levy on the manufacturers of sugary soft drinks."</i>
21	July	2016	The Food Research Collaboration publishes a review and calls for the ban of energy drinks sold to under-16s.
26	July	2016	Celebrity chef and campaigner Jamie Oliver is interviewed on <i>This Morning</i> and says he can't wait to meet Prime Minister Theresa May and that his job is to be a <i>"pain in the backside"</i> pushing for policy change.
	August	2016	A 'grid meeting' is held in Downing Street on the upcoming government announcements. A wider team in Downing Street is given papers on the policies COP contains. As part of the communication plan, Join Chief of Staff to the Prime Minister Fiona Hill is reported to have instructed Director of Communications Katie Perrior to <i>"Get on the phone to The Sun and tell them, 'The Conservatives have saved Tony the Tiger.'"</i> Government's framing behind the decision to remove some of the stronger policies from COP was that <i>"post-Brexit, this is not the right time to be putting extra costs and liabilities on British companies and, you know, this is just not the right time to be cracking down and there are other ways to achieve reductions in childhood obesity and we're going to go down those routes."</i> (Government advisor). It was also that Prime Minister Theresa May and her team wished to distance themselves from her predecessor David Cameron and former Chancellor George Osborne, including their policies and people associated with them like celebrity chef and campaigner Jamie Oliver. This was partly because Theresa May was considered different in leadership style and vision.
1	August	2016	The Food and Drink Federation publishes its guidance setting out the <i>"regulatory considerations for sugar reduction"</i> following the publication of the SACN <i>Carbohydrate and Health</i> review.
5	August	2016	The Rio Summer Olympic Games begins and the media report on the unhealthy sponsorship by Coca-Cola and McDonald's. Dr Fabio Gomes, a Brazilian public health nutritionist and regional advisor to the World Health Organization says the sponsorship is <i>"outrageous"</i> and irresponsible.

Day	Month	Year	Event
8	August	2016	Oxford Economics publishes research commissioned by British Soft Drinks Association claiming the SDIL will cost the UK economy £132 million and put 4,000 jobs at risk.
15	August	2016	Government civil servants warn Supportive coalition members of the Face the Facts, Can the Tax campaign being launched alongside publication of Oxford Economics report and ask for help to publicly counter the arguments.
16	August	2016	A coordinated campaign, including members of the sweetened beverage industry and related trade bodies, is launched called <i>Face The Facts, Can The Tax</i> . It attempts to change policymakers' minds about the SDIL by lobbying them and targeting MPs with drink manufacturers in their constituencies to warn of potential job losses as a result of the SDIL and commissioned Oxford Economics to produce a report with modelling that set out the potential negative economic consequences.
17	August	2016	The Sun publishes an article indicating that COP will be published. Some health campaigners are not sent the Department of Health's press release or an embargoed copy of COP ahead of it being published so are left to find out what policies the final version contains when it is published.
18	August	2016	<i>Childhood Obesity: A plan for action</i> is published by the Government and widely reported in the media as being a "watered down" version of the draft developed under former prime minister David Cameron. The SDIL consultation is published by the Treasury the same day. The decision is made to publish COP during this time with MPs away on parliamentary recess. Late summer is known as a period called 'Silly Season' when the mass media are known to focus on 'trivial or frivolous matters for lack of major news stories' as many politicians and journalists are on holiday. However, the COP story was far from overlooked. With Prime Minister Theresa May and Health Secretary Jeremy Hunt away on holiday, Treasury Minister Jane Ellison and Public Health Minister Nicola Blackwood lead the official government media response, including issuing public statements and giving interviews about COP. Jane Ellison focuses on the SDIL and explaining it was the measure experts advised was most effective and Nicola Blackwood focuses on the fact COP is published at the same time as the Rio Olympics, which ties in with the COP policies to get children physically active. The Treasury also publishes a blog explaining what the SDIL is and explains it was "nicknamed the 'sugar tax' by the media and online" but it is not a tax on all sugar.

Appendix I

Google Drive link to Supplementary Document 1

https://drive.google.com/drive/folders/1PMZxDnD-7H_PqMvhlEbP-khAnJufJpc?usp=sharing

The End
