

TACKLING THE OBESITY CRISIS – AN ANALYSIS INTO POLICIES ON OBESITY IN THE UK BETWEEN 2007 TO 2017; APPLYING KINGDON’S MULTIPLE STREAMS APPROACH AND LUKES’ THREE DIMENSIONS OF POWER

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Abstract

Background

Obesity has been a consistent public health concern in the United Kingdom with rising prevalence rates between 2007 and 2017. While its health and economic impacts have been recognised across the political and scientific spectrum, policy responses have been patchy and narrow in scope. This thesis seeks to explore how ideological narratives, political economies and power asymmetries informed obesity policy in the UK, using the development and implementation of the Soft Drinks Industry Levy (SDIL) as the primary case study. Based on Kingdon's Multiple Streams Approach (MSA) and Lukes' Three Dimensions of Power, the analysis seeks to understand how framing processes, stakeholder alliances, and institutional dynamics constrained or enabled structural interventions.

For the study, a qualitative research design was used comprising two methodological strands. First, semi-structured interviews were carried out with three senior policy actors, who were purposely sampled due to their direct involvement within UK obesity policymaking processes. Using NVivo software, interview data were thematically analysed to identify narrative patterns across six/main and twelve/sub themes. Second, a documentary content study was performed. This involved content and discourse analysis to assess the framing of obesity, regulatory omissions and industry influence within the three streams of problem, policy and politics.

The analysis identified six main themes and twelve subthemes in UK obesity policy from 2007 to 2017. Parliamentary records showed that 71% of the discourse painted obesity as an individual issue while only 29% accounted for structural causes. Industry sway was strong, resulting in only a 3% sugar reduction when the policies were voluntary, compared to a 44% reduction when policies were implemented by law through the SDIL. These include political-economic determinants, tensions between industrialisation and advocacy, implementation opacity, ideological framings, bureaucratic inertia, and unintended political consequences.

Keywords

Obesity

Policy frameworks

Kingdon

Multi Streams Analysis

Lukes' Three Dimensions of Power

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List of Abbreviations

BMA	British Medical Association
BMI	Body Mass Index
FDF	Food and Drink Federation
FSA	Food Standards Agency
HFSS	high in fat, salt, and sugar
LGA	Local Government Association
MSA	Multiple Streams Approach
NAO	National Auditor Office
NGOs	Non-governmental organisations
NHS	National Health Service
NICE	National Institute for Clinical Excellence
RSPH	Royal Society for Public Health
SACN	Scientific Advisory Committee on Nutrition
SDIL	Soft Drinks Industry Levy
WHO	World Health Organisation

Declaration

I declare that this thesis is a presentation of original work, and I am the sole author. This work has not previously been presented for an award at this, or any other, University. All sources are acknowledged as references, where possibly prior permission was sought and adequately sourced within the thesis.

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Chapter 1: Introduction

1.1 OVERVIEW

This chapter provides comprehensive background information regarding the political, institutional and economic factors which influenced UK obesity policy from 2007 to 2017, to lay the foundations for a presentation of the study's rationale, which identifies research gaps and theoretical foundations that guide the investigation. The problem statement follows, revealing the ongoing gap between scientific evidence and policy action as regards the issue of obesity in the UK, and the originality and significance sections demonstrate the study's importance to obesity policy literature. The research questions are then posed that connect directly to policy changes and power dynamics while seeking to identify important actors. The chapter concludes with an explanation of the thesis structure and summary of each chapter's contents.

1.2 BACKGROUND

The growing obesity rates in the United Kingdom have drawn increased interest from policymakers alongside researchers and public health advocates because the condition presents numerous health, economic, and social challenges. Obesity increases the risk of developing type 2 diabetes, cardiovascular disease, musculoskeletal disorders and certain cancers, which all place significant burden on the National Health Service (NHS) and cause significant productivity and economic losses (Public Health England, 2017). During the early 2000s, obesity became recognised as a systemic public health matter; however, the Foresight Report's release in 2007 marked a significant turning point that formally identified obesity as a complex problem with multiple biological, psychological, social and environmental determinants instead of a simple matter of individual behaviour choices (Government Office for Science, 2007). The report demonstrated how today's food systems, alongside marketing tactics and social inequalities, jointly create environments that prompt people to consume too many calories and maintain inactive routines.

Based on its conclusions, the Foresight Report advocated for a structural approach to tackle obesity through coordinated policy responses; however, between 2007 and 2017, government strategies included voluntary actions and advisory guidance alongside incremental regulatory steps. Research findings that are explored in detail in later chapters show that the voluntary strategies adopted since 2011, including the Responsibility Deal

initiative, achieved minimal success in altering consumer habits and industry operations (Knai et al., 2015). In a later attempt to combat the crisis, the UK government implemented the Soft Drinks Industry Levy in 2016, which represented a major policy change toward fiscal regulation aimed at product reformulation in the soft drinks industry (HM Treasury, 2016). A similar shift, away from strategies that encouraged people to make healthier lifestyle choices, which were based upon the earlier argument that obesity and its cure was an individual responsibility, was illustrated by the Soft Drinks Industry Levy, as this turned out to be a more progressive, if not ideal, example of regulatory intervention to tackle obesogenic environments.

The analysis of the SDIL illustrates the various political, economic, and institutional pressures through which UK obesity policy was shaped over the course of 2007–2017. Public health policymaking for obesity occurs in a political context in which competing interests, including public health advocates, the food and beverage industry, seek to define the problem and implement policy (Scott et al., 2018). The conflict between public health goals and economic interests in a market-driven political environment likely resulted in the prioritisation of voluntary measures and behavioural changes in the initial phases of this research (Lang & Rayner, 2007). The slow process through which political narratives changed was a consequence of growing obesity rates and the argument that voluntary measures had limited effectiveness, while at the same time, public health organisations started to emphasise the importance of structural causes of obesity and the idea of the accountability of industry in exacerbating the issue (Cairney, 2019). Public health advocacy groups, together with scientific research findings and media efforts, led to the conclusion by government that excessive sugar consumption is one of the key factors that causes obesity (Scott, Hawkins, and Knai, 2017). The definitive version of the levy emerged from persistent industry lobbying efforts and considerations related to economic impacts and ideological debates about government interference (Capewell and Capewell, 2017). The SDIL serves as both a public health achievement and an illustration of policymaking compromises within a market-based economy, which sees policy outcomes affected by corporate power alongside regulatory uncertainty and political realism (Knai et al., 2018).

The period from 2007 to 2017 was selected for this research to examine the landscape following the Foresight Report and observe how obesity moved to becoming a policy priority as governments alternated between voluntary, advisory and regulatory strategies. By beginning the analysis at the point at which the Foresight Report was published, it is possible to explore shifting partnerships between stakeholders and competing stories alongside the

slow formation of a political environment that enabled regulatory solutions such as SDIL to gain acceptance. To analyse this area of policy, this thesis combines Kingdon's Multiple Streams Analysis (MSA) and Lukes' Dimensions of Power framework to address a critical gap in existing research: the inadequate exploration of both political and power dynamics that determine obesity policy development in the UK. In sum, this study investigates both agenda-setting activities and power struggles related to policy formation to deepen our understanding of obesity's representation and management in modern British public health policy.

1.3 THE RATIONALE OF THE STUDY

The UK began to realise the seriousness of the obesity epidemic during the 2000s, and between 2007 and 2017, UK policymakers came to view obesity as a significant public health problem, thus implementing various policy measures to target it. Obesity became increasingly prevalent, exacerbating health inequalities and placing a huge burden on the National Health Service (Public Health England, 2017). Despite the identification of structural determinants, successive governments recognised obesity as a complex system-level problem, but they often responded with voluntary approaches and personal responsibility initiatives (Lang & Rayner, 2007). A reversal in this approach came in the form of the Soft Drinks Industry Levy (SDIL) that was introduced in 2016 as part of a broader trend in regulation approach (Scott et al., 2017). This changing and conflicting nature of obesity policy requires further investigation into how obesity policy was formed and competing interests resolved, thus influencing the promotion and/or dismissal of various policy opportunities at this time.

While obesity research has been conducted from public health, clinical and behavioural perspectives, existing studies have neglected to examine the political and institutional mechanisms that influence obesity policymaking in the UK after the 2007 Foresight Report release. Current research typically examines policy evaluation and intervention effectiveness but neglects the essential role of agenda-setting processes and power relations in policy development (Ulijaszek, 2017). By addressing this analytical deficiency, we can improve our understanding of obesity policy in the UK while also enriching discussions about managing complex public health challenges within neoliberal political systems.

As noted in the previous section, this research evaluates the development and policy responses to obesity in the UK using Kingdon's Multiple Streams Analysis and Lukes' Three Dimensions of Power as joint analytical tools. MSA functions as an explanatory tool that reveals how policy issues attain agenda status while specifying the conditions that lead to the opening of policy windows through the analysis of problem identification with policy

development and political forces (Kingdon, 2011). Public health policy research utilises this framework extensively. This is because Kingdon's Multiple Streams Approach offers a well-established model for studying how agendas form, and policies change amid complex environments that feature ambiguity and conflicting priorities, according to Zahariadis (2016). However, MSA's focus is on contingency and fluidity alongside policy entrepreneurs, and insufficient attention is placed on the structural power relations which determine how a problem is framed and how policy solutions are chosen (Béland, 2016). As such, the insights it can provide when used in isolation demonstrated their limitations when applied to UK obesity policy studies – in particular, in terms of the failure to capture the role that power dynamics play in shaping policy processes and outcomes (Cairney and Jones, 2016). And whilst MSA provides procedural insights into agenda-setting and policy adoption, the areas of agenda exclusion and ideological manipulation are not captured in terms of their effects in shaping policy outcomes (Zahariadis, 2014). Because of this limitation, Cairney and Jones (2016) concluded that power analysis should be more directly integrated in studies that evaluate public health policy.

This present study responds to this shortcoming by incorporating Lukes' Three Dimensions of Power, which presents a framework for analysing power exercised through decision-making processes, agenda control mechanisms, and the shaping of individual preferences and beliefs (Lukes, 2005). Lukes' Three Dimensions of Power constitutes a beneficial framework which helps overcome existing constraints by allowing deeper analysis of power dynamics that function across different layers of the policymaking system. Lukes' framework reveals that power extends beyond visible decision-making processes to include agenda control and the subtle formation of policy discourse and public perception (Lukes, 2005), in contrast to MSA's procedural emphasis. In obesity policy discussions, powerful industry actors have always worked to influence public perceptions of obesity while setting the boundaries for the types of policy responses that are allowed (Knaei et al., 2018). This thesis combines MSA with Lukes' Three Dimensions of Power to examine both procedural and relational factors in obesity policymaking while providing a thorough explanation of how competing interests and structural power influenced UK obesity policy during the study period.

UK obesity policy is thoroughly evaluated via this dual-theoretical approach, which merges MSA's procedural dynamics examination with Lukes' analysis of power imbalances. The need to understand both the observable policy formation processes and the hidden forces that limited or reshaped proposed solutions supports the reasoning behind using this dual-

framework approach. In this way, industry participants can be fully included in the analysis in terms of the way that they engaged in both official consultation activities and advisory panels while lobbying the government and implementing public relations initiatives (alongside research funding) to direct policy development in their commercial favour (Hawkes et al., 2015). As seen in other regulatory fields, the choices not made by excluding certain options from serious evaluation may have strongly influenced UK obesity policy development (Mills, 2017). Studying these non-decisions and their associated power conflicts may provide crucial insights into why voluntary approaches stayed prevalent throughout the study period, even though evidence increasingly pointed to the necessity of regulatory actions (Swinburn et al., 2011). The integration of MSA and Lukes' theoretical framework provides a valuable approach to examining how the need for the SDIL arose and was subsequently designed and implemented.

Choosing to focus on the years 2007 to 2017 enables analysis of the post-Foresight policy landscape as this transitioned from public health initiatives and voluntary agreements with industry to calls from civil society for strong regulatory solutions (Public Health England, 2017). The SDIL is a noteworthy case during this time, as shifting evidence narratives and political calculations and competing interests drove obesity policy development in differing directions. As the SDIL was developed, it became interventionist in nature, involving all sorts of compromises and policy trade-offs compared to previous voluntary approaches (Scott et al., 2017). Public health actors might learn strategic lessons for negotiating obesity policy going forward by analysing (i) the adoption processes of the SDIL and (ii) broader policymaking dynamics from 2007 to 2017.

In short, this study meets the need for theoretically grounded and empirically informed analysis of UK obesity policymaking by combining Kingdon's MSA with Lukes' Three Dimensions of Power. Unlike most outcome-based studies, this research examines the framing of policy options as well the dominant interest stances on ideas and examines the ways in they competed which contributed to shaping the development and limits of UK obesity policy over a pivotal decade.

1.4 PROBLEM STATEMENT

Obesity prevention in the United Kingdom was the focus of policy for the decade 2007–2017 with government strategies failing to reduce obesity. Obesity reflects other complex public health issues in being perceived as a clinical, but also a behavioural issue, as well as one with implications for the economy and the political context, thus requiring a cross-sectoral response (Public Health England, 2017). Between 2007 and 2016, UK governments

moved back and forth between advice and stricter policies before introducing the Soft Drinks Industry Levy in 2016, which was their first major promotional fiscal regulatory action (HM Treasury, 2016). The application of the SDIL showed enhanced regulatory commitment. Yet, the process ultimately exposed continuing tension between health activists, the business community, and those arguing for a limited role for government.

The UK obesity problem demands more than epidemiological evidence to understand because the development of policy does not only respond to an objective epidemiological problem; it also responds to political agendas and institutional structures in addition to economic interests (Cairney, 2019). Although government and scientific bodies identified obesity as a serious threat to population health, policy responses from 2007 to 2017 largely relied on voluntary initiatives to reduce industry influence and change behaviours through public health campaigns, placing responsibility for behaviour change on individuals (Lang & Rayner, 2007). Structural solutions to enhance the wider food environment and address inequities in access to food remained limited, raising questions as to how particular policies became politically plausible and others were either refused or modified to reflect mainstream economic and ideological policies (Knai et al., 2018).

From 2007 to 2017 the development of UK obesity policy resembled other contentious policy areas in that it encompassed public policy controversies but also behind-the-scenes agenda-setting and ideological struggles that shaped which definitions of obesity and whose voices were prioritised and how policy solutions were framed (Scott et al., 2017). The Multiple Streams Approach (MSA) by Kingdon is thus a relevant theoretical framework to analyse these policy processes as it looks at how problem gets agenda priority and how policy solutions form and when political opportunity for changing will occur (Zahariadis, 2016). While MSA's emphasis on contingent policy windows provides useful analytical insight, it cannot explain the political mechanisms that shape the timing and framing of obesity policy debates (Cairney & Jones, 2016). Lukes' Three Dimensions of Power provides an additional analytical lens that reveals power exercised outside of traditional decision-making by exploring agenda setting and the management of public beliefs and preferences (Lukes, 2005). Together, these two frameworks give us a comprehensive examination of obesity policy making, that reveal both the formal avenues through which obesity became part of UK policy and the informal power structures that shaped the presentation of obesity as well as which interests were listened to and which solutions were defeated or proposed (Oliver and Cairney, 2019). The complementary application of MSA alongside Lukes' power framework is therefore necessary to fully explain the formation of SDIL, which emerged as a result of

international debates that developed over decades, and of negotiations between public health actors, spokespeople from industry, and political elite who sought to influence the design and scope of the policy (Scott et al., 2017).

The SDIL demonstrated similar regulatory pressures to other food and beverage initiatives by balancing policy action against obesity with the need to avoid excessive government interference in consumer choice and market operations (Capewell and Capewell, 2017). The prevailing ideological climate inside government and industry actors' lobbying strategies together shaped these pressures because those industry actors worked to influence both public opinion and internal policy decisions to soften regulatory effects (Hawkes et al., 2015). Obesity policy development represents a continuous space of dispute where power dynamics influence both direct policy choices and the establishment of criteria which bestow legitimacy on specific concepts and reject others based on political or economic impracticality (Lukes, 2005). Research on obesity has focused on technical aspects, economic impacts, and epidemiological data yet has given insufficient consideration to how power dynamics shape public health definitions of obesity and determine which policy tools are chosen to address it (Cairney, 2019). A visible disconnect exists between the dynamic interactions among industry actors, public health advocates, and political elites, which determine the formal policymaking procedures and establish the wider discursive context for obesity policy development (Knai et al., 2018).

1.5 ORIGINALITY OF THE STUDY

By employing a novel combination of Kingdon's MSA and Lukes' Three Dimensions of Power, this study offers a unique interpretation of UK obesity policy development from 2007–2017. Analyses of agenda-setting for policy formation using MSA are popular but the combination of MSA and Lukes' power theory has not been widely explored for public health policy development. Applying Lukes' framework enhances understanding of how policy mechanisms, visible and invisible power dynamics influence the passing of SDIL.

Most of the existing literature on UK obesity policy focuses on the technical and economic aspects and behavioural dimensions of policy interventions (Ulijaszek, 2017; Milio, 2013). Policy is increasingly understood as specific outcomes, based on top-down initiatives; however, this focus tends to overlook the political and institutional influences that bring about policy changes in the first place. This research thus builds on previous work but diverges from traditional approaches to policy analysis by considering how power dynamics shape the framing, selection and implementation stages of policies aimed at obesity. By integrating MSA and Lukes' framework this exploration can transcend the idea that policy

change is determined solely through political will, or scientific evidence. By analysing the relevant literature, this study assesses how power dynamics and agenda-setting practices as well as processes of non-decision-making shape whether policy remains frozen in time or capable of change.

While previous studies describe the role of corporate lobbying and public health advocacy in obesity policymaking (e.g., Lavery et al., 2013), there remains a deficit of empirical studies exploring how different actors engage and exert power within the policymaking process. This research addresses this gap by investigating how government, business and civil societal agents work together to form obesity policy debates. Lukes' framework is a more nuanced analysis of power dynamics that considers control over public perception and manipulation of policy discourse (Lukes, 2005). This allows for a comprehensive analysis of what causes some policy proposals to be enacted and other to fail to be implemented. This study therefore offers fresh insight by highlighting SDIL as an important event impacting on obesity policy. While SDIL has been lauded as a successful public health policy (Boseley, 2018), this research explores whether it represents a policy breakthrough or functions instead as a strategic compromise shaped by political and industry dynamics. This research also investigates whether SDIL's positioning in the obesity policy landscape can be understood as a sign of long-term regulatory commitment in the UK or if it is merely symbolic policy action.

In sum, this study fills knowledge gaps in ways that advance both theoretical and empirical understanding of obesity policymaking processes in the UK. The study also shows in relation to the time period selected, and how this provides the basis upon which to assess the development of dominant narratives in policy over time across governments, allowing for greater long-term consideration of changes in terms of obesity governance and framing as compared to previous short-term policy cycle studies to provide a more nuanced view of policy actors and power in relation to public health discourse.

1.6 SIGNIFICANCE OF THE STUDY

Given that it unpacks obesity as a matter of national policy, tracing the evolution of policy responses from 2007 to 2017, this study is important. The significant public health, occupational, and social challenges presented by obesity suggest that policymakers could benefit from a better insight into policy formation to inform future policy efforts. Therefore, this thesis examines how the presentation of obesity as a problem for public policy intervention is framed by power relationships. The study reviews the role of state agencies, private sector and civil society in influencing developments in policy to provide a detailed

analysis of the structural and ideological underpinnings that spurred both policy implementation and policy inaction. In addition, this study explores the ways obesity continues to be framed as an individualised issue rather than as a social issue (Milio, 2013) and assesses both the power dynamics in the production of dominant narratives within UK policymaking and challenges from various groups to those narratives. The research is particularly important because there is a growing emphasis on regulatory interventions in public health policy. The SDIL case provides a unique lens through which it is possible to examine the interplay of industry influence and public health movements in political decision-making. Whilst SDIL has been lauded as a policy success, this study investigates whether it displays a change towards greater state intervention or simply a tactical accommodation to public demands. Examining these power dynamics also offers insights on how food regulation and health taxation policymaking might play out in the future.

This study also contributes to theoretical policy scholarship by combining the analytical power of MSA and Lukes' Three Dimensions of Power. MSA is a common tool to analyse agenda-setting and policy change but has often failed to incorporate power asymmetries that shape the pathways of policy (Zahariadis, 2003). Adding another layer to the analysis, Lukes' discourse on decision-making processes and ideological power structures is employed here to showcase the recursive aspect of the analysis of MSA (Jørgensen et al., 2016). As such, this combination of frameworks can inform future research on public health policymaking processes, most relevant in situations where industry power and political negotiation inform policy development.

The results of this study will have practical utility in the hands of public health advocates and researchers, as well as policymakers. This research clearly identifies key political and economic drivers of obesity policy development, and such insights can help to inform more refined public health programs. The study examines how corporate actors influence policy debates while also noting the challenges that regulatory controls may face. Such research can help inform politicians about how to craft policies that reduce opposition from industry and maximise support for public health goals.

The study's findings also have potential implications for international obesity policy in part because there is such an intensified global emphasis on public health governance. Countries around the world are grappling with the need to strike a balance between public health imperatives and economic and political demands. The insights presented here offer an in-depth examination of the power dynamics at play in obesity policymaking, yielding a flexible construct that can be used in various national contexts. Integrating the study of policy

processes with that of barriers to intervention will improve policy development approaches in areas where obesity rates are rising. Finally, this study adds to existing knowledge by contributing to theoretical insights as well as policy-salient insights to guide progress towards public health governance. The analysis presented is framed in a power-smart manner that more critically interrogates the case study data related to UK obesity policy and opens an important conversation in both academic discourse and policy practice.

1.7 RESEARCH QUESTIONS

This thesis investigates the changes in UK obesity policy from 2007 through 2017, which featured significant shifts in policy direction. Initial obesity policy interventions depended on advisory methods based on personal responsibility narratives, including public health campaigns and voluntary reformulation schemes, while later years incorporated regulatory tools such as the Soft Drinks Industry Levy (SDIL), which indicated a limited transition to state intervention (Public Health England, 2017; Scott et al., 2017). A comprehensive analysis of the factors leading to this policy shift needs to examine how evidence, political priorities, institutional contexts, and industry influence interacted throughout this decisive decade. The Soft Drinks Industry Levy (SDIL) stands out because it represents the final stage of policy development on the issue of obesity. The SDIL represented a departure from previous voluntary methods by creating a fiscal tool that affected industry actions and connected product reformulation incentives to public health goals (HM Treasury, 2016). The SDIL's final structure resulted from extensive negotiations between public health advocates and government officials with industry actors who aimed to balance diverse interests alongside economic concerns and a commitment to minimal state intervention (Knai et al., 2018). The SDIL thus serves as an essential case study to explore how both apparent and concealed power dynamics influenced obesity policy development.

The research questions listed below aim to analyse the development of obesity policy through the examination of key actors and industry-government influences while focusing on how power dynamics and political-economic-institutional factors drove policy changes. The study uses Kingdon's MSA to explore the opening of policy windows and advancement of policy options and Lukes' Three Dimensions of Power to reveal the effects of visible, covert, and ideological power on the framing and exclusion of policy options.

1. What factors influenced the UK government's approach to obesity as a policy issue between 2007 and 2017, and how did political and economic contexts affect this framing process?

2. What impact did power dynamics between government entities, industry representatives, public health advocates, and civil society organisations have on the development of obesity policy in the UK during this time frame?
3. How did the food and drink industry collaborate with government entities and public health advocates to shape the SDIL design and its subsequent adoption and promotion?
4. What impact did decision-making visibility and non-decision processes, along with ideological influences, have on the range of obesity policy options which were considered, dismissed or enacted from 2007 to 2017?

1.8 THE STRUCTURE OF THE THESIS

Chapter 1: Introduction – An outline of the study was provided in this chapter that included the introduction to the research background, rationale, and problem statement. The chapter then established the newness and importance of the study, made the research questions clear, and ended with outlining the structure of the thesis.

Chapter 2: Literature Review – This chapter presents a synthesis of existing scholarship related to obesity policy, problem framing, evidence-based policy and theoretical applications of Kingdon's Multiple Streams Approach and Lukes' power framework. It critically reviews competing narratives and frames the research gap that was addressed in the thesis.

Chapter 3: Theoretical and Conceptual Framework – This chapter introduces and justifies the Multiple Streams Approach through the lens of Lukes' Three Dimensions of Power. It explains how these frameworks were used to explore the political, structural and ideational dimensions of UK obesity policy from 2007 to 2017 in this thesis.

Chapter 4: Qualitative Methodology – This chapter lays out the research design (interpretivism) and data collection and analysis practices. It explains the boundaries of the study and provides a rationale for the qualitative methods employed for the analysis of the interviews and the documentary analysis.

Chapter 5: Findings of the Qualitative Study – This chapter outlines key themes based on interviews with policymakers and public health advocates. It correlates theoretical constructs and the dynamics of power, ideology, and institutions with the shaping of the discussion on obesity policy.

Chapter 6: Documentary Analysis of Parliamentary and Government Sources –

Based on the qualitative findings, this chapter examines parliamentary debates, select committee reports and white papers. It analyses how the problem, policy and political streams unfolded in the public record and framed the politics of the Soft Drinks Industry Levy.

Chapter 7: Data Analysis and Findings – This chapter examines the ways that industry framing and policy symbolism shaped UK obesity governance. By employing case studies and stakeholder mapping, it then highlights the strategic use of framing techniques – and power – by corporate and political actors.

Chapter 8: Problem Stream – This chapter reconstructs the problem stream, discussing the ways in which obesity indicators, causal narratives, and framing techniques contributed toward public perception of obesity. It addresses topics such as the neoliberal paradigm and the invisibility of forms of power that shaped the agenda.

Chapter 9: Policy Stream – In this chapter, we examine the evolution of policy options and evaluate the technical feasibility and acceptability of their values. It traced the narrative of the SDIL, identifying the important policy actors while mapping out the pathway, and highlighting the role of expertise, policy drift and political compromise.

Chapter 10: Politics Stream – The politics stream is here assessed in accordance with Kingdon's and Lukes' frameworks. Public mood, political forces and electoral dynamics are the focus of analysis, with political receptivity exposing opportunities for the kind of symbolic reforms that the SDIL represented.

Chapter 11: Conclusion – The final chapter summarises the study's main findings and theoretical contributions. It reflects on the methodological strengths and limitations, draws out implications for policy and practice, provides suggestions for future research on power and agenda-setting in public health.

Chapter 2: Literature Review

2.1 OVERVIEW

This aim of this chapter is to synthesise the theoretical frameworks used in this thesis to explore the power dynamics and practical policy debates around the complex processes of obesity policy-making in the UK during a defining ten-year period of 2007-17, exploring all potential theoretical frameworks that can be engaged when assessing policy as well as the interests of diverse stakeholders. The first section explores how academic attitudes have shifted from regarding obesity as a condition caused mainly by personal choices to a condition which is now viewed as stemming primarily from structural forces. The chapter goes on to describe how conflicting perspectives shaped public health strategies and the series of regulatory instruments developed by the UK government such as the Soft Drinks Industry Levy. Next, the chapter illustrates, using Kingdon's Multiple Streams Approach, how the convergence of problem definitions with policy recommendations and political environments creates windows of opportunities for adopting new policies. This review process then proceeds to examine Lukes' Three Dimensions of Power to suggest how both visible power structures and hidden manipulations combined with ideological control shape not just the processes of agenda-setting, but also the types of policy instruments selected. This allows an examination of which interventions receive support/or are opposed by public sentiment when combined with corporate lobbying practices and governmental ideologies. The chapter then concludes with a focus on empirical debates regarding the advantages and disadvantages that voluntary approaches towards regulation that impacts obesity may have in relation to command-and-control-based solutions.

2.2 CHANGING POLICY NARRATIVES AROUND OBESITY

The Foresight Report, published in 2007, disrupted conversations about the causes of obesity in the UK. Prior to this report being published, the prevailing attitude of government was that obesity was a problem caused by personal lifestyle choices, and that the solution to the issue thus lay in individuals deciding or being prompted to make better choices, such as parents providing their children with less fattening snacks, or with economic or public health interventions to induced people to change their behaviour. Academic literature portrays mixed views on why public discourse initially tilted in individual responsibility's favour rather than structural reforms. There are several analyses that show how the trend was perhaps rooted in neoliberal dogma, which placed the blame of chronic diseases like obesity on people through

personal lifestyle choices. Given that citizen decision-making takes centre stage in policy domains such as this one, voluntary sector participation, behaviour change initiatives and industry self-regulation are therefore applied strategies (Knai et al., 2018). A second school of thought, however, stresses the importance of socio-economic conditions and institutional structures in shaping environments in which obesity can thrive, and therefore calls for a wider range of policy measures than usual diet and exercise guidance. The Foresight Report's systemic analysis therefore brought about a paradigm shift towards implementing tough policy actions. This created a backlash from commercial food groups, who opposed the changes to protect existing market conditions (Capewell and Capewell, 2017).

While public health advocates redirected the discourse towards obesogenic environments and socioeconomic disparities in health, government documents remained focused on personal willpower and diet (Lang and Rayner, 2007). The Soft Drinks Industry Levy (SDIL) was formulated in this contested space, and some evidence suggests that the levy was a form of shared responsibility, with a focus on commercial products that were high in sugar (Scott et al., 2017). Other analysis elaborates that the SDIL was a tactical move to placate calls for more policy while guarding basic market structures (Knai et al., 2018). This was despite the fact that even if lawmakers often spoke about the financial impact of healthcare costs, for example, they rarely followed through with comprehensive programs to upgrade physical environments or invest in food costs or support community-based programs around obesity. The tension between arguments for neoliberal personal choice and increased calls for mandatory regulation may help explain why UK obesity policy developed as broadly and rapidly as it did (Lang and Rayner, 2007).

Analysis of media campaigns demonstrate how obesity framing changed when the rise of childhood obesity and the academic literature began to question traditional views on consumer choices. Policy documents reveal that obesity became a matter of political debate rather than a more specialised health issue even though there was frequent lobbying from industry groups, including those representing soft drink manufacturers and food retailers (Cairney, 2019). Béland (2016), for example, notes that policy entrepreneurs helped bring the issue of obesity to the forefront of public debate, prompting more action by the government. On this issue though, the academic literature notes the following dichotomy: the SDIL appears to have represented a form of progress in acknowledging collective responsibility for obesity through legislation, but political compromises for commercial leverage ultimately hampered its success (Scott et al., 2017). For example, industry stakeholders regularly

challenged robust fiscal controls, while public health organisations called for broad taxes on sweetened and energy-dense products (Knai et al., 2018).

Worse, the voluntary regimes that the government encouraged due to the prevailing neoliberal ideals of restricted government intervention in personal life, such as the Public Health Responsibility Deal and the Change4Life campaign, did not result in noticeable lifestyle improvements (Ulijaszek, 2017). The lack of progress in combating obesity with these measures set up the conditions under which SDIL could be adopted, but whether SDIL really represented a break from established practice is much more debatable. Some researchers state that the SDIL did lead to changes in atmospheric formulations; however, industry lobbying that managed to restrict the tax reach across many product categories had already taken place prior to this (Oliver and Cairney, 2019). The conflict between these collective approaches and those that view the economy as a free market explains why the debate on the trade-off between government intervention and freedom for an industry to do as it likes continues to the present day.

2.3 COMPETING DEFINITIONS OF THE ISSUE, THE EVIDENCE, AND A MANIPULATION OF STRATEGIC FRAMING

One of the streams in MSA is the problem stream, which is concerned about how the issue is defined. Kingdon's contention is that the way a problem is defined greatly influences whether a political solution will be viable (Kingdon, 2011). Research examples illustrate, for example, that transportation for Americans with disability (PWD) can be viewed as either a deficiency in the provision of service or as an issue of civil rights. In terms of the latter perspective, civil rights rhetoric is geared to give logistical perspectives less power over the solution space, since it strives to create justice and inclusion principles that seem obtainable but are difficult to attain because the substantive, procedural discourses of justice are only tacitly ethical relative to standards of permissibility or illegitimacy. The same pattern can be seen in discussions of immigration and other issues, such as healthcare and obesity, in which an emphasis on human rights within this framework leads to solutions that differ fundamentally from what governments seem to expect (Bache, 2019). For instance, a human rights-based perspective on healthcare may demand universal access to treatment and preventive services regardless of residency or citizenship status, while governments may favour the distribution of health resources according to economic contribution, legal status or sustainability of the system. This discrepancy reflects the extent to which human rights standards may demand unconditional rights to entitlements, while state routes rely more on mechanisms of eligibility thresholds, cost-effectiveness analysis and managed care systems

(e.g., El-Enany, 2020; Yamin and Norheim, 2014). Such divergence highlights the enduring tension between the ethical universality and pragmatic governance inherent in advocacy, and thus in the design of public policy. The counterbalance here is the tendency of established power structures to facilitate definitions that reinforce established systems, such as lobbying by food groups to oppose curtailing marketing that undermines healthy consumer choice.

Political forces can also frame problems to make them seem more (or less) urgent. Commentators add that whilst scientific evidence is usually effective in garnering the attention of public officials, moral or ideological arguments tend to resonate more strongly with specific groups (Head, 2017). Across many policy domains, government leaders use data-driven arguments to justify action, citing the growth in healthcare spending, or the cost to public finances of certain behaviours. For example, someone who believes the government should be less involved in personal choices on lifestyle might counter with the value of personal liberty, or how markets work better when lightly regulated. Framing the debates this way produces different notions of who is responsible and determines whether policymakers are focusing on structural issues or persevering on narratives of individual responsibility (Rochefort and Cobb, 1994; Schön and Rein, 1994; Baumgartner and Jones, 1993; Allison, 1971).

Policy entrepreneurs, who are individuals that champion certain policies, selectively draw from evidence in ways that form the basis of their political strategies, which are aimed at building coalitions to support their cause (Mintrom and Vergari, 1996). The smearing of powerful lobbyists with falsified datasets is an example of how defining problems is a political process based on using knowledge control strategically (Heifetz, 1994; Fisher and Patton, 1991). On the contrary, when data are contested, there are no guarantees of agreement about valid evidence (e.g., whether problems are regarded as due to individual or collective failures) (Milio, 2013). Another complication is the fact that multi-level governance which involve both national and local authorities leads to tensions as differences in social values make it challenging to derive a precise definition of an issue (Sunstein and Vermeule, 2002; Whiteman, 1997).

Historical policy choices also shape present meanings by privileging certain forms of expertise while displacing others, according to experts (Weir, 1992). Access to evidence remains privileged between well-resourced government agencies, while community groups struggle to fight for the framing that need do not have the resources to implement in practice (Appelstrand, 2002). These disparities combine with the role of partnerships with official institutions to showcase that the problem stream is often biased by the work of policy

entrepreneurs. Paired with historical laws and state documents of the government, and by authoritative public statements, they have reinforced the notion that obesity and other public health emergencies are the product of individual lifestyle choices rather than structural influences. This phenomenon persisted for a long period of time, despite increasing evidence of the influential role of socio-economic determinants, marketing approaches and other systematic forces, as demonstrated by researchers who have investigated this issue (Rochefort and Cobb, 1994; Schneider and Ingram, 1993).

How a problem is framed sets the stage for continued engagement; crucially dictating whether more or fewer stakeholders feel responsible for finding a solution. Experts are the main problem solvers when policy-makers frame things too technocratically, even when there is significant public concern. When social inequities are the driving force behind the problem, a broad coalition of disparate members will most likely demand fundamental shifts in policy. Kingdon (2011) highlights poverty as a key example of this tension: realising that poverty exists does not necessarily cause a belief that governmental intervention is an appropriate response to the issue. Describing poverty as a structural problem shifts the focus from individual failings to systemic forces and thus reinforces the argument for government intervention. This creates a problem stream that co-occurs with the political stream, as changes in public opinion on one topic may also shift views about a policy obligation (Head, 2017).

It has also been noted that policy inertia will remain predominant when issue definitions are murky, proposed solutions pricey, and influential stakeholders see the problem as too divisive. As Kingdon (2014) noted, the example of national health insurance in the United States illustrates how surges in legislative support can develop during a period of absence from the political agenda. The resulting spike requiring collective responsibility with entrepreneurial leadership can be argued to be the political conditions needed for a problem stream to evolve and be enforced. The principle of rhetorical framing is important to mobilising allies and gaining media attention to sustain momentum corresponds to the notion that problem recognition alone is not enough without linkage to viable political opportunities (Downs, 1972). Furthermore, policy researchers debate whether the policymaking process is evidence-based, or if facts become important according to dominant ideologies (Nelson, 1984).

Understanding historical trajectories also helps explain why some problems are recurrent objects of policy attention, while others languish with little attention. For instance, once an agency establishes itself as a recognised authority on a specific issue, it has been

argued that no valid avenue exists for the public display or expression of alternative perspectives (Milio, 2013). In sum, the intersection of problem dynamics and political streams catalyses efforts to redistribute blame from individual actions to institutional systems that either reinforce or lower efforts towards solutions to a particular issue.

2.4 BALANCING THE EVIDENCE SUPPORTING POLICY OPTIONS AND THEIR PRACTICAL FEASIBILITY

Kingdon's MSA describes the policy stream as dependent on policy idea readiness and adherence to specific criteria; nonetheless, discussions reveal that power dynamics and political preferences also influence which ideas become popular. Studies applying MSA usually assess if solutions work technically while remaining valuable and affordable for the public and officials to accept (Kingdon, 2003). According to certain academics, these evaluation standards are politically manipulated within legislative environments and influenced by external pressure groups (Rüb and Zohlnhöfer, 2016). The question of evidence remains pivotal here because decision-makers need strong evidence to accept policy proposals. However, the interpretation of data depends on how policymakers, lobbyists and the media define the problem, as noted in the previous section.

Observers recognise that evidence-based arguments develop after crises or widely publicised events when politicians feel compelled to show their responsiveness to safeguard their reputations. Media attention on public health dangers, for example, quickly redirects ministerial priorities toward integrating attractive or feasible policy proposals. In this sense, the media can frame a crisis, and this can then influence whether officials perceive is as urgent (Baumgartner and Jones, 1993). In some cases, a problem labelled as a minor administrative matter will likely stay off the governmental agenda despite evidence showing serious risks. In addition, Kingdon explains in his work that some governmental issues never move forward to the decision-making stage because they do not align with the views or priorities of important policymakers (Kingdon, 2003). However, evidence by itself rarely guarantees action. Public health specialists can provide detailed statistical predictions on the issue of obesity, for example but decision-makers may ignore these analyses when they conflict with political priorities and costs.

Research shows that the framing of a policy plays a role in transforming the perceived feasibility and cost of proposed measures, similar to how problem definitions adjust individual and collective responsibility boundaries (Mintrom and Norman, 2009). Proposals that decrease state budget requirements may seem more attractive when budgetary constraints exist, and other more expensive proposals would then appear financially unfeasible unless

public pressure compels government action. According to Kingdon (2014), it is important to note that specialised policy communities that refine alternatives enable their traction. Nevertheless, critics point out that these communities may filter out solutions that conflict with their interests. The conflict often arises between evidence supporting stricter regulations and counterarguments from economists about job losses along with industry group concerns about market freedom impacts.

Policy analysts often comment on the absence of expert-generated proposals from final policy decision lists. Specialists create potential policy ideas as political parties create manifestos. However, only those ideas that match current values survive, according to the MSA perspective (Kingdon, 2003). Governments may tend to choose voluntary solutions because they present fewer immediate political risks despite research showing that regulatory approaches are effective, as with the case of the obesity crisis in the UK. Moreover, elected leaders may choose to implement highly publicised but narrowly targeted measures to demonstrate decisive action despite broader solutions potentially delivering greater benefits. This has been explained by Schneider, Teske and Mintrom (1995) as potentially being because policymakers' focus on short-term political gains by disregarding expensive and contentious evidence-based proposals.

The acceptability of policy proposals among the public determines their place on policy agendas. Constituent persuasion depends on framing rhetoric that aligns with cultural values rather than relying solely on cost-benefit analysis techniques. MSA outlines the process through which policy options transition from a governmental agenda that lists many potential solutions to a decision agenda that focuses on only a few for in-depth evaluation (Kingdon, 2014). The filtering stage of policy development includes gatekeeping activities performed by essential policy entrepreneurs and senior officials who select ideas based on their political practicability. Critics point out that these gatekeeping mechanisms can prevent the implementation of groundbreaking public health policies when industry groups argue that such moves threaten consumer freedom and free enterprise (Zahariadis, 2008).

According to commentators, governments also tend to become overwhelmed by the number of with urgent issues at any one time, which results in their ignoring proposals that have been proven effective (Cobb and Elder, 1972). Despite their initial neglect, these proposals will stay within policy circles until changing circumstances allow them to re-enter the policy stream. New social movements initiated by campaigns or global assessments may revive solutions that policy makers previously ignored. However, those solutions continue to face barriers due to their high immediate costs or operational challenges. This is perhaps why

Rüb and Zohlnhöfer (2016) found that policymakers tend to balance political benefits with interest groups' requirements, leading to gradual policy changes instead of the comprehensive reforms recommended by experts.

2.5 STRATEGIC AGENCY AND POLICY ENTREPRENEURSHIP

The concept of policy entrepreneurship, according to Kingdon's framework, highlights the role of individuals and coalitions in guiding idea development to institutional acceptance, but recent studies show that individuals also work according to the prevailing social and economic factors (Mintrom and Norman, 2009). Policy entrepreneurs, according to Kingdon (2011), have the willingness to devote resources to future benefits, like business entrepreneurs, making strategic decisions about policymaking to obtain long-range objectives. Interestingly, it has been noted that as industry actors gain profit from collaborating with political elites, entrepreneurial power diminishes in influence because powerful political elites can easily outshout actors pushing non-market-friendly solutions (Ackrill and Kay, 2011).

Discussions surrounding policy entrepreneurship usually revolve around four elements, as outlined in a study by Mintrom and Norman (2009): social acuity, effective problem definition, team formation and leadership. Entrepreneurs need social acuity, which requires them to understand their surroundings deeply through engagement in parliamentary committees or advocacy networks. Their awareness allows them to measure when opportunities for policy implementation arise during periods when public interest matches possible solutions (Kingdon, 2003). Critics maintain that social acuity by itself fails to break through established political inertia because key policymakers may remain unyielding or influential lobby groups might present competing narratives (Musselin, 2007; Cram, 2001). Research findings also demonstrate that entrepreneurs tend to reframe issues for broader backing while policy analysts usually focus on narrower technical complexities, concluding that entrepreneurs who frame their problems to match public concerns and dominant ideologies stand a better chance of succeeding (Mintrom and Norman, 2009; Zahariadis, 2016).

The development of teams stands as a critical element within entrepreneurial projects. Building partnerships with members of policy communities along with think tanks and NGOs allows entrepreneurs to strengthen their message delivery, but the establishment of such connections demand political concessions. Different factions may ask for changes that reduce the breadth of the initial proposal, for instance. Moreover, these partnerships rely on individual commitments as evidenced in endorsements or reputational capital, and mitigation of relative risks for officials wary of voter backlash (Mintrom and Norman, 2009). However,

leadership approaches can vary: policy entrepreneurs may deploy an emotionally charged narrative as a strategy to capture interest, and others rely upon data-driven lobbying to mobilise support from technically minded stakeholders (Mark, 2004).

Another key concept in MSA is that of “windows of opportunity”, which present interpretive flexibility. Kingdon (2014) explains that such windows arise when alterations in problem or politics streams provide policy ideas with opportunities to advance. Zahariadis (2003) argues that through symbolic politics, entrepreneurs can create new policy opportunities by manipulating crisis narratives or emphasising dramatic data even though real policy conditions stay the same. In the case of the public health debate, evidence shows that industry-backed campaigns use emotional symbols and reduced data complexity to redirect focus from structural responses, and policy entrepreneurs do not always act as unbiased social welfare advocates because some maintain policies for commercial benefits, according to Mintrom, Salisbury and Luetjens (2014).

Historical studies of policy entrepreneurship reveal continuity in policy goals but change in the political contexts and means of communicating those goals. This reframing allows advocates to find new political sponsors when new sponsorship opportunities emerge through reframing (Mintrom, 2000). Policy communities occasionally see their longstanding proposals gain adoption from decision-makers when the potential social costs of doing nothing surpass the political risks associated with regulation implementation. This phenomenon confirms Kingdon's claim that proposals exist before formal acceptance because they require political momentum to be accepted (Kingdon, 2014). Debate continues regarding whether entrepreneurs can create opportunities themselves or if they must depend on external forces to diminish barriers to change (Corbett, 2005).

Despite its focus on entrepreneurs, critics consistently argue that MSA fails to adequately address the powerful role that networks or policy communities play in evaluating solutions (Peters, 1998). The emergence of a policy window depends on shifts in political stream indicators. However, it requires established networks to find the solution credible and beneficial to succeed in the coupling process. Policy entrepreneurs' ability to link their ideas to the problem they wish to address is not ensured by the mere existence of what appears to be an opportune window (Ackrill and Kay, 2011). And while certain experts view entrepreneurial activity as opportunistic behaviour, some professionals believe it demonstrates valid strategic thinking, which assists policymakers in overcoming their stagnant state (Mintrom and Norman, 2009).

Historical context also matters. According to Mintrom's (2019) research on policy changes over decades, entrepreneurs adjust their arguments and form alliances based on the political party that controls power. The practice of adjusting messages to match various leadership approaches demonstrates that entrepreneurship requires skills beyond mere personal commitment. The effectiveness of entrepreneurial campaigns depends on internal departmental structures, the reliability of research data, and the environmental conditions of the media (Schneider, Teske, and Mintrom, 1995). Entrepreneurs achieve success when they align problem recognition with corresponding solutions and political incentives in the same way framing operates within the policy stream.

Some entrepreneurs strategically oppose policy innovation instead of supporting new initiatives (Mintrom, Salisbury, and Luetjens, 2014). This possibility illustrates the contested nature of MSA's policy stream. Some accounts highlight progressive actors who support constructive reforms. Despite this, there usually exist corporate representatives and specific lobbying groups that function as anti-entrepreneurs. These actors propose acceptable options which seek to maintain current conditions or focus public discourse on personal behavioural changes while neglecting structural problems. Researchers describe these approaches as techniques for controlling policy drift through which entrepreneurs discreetly direct discussions to block full regulatory measures (Zahariadis 2008).

Studies of environmental policy cases demonstrate that rebranding or emphasis shifts represent intentional efforts to ensure proposals serve current political agendas. Multiple rebranding efforts might weaken policy objectives when entrepreneurs agree to excessive compromises. The tension between originality and feasibility thus emerges: policy entrepreneurs desire distinct proposals nevertheless simultaneously recognise that institutional gatekeepers strongly resist radical ideas (Musselin, 2007). According to Peters (1998), MSA fails to clarify these processes because it examines coupling fully, and the concept of windows of opportunity nonetheless does not adequately explore how entrepreneurs handle power differences in networks. Studies show that negotiating power differences within networks remain the primary obstacle for those who push for changes to traditional systems (Ackrill and Kay, 2011; Cram, 2001).

2.6 POLICY WINDOWS: PROBLEM BROKERS AND FOCUSING EVENTS

The opening of a policy window thus provides opportunities for advocates to push their preferred solutions and to spotlight their particular issues (Kingdon, 2014). Academic research shows that certain triggering events open policy windows. However, the distinct roles of problem brokers and policy entrepreneurs play an indispensable role in rendering a

policy window salient. Problem brokers spot new data trends or shifts in indicators, like disease rate spikes and safety hazard discoveries, and connect them to policy debates to harness political attention (Reimut, Zohlnhöfer, and Rüb, 2016). Policy entrepreneurs do not only work to translate problem acknowledgment into actionable outcomes but also serve as problem brokers as needed. As Kingdon (2014) points out, some individuals act as brokers through their juxtaposition of the subject matter, establishing fundamental links between issues and potential solutions displaying how advocates both formulate problems and build alliances around particular policy alternatives that will meet those needs.

Prior research demonstrates a distinction between the knowledge framing importance in this regard. For instance, Åsa Knaggård (2016) noted that deliberate effort is required to frame public issues to obtain priority status on the political agenda (Reimut, Zohlnhöfer, and Rüb, 2016). Policy advocates decide which data to foreground and which stories to distribute, but there is no evidence that data alone can compel government action. “Data do not speak for themselves,” says Kingdon (2014), and this points towards the fact that raw numbers require interpretation to attain political meaning. This then requires the intervention of brokers, as intermediaries, curating technical details for a busy policymaker with time constraints or competing priorities. Those who have academic or think tank ties bolster their credibility, leaning into an authoritative voice. Therefore, it has been highlighted that these brokers would only allow policy discussions that favoured the interests of powerful groups, raising concerns about whether people will have an equal opportunity to weigh in on policy decisions.

Policy windows can be opened by focusing events that serve as triggers, as opposed to long-term trends in which the problems accumulate over time but with no critical juncture. Unforeseen events, such as natural catastrophes or technological failures, reveal dormant issues which fall under the public scrutiny (Birkland 1998). Birkland (1997) defines focusing events as events that are sudden, rare, and harmful, or at least threatening, and that are usually confined to a geographic area or to the population of a community. If an event is noticed simultaneously by both policymakers and the public, it leads to greater media attention and lively debate as to what can be done. Analysts highlight the 1979 Three Mile Island (TMI) nuclear accident as a prominent example of this phenomenon: public attention was heavily focused on the TMI incident, but the aftermath led to mixed outcomes in policy, such as strengthened safety regulations in some jurisdictions while broader reforms to energy policy were stalled or diluted due to industry lobbying and political hesitancy. This operated as a

reminder of how unforeseen incidents can shift the conversation to neglected topics, although the policy impact may remain fragmented or contested (Birkland, 1998).

Focusing events, however, tends not to yield lasting shifts in policy even though they tend to galvanize immediate public responses. When damage, or the risks, are not yet clearly defined, policy makers may hold back on any large regulatory actions (Birkland, 1998). Focusing events that result in deaths, such as the Grenfell Tower fire in 2017 that killed 72 people, do however tend to result in forced government policy changes, in this case regarding the safety of social housing (House of Lords Library, 2024) While the fire tragedy captured national attention and led to reviews of cladding regulations, many analysts have suggested that robust reforms depended on political entrepreneurs seizing the opportunity to push for wholesale structural changes.

Clearly then, the attention on these serious focusing events opens space for public debate and policy action, but how long that attention lasts is dictated by the seriousness of the event and the financial costs to be fixed and public pressure. In addition, entrepreneurs seize opportunities in crises that expose policy deficiencies and increase public awareness (Kingdon, 1984). That said, there are several focusing events that do not reach policymakers' attention simply because they are not of a significant enough magnitude or scale; Birkland (1998) refers to this mechanism as “potential focusing events” Disasters that only affect marginalised groups, for instance, may receive little media coverage, allowing decision-makers to avoid discussions they would prefer to avoid. Research also suggests that focusing events tend to align with both public mood and the politics of campaigns and with the broader narrative of the country. Moderate events can even receive disproportionate attention when they align with the aims of political leaders or when news organisations highlight sensational components.

Kingdon initially examined policy windows within an American congressional context, but more recently, the scope of analysis of policy window dynamics has started to include different scales and multiple orders of governance across longer timeframes (Ackrill and Kay, 2011). Exworthy et al. (2002), while focusing on the UK health policy process, found that windows for policy change operated in four representative patterns at both national and local-government settings, contesting the linear model that assumes windows opened simultaneously across all policy venues. Smaller windows often open more frequently at local levels, but they do not have sufficient national visibility to prompt meaningful legislative or budgetary change. Scholars have even argued that the interaction of local and

central windows segments the policy process and makes it impossible for wide-reaching reforms to pass unless multiple trends occur simultaneously (Exworthy and Powell, 2004).

Analysts like Bendor et al. (2001), together with Mucciaroni (1992), dispute the idea that problems, policies, and political streams only briefly converge before separating again. While some problems stay at the forefront for extended durations, others represent recurring opportunities for reform because political conditions and public sentiment can change. When social housing safety or public health inequity reaches crisis proportions, it has the potential to transform the political stream sufficiently to drive fundamental changes. According to Baumgartner et al. (2011), the magnitude of a problem determines whether policymakers will feel obligated to take action. Macro-level changes, including economic recessions or electoral realignments, may unexpectedly change when policy windows open, thereby eclipsing issues that have started to gain serious attention. According to Kingdon's framework, some scholars point out that policy windows open either in the problem stream or politics stream with differing triggers based on which sector faces greater disruption (Zahariadis, 2003). When a serious crisis erupts, such as a major health scandal, public awareness reaches a level that forces policymakers to take concrete action. Political upheavals, including changes in ruling parties or legislative priorities, can thus create opportunities for policy windows without needing a triggering event (Zahariadis, 2003). The existence of policy entrepreneurs who link solutions to either newly identified problems or transformed political situations tends to increase the odds of effective legislative outcomes following a window of opportunity. For this reason, experts challenge the idea of independent streams because they seem to overlap constantly, which contradicts the clear divisions presented in MSA's model (Bendor et al., 2001).

Research about MSA demonstrates how challenging it is to align various streams when tackling complicated matters such as healthcare disparities or big infrastructure threats. Organisational alignment between local authorities and federal agencies with private stakeholders may become too complex to take advantage of limited opportunities (Exworthy and Powell, 2004). The smaller windows located within local settings continue to produce incremental policy modifications, and policy entrepreneurs use incremental steps to establish the groundwork for future national policies in ways that resemble the consolidation of local initiatives to demonstrate their feasibility to central governments.

Although Kingdon's model proposes that policy opportunities emerge unpredictably, some critics question whether MSA adequately accounts for slow transformative policy changes that develop over lengthy periods. According to some analysts, windows do not

completely close; however, they transform their configuration while responding to problem progression and shifts in public opinion and policy concepts (Mucciaroni, 1992). The process of social housing reform following the Grenfell Tower fire, for example, may outlast a single policy window if additional events or reports bring renewed attention to the issue. The multiple Streams Approach thus proves useful for identifying brief periods when political support and policy options align even though windows might re-open as part of an ongoing iterative process instead of a single occurrence.

Having explored the concept of policy entrepreneurs in detail, a thorough analysis of the various additional metaphors and operational challenges of MSA in the following section reveals the flexibility of its use for policy analysis.

2.7 THE FLEXIBILITY OF MSA REVEALED THROUGH ITS METAPHORS AND OPERATIONAL CHALLENGES

The Multiple Streams Approach developed by Kingdon represents a broad and practical framework that policy researchers utilise to study how policy actors manage uncertain situations (Kingdon, 1995). However, critiques indicate that the MSA depends on metaphors and an expansive conceptual structure, which compromise empirical precision and lead to interpretative ambiguity (Cairney and Jones, 2016; Huber-Stearns et al., 2019). More specifically, because MSA allows open-ended interpretation, certain users might reduce complex policy mechanisms to simplistic terms or ignore basic theoretical discussions. Critics often state that MSA depends on metaphorical language, which sometimes leads to a distorted understanding of concepts. Scholars investigated how the metaphor "War on Drugs" influenced US policy development by presenting drug abuse as an enemy to combat and eliminate (Hawdon, 2001). Metaphors can become literal interpretations, which in the case of the war on drugs, resulted in militarised responses that overlooked public health aspects and the socio-economic foundations of the problem. And whilst metaphors can effectively drive public interest, they could unintentionally limit policy debate by leaving out different perspectives. The research community has highlighted that this reliance on metaphors can also result in the bypassing of systematic social science methodologies because they are less empirical than approaches, which include measurable variables and testable hypotheses (Bendor, Moe, and Shotts, 2001). Numerous experts suggest that translating influential metaphors into action requires careful consideration since incorrect interpretations can obstruct instead of improve policy approaches. That said, researchers have also noted MSA's utility to policymakers because it requires minimal effort to implement and creates simple and adaptable categories for setting agendas (Reimut, Zohlnhöfer, and Rüb, 2016). Supporters of

MSA's flexibility assert its value for comparative analysis across various research environments if users preserve conceptual consistency.

Another key point is that multiple critiques highlight the absence of hypothesis testing within MSA, which originates from its adaptable operationalisation of core elements (Sabatier 2007; Howlett 2013). In this respect, MSA shares common characteristics with broad social science frameworks that handle real-world complexity, and this causes difficulties in creating generalisable theories that withstand rigorous falsification. The model's metaphors, like "streams" and "windows", can seem enlightening, but they resist accurate measurement without exact definitions. These criticisms partly stem from scientists trying to achieve laboratory empirical certainty versus the moderate precision usually found in social science research. The adaptable nature of MSA benefits context-specific policy interactions but exposes the framework to claims about its inconsistent core concept definitions. Moreover, researchers find it difficult to demonstrate empirical validity and replicate findings through diverse policy sectors because critics point out the resulting ambiguity from the framework (Howlett, 2013). Stronger theoretical guidance would lead to improved support for hypotheses that can be generalised and more effective comparative testing. According to academic researchers, demonstrating "competency" in MSA requires regular application of concepts like problem stream, politics stream, and policy stream, along with clear discussions of wider theoretical contexts. The practice can help prevent surface-level applications that reduce MSA's unique features to basic interpretations (Zahariadis, 2014).

The study of MSA requires linking its concepts to broader policy theory and current trends in governance. The foundational principle in MSA research includes "speaking to broader policy research", meaning that studies based on MSA can tie their findings to major theoretical discussions in public policy research (Cairney and Jones, 2016). Academic contributions from MSA research can be improved when researchers establish precise connections with other frameworks, including the Advocacy Coalition Framework and Punctuated Equilibrium Theory. Therefore, researchers must acquire deep knowledge of both complementary and contrasting theories to successfully demonstrate how MSA concepts can contribute to current academic dialogues. Several scholars suggest that cross-fertilisation resolves doubts about MSA's metaphorical ambiguity through the integration of streams and windows with established theoretical frameworks.

This problem stream of MSA also requires a revaluation, with many experts urging the incorporation of the modern state of media technologies, embeddedness of social media, and the vast exchange of information (Boswell and Rodrigues, 2016; Cairney and Jones, 2016;

Zahariadis, 2016). Recent years have seen the pace of shifts in reactions to public issues accelerate due to the influence of viral campaigns and immediate feedback channels; however, the principles behind Kingdon's approach to problem identification still offer a crucial key to understanding how a growing sense of agenda relevance evolves over time. In this sense, its explanatory coverage is still quite capable as it points to significant points in time where persuasive narratives connect with both the policymakers, as well as with the public creating a temporary convergence of the three streams.

However, according to scholars and building on earlier criticism, MSA fails to account for the implications of multi-level governance as local and supranational actors possess distinct mandates and aims (Boehmer-Christiansen, 2002). That is, previous policy decisions may impose constraints on the networks through which experts (see Chapter Three) are influential in shaping official opinion by virtue of their privileged positions, and this may result in the redefinition of future problems and the adoption of new instruments being underappreciated. Essentially what MSA misses is how historical policy legacies constrain contemporary deliberation: how historical path dependencies trap policymakers within pre-existing norms (Mucciaroni, 1992). Focusing on tax reform and privatisation shows that policy changes are explained less by the operations of system-wide economic forces and affected interest groups or by the hijacking of unexpected political opportunities than by their carry-over effects from previous decisions. Mucciaroni (1992) argues for deeper probes grounded in the evolution over time of key problems in the context of political, social, and economic change. A simplistic description of the crisis that does not analyse the new challenges being superimposed over previous ones risks being a problem in itself, while MSA can disguise these structural changes which create windows of problem opportunity. For example, Boehmer-Christiansen (2002) states that historical institutionalist scholars argue that future policy differences are rooted in past legislative frameworks and ideological structures.

The other perennial problem in MSA comes from its treatment of policy entrepreneurs. Critics argue that entrepreneurs are important triggers in the stream convergence of three streams, but they claim that the MSA is inadequate at explaining the motivations available to entrepreneurs as well as the strategic approach (Rubsamen et al., 1989). Kingdon's framework does recognise that certain individuals promote certain policy ideas but does not explore how organised interest groups and powerful state agencies serve as facilitators and barriers to entrepreneurs. Charismatic leaders may also head consumer-directed campaigns or be used by large companies to advance regulatory rollbacks. The work of Mucciaroni (1992) demonstrates that liberal-populist sentiments shaped the deregulation process and suggests

that policy entrepreneurs could borrow populist language to reinterpret problems in ways that brushes with normal government paradigms. MSA rarely considers how entrepreneurs can frame corporate interests to mimic public demands, and this makes it difficult to understand who gains from policy change.

MSA still retains its value in light of these criticisms, with its advocates arguing that the model can be updated with more precise definitions, refined hypotheses, and deeper historical contextualisation (Sabatier, 2007). Others propose combining the MSA framework with network structure analyses or considerations of power asymmetry, thereby expanding its explanatory scope. Studying multi-level governance enables the examination of how the problem, policy, and political streams interact across local, national, and international contexts. At later stages of the policy process, MSA's iterative nature allows for evaluation and feedback to reshape the problem or politics streams, potentially re-opening policy windows even after a measure has been adopted.

Experts also note that MSA's broad methodology reflects our new world of uncertainty by looking for external shocks and tracking how shifting public sentiment drives political calculations. Yet critics argue that a theoretical reshape could lessen ambiguities, increasing MSA's respectability. Improvements to future research might include explicit operational indicators to differentiate streams and process for setting up policy entrepreneur strategies as well as directions for mapping histories of problems. Linking MSA to other policy theories that advocate for historical progression or interest-based negotiation processes could also aid in these improvements. Such initiatives would improve overall MSA attractiveness and eliminate misconceptions around metaphor roles and hypothesis testing possibilities of MSA (Cairney and Jones, 2016).

In conclusion, one of the greatest strengths of MSA is its versatility, which allows it to be widely adopted by the policy research community. Nonetheless, additional model integration, methodological rigor, and practical relevance for complex policy phenomena are suggested as much needed refinements to the model, the former of which the next section explores in detail.

2.8 SITUATING THE MULTIPLE STREAMS WITH OTHER FRAMEWORKS

Exploring components of Kingdon's model of agenda-setting can indicate whether importance agents (focusing events) combined with social indicators or feedback signals influence major shifts in legislative agendas. Liu et al. (2011), for example, examined whether climate change indicators and focusing events influenced the scope of congressional

hearings on climate change in the USA, , finding that while these factors occasionally aligned with increases in congressional attention, institutional constraints and political interests played a more consistent role in shaping the agenda. They suggested that the MSA does not entirely capture how political actors react to crises and how powerful interests circumvent unwanted policy proposals.. Kingdon's separation of problems, politics and policies misses how the historical development ties these elements together (Weir, 1992). Although the model framing streams as separate and independent works when policy entrepreneurs leverage brief opportunities, real-world evidence suggests that actors and institutions often share responsibilities in constructing solutions as well as developing problems.

Central actors in MSA, such as public officials, major media outlets, and elected politicians, appear most frequently in the problem and politics streams, whereas professional bureaucrats and academic experts participate less prominently. Several scholars argue for a place between Kingdon's limited functions of bureaucrats and the more commonsensical role that existing research plays in policy; bureaucrats (and researchers, and other wonks) play a key role in posing problems and solutions. Robinson and Eller (2010) also discuss cases in which members of the policy stream influence the way problems are framed, which is inconsistent with Kingdon's model of separate streams. They conclude that MSA's autonomous streams model simplifies or misrepresents how policy operates in the real world, whilst still acknowledging the power of MSA's conceptual framework. They argue for a fluid, pluralistic model that recognises how competing expertise and blurred jurisdictions, both functional and geographic, shape which policy topics receive traction.

Kingdon's model of streams also does not fully account for policy evolution, unless it accounts for broader networks of power and ideas, argue Zahariadis and Allen (1995). Additional frameworks analysing the formation of policy coalitions and changes of institutional constraints would improve the current level of analysis offered by MSA that already examines the role epistemic communities in decision-making process. MSA, when complemented with further explanatory frameworks, can offer an integral view on the dynamics of change. Other academics explain that researchers that rely exclusively on MSA encounter challenges explaining why similar focusing events lead to different policy outcomes as the model does not provide significant insights about network structure and institutional history (Zahariadis, 2016; Herweg, Huß and Zohlnhöfer, 2015).

As Kingdon showed in 2003, MSA essentially relies on indicators, which are measurable proxies for identifying particular problems. Although MSA recognises that indicators can create urgency, there is a clear lack of scholarship on the impact of indicators

on agenda-setting across long timeframes (DeLeo and Duarte, 2021). However, only a handful of studies explicitly address MSA hypotheses with direct tests of the causal relations among indicators and the priority given them in policy. Their lack of research into these connections may stymie the model's ability to tell the difference between transitory spikes in political attention and more lasting shifts in what the governments are focused on.

Although MSA is a powerful driver of public policy studies, it has also been subject to criticism that needs frequent theoretical refinements that can help to identify its boundaries and characteristics in which it performs best (Jones et al., 2015). The lack of precision in estimating variability in political streams between cultures and institutional structures elicits criticism, which suggests that the model may be limited in its predictive power outside stable democratic systems. Jones et al. (2015, p. 35) mentioned key limitations; namely, the foundational components of MSA cannot be perfectly aligned in every situation, and researchers who seek to systematically assess MSA need to underscore its assumptions prior to using it. Jones et al. (2015) recommend that MSA should be integrated with other theoretical approaches to improve its practical applicability. Dominant actors can shape agendas or cause certain issues to be silenced and fall off the agenda, without necessarily relying on openly visible channels of decision-making (Lukes, 2005). MSA identifies when policy windows open and what solutions align with fluctuating attention but cannot articulate why some policy options remain impossible if powerful interests work via subterranean conduits of influence. Illustrated through a process that combines MSA with Lukes' Three Dimensions of Power theory, this situation produces a realm of invisible power operations within which visible dynamics of MSA readily interacts and constrains within limits the acceptable nature of proposed policies to same/similar issues in the face of salience from focusing events.

The current study attempts to integrate MSA with Lukes' Three Dimensions of Power, which corresponds with the increasing scholarly attention regarding structural and covert power mechanisms. MSA allows the uncovering of what lies behind public attention, including how focusing events cause issues to become prominent and get more attention, but Lukes' perspective offers a deeper level of insight by revealing whether certain policies are taken seriously due to systemic biases or ideological commitments. This criticism also applies to isolated MSA studies: Cairney and Jones (2016) note how these studies tend to fail to address empirical phenomena without engaging with, and ruling out, competing explanations. Other examples of research reflect ways in which supplementary theories provide a more robust MSA. Using Punctuated Equilibrium Theory alongside MSA and Diffusion Theory to

examine legislative shifts in anti-sexual abuse policies, the research by Traczek (2022) demonstrates that the spread of crises as well as of information transfer between governments drives policy evolution alongside gradual agenda shifts. Thakkar's (2016) study of Canadian pharmaceutical policy applies MSA and Punctuated Equilibrium to show how institutional inertia retained and entrenched institutional arrangements, thus stifling system-wide pharmaceutical reform. Maisashvili (2020) shows how approaches that combined information on workplace standards brought about advances in the Accord on Fire and Building Safety toward better working conditions for employees in Bangladesh. In short, analyses that integrate multiple frameworks yield more holistic explanations, as they capture both the proximate and immediate change triggers, as well as the structural factors that guide potentially available policy trajectories.

After investigating MSA and its shortcomings, the next section builds on the theoretical insights through an analysis of Lukes' Three Dimensions of Power. This illustrates that a combined application of Lukes' theoretical framework and MSA analysis may offer rich insight into UK obesity policy development, particularly in understanding the factors influencing the championing or abandonment of specific policy options.

2.9 STEPHEN LUKES' THREE-DIMENSIONAL VIEW OF POWER

Stephen Lukes' three-dimensional model of power enables better insight into the methods ruling elites use to shape political decisions and public opinions (Lukes, 1974). The framework has its origins in earlier studies of pluralistic power by Dahl (1957), which described interest group competition for public debate dominance, and Bachrach and Baratz's (1962) two-dimensional approach, which created active agenda-setting to keep certain issues from reaching formal policy discussions. Lukes recognised previous power models but contended that they were restricted solely to overt power mechanisms. Instead of confining his analysis to visible power processes, he proposed an additional hidden dimension where the control of opinions and perceptions leads dominated groups to embrace decisions that fail to benefit them properly (Sabatier and Weible, 2014; Lukes, 1974). Ruling elites maintain their control through "ideological power", which manifests in their ability to construct narratives that validate the status quo and shape public thinking towards compliance. This strategy operates like nuanced messaging that focuses on economic or moral necessities and leads people to think specific policies must happen or are beneficial. The focus centres on developing people's beliefs and principles instead of enforcing strict rules.

According to Dahl (1957), the first face of power operates within a decision-making framework that remains relatively transparent to observers. The second face reveals the ability

of key players to remove unwanted topics and alternative perspectives from the agenda beyond open debate, according to Bachrach and Baratz (1962). Lukes proposed that dominant groups manipulate the beliefs of individuals to maintain consent, which makes conflicts nearly undetectable (Lukes, 1974). Traditional policy analysis faces challenges with this hidden layer because it uncovers how power can escape examination by functioning through ideological mechanisms (Dowding, 2006). The obscured power dynamics within policy frameworks enable political leaders and business entities to promote specific policy routes while sidelining others, which proves to be more comprehensive than traditional one or two-dimensional power models. The model proposed by Lukes demonstrates that basic power analysis methods fail to explain why individuals accept decisions that go against their material interests or social well-being, (Sabatier and Weible, 2014). The acceptance shown could result from people adopting prevailing norms or thinking alternative options are not possible.

2.9.1 The Influence of Ideology in Shaping Beliefs, Opinions, and Desires

Ideological power represents the third dimension of power, which demonstrates how specific beliefs become accepted as natural. This is especially useful given that mainstream policy studies often overlook the detailed workings of this transition (Lukes, 1974). MSA, along with similar policy approaches, examines discourse and framing but fails to address the underlying subtle mechanisms that change public understanding of policy problems without explicit force (Dowding, 2006). According to Lukes (1974), manipulation functions through language alongside imagery and emotional appeals, a phenomenon which transforms people's understanding of complex matters, thus making certain policy directions unavoidable or unchallenged. The dimension often joins narratives that present specific solutions as obvious while discrediting or mocking opposing views before they gain more acceptance.

Political rhetoric, together with advertising and strategic campaigns, can either increase or reduce the perceived legitimacy of policy interventions that focus on self-sufficiency narratives in healthcare and public health however ignore structural factors. The existence of covert lobbying and propaganda creates a situation which strengthens specific voices even though research indicates these activities may undermine transparency (Sabatier and Weible, 2014; Dowding 2006). Research connecting a third power dimension to public health reveals how obesity policy debates often emphasise individual moral responsibility instead of acknowledging more significant societal structural factors. Industry stakeholders may promote educational initiatives, for instance, but reject regulatory measures to manipulate public discussion for their benefit (Dowding, 2006). Critics warn that when deceptive

manipulation becomes public knowledge, it generates mistrust among citizens, which then hinders effective state interventions.

Policy supporters and opponents engage in strategic communication by selectively using partial truths or unfounded claims to advance their objectives, which links misinformation directly to strategic communication efforts (Sabatier and Weible, 2014; Dowding, 2006). Certain sectors have historically generated ambiguity regarding health hazards by backing research that challenges scientifically proven results. Public health authorities may also use emotionally driven campaigns to gain public backing for their policy initiatives rapidly. Research demonstrates that the use of either misleading information or emotional appeals generates doubt among people regarding trustworthy sources, which weakens substantive conversations about interventions based on evidence. Citizens' trust in governmental institutions suffers when reform-oriented policy actors encounter resistance from populations who see their governments as partners with commercial lobbyists or dismissive of civil society concerns (Hawkes et al., 2015; Mialon et al., 2016).

2.9.2 Difficulties in Measuring Intent, Consent, and Responsibility

In some instances, subjects of manipulative rhetoric collaborate with overarching narratives in self-serving ways, thus not constitutive of submission (Lukes, 1974). System-supportive values and beliefs are adopted eventually due to the social environment, making it challenging to discern whether agreement is deliberate or occurs without effort experience (Van der Pas et al., 2013). Higher pressure levels are often thought to lead to more demand for systemic change, but experts use cognitive dissonance to explain the opposite trend. People tend to adapt to established ideological systems or integrate them into their minds, often thinking they have major agency between those belief frameworks (Sabatier and Weible, 2014). It remains to be seen if these beliefs are true manifestations of personal preferences or the learned acceptance of social hierarchies.

As Dowding (2006) argues, the people who study ideological power understand how hard it can be to tell the difference between deliberate manipulation from accidental persuasion. And while officials insist that they act in the public interest, they often adopt policies that inadvertently advance political goals or serve economic allies. However, stakeholder policymakers do not necessarily operate with malicious goals, such as those that advocate for healthier lifestyles, because pro-social behaviour campaigns have the potential to improve public welfare when a body of evidence reflects the messages they promote. Dowding and Van Hees (2003) claim that interest groups still concentrate power through their control over dialogue and restricted spaces for critique though. Holding such power-

holders accountable for their use of persuasive means is problematic, because persuasion doesn't always signal unethical or manipulative behaviour.

According to Dowding (2006), the debate continues as to whether the first mover that possesses the manipulative strategies is the one who maximises its reward. In fact, as their purpose could be to alleviate regulatory scrutiny rather than bringing genuine advantages for the public, some observers question what they want going behind corporate-sponsored awareness campaigns (Boudon, 1998). One could argue the dilemma of justifying paternalistic actions that alter preferences but can be targeted for a prosocial outcome. The UK Government's own attempts to reduce sugar intake, for example, initially relied on persuasive messaging to highlight health threats, but critics say these messages missed the socio-economic issues at the heart of sugar consumption. Despite such an obvious need for accountability, it is often absent because the complexity of multi-layered governance structures involving several agencies and multinational corporations results in ambiguity about which a political party must answer for the construction of public opinion (Dowding and Van Hees, 2003).

Public reactions tend to hinge on how people read the underlying intent. Public campaigns that appeal to compassion and social values tend to get good traction. However, when hidden manipulation is revealed it creates the risk of backlash (Dowding, 2006). Studies have found that well-intentioned policies are all but certain to fail when leaders rest solely on emotional appeals rather than building strong coalitions to support deep structural changes. And different from many social processes, ideological power plays out in the public eye with visibility through media and other official statements but also hushed up in backroom horse-trading between political leaders or industry groups. These behind-the-scenes practices often have an outsized influence on major policy choices compared to public discussion.

Exploring the third dimension entails understanding how beliefs change over time, particularly in the context of complex policy environments. Policymaking occurs within a historical context, even if some narratives inaccurately portray it as occurring in a vacuum. Historically entrenched institutional structures have normalised power asymmetries, which are the sources of manipulative practices (Dowding, 1991), and changing broad public attitudes about important issues like obesity requires coordination from both the public and the private sector. To do this, experts say that communication models based on science need to be consistent (Boudon, 1998).

Aspects of social life, including collective identities and the persuasive needs of social agents, raise questions for policy analysts about the feasibility, utility, and morality of eliminating all forms of manipulation. Dowding (2006) highlights how evaluators grounded in alternative moral universes will find it difficult to negotiate a fruitful opposition that enables them to discern opposite motivations (character-based) behind guidance or manipulation (ontology-based) and signals value of inferentially the opposite philosophies, libertarian and social democratic participation. Critics of paternalistic campaigns believe that they undermine personal responsibility, but the proponents maintain that people are generally unaware and ill-equipped to combat commercial marketing techniques. Even in the face of existing health disparities, deliberate attempts to shape public understanding of nutrition and physical activity are widely regarded as legitimate government intervention, but it is becoming increasingly difficult to identify at what point guidance gives way to coercion (Hay, 1997).

Investigation of the interplay between the third dimension of power and the shift away from narratives of individual choice toward structural interventions may be beneficial for the study of obesity policy. Rhetorical strategies aiming at discrediting critics and belittling the benefits of alternative approaches frequently populate the public discourse about industry squeeze and related regulation issues. Top-down health campaigns that adopt an emotive language to represent support for measures on sugar consumption also can try to focus engagement with context about economy and culture. It is the mix of manipulative tactics chained with elitist persuasion, and groundwork advocacy that fuels the new policies to become either repressive forces or safeguarding tools. It has been noted that ideological strength requires critical relevance to dominant ideals concerning mutual responsibility and fairness, but left to their own devices researchers have not yet homed in on the factors that lead to widespread buy-in (Dowding, 2006; Dowding and Van Hees, 2003).

2.9.3 Application of Lukes Power Dimensions to UK Obesity Policy

The template of Lukes' Three Dimensions of Power offers a comprehensive tool to decode UK public policy on obesity and also investigates the way different political and social actors combines with each other. Using Lukes' framework highlights not only who holds power, but also how visible decisions evolve through transparent mechanisms that elevate particular perspectives on public debates. Knowing who is doing what, and where they sit in this power dynamic, therefore goes some way to explain how and why we see that the "[sugar tax proposals] alas met with a resilience of industry lobbying' (Cairney, 2019).

The first power dimension relates to the role of gatekeepers in policy processes, but power relations also exist beyond established systems in the context of philanthropic organisations and media in addition to social actors controlling shifts in priorities. The second face of power manifests in the concept of non-decisions in UK obesity policymaking. For example, in the case of obesity, policymakers tend to limit problem definition by playing down structural, common causes in favour of other approaches, even though the evidence points towards socioeconomic inequalities and urban environment deficits as primary candidates (Knai et al., 2018). Policymakers focus on solutions that target behaviour on their agendas while underestimating the influence of marketing strategies and environmental constraints. Both types of lobbying – for non-intervention and for explicit endorsements – are significant in assessing how national strategies emerge particularly through corporate lobbying efforts, which serves to highlight personal responsibility (Milio, 2013). In conclusion, market-oriented models are still dominant, as public policies that address structural causes of obesity lag behind personal responsibility related policies (Cairney, 2019).

Power's third face, involves manipulation and the articulating of subjective interests, are in themselves aetiological, constitutive and transformative ideologies that excitedly illustrates over-deep ideological processes that govern public consciousness and the intellectual register of obesity content. Hawkes et al. (2015) found, for instance, that research almost uniformly demonstrates the influence of government discourse, commercial messaging, and tailored media reporting about the two on public understandings of who should address obesity. In Lukes' third dimension, repeated framing of obesity as a personal problem may obscure public health policies such as portion size limits and restrictions on marketing (Lang and Rayner, 2007). On the other hand, financially powerful opposition groups characterise robust state efforts as constraints on individual freedom and the expansion of trades, indicating how the regulation of public outlooks sets the speed at which elements of governance are applied (Knai et al., 2018).

In addition, as previously noted, MSA's framework has been accused of underestimating power – especially the way hidden power methods and/or governing arrangements filter which proposals are accepted (Cairney and Jones, 2016). A much more subtle depiction of the relationship between MSA and Lukes' theory is presented in MSA (2014, p. 270), which finds that much like many recent reforms in public policy where decisions emerge from inter-related factors, such as the case of the Soft Drinks Industry Levy

(SDIL), where the awareness that obesity was a problem of public health was finally confirmed.

Corresponding to obesity, the problem stream of MSA can be used to identify rising health expenses combined with admonitions from institutions including the National Health Service (NHS) and Public Health England (2017) as key to bringing the issue of obesity to the fore. However, the absence of structural perspectives on obesity in official discourse reflects Lukes' second dimension of power. Legislative interventions in the form of higher taxes on sugar-sweetened products were critical to effectively reduce obesity, according to public health policy entrepreneurs (Ulijaszek, 2017), but advocates of limited government cautioned against potential unknown economic harm while espousing an ideology that celebrated personal responsibility and market freedom.

In the policy stream we find sugar tax proposals and voluntary guidelines around addressing obesity alongside corporate resistance to more draconian measures (Knai et al., 2018). Tax effectiveness is frequently argued against by industry-funded research and think tanks, having also painted taxes as unfair, yet independent research in all regions has shown that financial disincentives reduce sugar intake (Lavery et al., 2013). The second face of power appears useful when these debates narrow down on solutions or when media conversations privilege "nanny state" fears over structural ones. The extent to which private interests affect governments is apparent when individual choice is often cited as the main reason causing policymakers to fail to tackle systemic issues such as the availability of affordable healthy food and the design of council housing to encourage greater physical activity.

The political stream of MSA encompasses electoral pressures, as well as the ideologies of the parties and powerful lobbying communities (Zahariadis, 2016). The UK central government is structured so that considerable power over decision-making resides in the Cabinet and the office of the Prime minister, which decides on the progress of policy. However, continued lobbying from these major companies shapes how much the government actually implements the particular legislation. Beverage companies voiced concerns at the potential adverse economic effects of the SDIL leading to lost competitiveness and job losses (Knai et al., 2018). Businesses also applied direct pressure through official consultations and policy forums, embodying Lukes' first dimension of power, while suppressing radical alternatives such as broad product taxes, demonstrating their use of the second dimension. A third dimension of power, according to Lukes, emerges when political representatives for the government justify the SDIL to citizens by framing it as a moderate term that protects

consumer rights so as not to set a dangerous precedent for future, more widespread, interventions.

MSA demonstrates that policy windows emerge from unrelated events providing opportunities for policy change (Kingdon, 2011). Well-prepared policy entrepreneurs (who do not have to be politicians) can capitalise on political moments, such as the surge of obesity attention during election campaigns, to promote well-researched legislative proposals. The use of MSA alongside Lukes' notions provides an insight into how entrepreneurs might capitalise on media concerns about negative childhood obesity framing to increase support for a sugary drinks tax. Academic studies confirm that the Government's portrayals of the SDIL as health initiative operate as Lukes' third dimension by reinforcing public support and stifling dissent over governmental overreach (Scott et al., 2017). Increased evidence of obesity-related healthcare costs put policymakers under more pressure than ever to keep personal responsibility at the centre stage. Critics consider this the politically palatable method of settlement that it is as it allows the food industry to remain autonomous all the while targeting sugary drinks as the sole product at fault (Capewell and Capewell, 2017).

Lukes' second face of power, "an indefinite power of setting the terms of the political debate" (Lukes, 2005, p. 30), can demonstrate how lobbying impacted who determined what obesity discussions are even had, be this MPs, or ministers deterred on corporations (UK Parliament, 2015). Several elected representatives were alleged to have second positions or consultancies with companies connected to the food and beverage sector, which caused concern over conflicts of interest, for instance (Ritchie, 2016). Industry funded research critical of the link between sugar consumption and obesity link or taxing these products also potentially skewed public dialogue in a proindustry direction. Lesser et al. (2007) demonstration in their evolutionary meta-analysis that sponsor studies reflect the interests of the sponsor. By controlling debates, key power holders can steer the conversation away from the structural factors at play and channel it to individuals' lifestyle choices alone.

According to certain studies, this approach generates misunderstandings about the true origins of obesity because it connects the problem exclusively to personal responsibility (Nelson, 1984). People might mistakenly believe they have complete control over their dietary choices when they live in spaces where inexpensive, high-calorie foods are common and healthy food options are scarce, while aggressive marketing campaigns promote less healthy eating habits. Focusing solely on personal blame in policy development also obscures important socio-economic and political elements, and research shows that structural determinants significantly affect health outcomes (Swinburn et al., 2011). An expansive

policy approach that integrates taxation measures with infrastructural reforms alongside marketing regulations and broader welfare initiatives could help reconcile these differing perspectives. Lukes' Three Dimensions of Power highlights manipulation risks as well as gatekeeping and non-decision potential throughout formal parliamentary debates and public framing processes.

2.10 RESEARCH QUESTIONS

1. Between 2007 and 2017 which political, economic and institutional factors shaped UK government policy towards obesity and how did these factors facilitate the change from individual responsibility to government regulation?
2. What impact did power conflicts between government bodies and industry players along with public health supporters and social groups have on shaping the formation and execution of UK obesity policies?
3. How did the food and drink industry work together with government agencies and health advocates to influence the design and negotiation which led to the adoption of the Soft Drinks Industry Levy (SDIL)?
4. What impact did transparent decision-making processes together with hidden non-decision-making activities and ideological factors have on the development of obesity policy options from 2007 to 2017?

2.11 AIMS OF THE STUDY

- To investigate the interaction between Kingdon's Multiple Streams Approach (MSA) and Lukes' Three Dimensions of Power in determining obesity policy decisions through policy framing and political negotiations.
- To investigate how ideological viewpoints and competing interests affected policy discussions to determine if obesity was defined as a structural problem or as an individual responsibility.
- To evaluate the impact of corporate lobbying activities and public health advocacy on shaping regulatory measures like the SDIL.

Chapter 3: Theoretical and Conceptual Framework

3.1 INTRODUCTION

By employing Kingdon's Multiple Streams Approach and Lukes' Three Dimensions of Power framework, the analysis of UK obesity policymaking over the period of 2007 to 2017 presented in this chapter focuses on the shaping of policy debates as well as the formulation of regulatory interventions and the impact of competing interests on decision-making processes. Kingdon's MSA explains how a policy is added to the political agenda by identifying key actors that help frame the issue within the context of additional enablers or barriers to policy change. However, this analysis fails to account for how power structures and lobbying activity, as well as ideological framing, shape influences. When Lukes' framework is used to assess non-decision-making and agenda-management, the analysis is strengthened by its capacity to illuminate how both overt and covert power mechanisms are used to shape policy discussions. Employing both of these theoretical frameworks together involves an analysis of formal decisions over policies and the structural power asymmetries between interests as a critical feature of analysing the evolution of UK obesity policy.

The development of UK obesity policy from 2007 to 2017 needs a theoretical framework that considers the overall effects of political, economic and institutional factors on regulatory decision-making. In recognising the shift of the reality of obesity rights to that of government regulation we can apply MSA and Lukes' Three Dimensions of Power. The Multiple Streams Approach framework shows how policy windows open when the problem, policy and political streams align, and Lukes' theory of power indicates how overt and covert decision-making processes create the agenda, shedding light on the political and policy forces that influence and shape the decision-making process, including the interplay between government agencies, industry stakeholders and public health advocates, as well as the explicit choices and the hidden decisions made by the various actors involved.

MSA teaches us that policy flows are much more unpredictable compared to the more linear policy sequence suggested by traditional models of policymaking (see Zahariadis, 2016). The basic premise behind the model is that policy initiatives are successful when several streams converge at a favourable moment for change. Critics of the model argue, however, that the MSA does not take into consideration how policy window formation is

predicated on entrenched power relations (Cairney & Jones, 2016). On this, Lukes (2005) challenges the traditional view that power presents itself as an explicit political battle for control over the policy agenda, instead providing a more nuanced understanding of power. When this theory is applied to UK obesity policymaking specifically, it demonstrates how both corporate actors and policymakers engaged in governing to steer policy debate by selecting the solutions that would be adopted, while simultaneously removing alternatives from the agenda.

Analysis of the Soft Drinks Industry Levy (SDIL) is an example of how MSA and Lukes' dimensions of power can be used in conjunction with each other in real policy contexts. The UK Government stated that the SDIL was a fair way of balancing the needs of public health with those of industry. The analysis of the policy process shows significant imbalances of power leading to corporate lobby shaping the final form of the levy, excluding the path of stricter regulations (Knai et al., 2018). The theoretical frameworks collectively provide a systematic mechanism for analysing power relations in obesity policymaking that highlights the importance of negotiations between industry and government, and the less visible policy-making processes and ideational frameworks that shape policy agendas.

This allows a theoretical groundwork for integrating MSA with Lukes' framework, demonstrating the compatibility of the two paradigms to shed light on the research questions posed by this thesis. The chapter is structured around three main pillars: (1) an examination of the concepts of policy change and power; (2) an illustration of the analytical power of MSA in the UK obesity context; (3) and the implications of using Lukes' Three Dimensions of Power for observing non-decision-making regimes and ideological control. As the focus of this research is on the evolution of obesity policy through political battles, regulatory intervention and industry pressure, the contents of this chapter provide context for the subsequent empirical analysis.

3.2 VALUES, POWER, AND FRAMEWORKS OF POLICY CHANGE

Change in policy involves information about how problems are identified and solutions developed and how politics will cohere around the will to implement reforms. As per traditional policy models, the policy formulation process is expected to follow a rational decision-making pattern that arrives at optimal solutions according to the evidence and societal needs. Current policy analysis assumes that powerful actors and institutions, and competing interests play a crucial role in shaping policy development (Howlett et al., 2009), and as such reject the traditional perspective which sees policy always inspired by the best possible solution to a given problem. The two-pronged framework that follows from the

combination of MSA and Lukes' Three Dimensions of Power explains both the agenda-setting processes and the power conflicts of the policymaking process.

According to the MSA, the policy process is not linear and windows of opportunity open when three streams – problems, policies and politics – converge (Kingdon, 2003). The problem stream shows how an issue is recognised as a policy issue through a combination of public opinion, media coverage, and scientific research. These include the policy stream, which consists of potential solutions that policy actors consider acceptable options, and the political stream, which emerges from electoral forces intertwined with interest group demands and institutional goals. The Multiple Streams Approach suggests that political streams aligning results in opportunities that bring about policy solutions, as opposed to policy being an evidence-based response to a critical issue.

While MSA has strong analytical power, it fails to address power imbalances. This is because policy entrepreneurs operate in a political arena in which they are successful by being at the right spot at the right time and by being persuasive rather than through structural power (Zahariadis, 2016). Research on public health policymaking shows policy windows are still closed to certain actors. As Cairney (2019) argues, corporate stakeholders have great power to dominate policy discussions through problem definition and solution scope. Lukes' framework is important in this respect because it provides an in-depth analysis of power structures, which can explain why certain policies are prioritised whilst others find themselves sidelined.

With his Three Dimensions of Power framework, Lukes describes subtle forms of influence that shape policy discussions and that help to analyse political struggles beyond what is immediately visible (Lukes 2005). Policy disputes tell us who are the winners in the first dimension of power, the study of direct conflict. The second dimension illustrates how agenda control by powerful actors helps to keep certain issues from being included in the policy agenda. The third dimension probes the mechanics of ideological influence by exploring how dominant narratives shape both public opinion and the policy debate. In attempts to develop obesity policy in the UK, corporate actors framed obesity as an individual responsibility problem, and not as a structural issue, to resist government intervention (Scott et al., 2017). In short, MSA discusses which policies emerge through window opportunities, while Lukes' framework describes why some solutions are excluded from policy debates. From 2007 until 2017, the UK government's developments of obesity-related policies were met with resistance from industry stakeholders who preferred voluntary to regulatory legislation (Knai et al., 2018). By integrating different theories, we can thus develop new

insights into obesity policy processes in political contestations, and how power and economic interests as well as systemic constraints influence policy outcomes.

3.3 CONCEPTUAL OVERVIEW OF MSA

Kingdon's (2003) Multiple Streams Approach (MSA) details how policy is formed through the consideration of three separate, but sometimes overlapping, streams: problem, policy and politics. The Multiple Streams Approach thus highlights the chaotic complexity of policy adoption, which directly challenges rationalist formulations that see policy change as a linear series of stages in which first a problem has been diagnosed and then a solution proposed. Policy change occurs when the streams align and a policy window opens, allowing new legislative measures to be developed. MSA has been developed and drawn upon in research into public health and social policy to explain why, on the one hand, certain policy issues are addressed, while on the other hand, others are not given attention at all (Zahariadis, 2016).

The problem stream incorporates social conditions in need of government intervention. Policy actors decide which issues to pursue by calculating their salience and urgency, including the weight of public opinion (Cairney and Zahariadis, 2016). In terms of obesity, with the increasing incidence of diet-related diseases, rising healthcare costs, obesity began to be viewed as a national public health emergency instead of a personal lifestyle problem (Scott et al., 2017). Policymakers, researchers and advocacy groups generate a variety of proposals in the policy stream, one of which must meet approval in the technical feasibility and ideological acceptability constraints (Kingdon, 2003). For example, for public health advocates, regulatory measures such as sugar taxes and marketing restrictions were suggested, but these were opposed by industry stakeholders, who favoured voluntary self-regulation.

The political stream signifies the overall political climate as it impacts government priorities and party ideologies, and also takes account of public mood and lobbying activities (Cairney, 2019). The adoption of potential policy solutions is largely conditional on political feasibility; deployed officials will refuse to implement measures that contradict entrenched economic beliefs or alienate key stakeholders. MSA highlights that policy entrepreneurs who champion specific solutions and align the three streams are in prime position because they seize opportunities to realise their aims (Kingdon, 2003).

Dissatisfaction with MSA arises because some believe that MSA does not adequately address power dynamics as it presents policy entrepreneurs as free-standing instead of

contestants acting within specific political and economic power structures (Zahariadis, 2016). The model describes problems, policies, and political conditions as converging naturally, neglecting the intentional actions of powerful actors who shape debates and dominate policy agendas. The case of UK obesity policymaking from 2007 to 2017 illustrates how correlative government–business dialogue constrained policy choices while questioning to what extent MSA helps describe how power relations and vested interests can drive the public health regulatory agenda.

3.4 MSA IN UK OBESITY POLICYMAKING (2007–2017)

In 2007, a dramatic shift in the UK obesity policy framework occurred following the publication of the Foresight Report, moving away from focusing on obesity as personal responsibility to a public health approach that recognised obesity as a political and economic problem. In England, from 2007 to 2017, obesity rates, along with obesity-related diseases, created substantial pressure on the National Health Service (NHS), raising fears of economic burden (Public Health England, 2017). The problem became more prominent as scientific publications, media reports and policy discussions focused on long-term effects of poor dietary habits and excessive sugar in the diet (Capewell and Capewell, 2017). However, both economic forces and industry opposition to stringent regulations persisted in guiding (and blocking) certain policy solutions. For instance, mandatory food labels, restrictions on advertising, and sugar taxes, were all suggested policies (Hastings, 2011; Sassi, 2011). Health practitioners, public health organisations, and institutions advocated for more robust regulatory measures, arguing that voluntary measures in the industry had not resulted in meaningful reductions in sugar consumption (Knai et al., 2018). Using both direct and indirect means, corporate lobbying sought to kill or dilute these regulatory proposals and promote the concept of self-regulation to reduce the problem of informational asymmetry, whereby food and drink producers could moderate product modifications and advertising standards (Scott et al., 2017).

The process of policy advancement became heavily driven by political incentives. The UK government, concerned about economic competitiveness and consumer backlash, had initially opposed measures of taxation (Cairney, 2019), but these needs were shifting amid political changes and heightened public demands, and a policy window opened (Cairney, 2019). Policymaking reform was facilitated by the alignment of political fortunes on the national and local level, as evidenced by the introduction of the Soft Drinks Industry Levy (SDIL), which became law in 2016, and a correlation of public and stakeholder debate around periodic assessments of the SDIL.

3.5 JUSTIFICATION FOR THE USE OF MSA TO ANALYSE UK OBESITY POLICY

The Multiple Streams Approach (MSA) offers an overarching framework for investigating the political emergence of obesity onto the UK policy agenda, and its treatment, between 2007 and 2017, allowing an analysis of the policymaking process not as a linear, rational sequence between problem recognition and policy implementation, but rather as a fluid series of interactions between different actors and variables (Cairney and Zahariadis, 2016; Béland and Howlett, 2016). The MSA paradigm departs from conventional policy models which are based on evidence accumulation decision making, by acknowledging that policymaking actually occurs at certain moments when the streams of problems, policies and politics converge (Zahariadis, 2014; Howlett et al., 2009). Stream alignment analysis allows researchers to more broadly examine how often both unpredictable obesity policy development does occur in transitions between voluntary and interactive approaches such as is seen with the Soft Drinks Industry Levy (Knai et al., 2018; Scott et al., 2017).

To investigate the three aims which guide this research, the framework offers important implications. The first aim is to examine the degree to which political factors and economic and institutional determinants shaped the development of obesity policy-making by the UK government (Oliver and Cairney, 2019; Capewell and Capewell, 2017; Scott et al., 2017). By drawing attention to the political stream, researchers working within the MSA can trace the political cycles and electoral cycles that led to shifts in policy important to obesity control, arriving at their definition of policy in general, as shaped by government priorities and political ideologies (Cairney, 2019; Zahariadis, 2016). The second research aim is concerned with how power dynamics among government actors, industry stakeholders, and public health organisations shape policy intervention development (Knai et al., 2018; Scott et al., 2017; Cairney and Jones, 2016). MSA describes actors manoeuvring through problem and policy streams (Béland, 2017; Zahariadis, 2014) but lacks the inclusion of power asymmetries. To fill these theoretical gaps through the analysis, this study maps Lukes' Three Dimensions of Power to demonstrate how agenda control, lobbying activities and ideological narratives shape obesity policy outcomes. The third research aim examines how industry collaborations with governmental agencies or public health advocates influence the dialog of SDIL (Capewell and Capewell, 2017; Scott et al., 2017). The MSA policy stream specifies conditions for evaluation of regulatory solutions, whereas Lukes (2005) shows us that limited interventions by industry actors can limit any fallout from regulations (Cairney, 2019; Knai et al., 2018).

3.5.1 The SDIL's Adoption and Political Stream Negotiations

The Soft Drinks Industry Levy (SDIL) represents a balanced policy solution that meets public health calls for regulation while allowing the government to prevent direct conflict with the food and beverage sector (Scott et al., 2017). The political stream is essential in determining the policy's final form because policymakers balanced demands from public health advocates and economic stakeholders while considering political viability. Public discourse established essential conditions that enabled the introduction of SDIL. Studies that showed sugar intake leads to obesity and chronic diseases helped classify sugary drinks as essential targets for policy despite ongoing broader dietary problems (Knai et al., 2018). The measure gained acceptance because it targeted only soft drinks instead of all food products, which enabled policymakers to present it as economically feasible and proportionate. The final structure of the SDIL was also largely determined by industry engagement and policy discussions during which beverage companies pushed for changes to tax thresholds and exemptions to reduce their financial burdens (Capewell & Capewell, 2017). The policy developed political momentum despite industry resistance because public health concerns became an electoral priority while cross-party support emerged for interventions that matched the Conservative government's focus on responsibility-driven regulation (Cairney, 2019).

The MSA framework reveals how problem recognition alongside policy options and political situations enabled SDIL's operation; however, it shows its weaknesses when evaluating corporate power in directing policy debates and establishing political feasibility. For instance, the model fails to explain the suppression of alternative proposals by powerful economic actors who advocated for more moderate and industry-friendly regulatory interventions instead of pursuing transformative changes (Scott et al., 2017). In the case of UK obesity policy, policymakers chose to implement a soft drink tax instead of broader food industry regulation, which illustrates how institutional power structures and economic interests limit policy change.

3.5.2 Critique of MSA's Limitations in Obesity Policymaking

MSA delivers an appropriate framework for understanding policy timing and agenda-setting. However, its inability to incorporate power disparities and covert decision-making procedures triggers serious doubts (Zahariadis, 2016). Policy windows, according to the framework, emerge when streams align. However, political actors and corporate stakeholders frequently manipulate these alignments to produce desired results (Cairney & Jones, 2016). In addition, MSA's hypothesis about fluid and independent policy streams neglects the limitations brought about by industry lobbying activities and government-industry alliances

combined with market-based governance ideologies (Knai et al., 2018). Lukes' Three Dimensions of Power can be used here: the second face of power allows obesity policymaking to be analysed in terms of broad food taxes and stricter advertisement rules, which demonstrates non-decision-making mechanisms that keep certain policies off the agenda (Lukes, 2005).

Policy entrepreneurs help advance legislative measures. However, they face limitations due to existing power structures, which restrict their capacity to push for significant change (Scott et al., 2017). The presentation of the SDIL shows that policy windows serve as contested arenas with strategic interest negotiations instead of neutral moments for change (Capewell and Capewell, 2017). The combination of MSA analysis with Lukes' Three Dimensions of Power reveals the extent of corporate influence in obesity policy discussions as well as the systematic elimination of transformative policy solutions. The study of agenda-setting alongside power dynamics reveals the constraints and selective adoption of public health policies while demonstrating the larger forces that shape obesity regulation in the UK.

3.5.3 Strengthening the Connection Between MSA and Policy Analysis

Applying MSA to UK obesity policymaking helps explain how regulatory changes happened even with significant industry pushback (Cairney and Jones, 2016; Zahariadis, 2016). The framework demonstrates its capability to analyse when policy windows open while government attitudes toward obesity transform incrementally (Oliver and Cairney 2019; Knai et al. 2018). Scientific proof connecting sugar intake to obesity-related illnesses generated problem awareness, and media/public discussions raised political feasibility (Capewell and Capewell, 2017; Scott et al., 2017). The presence of these convergent streams fails to account for the absence of certain policies like widespread sugar taxation from official agendas though (Cairney, 2019; Béland and Howlett, 2016). The analysis becomes more robust through Lukes' power dimensions, which show that industry players used agenda-setting strategies to limit available policy choices (Knai et al., 2018; Lukes, 2005).

This study applies MSA and Lukes' Three Dimensions of Power in two distinct ways. Firstly, MSA is used to facilitate the tracking of the rise of obesity as a policy concern through an examination of the intersecting problem, policy, and political dynamics (Cairney, 2019; Zahariadis, 2014; Kingdon, 2003). Secondly, the application of Lukes' power framework alongside MSA reveals detailed explanations for the selective prioritisation of certain policy measures over others (Knai et al., 2018; Lukes, 2005; Bachrach and Baratz, 1970). The theoretical integration allows for a critical examination of both visible policy decisions and hidden non-decision-making processes to fill the gaps that the MSA would

leave unaddressed if applied independently (Oliver and Cairney, 2019; Béland, 2017; Cairney and Zahariadis, 2016).

3.6 INTRODUCTION TO LUKES' POWER FRAMEWORK

Lukes' Three Dimensions of Power conceptually expands Kingdon's Multiple Streams Approach by examining how power mechanisms affect agenda-setting as well as decision-making processes and policy presentation. Lukes' framework explores structural forces that shape policy options' inclusion or exclusion contrary to MSA's view of policy change as a convergence of independent problem, policy, and political streams. Visible decision-making defines the first dimension of power, where formal political processes allow actors to directly contest policy choices (Bachrach & Baratz, 1962). Obesity policy debates involve formal discussions among government agencies, public health organisations and industry representatives about regulatory measures, including the Soft Drinks Industry Levy (SDIL). The first dimension reveals that unlike MSA assumptions, which posit open system debates shaped by policy entrepreneurs, dominant institutional actors actually concentrate decision-making power (Cairney, 2019).

The second power dimension, known as non-decision-making and agenda control, shows how influential actors shape policy outcomes by excluding topics from official political debate (Bachrach and Baratz, 1970). For instance, corporate lobbying alongside political alliances restricted the UK's obesity strategy from including broader sugar taxation and advertising restrictions for unhealthy food products, demonstrating their influence on permissible policy debates. Lukes' second dimension shows policy windows stay shut because powerful actors intentionally block alternative regulatory approaches (Knai et al., 2018), while MSA suggests policy windows open when problem, policy, and political streams converge.

The third dimension of power – ideological control – goes beyond decision making and agenda setting to consider how dominant narratives limit public understanding of the subjects considered for public policy. For example, industry actors framed obesity as an individual rather than a structural problem, allowing continued economic and political power and influence on public discourse, as seen in UK obesity policy 2007–17 (Scott et al., 2017). For example, MSA policy analysis presents the entrepreneurial narrative and argues that the influential entrepreneur has the power to shape the political discourse. Lukes' power dimensions demonstrate that such actors are influential as they share the power to shape public opinion through activities, which are media based, think-tank investigations and political speech (Capewell and Capewell, 2017). Under MSA policy analysis, entrepreneurs

are seen to influence political discourse; however, Lukes' approach demonstrates that influential actors create consent by moulding public opinion through media activities, think-tank investigations and political speech (Capewell and Capewell, 2017). Combining Lukes' Three Dimensions of Power with MSA thus provides deeper insight into UK obesity policymaking by explaining why the SDIL was chosen over more effective interventions. While MSA focuses on timing and policy entrepreneur activity, Lukes' framework reveals that vested interests restrict policy options by controlling public debate and promoting acceptable intervention perceptions.

3.7 APPLYING LUKES' FRAMEWORK TO UK OBESITY POLICY

3.7.1 First Dimension of Power: Visible Decision-Making

From 2007 to 2017, various government departments, alongside public health organisations and private sector parties, worked to shape and direct obesity policy decisions through strategic competition. Government officials introduced the SDIL as a fiscal policy to reduce sugar consumption and tackle obesity rates with support from scientific evidence and public health advocacy (Knai et al., 2018). The discussions about the SDIL revealed how decision-making in obesity policy remains a subject of intense dispute. Working with industry groups, global beverage corporations opposed the levy on the grounds that it infringed on consumer choice and would impose financial burdens on companies (Scott et al., 2017). The tax was supported by research institutions and public health advocates as international research had found that sugar taxes reduce consumption and improve health outcomes (Cairney, 2019). Although the SDIL faced significant resistance from industry groups, the government proceeded with it, demonstrating that heated policy debates can lead to legislative change.

However, strong actors dominate the policy process through lobbying and other forms of political pressure, which is demonstrated by Lukes' first dimension in conflict with MSA's alignment theory of positive streams of policy change. Through formal lobbying and strategic negotiations, industry actors achieved modifications to the levy that provided product exemptions and minimised economic impact, showing that decision-making power persists despite regulatory arrangement (Knai et al., 2018).

3.7.2 The Second Dimension of Power: the Ability of Actors to Control Policy Outcomes Through Non-Decision-Making and Agenda Setting

The UK's obesity policy landscape demonstrates non-decision-making influences because broader measures like a sugar tax and advertising bans did not make it onto the policy agenda. While MSA suggests policy entrepreneurs identify opportunities to drive change,

Lukes' second power dimension demonstrates that industry influence and political alliances systematically block certain policy options from reaching the agenda (Bachrach and Baratz, 1970). The UK obesity policy framework was largely influenced by corporate lobbying as industry stakeholders negotiated privately to stop stricter regulations from being established. The food and beverage industry spent resources to lobby government officials and fund research that contested tax efficiency while endorsing self-regulation over governmental intervention (Scott et al., 2017). The strategic agenda management shown here thus kept obesity policy discussions limited to initiatives that would cause little economic harm to corporate interests.

Government officials restricted policy debates by presenting obesity as a problem best solved through voluntary actions by industry instead of through strict government regulation. The government introduced the SDIL, however it rejected broad food tax proposals because it feared negative impacts on economic competitiveness and consumer autonomy (Capewell and Capewell, 2017). Therefore, policy limitations in obesity interventions show how non-decision-making power functions to protect powerful stakeholders' interests (Knai et al., 2018).

3.7.3 The Third Dimension of Power: Ideological Control and Framing

Ideological power also manifested itself in public relations and over the political space, shaping obesity policy. Since the dominant ideology initially (pre-2007) framed obesity as an individual rather than structural problem, stronger calls for government intervention were stymied, so the public debate settled on self-regulation. The third dimension of power in Lukes' framework highlights that influential actors actively manage public discourse to suppress support for some policies, in contrast, MSA assumes that policy windows open only when the political context is ripe for change. As noted by Moodie et al. (2013) "Corporate messaging and media narratives highlighted consumer choice as a primary driver of obesity outcomes rather than as a function of systemic practices within the food environment". Industry-supported research and corporate-sponsored PR thus spun narratives of responsibility onto individuals rather than regulatory systems (Scott et al, 2017). Since the dominant belief system around obesity framed the condition as a result of individual lifestyle choices rather than factors within the commercial food system (Knai et al., 2018), government officials faced little public pressure for more robust public action prior to 2007.

UK obesity policy similarly reflected the principles of neoliberal economics through a focus on market-driven solutions rather than government-led strategies. Despite public health professionals' recommendations for mandatory consumption regulations and product

reformulation implementation, political leaders pursued collaboration and voluntary compliance with industry (Cairney, 2019). The government’s decision to promote self-regulation over legal regulation is a clear example of ideological power shaping policy outcomes by determining which options are seen as politically viable. Although SDIL and similar measures emerged as part of the obesity policy landscape, the ideological framing guaranteed that these measures remained limited in scope and impact. MSA investigates the role of “policy entrepreneurs” in those solutions, whereas Lukes’s third dimension shows that the large ideological context determines what is accepted as solutions and what is rejected for political or economic reasons (Capewell and Capewell, 2017).

Integrating Lukes’ theory with insights from MSA allows a deeper analysis of obesity policymaking as the interplay between agenda-control and shaping of ideology, because both of these elements frame the policy outcome. The application of regulatory measures without others, and the toning down of wider interventions, demonstrates that policy change is often shaped by structural power relations that do not go through visible decision processes but rather through stream alignment, revealing that while the first dimension of power stands out as observable, the third dimension (not visible) supports both the first and second dimensions and has the most influence.

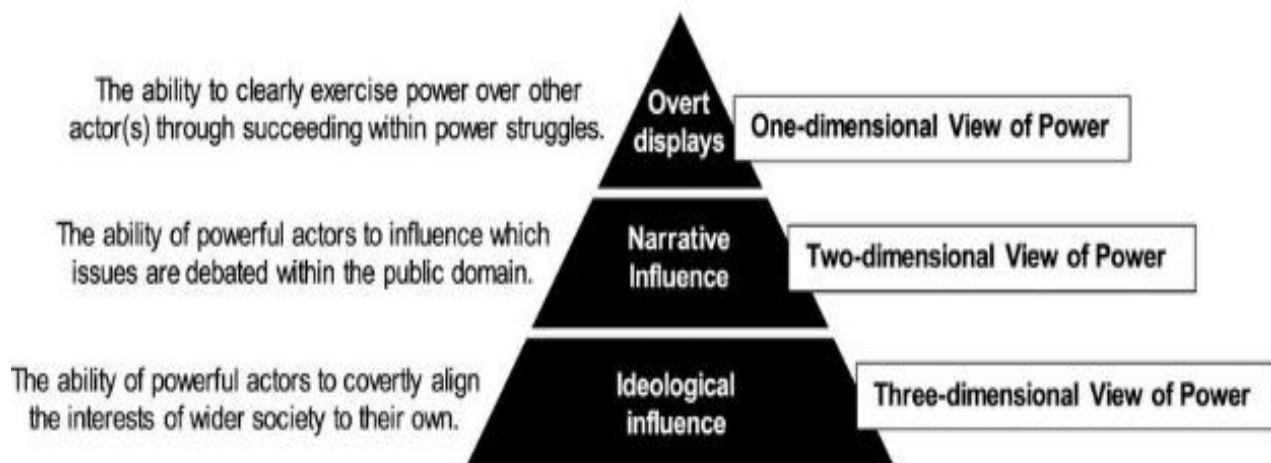


Figure 3.1 Schematic diagram outlining Luke’s three dimensions of power (Lukes, 2005)

3.8 NEGOTIATION AND THE POLITICAL STREAM

UK obesity policy development from 2007 to 2017 resulted from delicate negotiations shaped by electoral conditions, industry lobbying and shifting public attitudes towards obesity. Kingdon’s Multiple Streams Approach suggests that political streams operate separately and come together through a policy window. For instance, the government was more responsive to the public sentiment on obesity policy when incentivised via elections

(Cairney, 2019). Separate to this, Lukes' Three Dimensions of Power shows how actors with multiple resources benefit when they direct policy outcomes by influencing what policies will be adopted, but also by determining what alternatives are considered by the decision-making body (Lukes, 2005).

Obesity was propelled into a political arena by the media-driven concern about rising obesity rates and the potential costs to the health care system. Framing strategies were used to significantly shift public opinion about obesity policy by public health advocates and industry representatives, with advocacy groups framing obesity as a structural problem requiring government action, and corporate actors framing consumer choice and personal responsibility as the answer to prevent regulation (Knai et al., 2018). Government solutions to these competing stories changed depending on electoral incentives and economic demands. For instance, after the 2010 election, the Conservative-Liberal Democrat coalition government influenced the policy direction through market-based approaches and voluntary accords developed by industry actors. This government dependency on industry self-regulation mirrored a broader government agenda to reduce regulatory burdens on business (Scott et al., 2017), in the case of food through its Responsibility Deal.

Obesity policymaking was heavily influenced by the food and beverage industry's lobbying strategies, which were particularly noted in opposing tax initiatives and limiting advertising initiatives. The soft drinks industry engaged in direct lobbying activities, while financing research that downplayed the role of sugar consumption in obesity and establishing relationships with policymakers who advocated for free-market policies (Capewell and Capewell, 2017). While MSA sees interest groups as agents looking to change the current course of politics, Lukes' framework shows how industry agents shape political possibility and what policies become politically possible (Lukes, 2005).

3.8.1 Government-Industry Negotiations and Regulatory Decisions

As the 2016 introduction of the Soft Drinks Industry Levy illustrates, the policy development process often embodies a compromise between public health advocates and corporate stakeholders, who exert efforts to shape regulatory scenarios in line with their goals. Political pressure, scientific evidence regarding sugar consumption, and shifting public attitudes resulted in the SDIL being implemented, rather than the government's preferred option of relying on voluntary industry action through reformulation targets and public awareness campaigns. The confirmed shape of the levy showed the industry's ability to reduce its funding impact. Limits of regulatory action were guided by economic considerations. While responding to pressure for policy measures related to obesity,

government officials remained cautious about the regulatory influence on the industry. Scott et al. (2-17) documented how the SDIL's final form established explicit product category exemptions while allowing for some industry flexibility in terms of reducing sugar, illustrating a compromise between government and industry that resulted in the passage of the policy without extreme opposition from the corporate sector. The development process of the SDIL illustrates the strategic use of economic reasoning to limit regulatory objectives and gain the support of industry stakeholders with regard to the policy approach.

3.8.2 The Interests of Public Health Advocacy, Corporations, and Politics

The health advocacy initiatives supporting the SDIL also benefitted from a degree of political momentum, though discussions around obesity policy were still dominated by industry interests. Depicting obesity as a matter of personal choice rather than as a result of structural factors also allowed corporate actors to challenge stricter regulatory approaches. The imbalances between public health advocacy, corporate lobbying, and the political process shape policy outcomes. The industry was successful in delaying and weakening public health measures, despite extensive scientific evidence of public health experts in support of taxation measures, through their advocacy efforts and framing arguments around the economic implications of taxation, at the policymaking decision (Knaei et al., 2018). The dynamic of policy making revealed by this turning point shows power operating through direct negotiations among interest groups but also through the ideological environment in which debates over policy occur.

The SDIL marked a shift toward regulatory control, but its final form showed how industry actors remained in charge of its design. In this light, Lukes' framework allows us to examine how the MSA view sees policy entrepreneurs as central to policy changes, while the established power systems determine the emergence and structural formation of these policies. By omitting broader sugar tax measures and restrictions on advertising, the UK seems to have taken a *políticas de la comida* route towards sugar criticism, showing how industry power and financial interests constrain policy options: That power struggles among competing interest groups shaped UK decisions made on obesity policy in the face of problem recognition and political will.

3.9 CONCLUSION

This PRISMA-compliant review presents a theoretical synthesis of Kingdon's Multiple Streams Approach and Lukes' Three Dimensions of Power to provide a critical perspective to study the dynamics of obesity policy efforts in the UK between 2007 and 2017. The

institution of policy transformative change is more than a simple convergence of political circumstances, social problems, and policy alternatives because the balance of power influences which issues rise to the public agenda and how they are framed in public debates. While MSA acknowledges constraining moments of fit that create openings for policy windows, it does not come to terms with the structural constraints resulting from corporate influence – both in terms of lobbying and agenda-setting factors, as well as ideological frames that constrain the range of policy options. By utilising Lukes’ power framework, the analysis is deepened by showing how visible decision-making, alongside non-decision-making and ideological influences, conspired to shape the outcomes of obesity policy.

The development of UK obesity policy across this period reflected a contentious arena with strong resistance from commercial interests and government officials balancing concerns of the economy and of politics against public health measures. While MSA argues that policy entrepreneurs are free to push solutions, the constraints imposed by industry capture, as well as politically aligned interests and market-oriented ideologies, suggest the need to analyse the role of power in the development of obesity policy. In this chapter, it has been shown that obesity policy in the UK was the product of the same industry forces and regulatory demands that informed the original issue of that public policy (the Soft Drinks Industry Levy), and that its final form was not dictated by strong scientific evidence or popular demand but instead through the need to compromise.

The social forces of macro pressures overlaid with electoral whims and interest group dynamics expose fundamental inequities in the balance of policymaking power. Even though health advocates presented compelling evidence for the application of a sugar tax, industry stakeholders were able to curb regulatory action by framing obesity as a problem of personal choices, rather than a structural problem. This set up the systematic exclusion of much broader levers, such as greater sugar taxes and stricter advertising laws, from the policymaking debate. This exclusion illustrates Lukes’ second and third dimensions of power because mechanisms of non-decision-making, as well as ideological control, prevented radical policy shifts which would have undermined the interests of dominant economic actors.

The next chapter draws on the theoretical frameworks developed in this chapter to analyse empirical data and assess the influence of power dynamics on the evolution of obesity policies in the UK between 2007-17. It builds on existing policy analysis frameworks focused exclusively on the politics of agenda-setting using MSA and Lukes’ power asymmetries theories to show how corporate actors, government and public health advocates worked together to shape policy outcomes. Within this analytical prism, we can observe the role of

political deals and economic constraints as well as ideational narratives on framing the genesis of obesity policy and discern how the distribution of power relates to regulation of health.

Chapter 4: Qualitative Methodology

4.1 OVERVIEW

This chapter introduces the research's underlying philosophy through an interpretivist approach, acknowledging policy processes as social constructs. The methodology section justifies the qualitative research design, indicating that qualitative research can explore perspectives and beliefs of policy actors regarding UK obesity policy during the 2007–2017 period in detail. After presenting participant selection criteria and sample size justification, the chapter describes the purposive sampling technique to ensure only obesity policy experts were included. Semi-structured interviews are used for data collection to balance between coverage of relevant themes and allow some flexibility in responses. This chapter details how the interview schedule was constructed from questions developed from previous research and existing theoretical models. Following this, the recruitment procedure is discussed, including ethical concerns regarding informed consent, confidentiality, and bias mitigation. This is followed by a discussion of the six-step reflexive thematic analysis approach that enabled the extraction of salient themes and sub-themes from the policy narratives with an outline of methodological limitations and knowledge claims. The chapter closes with a description of the data analysis methods that were used.

4.2 RESEARCH EPISTEMOLOGY: INTERPRETIVISM

The study adopts an interpretivist paradigm to research not only the relationship with the complex policymaking processes and stakeholders' dialogues but also the sociopolitical factors that account for how obesity policy is made. Interpretivism investigates social reality by looking at it from the perspective of its real participants (Alharahsheh and Pius, 2020; Creswell and Poth, 2013). Unlike positivism, which seeks objective truths and universal laws, interpretivism derives knowledge from human interactions and institutional discourse and political negotiations. Pervin and Mokhtar (2022) state that ontology is the study of what exists in reality and how we can know objectively what exists. Interpretivism has been chosen as the main ontological orientation of this research as it views reality as a social construction shaped by power discourses. The main alternative, constructivism, is based upon an understanding of meaning-making through the cognitive processes of individuals, and therefore views knowledge as very much subjective. Interpretivism indicates that knowledge is situated in social and political contexts, whereas constructivism emphasises that

individuals build knowledge through their own experiences. Due to institutional functions and interests, actors such as public health advocates and policymakers differ in how they define obesity as a policy concern. Interpretivist ontology, by rejecting the existence of a single objective reality, altogether challenges the basis of policy debates constructed through stakeholder negotiations and economic pressures alongside conflicting narratives (William, 2024). The epistemological stance behind the combination of Lukes (2005) three-dimensional view of power and Kingdon's (2014) multiple streams is best suited to an interpretivist one to illustrate the way through which policy making process is influenced by power dynamics and institutional codes (or standards).

Epistemology deals with both the nature of knowledge and its extent. The idea of obesity policy knowledge as a social construction that is mediated through political processes, stakeholder interactions and media stories is developed using an interpretivist epistemology consistent with that discussed by Pervin and Mokhtar (2022). According to Chen et al. (2011), policy development is not determined through a rational decision-making process but rather is the outcome of the power struggle and competing talks between public health authorities, corporate representatives, and other government officials. This differs from a positivist paradigm, which requires quantifiable data for broader application (Alharahsheh and Pius, 2020) as the interpretivist epistemology of qualitative research allows for an understanding of how stakeholders collectively build meanings about obesity policy interventions. This is important, because key policymakers were consulted via the use of semi-structured interviews in this research, and thus the interpretivist perspective suits the analysis of meaning created through interactive and discursive co-construction (Creswell & Poth, 2013). Although coding is described here in a more basic way, its use is via the application of thematic analysis, identifying the key themes and patterns which emerge from stakeholder narratives and thus reinforces the epistemological assumption that knowledge is not built up through more objective examination but rather through social (written) conversations (William, 2024).

Axiology refers to how values affect research conclusions. This research employed reflexivity by actively being cognisant of personal biases (Pervin and Mokhtar, 2022). Because conceptualisations of policy making are often contested, the researcher builds their interpretations on existing theoretical frameworks and contemporary policy debates. Subjectivity is welcomed by interpretivist researchers to gain deeper insights while neutrality is the aim of positivist research. To achieve the analytic transparency and depth that

qualitative research allows, researchers must engage in ongoing critical reflection on the methods used to conduct interviews and on how to interpret themes and present findings.

Interpretivism uses qualitative research methods to provide detailed contextual insights of the processes of policymaking to achieve its objectives. To examine obesity policy framing and evaluate the political, economic and institutional influences on the making of the Soft Drinks Industry Levy, the research uses semi-structured interviews with policymakers, public health experts and industry stakeholders. Drawing upon the methodology described by Creswell and Poth (2013), the research applies Braun and Clarke's (2006) six-step thematic analysis framework to produce inductive conclusions from participant accounts. Instead of searching for universal truths, the research utilises an interpretivist lens to examine how various actors make sense of obesity policy in particular historical and institutional contexts. The results offer important insights about the process of policymaking without drawing widely generalisable conclusions.

While constructivism is concerned with how people build knowledge, interpretivism shows how social structure and political forces shape the formation of that knowledge (William, 2024). Analysis of stakeholder interactions, institutional discourses and economic incentives is more effective for the analysis of obesity policymaking than an emphasis on personal beliefs (Alharahsheh and Pius, 2020). Interpretivism allows for the study of how policymakers construct obesity as a public health problem and how industry stakeholders construct the making of rules and how power dynamics affect the execution of policy (Chen et al., 2011). Thematic analysis and qualitative inquiry are both used to study power structures in policymaking; this approach uncovers valuable details of the political and economic influences and institutional factors behind regulation of obesity. The philosophical framework is that which offers the contextual understanding and analytical correction needed to properly analyse methodological limitations in the responses to policy challenges. In sum, an interpretivist research approach that explores who has power, who speaks or is silent, and how narratives shift can shed light on how obesity policy is formed, as it does not assume an objective truth exists in policymaking processes.

4.3 RESEARCH DESIGN

Qualitative research offers interpretive understanding of the policy-making process by industry representatives and public health advocates between 2007 and 2017 prioritising subjective realities and negotiated meanings (Maxwell and Reybold, 2015), and it allows for findings related to the first research question on national policy framing of obesity. This is because the qualitative design captures multi-dimensional perspectives of key stakeholders

regarding obesity problems rather than qualitative methods that would only attempt to measure policy development (Brinkmann et al., 2014). Interviewing participants or analysing published documents can reveal how policy challenges are framed and the rhetorical techniques and ideological stances or political strategies deployed (Scott et al., 2017).

The second research question concerning the role of political, institutional and economic factors is also addressed through the qualitative data techniques including semi-structured interviews and thematic coding, allowing an understanding of how actors justify regulatory changes and manage competing agendas (Johnson and Christensen, 2014). In other words, interpretive research turns on the real experience and understanding of structural conditions rather than presuming them. Contextual factors can be reduced to variables for analysis, but this approach flattens much of the nuanced context created by power and alliances that shape perception (Maxwell and Reaybold, 2015).

The third research question is related to the collaboration between stakeholders to constitute the SDIL. To investigate negotiation dynamics, Scott et al. (2017) suggest employing interviews with key stakeholders. Policy briefs, hearing transcripts, and internal memos also serve as documentary accounts that can supplement but also complicate interactively embedded forms of social description. Analysing the flows and exchanges between government entities and the corporate world as well as advocacy groups may uncover hidden policy deliberations, including compromise-building and rhetorical framing, that were not fully negotiated, described by Lukes' notion of non-decision-making (Lukes, 2005).

This design encourages reflexivity: participants' statements and documentary evidence are discursive constructions, not factual realities (Choy, 2014). The interpretations of these documents can also shed light on power dynamics, which helps answer the fourth research question as to who had decision making power and whose narrative triumphed. While agenda control is ruled by certain mechanisms, thematic analysis illustrates that even seemingly neutral administrative actions are underpinned by hidden power games (Brinkmann et al., 2014). It is critical to give thought to research reflexivity, as personal biases influence how interview transcripts and documentation will be interpreted (Maxwell and Reaybold, 2015).

The accounts of the participants reaffirm MSA's emphasis on emergent policy windows by detailing how the shifts were grounded in crises, electoral events or media attention, as Zahariadis (2014) explains. The covert manipulation of the public discourse and framing key to the eventual outcome according to Lukes' framework (Lukes, 2005). Non-qualitative methods may overlook the discursive negotiations relevant to social exchanges. Using

qualitative methods, including interviews and textual analysis, is advisable to achieve this current project's aims because the perspective is one which views the act of forming obesity policy as social and therefore both messy and rational.

4.3.1 Participants: Eligibility Criteria

The participating individuals were selected based on their involvement in UK obesity policy development from 2007 to 2017. Those involved in policy-making and regulatory decisions during legislative debates were selected due to their in-depth knowledge of how political bargaining and industry lobbying affected agenda-setting processes and how this differed from the perspective of public health officials (Creswell and Poth, 2017; Bryman, 2012). The selection process targeted people who were involved at the centre of the creation of obesity-related policies to ensure their experiences would be relevant to exploring the study's research questions.

Inclusion Criteria:

1. Policymakers, bilateral advisers or parliamentary members who worked directly on obesity policies between 2007 and 2017.
2. At least two years' experience in making policy to ensure an in-depth enough understanding of legislative and regulatory debates.
3. Engagement in the formulation, or negotiation of policy measures such as the Soft Drinks Industry Levy (SDIL).
4. Provision of informed consent and the ability to participate in interviews conducted in the English language.

Exclusion Criteria:

1. People in peripheral public health roles who did not directly impact policy decisions were excluded.
2. Less than two years' experience of policy making.
3. Those who were no longer involved in policy and those with only administrative rather than political functions.

4.3.2 Data Sampling Method and Sample Size

Purposeful sampling refers to the individual selection of cases to ensure they can provide in-depth knowledge about the issues being explored by a piece of research. This sampling approach contrasts with probability-based approaches, which have the issue of

potentially including cases without the relevant knowledge. In researching UK obesity policymaking, a targeted and relevant dataset is required, which was the reason that purposive sampling was chosen to ensure that participants had direct involvement in the policy process (Palinkas et al., 2015).

The literature suggests that qualitative studies on policymaking is often more robust when a smaller and more targeted sample is chosen to foster a deeper understanding of the dynamics of power relations at play throughout policy adoption (Oliver and Cairney, 2019). Access restrictions and confidentiality requirements, as well as institutional approval processes, naturally constrain the sampling of experts because these influence which high-ranking policymakers are able to provide their time and perspectives.

The final research sample consisted of three policymakers experienced in obesity policy development. Qualitative research emphasises data saturation over a large sample size even when the sample size may appear limited, as was the case with this research (Fusch and Ness, 2015). In other words, qualitative research relies on in-depth, context-rich stories from participants that supplements larger sample sizes for quantitative studies yielding greater statistical power (Creswell, 2007). According to Guest et al. (2006) and Morse (2000), saturation occurs when additional interviews do not provide insight to the research. The small but diverse sample of participants in this study facilitated in-depth discourse on obesity policy framing and industry decision-making effects on power struggles in the introduction of the SDIL, and previous studies that used interviews to explore public health decision-making show that when the decision-making power lies with participants, even small numbers of interviewees can generate important analytical insights (Oliver and de Vocht, 2017; Yin, 2011).

That said, challenges encountered in accessing participants meant that the final sample size was smaller than planned. Green and Thorogood (2004) note that the context in which policymakers operate is demanding and poses critical limitations to their ability to conduct qualitative research. The researcher contacted fifteen policymakers, but only three agreed to participate. However, the range of roles and experience of the final three participants allowed their perspectives to broadly cover key components of the research questions.

Descriptive statistics of the final sample of three participants included the following:

1. With over ten years of experience in public health policy, the first participant is an MP who had advocated for obesity policy in SHINE Health Academy for the adolescents struggling with the condition.

2. The second participant is an Associate Clinical Professor in Endocrinology and Diabetes at the University of Warwick (UoW) and an Honorary Consultant Endocrinologist at UHCW NHS Trust, where he directs obesity services with over thirty-five publications related to obesity.
3. The third participant had over 12 years' experience as a senior policy officer for the Greater London Authority, working in collaboration with communities, businesses and government agencies, advising the Mayor of London on health inequalities and their mitigation through public health policy.

Due to their exposure to policy as well as academia, the small-sample study was also able to produce useful policy insights in public health research (Duke, 2002).

4.3.3 Interview Procedure

Interviews also took place in neutral venues, selected to ensure confidentiality, as well as in policy-relevant locations within the UK, such as key government offices and parliamentary meeting rooms. In contrast, public health or academic settings are not appropriate contextual domains that could better characterise regulatory and legislative processes (Oliver and Cairney, 2019). Booking meeting rooms in government buildings required significant coordination as policymakers only had small windows in their busy schedules.

In a comparative study of interviewing methods comparing face-to-face, written questionnaires, and virtual meetings, Opdenakker (2006) concluded greater rapport-building had taken place during face-to-face interviews, leading to much more open discussions on industry lobbying and interdepartmental conflicts than was possible via written questionnaires or virtual meetings. In this case, the participants were offered the opportunity to participate in the interviews remotely, increasing the potential availability of the participants whilst ensuring confidentiality.

4.3.4 Data Collection Methods

Qualitative research can use different data collection methods including structured and semi-structured interviews and unstructured interviews, focus groups, and observations (Creswell and Poth, 2016). Structured interviews guarantee consistency and comparability; however, their strict structure limits depth and flexibility, rendering them insufficient to investigate complex policy-making processes (Mueller and Segal, 2014). Unstructured interviews facilitate in-depth inquiry through open-ended questioning, but their non-standardised format complicates response comparison across participants (Busetto, Wick, and

Gumbinger, 2020). Focus groups allow participants to interact with each other, which can generate fresh perspectives from interactions and group discussion, but it also creates barriers to honest responses, particularly on political sensitive topics such as policy making. Finally, observational methods provide important insights into real-world behaviours (Clark et al., 2021), but they cannot be used to evaluate retrospective decisions about policy making as it is not possible to observe those decisions.

The rationale for selecting semi-structured interviews

Semi-structured interviews were the preferred method for collecting data as they allowed an in-depth exploration of the policy-making process and negotiations between stakeholders and the negotiation of power throughout the development of UK obesity policy from 2007-2017. As previously noted, structured interviews impose rigid question protocols that prevent participants from articulating their experiences, and by using semi-structured interviews, the degree of flexibility necessary to probe emerging themes while maintaining awareness of the research questions is provided (Creswell and Poth, 2016). Semi-structured interviews gave the structure necessary to enable the exploration of key themes across participants while also giving interviewees the opportunity to factor additional insights into the discussion of the policy, which unstructured interviews may fail to capture due to their tendency to veer away from the study objectives (Sutton and Austin, 2015). This approach ensured that conversations remained focused on essential subjects, such as agenda-setting and regulatory decisions while allowing policymakers the opportunity to offer their personal perspectives.

Policymaking involves a myriad of negotiations and the relative importance of changing political priorities in this space means it is not something that lends itself to a single approach to be applied uniformly. The semi-structured format allowed participants to discuss their interpretations of how obesity emerged as a political problem, how economic and institutional factors shaped decisions, and how actors in the industry framed their responses to regulatory interventions. In keeping with earlier qualitative studies of public health policymaking, this approach identified the strategic considerations and constraints facing policymakers through interviews, rather than relying solely on historical policy texts (Oliver and Cairney, 2019). Further probing of responses allowed for in-depth data collection, illuminating how power dynamics shape choices around policy solutions. Such an approach is well-suited for examining the relationship between policy streams and agenda-setting systems according to Kingdon's Multiple Streams Approach (MSA) and Luke's Three Dimensions of Power.

Based on these factors, the least intrusive method of collecting the pertinent data was through semi-structured interviews.

The interview questions were developed through a survey of public health policy-making literature (Clarke, Swinburn, and Sacks, 2016; Rutkow et al., 2016; Otten et al., 2015) and relevant theoretical frameworks, including Kingdon's Multiple Streams Approach and Lukes' Three Dimensions of Power. For this reason, the interview questions integrated the main themes that aligned with research questions of the study. The first topic explored how obesity transformed from being an individualised phenomenon to becoming a national governmental concern by addressing its consideration as a policy issue. A representative question within this theme was: What changes in the environment contributed to society's evolution regarding obesity from a personal issue to a government-regulated one? The second theme of the study investigated the impact of political and institutional factors alongside economic factors on obesity policy development in how different government administrations and economic policy influenced regulation choices. The third theme focused on the role of industry, health promoters and/or state actors involved in the process of establishing and implementing policies. Another key theme emerged from analysing the incentives for the introduction of the Soft Drinks Industry Levy (SDIL) and the resistance seen to policy, as well as effect on consumer behaviour. The final theme of power dynamics in obesity policymaking focused on issues of corporate lobbying, agenda-setting processes, and the challenges of enforcing stronger regulations. The interview format was structured to allow comparability of responses across participants but flexible enough to explore the nuances of policymaking with each respondent. The interview guide, which includes an overview of both the themes and questions of the study can be found in Appendix E.

4.3.5 Recruitment and Interview Process

Ethical approval for the study was granted by University of York's Research Ethics Committee (see below for more details). Following ethical clearance, the researcher implemented purposive sampling for selection and approached policymakers who were actively engaged in obesity policy development during 2007 to 2017. The recruitment process began by identifying relevant individuals through relevant policy documents as well as government reports and parliamentary records indicating key players in the process of decision-making regarding obesity. The selection was also based on their involvement in public health committees, as well as legislative deliberations and academic networks on obesity research (in ranked order).

The researcher first identified potential participants, and then contacted fifteen policymakers, resulting in three agreeing to participate. All potential participants were given an information sheet which described the aims and objectives of the study along with details regarding confidentiality and voluntary participation. During the research process there was an adequate review period for participants to consider their rights (including their rights to confidentiality protections) before they provided written informed consent, indicating their understanding of the voluntary nature of their participation (Appendices B and D).

Using three different formats allowed participants to fit the interviews into their schedules, as policymakers often have a lot of constraints on their time. Remote interviews provided flexibility for participants who had trouble scheduling a face-to-face meeting. This method is similar to traditional face-to-face interviews, allowing detailed conversations with the interviewer and participants being visible to one another. All interviews, in-person or remote, occurred in private locations that balanced confidentiality with the need to keep conversations focused.

The length of interviews ranged between 45 minutes and 85 minutes depending on the depth of responses. Each participant agreed to the interviews being recorded so that transcripts could be created and reviewed for data analysis. These transcripts were created immediately after the interviews, at which point they were checked against the recordings several times to ensure the accuracy and reliability of the data analysis process.

4.4 ETHICAL CONSIDERATIONS

Ethical approval to conduct this study was obtained from the Research Ethics Committee at the University of York prior to the commencement of the study, to ensure adherence to both institutional and legal requirements. Due to political sensitivities in policymaking, the approval process involved detailed assessments of the ethical protections around participant independence and data protection. The inclusion of elite stakeholders meant that data protection was paramount, and voluntary, anonymous participation, in which participants were completely free to contribute without concerns over reputational harm was also ensured (Goodwin et al., 2020; Pietilä et al., 2020).

4.4.1 Consent of Participation

Participants were recruited based on the principle of voluntary involvement. Each participant was provided with a detailed information sheet describing the aims of the study, the research questions, the measures taken to protect participants' confidentiality, and how data would be managed. The document informed participants that they could discontinue

from participation at any time without justification. The Written Informed Consent Form (see Appendix A) used plain language to highlight participation was voluntary and ensure data privacy and security.

Research involving policymakers requires a greater level of procedural transparency than general public health research because the findings of the former have institutional and regulatory implications. Participants were informed that their input would not be linked to their identities, and that their input would disclose no membership or political opinion affiliation. A concluding discussion was also included in the consent process so that participants had the opportunity to ask questions that would help them clarify the procedures following the recommended approach in qualitative policy decision-making research (Bryman, 2016).

4.4.2 Confidentiality and Data Handling

Data confidentiality and security measures were implemented in accordance with the General Data Protection Regulation (GDPR) guidelines. To maintain confidentiality, and in compliance with law, digital recordings and transcripts were stored on a university server in a secure storage system with password protection, granting access only to the principal investigator and research personnel with authorisation. All transcripts had identifying information redacted, and pseudonyms were assigned to each policymaker, maintaining participant anonymity. The researcher also avoided indirect identification by generalising specific institutional references, organisational affiliations and politically sensitive content (Madanayake and Ganiyu, 2018)

Interviews with elite policymakers raise unique confidentiality concerns as this group is involved in the legislative decision-making process; this is not the case for research that uses publicly available policy documents. In order to prevent any third parties from recognising or gaining access to the data, and to avoid any possible data misinterpretation, the researcher imposed strict access restrictions. Before the second round of interviews, participants were assured that no findings would contain any names or other information which was likely to establish a link between their perspectives and specific policy events or political decisions (Taquette and Borges da Matt Souza, 2022). This data retention plan adhered to institutional guidelines to help maintain ethical standards by securely maintaining all transcripts, recordings and coded resources for five years post-research non-analytical integrity after which it will be permanently discarded or destroyed. The retention period is in line with ethical recommendations on policy research, allowing other studies to access the results while at the same time safeguarding participants' privacy (Pietilä et al., 2020).

4.4.3 Minimisation of Researcher Bias and Ethical Reflexivity

The researcher also had to navigate power dynamics present in interviews with high-level policymakers, necessitating measures that reduced the researcher's own bias, and that ensured that interpretation of the data remained true to participants' narratives rather than existing assumptions. The researcher employed reflexivity by continually checking themes against one another so that thematic analysis of policy discussions was possible. The semi-structured interview format also allowed policymaking discussions to reflect the lived experience of the participants and not that of the researcher (Ciuk and Latusek, 2018).

Interviews with high-level policymakers carry special risks related to influences of hierarchy and bias by positionality compared with standard qualitative research methods. The interview questions were structured to ensure balanced representation in policy discussions, avoiding the overrepresentation of any dominant school of thought, and minimising the hazard of any participant's views being disproportionately amplified. NVivo software allowed options for systematic and rigorous thematic coding, allowing for a transparent framework for analysis, ensuring the data was explored in an unbiased manner which treated all viewpoints equally (Goodwin et al., 2020).

4.4.4 Protecting Participants from Potential Harm

The research avoided physical and psychological risks and prioritised participants' protection from reputational concern. Participants were given the opportunity to check the transcripts of their interviews before data analysis took place so that they were sure that their views were truthfully represented, as well as their right to confidentiality preserved. This is important, because interviews with policymakers should be treated with stronger confidentiality than general health research to prevent the political repercussions. All discussions were designed to focus on thematic analysis rather than individual attribution, thus allowing insight to be contextualised but also protecting participants from institutional and public scrutiny.

The study was carried out within the context of ethical guidelines for protecting the anonymity of participants and the right to withdraw from study participation, whilst ensuring the integrity of the research in accordance with best practices in qualitative policy research.

4.5 DATA ANALYSIS

A variety of qualitative data analysis techniques exist in qualitative research literature, each designed for different research purposes and research paradigms. Discourse analysis relies on personal experiences and lived experiences, which does not suit research aiming at

the development of policy and political analysis (Riessman, 2008). Discourse analysis being fundamentally interested in the relationship between language and meaning in social contexts, but the present research investigates policy substance and stakeholder perspectives instead of linguistic phenomena (Gee, 2014). Grounded theory generates new theoretical models from data; however, in this instance, theoretical model generation was not the aim of the study, but rather to analyse data using existing frameworks (Charmaz, 2014). Although the structured framework analysis approach is often used for applied policy research, its pre-determined categorisation system may lose out on heuristics uncovered in the narratives of real-world policymakers (Gale et al., 2013). Studies using content analysis offer frequency counts of words and themes but miss out on the needed insights into power dynamics and policy-making influences (Hsieh & Shannon, 2005). Fetterman (2019) states that it is not possible to conduct an ethnographic analysis in this type of study, since it involves extensive community involvement. Another option is Interpretative Phenomenological Analysis (IPA), which is also focused on individual lived experiences, and thus it is ill-suited to explore processes of policymaking and systemic power structures (Smith et al., 2009). Upon reviewing several research approaches, thematic analysis was identified as the most suitable methodological choice for this study.

Braun and Clarke (2006) state that thematic analysis is a method for systematically identifying and organising patterns in qualitative research data in a flexible way. Unlike other qualitative approaches, thematic analysis can take place without presupposing a certain theoretical perspective, making it suitable for research in policy contexts that often consist of multiple interacting components influencing decision-making (Nowell et al., 2017). The reflexive nature of thematic approaches allows for the interpretation of complex power relations between sectors and policy makers throughout the analysis (Braun & Clarke, 2019). In this research setting, NVivo Version 12 software was used to conduct a systematic thematic analysis of transcribed policymaker interviews.

4.5.1 Thematic Analysis

The researcher used the Braun and Clarke's (2006) six-stage process of thematic analysis to support the analysis of research data. By analysing the data via reflexive thematic analysis (Braun and Clarke, 2006; 2019), systematic organisation and flexible interpretation of the interview data was possible to position patterns of meaning within, and across, the dataset. The researcher decided to use thematic analysis as the chosen method of analysis because it facilitated a close analysis of the perspectives of the policymakers involved in obesity policy change in the UK between 2007 and 2017.

The researcher transcribed each of the interviews in their entirety and then read through the transcripts several times to identify preliminary themes. Initial coding was done manually using NVivo software to ensure a comprehensive coding process. Similarly, the researcher employed descriptive codes to annotate meaningful statements depending on their relevance to framing policy and power dynamics between actors. The researchers categorised codes into potential themes that reflected broader narratives on policies. To ensure the themes were consistent with the data, the dataset was cross-referenced with the themes identified during the thematic review process. The researcher then iteratively refined and named the themes as the key elements of obesity policymaking. This thematic design laid a basis for developing the narrative of the analysis that integrated the research findings with the theoretical constructs of Kingdon and Lukes.

Becoming familiar with the data meant reading the transcripts multiple times. Transcriptions of each interview were made verbatim and were systematically analysed to guarantee accuracy as well as completeness. Initial notes were taken at this stage to register patterns of ideas and observations. Detailed engagement with research data allowed for early delineation of key features of obesity policy evolution, including its national salience, resistance from regulators, and politics influencing decision-making. Because economic inequality was frequently identified as a key structural driver of obesity, further analysis in subsequent coding stages of the senior policy officer interview was conducted.

The second step involved systematically reviewing the data and assigning codes, which reflected and related to the research questions (Corbin and Strauss, 2015). The transcripts were imported into NVivo software and coded for key themes including “policy resistance,” “stakeholder influence,” “economic framing of obesity,” and “regulatory barriers” In this way, data-driven coding enabled the use of inductive approaches, where themes were not imposed by existing theoretical underpinnings, but rather emerged from the data themselves (Braun and Clarke, 2021). Codes such as “industry lobbying” and “commercial influence” were generated through policymakers’ discussions of the impact of beverage companies on the Soft Drinks Industry Levy (Matt Interview). The researchers then examined these codes for consistency, before grouping them into larger thematic patterns.

These steps of theme searching and reviewing involved the organisation of codes into groups of potential themes, ensuring that they accurately represented the dataset. Using thematic mapping, the researcher visually represented links between emerging themes, reflecting the complexities of the policy-making context. Sub-themes linked the themes of “Government reluctance to regulate” and “Industry opposition,” including “Corporate

lobbying tactics” and “Legislative compromises” At this stage, the themes were refined to ensure they represented the dataset without sacrificing analytic rigor. Analysis of the interview transcripts using these themes ensured that research interpretations reflected the stories of the participants.

The essence of each theme was identified in the fifth to determine their unique boundaries. Each area was described in detail to ensure that it related to a specific part of obesity policymaking. Lastly, the final themes that were defined were “Power and Policy Resistance”, “Influence of Industry on Policymaking”, “Socioeconomic Framing of Obesity”, and “Policy Implementation Challenges”. To provide detailed analytical breakdowns, the researcher divided each main theme into sub-themes and further sub-themes. The theme “Industry Influencing Policy” featured the sub-themes “Corporate messages against regulation” and “Strategic partnerships with decision-makers”. In this stage of coding, data within thematic categories was assessed to verify that each thematic category was sufficiently substantiated.

The report writing stage also involved integrating thematic analysis into a cohesive analytic narrative and integrating research findings into the existing literature. The themes identified were supported with quotations of the participants' own words, which preserved the authenticity of the respondents' views. The research method continued to use reflexivity throughout the process, which acknowledged the positionality of the researcher and its effect on data interpretation. The recursive nature of the thematic analysis created a mutable analytic process which allowed for the refinement of themes through repeated contemplation as understanding deepened.

Using a systematic reflexive thematic analysis approach to analyse these data, the findings elucidate the complex interplay at play in obesity policymaking. The analytical framework provided a structured yet flexible chronological process for analysing how political, economic and institutional forces shaped obesity policy discussions between 2007 and 2017. By studying the data, the research approach maintained the credibility of the study, and new findings were produced based on an empirical database which contribute to discussions on public health governance and policy-making.

4.6 THE LIMITATIONS OF METHODS AND CLAIMS TO KNOWLEDGE

Qualitative research is technically demanding, and the high level of detail that it applies to policymaking is bound to come with methodological shortcomings that need to be acknowledged. The research used a methodology based on semi-structured interviews,

offering useful insights from policymakers, but also raises questions (as with most qualitative interviews) about potential biases due to self-reported information. As ethnographic methods do, interview-based research relies upon participant recall that can be shaped by retrospective reinterpretations and selective memory as well as political positioning, not direct observation of interactions. Richards (1996) note that this power imbalance during interviews often causes policymakers to fit their responses to the institutional story when asked for their views rather than actually making an honest reflection. Elite interviews with high-ranking policymakers also have accessibility constraints, limiting the diversity of perspectives in comparison to public health studies involving multiple stakeholders. The limitation concerning the access to the welfare state hierarchy was here alleviated due to strict thematic analysis applied, confirming that when key themes appeared consistently across multiple interviews, they were validated by policy documents and secondary resources (Braun and Clarke, 2006)

Sampling limitations are also a methodological limitation. The three-policymaker dataset analysis demonstrates the challenge of recruiting elite subjects (which are often time poor) who might have institutional constraints (only allowing for restricted access). Qualitative research is more focused on depth than breadth though (Fusch and Ness, 2015). The purposive sampling used here enabled the study to learn from leading decision-makers with multiple levels of influence for obesity policy but neglects an important vantage point of lower-level bureaucrats and community stakeholders whose influence was exercised indirectly (Oliver and Cairney, 2019). That said, the interviews with key actors yielded deep analytical insight in elite policy-making research; leading policymakers typically manage broad dimensions of negotiations and regulatory procedures (Duke, 2002; Yin, 2011). The results thus offers analytical perspectives on power relations and industry influence in UK policy-making, but its small sample size limits generalisation.

The interpretive nature of qualitative research methods underlies the study's knowledge claims. More specifically, qualitative research transposes the objective causality sought after by positivist approaches: positive causal relations between variables to the constructed attributes of policy narratives and stakeholder interests to the regulatory framing (Brinkmann et al., 2014). Thematic analysis identifies trends in decision-makers' narratives, but these should be understood more as elements of broader discursive and institutional contexts rather than as singular truths (Choy 2014). Building on existing knowledge, this research illustrates how with stakeholders' power dynamics, the influence of the industry, and political events post-2007 impacted obesity policy decisions through to 2017. The outcomes of interpretative research derive from the researcher's position, how interview questions are designed, and the

repeated procedure of thematic coding (Nowell et al., 2017). Qualitative research generates insights that are consumable and applicable in new contexts but that cannot be replicated (in the sense that, outside the specific qualitative study you are discussing, they should be considered generalisable), whereas quantitative models seek only for predictive accuracy (Tracy, 2010). The systematic approach to method and reflexive interpretation together with comprehensive policy permutation triangulation have thus yielded credible findings, providing a detailed context specific analysis of UK obesity policy evolution.

Chapter 5: Findings of the Qualitative Study

5.1 OVERVIEW

The results of the qualitative study are outlined in this chapter, drawn from three interviews with the policymakers. The analysis found six core themes, and twelve sub-themes, each representing key understandings for the policymaking process. We present each theme and its associated sub-themes separately and in the order discussed. The findings are illustrated by direct quotations from the interview transcripts, adding context and depth to the analysis. These quotes help frame policymakers' perspectives and validate the thematic interpretation of the data.

5.2 THEMES AND SUBTHEMES

The findings of this qualitative study provide a comprehensive overview of the political, economic, and institutional factors which shaped UK obesity policy between 2007 and 2017. The findings illustrate how government policy interacted with industry influence and bureaucratic obstacles, as well as ideological narratives, to shape the policy of obesity in its transition from a focus on personal responsibility to one on regulatory intervention. The themes and sub-themes identified in the content analysis reflect the objectives and research questions and normalise the challenges evident in the development of obesity policy. The thematic framework assesses role power struggles between public health goals versus economic agendas and considers media influences, ideological impacts, and unintended consequences of policy presentation (e.g., Soft Drinks Industry Levy [SDIL]). The analysis shows that UK public health policy is complex, involving an intricate pattern of dynamics and competing interests that have shaped interventions for obesity over time.

This study uses thematic analysis to identify the political, economic and institutional drivers of obesity policy in the UK between 2007 and 2017. Semi-structured qualitative interviews were conducted to investigate both power dynamics and ideological narratives operating and shaping obesity policy development with key policymakers, public health advocates and industry stakeholders in the UK state, including in government departments and agencies. The findings show how the convergence of government agendas, industry lobbying effort, public health advocacy, and bureaucratic ineptitudes paved the way for a tangled web that shaped the genesis and introduction of obesity policies. This policy

environment was developed in the context of shifting narratives, structural limits, and power struggles among public health stakeholders and industry actors.

The analysis of data yielded six primary themes and twelve secondary themes, providing a comprehensive overview filtering UK obesity policymaking determinants. The study shows that government responses to obesity were determined by political and economic imperatives: the initial framing of obesity as an individual rather than a structural problem. Then, once this framing was accepted, the industry power dynamics in play on non-adaptive courses of action included corporate lobbyists, who pushed against new regulations, and health activists, who pushed the government to do much more than the SDIL. Stakeholder negotiations, undisclosed lobbying practices, and lack of transparency hampered the policy process from development through introduction. Media also reinforced the legitimacy of policy choice, switching focus from the individual to the structural explanation based on ideological framing and perceptions of individuals having personal responsibility. Inter-departmental strife and bureaucratic inertia created lengthy policy lag and piecemeal responses. Unintended consequences, such as industry adaptation strategies and limited consumer behaviour change, had direct implications for the long-term effectiveness of SDIL. Subsequent sections provide detailed examinations of the themes and sub-themes, which are provided in full in Table 4.1 below.

Table 5.1 Obesity Policy Themes: 2007-2017

Main Theme	Definition	Subtheme	Definition
Theme 1: Political and Economic Determinants of Obesity Policy	At the national level, economic inequalities, government priorities, and political ideologies influenced the progression of the obesity policy development process. Initially, there was a focus on personal responsibility that then transitioned towards an appreciation of societal structures contributing to	Obesity Rates and Economic Deprivation	Obesity is highly correlated with economic deprivation, which is why the rates are higher among population groups facing disadvantage. A lack of access to nutritious foods and constrained economic means compel people to eat cheap processed food.
		Shift from Personal	Obesity began as a personal issue, but as

	obesity, resulting in regulations such as the Soft Drinks Industry Levy (SDIL).	Responsibility to Regulatory Intervention	policy conversations evolved over time to acknowledge systemic influences. The government intervened only marginally with incomplete regulations.
Theme 2: Policy Formation Experiences Conflicts Between Industry Influence and Power Dynamics	The food and beverage industry fought back against regulatory measures, and public health advocates advocated for more aggressive interventions. SDIL and other close to final policies were identified as negotiated agreements rather than sweeping changes, demonstrating persistent power struggles between commercial determinants of health versus public health objectives.	Corporate Lobbying and Policy Resistance	The food and beverage industry fought tighter regulations with a well-funded campaign of its own, using marketing and political clout to frame obesity as an individual issue, not the public health crisis it is.
		Public Health Advocacy and Regulatory Limitations	Despite advocacy efforts, public health sector efforts to achieve sweeping policy reforms fell flat. Public health organisations also called for greater regulation, but were met with resistance from sectors of industry. SDIL was a small success but was stymied in implementing more deeper policy changes.
Theme 3: Policy Formation and	Collaborative effort with industry stakeholders was	The Policy Process and	Policymaking was shaped by negotiations

Implementation Challenges	also needed to help develop obesity policy between government organisations and public health advocates. SDIL was designed at the same time negotiations were too opaque to provide the public adequate insight into important decisions.	Stakeholder Negotiations	among government agencies, industry representatives, and public health advocates. The final version of SDIL policy came down to economic considerations and political compromise.
		Lack of Transparency in Policy Decision-Making	Policy decisions were made behind closed doors, and lobbying shaped the final rules. Not everything informed public debate reflected the full spectrum of private talks.
Theme 4: The Way Ideological Stories Shape Public Understanding of Obesity Policy	The structuring of obesity policy was affected by ideological beliefs about personal responsibility and a legitimate role for the state. How legislative proposals were framed by media coverage and public discussions established their legitimacy and thereby influenced public support for stronger obesity policies.	Framing Obesity as Personal Choice vs. Structural Issue	Historically, political narratives portrayed obesity as a personal failure. Over time, policymakers understood structural problems, but their actions were constrained.
		Media and Public Perception of Obesity Policy	Overall, journalist attention and public opinion were intimately connected in shaping the legitimacy of regulatory policy in

			the United States. How public opinion framed policies, and how the media portrayed obesity. The focus of public health campaigns raised citizens' awareness but the industry message reinforced rhetoric around "personal responsibility," depriving the public of the impetus to push for regulation.
Theme 5: Government Bureaucracy as a Mechanism for Policy Development and Implementation	Decision-making was delayed and there were interdepartmental conflicts that led to weak policy introduction due to lack of joint action, as well as bureaucratic inefficiencies. The development of effective obesity interventions has been hampered by the tension between public health and economic interests.	Bureaucratic Barriers and Policy Delays	This mix of institutional inertia and a lack of political urgency led to delays in implementing policies that would have otherwise enabled timely interventions.
		Departmental Conflicts and Policy Fragmentation	The development of obesity policies necessitated collaboration among various departments but also resulted in tensions between health advocates and policymakers focused on the economy, resulting in

			fragmented policy outcomes.
Theme 6: Unintended Consequences of Obesity Policies	The SDIL's introduction as a regulatory policy triggered surprising industry responses, and few changes to consumer behaviours. Not even the secondary effects of the policies trigger concerns about their lasting effect on interventions.	Industry Adaptation and Reformulation Strategies	SDIL meant changes to food and beverages and marketing approaches to safeguard profits but offered little in terms of actual health benefits.
		Consumer Behaviour and Policy Effectiveness	Many consumers continued to eat what they were already eating while innately making less healthy substitutes instead of moving over to a more healthy eating habit. Whether SDIL's health gains will last is an open question.

5.3 INTEGRATING THEORETICAL FRAMEWORKS INTO THE FINDINGS CHAPTER

This chapter provides a structured analytical interpretation of the qualitative data based on Kingdon's Multiple Streams Analysis (MSA) in parallel with Lukes's Three Dimensions of Power, both of which provide complementary insights into the policy process surrounding the UK's obesity strategy from 2007 to 2017. According to MSA, policy issues gain prominence when problem streams generate enough salience to intersect with policy streams and political streams. Lukes' framework shows how power operates not only through the visible processes of decision-making but behind the scenes through agenda control and the manipulation of perception. Themes from the analysis revealed an evolution from personal to public concern about obesity (and potentially non-communicable diseases more broadly). However, policy responses appeared consistently rooted in entrenched perspectives on economic growth and in institutional inertia. In the first theme, we illustrate how government

narratives around obesity shifted from personal behaviour to structural factors yet failed to translate the recognition of determinants into systematic solutions. Neoliberal doctrines that rejected extensive state engagement preformed the policy framework and infused the model with ambivalence towards extensive interventions. In this sense, policy decisions exhibit a compromise between corporate and public health interests that culminated in results favouring economic stability at the detriment of public health. Corporate resistance, through lobbying and narrative control, succeeded in limiting policy ambition despite political urgency with respect to obesity. Lukes' dimensions of power two and three assist in understanding the way power functions through outright oppositional moves and insidious non-decisions, the result of which was the systematic exclusion of transformative action (in fact any action at all) from consideration. A detailed analysis points to stakeholder negotiations that were limited by institutional fragmentation and competing priorities across departments, whilst the third theme shows that policy content for major regulatory initiatives such as the Soft Drinks Industry Levy (SDIL) was more a product of political compromise than cohesive policy agreement. Ineffective information flow between government agencies due to the slow and opaque bureaucratic decision process corroborates Kingdon's argument regarding the policy windows that could close before measures could be taken.

The fourth theme explores media portrayals and ideological frames that have contributed to limited public demand for intervention. Public discourse ascribed causes of obesity to individual behaviour, which justified neoliberal paradigms and eroded support for systemic prevention policies. Corporate communications contributed to the construction of narratives which constitutes Lukes' third face of power through its effects on public preferences and as a strategy to narrow the potential options for policy proposals. The fifth theme considers how administrative temporisations and internal government conflicts during policymaking yielded fragmented responses. Instead, with nominal support for cross-sector collaboration, policies remained fragmented, leading to disparate efforts that could not evolve into a comprehensive strategy. The final theme explores unintended consequences that may occur during policy presentation. The industry diverted to reformulating products and replacing sugar with artificial sweeteners and consumers did not change their consumption behaviour. SDIL was a politically popular and feasible policy instrument, but its potential impact to deliver long-term health gains was hindered by systems that appeared resistant to change. From these six overarching themes and 12 sub-themes emerge the contextualising narratives of obesity policymaking, which highlights the ways that structural barriers, ideological contexts and hidden power structures influence the content, timing and scope of policy decisions.

The remainder of this chapter is dedicated to a close analysis of each theme and the sub-themes contained within these, with reference to quotations from participant interviews to highlight each of the points discussed.

5.4 THEME 1: POLITICAL AND ECONOMIC DETERMINANTS OF OBESITY POLICY

The UK government's responses to obesity have therefore been limited and informed by financial constraints, political ideologies, and industry power in the context of these broader functions of political and economic systems. As awareness grew of economics systemic health influences, public discourse around obesity shifted from personal responsibility to state intervention. The government has failed to use the existence of the problem as a platform for action and while acknowledging obesity has introduced modest and narrow-ranging reforms like the Soft Drinks Industry Levy (SDIL) rather than structural reforms. A respondent noted that actual government priorities are driven by economic interests which make real public health measures impossible, stating that *"Government priorities are dictated by economic interests. The fight against obesity demands systemic changes, but so far, only constrained actions such as SDIL have been executed"* (Dr Tom, University of Warwick). Another discussion participant reinforced the view that obesity extends beyond personal responsibility and linked public health outcomes to wider economic and social systems: *"The causes of obesity extend beyond personal decisions, since economic factors and the cost of nutritious food, along with societal structures, determine people's behaviour choices"* (Matt, Senior Policy Officer). The final expert insisted that economic structures create health disparities, turning obesity into an indicator of broader socio-political problems: *"The existing political economy framework creates the foundational forces leading to widespread health inequalities and negative health outcomes"* (Paul, MP, SHINE Health Academy).

Respondents also pointed to industry influence as a major factor in policy formation since economic objectives combined with corporate lobbying efforts narrowed the range of possible government actions: *"Businesses need to make money. Profit generation became unrestrained while industrial production transformed all systems of operation"* (Matt, Senior Policy Officer). One participant explained that budgetary limitations and governmental hesitation resulted in policy responses that were both piecemeal and slow rather than timely public health measures: *"The government understood the issue during the 2007 Foresight Report, but policy implementation stopped due to the financial crisis in 2009"* (Dr Tom, University of Warwick). It is therefore clear that the government's response to obesity was

limited and reactive, as short-term economic concerns outweigh long-term public health objectives despite acknowledging obesity as a systemic issue.

5.4.1 Sub-Theme 1.1: The Role of Economic Inequality in Obesity

Obesity rates are closely associated with economic inequality, where residents of low-income neighbourhoods suffer limited availability of healthy food and lifestyle choices. Stricken with financial hardship, people cannot afford fresh food, so they turn to processed products. It is housing conditions, working hours and large economic policies that determine dietary habits and health outcomes. On this, one of interviewees explained that employment conditions combined with economic hardship shape dietary habits: *“People hold multiple jobs, yet their working hours remain insufficient for earning adequate money. Can they buy fresh food? Maybe not. Is anyone aware of how they should handle it? Maybe not. Do they have a kitchen? Maybe not”* (Matt, Senior Policy Officer). Indeed, he noted that inadequate kitchen facilities in low-income housing prevent residents from eating healthily, demonstrating the structural obstacles disadvantaged communities face: *“The absence of kitchen facilities in some council houses prevents residents from cooking healthy meals at home”* (Matt, Senior Policy Officer).

Another participant emphasised the strong connection between child poverty and childhood obesity, maintaining that addressing obesity requires resolving economic deprivation: *“Child obesity and child poverty are interconnected, so neither problem can be resolved unless both are addressed together”* (Paul, MP, SHINE Health Academy). In addition, a policymaker clarified that poor health outcomes arise from economic inequality, making obesity a symptom of systemic deprivation rather than individual fault: *“What causes wealth inequality along with social inequality in our societies? The research demonstrates a clear and powerful linkage between obesity rates and poverty levels”* (Dr Tom, University of Warwick).

Linked to this point, it was noted that there are connections between food affordability issues, economic struggles, and corporate power dynamics: *“The practice of enabling businesses to produce unhealthy foods inexpensively while pricing healthy options higher drives the obesity epidemic”* (Matt, Senior Policy Officer). Moreover, governmental actions failed to resolve economic disparities, maintaining ongoing inequalities in food availability: *“The government recognises the connection between obesity and economic deprivation, but their policy responses remain ineffective”* (Dr Tom, University of Warwick).

The research shows that ongoing economic systems, along with a lack of government action, keep obesity rates high for people in low-income areas. Policy discussions

acknowledge the poverty-obesity connection but fail to enact substantial measures, leading to the continuation of structural inequalities.

5.4.2 Sub-Theme 1.2: Shift from Individual Responsibility to Government Regulation

The UK initially approached obesity as a personal responsibility issue, which delayed substantial government intervention. Over time, policymakers recognised that structural and environmental factors, including poverty, food access, and marketing practices, shaped obesity. This discourse moved from the individual responsibility to government regulation, but little actual regulation was undertaken. Partial policy solutions such as the SDIL were treated as silver bullets. The move away from individualistic perspectives toward a more systemic understanding was dependent upon a constellation of political choices, the influence of industry and prevailing understandings of the role of government in protecting health.

A participant highlighted the political dimensions of obesity policy, showing that historical government decisions were driven more by ideological stances than scientific evidence: *“It took many years before obesity became recognised solely as a result of individual responsibility”* (Dr Tom, University of Warwick). They acknowledged this by stating that *“it seems like this decision depends completely on political beliefs”* (Dr Tom, University of Warwick).

The findings also highlighted the complexity of food choices and the systemic barriers that limit healthier lifestyle decisions: *“We have come to understand that people’s decisions are more constrained than previously believed. The types of food people consume are determined by marketing strategies, economic status, and educational background”* (Matt, Senior Policy Officer).

Even as awareness of structural factors grew, governmental responses were limited, prioritising changes such as minor tweaks to existing policy instead of transformations: *“The government recognises obesity extends beyond personal decisions yet continues to implement minimal interventions”* (Paul, MP, SHINE Health Academy).

The political narrative placing obesity within the realm of individual failure also presented challenges to systemic changes: *“Because politicians want to avoid appearing intrusive in personal matters, they describe obesity as a personal responsibility rather than a structural problem”* (Dr Tom, University of Warwick). Indeed, one interviewee noted that government policy continued to emphasise personal responsibility over more systemic change: *“The prevailing belief is that individuals need to make healthier decisions, but their environments largely dictate those decisions”* (Paul, MP, SHINE Health Academy).

In a similar vein, socio-economic barriers were noted as causing personal responsibility to be a policy goal with diminishing returns: *“While healthier eating sounds simple enough to achieve, people with limited financial resources prioritise affordability over nutrition when purchasing food”* (Matt, Senior Policy Officer).

Participants also recognised that policies did not have the capacity to bring about the level of change that they believe was needed: *“The Soft Drinks Industry Levy represented progress, yet failed to resolve the obesity crisis because stronger measures were necessary”* (Matt, Senior Policy Officer). This view was echoed by another participant who felt that the lack of significant regulatory action remained a core problem despite statements from the government having changed: *“Although the government has acknowledged obesity as a structural problem, there have been minimal effective measures apart from SDIL”* (Dr Tom, University of Warwick). The final participant noted the disconnect between talk and government interventions: *“The food environment creates barriers that prevent people from following health advice to exercise regularly and maintain better diets. Numerous policies fail to adjust for structural barriers by merely advising people to make healthy lifestyle choices”* (Paul, MP, SHINE Health Academy).

The results presented here reveal that, despite shifting the narrative from personal responsibility to structural determinants, government initiatives remain minimal. Policy responses were limited due to political choices, industry influence, and ideological opposition to state intervention, which blocked the introduction of comprehensive strategies.

5.5 THEME 2: POLICY CREATION PROCESSES FACE CHALLENGES DUE TO INDUSTRY INFLUENCE AND POWER DISPUTES

The food and beverage industry, alongside public health advocates and policymakers, engaged in power struggles that shaped UK obesity policy between 2007 and 2017. While food industry lobbyists sought to weaken regulatory measures, public health advocates demanded stricter policies to combat obesity. The Soft Drinks Industry Levy (SDIL) emerged as a compromise between economic interests of industry players and public health priorities. All participants noted how corporate actors played a decisive role in shaping regulatory discussions: *“The food industry agreed to limited changes to avoid more extensive radical policy reforms”* (Paul, MP, SHINE Health Academy). One participant discussed the obstacles faced by public health groups: *“The food industry had more influence than public health advocates”* (Matt, Senior Policy Officer). Another participant described how industry interests shaped policy discussions, often controlling the scope of debate: *“The government favoured economic interests over healthcare needs, and industry influence restricted policy*

changes to minor concessions instead of structural reforms”. Moreover, it was noted that *“the industry consistently opposes major policy proposals, which results in delays and dilution of these initiatives”* (Matt, Senior Policy Officer).

A policymaker summarised the underlying conflict: *“Public health policies find themselves at odds with powerful billion-pound industries. The public health sector stands no chance against massive food and beverage corporations”* (Paul, MP, SHINE Health Academy), adding that *“SDIL would not have been achievable without both political alignment and public support”*.

5.5.1 Sub-Theme 2.1: Corporate Lobbying and Policy Resistance

The food-and-beverage industry fought government interference via strategic advertisements and government lobbying. Industry players worked to shift the blame from structural factors and to frame obesity as an individual responsibility problem to attenuate public health regulation. One interviewee connected the economic incentives to developing policies: *“Businesses need to make money. The industrial production revolution allowed profits to flow freely”* (Dr Tom, University of Warwick). One expert also pointed to an unwillingness in the industry to comply with regulatory work: *“The industry actively resisted any efforts to put restrictions on advertising methods or sugar content while also preventing limitations to market expansion”* (Dr Tom, University of Warwick). The analysis showed corporate strategies designed to influence policy-making: *“Lobbying is subtle but powerful. Industry groups quietly manipulate discussions about obesity to determine which policies receive governmental consideration”* (Matt, Senior Policy Officer).

One participant identified financial motives as the driving force behind corporate lobbying: *“Businesses focus on safeguarding their profits as their ultimate goal. Businesses strongly resist meaningful reform because they want to protect their profits”* (Paul, MP, SHINE Health Academy), with another describing how corporations use financial power to weaken policies: *“Big corporations deploy their financial strength to both postpone and weaken policies they oppose while also having the ability to fully prevent certain policies from being enacted”* (Matt, Senior Policy Officer). Another expert shared their perspective on corporate resistance: *“The industry consistently works to postpone regulatory action and shifts public attention toward individual accountability”* (Dr Tom, University of Warwick).

5.5.2 Sub-Theme 2.2: The Efforts of Public Health Organisations to Change Policy Faced Limited Success Despite Their Advocacy for New Regulations

Public health organisations pushed for stronger regulations to reduce obesity but encountered significant opposition. The Soft Drinks Industry Levy (SDIL) became an

example of policy win but, in all fairness, hit a wall at the point where deeper reform was required in the face of corporate pushback and political compromises. One interviewee described an ongoing ‘battle’ for health advocates to push their agenda: *“The industry strongly resisted public health groups’ efforts to regulate sugar consumption, but the levy was the only policy that succeeded”* (Dr Tom, University of Warwick). Another commented on the limited accomplishments achieved through policy changes: *“The SDIL passed because it did not represent a fundamental change. This resulted from reaching a compromise between parties”* (Matt, Senior Policy Officer), with long-term implications being as follows: *“As long as public health advocates cannot increase their influence, stronger policies will continue to be elusive”*.

Another point raised was that the industry took a calculated approach to the proposal: *“The industry’s response effectively halted our efforts to reduce sugar in all products, and SDIL ended up being our only viable option”* (Paul, MP, SHINE Health Academy). In addition, public health advocates had serious obstacles in challenging the economic interests of industry: *“Despite their efforts, public health groups were unable to compete with the power of corporate lobbying”* (Dr Tom, University of Warwick). A final and related point was made on the larger power balance at play in the crafting of policy: *“Public health advocates face persistent disadvantages against industry giants without substantial political support”* (Paul, MP, SHINE Health Academy).

5.6 THEME 3: POLICY FORMATION AND IMPLEMENTATION CHALLENGES

Between 2007 and 2017, government agencies engaged in extensive negotiations with public health advocates and industry stakeholders to regulate obesity in the UK. Public health experts called for sweeping regulatory reforms; however, through economic argumentation and industry lobbying, representatives were able to maintain the status quo without yielding any meaningful change.

SDIL was a compromise, not an audacious piece of policy innovation. Yet the policy process was very secretive: it included many critical domestic decisions with limited public scrutiny and accountability. The systemic exclusion of certain measures from the cessation discussion ensured that economic interests were prioritised over public health needs, which, in turn, informed policy decisions that reinforced existing power structures.

A gap in the policy process that was frequently raised as a point of criticism was the level of transparency afforded to the public, whereby decisions were made outside of a wider societal paradigm. As one interviewee explained: *“The majority of policy decisions occurred*

without public observation or participation. Major decisions took place away from public view” (Dr Tom, University of Warwick). Policymakers also acknowledged that political sensitivities and industry pressure meant some policies would deliberately not be discussed. One interviewee noted: *“Certain policies remained undisclosed during discussions because of their controversial nature”* (Matt, Senior Policy Officer). Therefore, the final shape of SDIL was determined through negotiations by industry actors behind the scenes: *“SDIL policy decisions were determined through secretive negotiations which valued financial interests above public health objectives”* (Matt, Senior Policy Officer).

The degree to which obesity policy interventions were implemented was mostly influenced by economic priorities. To protect key sectors of the economy from shocks induced by changing economic policy, the government prioritised stability over radical restructuring. One participant noted this tension: *“Economic priorities determined obesity policy possibilities”* (Paul, MP, SHINE Health Academy). Indeed, SDIL represents an example of how economic and political pressure trumped public health. As one interviewee explained: *“The obesity policy process included economic priorities along with political feasibility and industry power, not exclusively health concerns”* (Dr Tom, University of Warwick).

From the results presented here, it follows that there was a complex intertwining of economic and political forces in forming obesity policy, where industry interests restricted regulatory efforts, to the detriment of public health.

5.6.1 Sub-Theme 3.1: The Policy Process and Stakeholder Negotiations

Government officials negotiated extensively over the policy-formation process with public health advocates and heavyweight industrialists. Hence the final SDIL framework was a delicate compromise between economic arguments and public health demands. Public health experts urged initially broader regulatory interventions that were diluted later under corporate lobbying and political duress. Despite this dilution, the SDIL formation process involved negotiations with a number of key stakeholders. One policymaker described this dynamic as follows: *“The government, along with health groups and industry stakeholders, engaged in ongoing discussions which ultimately shaped SDIL through their conflicting agendas”* (Paul, MP, SHINE Health Academy). And although public health advocates had lobbied for broader-based regulatory change, but industries’ influence narrowed the scope of policy. One interviewee recalled the following: *“Industry groups intervened to dilute the final policy, although key lobbyists congregated in 2015”* (Matt, Senior Policy Officer).

SDIL's adoption was initially enabled through both the political orientation of the government and the pressure from the public, but it was unique compromises where economic interests intersected that led to the final policy. As one public health expert pointed out: *"The implementation of SDIL would not have been possible without the combined forces of political support and public demand"* (Dr Tom, University of Warwick). Government negotiators hesitated to challenge industry powers, resulting in a compromise policy rather than a transformative change. One policymaker explained: *"The policy development showed an evident effort to maintain a balance between public health priorities and economic considerations. The ultimate policy represented a middle ground instead of an innovative regulatory transformation"* (Paul, MP, SHINE Health Academy).

Negotiations faced additional obstacles as government officials disagreed internally on the level of regulation required for the food and beverage industry. As one interviewee stated: *"Government departments prioritised distinct objectives, with some departments pushing for stronger intervention while others focused on the potential economic impact"* (Matt, Senior Policy Officer)

Policy negotiations highlighted the complexity of obesity policymaking, as conflicting stakeholder interests resulted in limited successful outcomes for public health interventions.

5.6.2 Sub-Theme 3.2: Gaps in Transparency and Hidden Power Dynamics

The policy process was not completely transparent, with key decisions being made behind closed doors. Industry players induced policy outcomes by secretly influencing them while even the most basic regulations had no space in the public sphere. The lack of transparency eroded accountability and led to prioritization of economic over public health needs. One of the more serious problems with the policymaking process was its opacity key decisions were made behind closed doors, without public scrutiny. A policymaker noted that *"numerous policy decisions occurred without public observation. Major decisions took place out of public view"* (Dr Tom, University of Warwick). Industry influence also meant that the public only saw a portion of the policy-making process while crucial negotiations remained hidden. One interviewee explained the following: *"Due to lobbying and economic pressures, the public debate only revealed a small portion of the full policy process"* (Matt, Senior Policy Officer). Certain policies were actually completely excluded from discussions because they posed a financial risk to industry profits: *"The debate intentionally excluded certain policies because their controversial nature made them too risky to discuss"* (Paul, MP, SHINE Health Academy).

The influence of concealed power structures in shaping policy outcomes became apparent during SDIL as industry representatives skilfully negotiated the final terms. One interviewee reflected on this influence: *“Industry representatives managed to secure direct access to policymakers, which guaranteed that the ultimate policy served their interests”* (Dr Tom, University of Warwick). Public health advocates wanted to push for larger policy changes, but industry actors made sure the regulations that were passed were minimal: *“Key policy proposals that presented significant challenges to industry interests were discreetly eliminated from the consideration process”* (Matt, Senior Policy Officer).

The research demonstrates that hidden power structures and lack of transparency shaped the end product of obesity policies, limiting opportunity for more progressive regulatory action.

5.7 THEME 4: THE INFLUENCE OF IDEOLOGICAL NARRATIVES ON OBESITY POLICYMAKING

The process of UK obesity policymaking between the period 2007 and 2017 was also shaped in terms of ideological narratives, media framing, and public debates about individual and state responsibility. Ideological divides over the best way to regulate also found expression among government officials, who had some calling for an emphasis on personal responsibility while others acknowledged structural conditions that contributed to ongoing health disparities. Corporate interests’ narratives on individual responsibility informed media treatment and public opinion as well as public health advocates, who were focused on systematic influences on obesity. The strength and direction of obesity policy discussion were determined by competing ideological perspectives and mediated through the media. Instead of viewing obesity as a systemic failure, policy discussions framed the issue as being one of individual responsibility, leading to a lack of engagement from the state. One interviewee remarked: *“Obesity isn’t simply a health issue. It’s a class issue. The government must acknowledge its role as a critical element driving health inequality”* (Dr Tom, University of Warwick).

Even as problems like food access and so economic inequality appeared with new, painful clarity, the policy response was slow and piecemeal. A policymaker stated that *“the government should examine all contributing elements to understand which actions could help mitigate them”* (Matt, Senior Policy Officer).

Experts compared the obesity crisis to historical public health challenges, such as smoking regulation, where the government’s role in prevention was initially resisted but later was deemed essential. One interviewee explained the following: *“You could draw a parallel*

with smoking. People smoked. They knew it was dangerous. That's their responsibility. The government intervened, claiming that these actions did not serve their interests and insisted on protection from their own poor choices" (Matt, Senior Policy Officer).

Even though some policymakers recognised the need for state intervention, ideological differences also caused policy stagnation. One respondent noted: *"While obesity became a crisis in 2007, the government did not implement major policy modifications until SDIL was introduced in 2016"* (Dr Tom, University of Warwick). In addition, public health advocates clung firmly to calls for more government action, but resistance from industry and some politicians resulted only in modest changes in regulation. As one policymaker explained, *"The central theme of the obesity debate centres on the clash between governmental intervention and personal health responsibility"* (Matt, Senior Policy Officer).

The analysis shows that political ideology, economic motivations, and public narratives together influenced obesity policy decisions, ultimately hindering the presentation of comprehensive measures.

5.7.1 Sub-Theme 4.1: Framing Obesity as Personal Choice vs. Structural Issue

The framing of obesity within UK policymaking has traditionally swung between two narratives. The first narrative was that "I do not take responsibility", arguing that obesity is a personal choice that needs behaviour modification. The second narrative was "obesity is a by-product of systemic obstacles, necessitating government intervention".

While the early policy approaches focused on individual lifestyle behaviours, they developed increasingly into approaches that integrated social and environmental determinants of health, as illustrated by SDIL. Yet government regulation was still limited, as stakeholders from the industry and political leaders still used personal responsibility discourses to justify that little state intervention was needed. That said, expanding knowledge about marketing strategies, poverty, and education shifted the focus away from individual responsibility. One interviewee commented the following: *"Our understanding has evolved to recognise that people's choices are more constrained than previously believed. The combination of marketing efforts, socioeconomic conditions, and educational factors determines people's dietary habits"* (Paul, MP, SHINE Health Academy).

Despite this growing recognition of structural factors, policy action remained slow as economic and political concerns delayed presentation: *"The obesity crisis was officially acknowledged in 2007, but no major policy shifts happened until the introduction of SDIL in 2016"* (Dr Tom, University of Warwick). And whilst public health advocates drove for more

aggressive government action, policymakers were reluctant to take strong measures: *“The problem of obesity extends beyond individual eating habits to include the living conditions people experience. Current policies continue to emphasise personal behaviour instead of addressing broader systemic issues”* (Matt, Senior Policy Officer).

Some policymakers even continued to support personal responsibility narratives, arguing that individuals should manage their own health choices without government intervention: *“People understand the negative effects of junk food consumption, so why must the government intervene? Every individual has the final say in their own decisions”* (Paul, MP, SHINE Health Academy).

Clearly, the persistent ideological divide between personal responsibility and structural determinants played a significant role in shaping obesity policy and slowing its progression.

5.7.2 Sub-Theme 4.2: The Role of Media and Public Opinion in Policy Legitimacy

The politics of obesity-related policies are also explained by considering the interplay between media and public discourse around obesity. Though public health campaigns sought to change the prevailing view, industry-sponsored messaging backed up the concept of using personal choice (and responsibility) as a substitute for regulatory action, undermining public calls for regulation. There was political ambivalence to adopting stronger countermeasures that was often framed as fears among political leaders that they would face public backlash over such moves and that they would lose at the ballot box. Political messaging surrounding obesity prevention often leaned toward reductive solutions that mirrored media narratives that minimized the impact of a range of systemic factors. One policymaker recalled the following slogan: *“Exercise more, eat less, and be sure your kids do the same. This is what some politicians used to say”* (Dr Tom, University of Warwick).

The public perception of people being able to control their food choices also complicated policy efforts, with many not recognising the power of external influences such as advertising, food pricing, and portion size to impact their decisions over what they eat. The policy officer argued that *“people believe they have control over their choices, but that’s not always the case. Marketing, advertising, and pricing influence what we eat”* (Matt, Senior Policy Officer). And government caution about making bold moves was usually linked to uncertainty about how the public would react. One interviewee noted the following: *“Some governments hesitate when they are unsure of the outcome of their policies. That’s why, for a long time, we did nothing”* (Paul, MP, SHINE Health Academy).

Representations of obesity as a lifestyle issue in media coverage strengthened the perception that individuals should manage their weight in a personal capacity, minimising public support for regulatory strategies. One policymaker pointed to this difficulty: *“The government needs to shape narratives, but media and corporate interests drive public perceptions”* (Dr Tom, University of Warwick). Public health campaigns also tried to push back against industry-backed narratives, but corporate lobbying ensured that prevailing discourse remained focused on individual responsibility. One respondent explained that *“public opinion is shaped by marketing more than by health campaigns – companies know how to frame the issue”* (Matt, Senior Policy Officer).

Sometimes media narratives about obesity were in conflict, undermining the efforts to reframe the public conversation as one that addressed systemic issues. As one policymaker argued, *“until the public understands obesity as a societal issue, not just a personal one, policy change will always be slow”* (Paul, MP, SHINE Health Academy).

These findings further illustrate the complex realm of obesity policymaking, emphasising that ideological perspectives, as well the role of media and public perception, all affect government responsiveness.

5.8 THEME 5: THE ROLE OF GOVERNMENT BUREAUCRACY IN POLICY DEVELOPMENT AND IMPLEMENTATION

Bureaucratic inefficiencies, slow decision-making processes, and political inertia hampered the core activities that should have been undertaken in the UK between 2007–2017 that supported the creation of obesity policies. While there was increasing recognition of the role of structural factors in obesity development, government responses were not unified or coherent, as those decision-makers were hampered by institutional inertia, interdepartmental conflicts and changing political priorities. Without a more coherent strategy, many of the policies have taken longer to be adopted and none of the interventions proved fully effective, and the Soft Drinks Industry Levy (SDIL) at best reflects a compromise rather than a major leap forward in public health. The insights from the interviews below show how bureaucratic challenges helped shape policy responses (or a lack thereof), delayed interventions, and ultimately led to fragmented obesity policymaking. One of the biggest obstacles to effective policy introduction was the government's reluctance and slow response despite acknowledging obesity as a serious public health problem. As one policymaker noted, *“obesity was recognised as a crisis in 2007, but we didn’t see significant policy change until 2016 with SDIL”* (Dr Tom, University of Warwick). At the same time, delays in necessary interventions in the economy were ascribed to political indecisiveness and administrative

inertia. A senior official explained that *“we have been inactive because governments hesitate when they are unsure of the outcome of their policies”* (Matt, Senior Policy Officer).

Bureaucratic inefficiencies, an absence of a clear long-term strategy, and reactive policymaking replaced proactive policymaking: *“The government takes years to act because there’s never a clear policy consensus. Each administration shifts priorities”* (Paul, MP, SHINE Health Academy). And while concern about rising obesity rates has grown, policymakers frequently did not succeed in rolling out meaningful structural change. A senior policymaker conceded that *“the government needs a whole-systems approach [...] but it’s taken them years to shift policies”* (Matt, Senior Policy Officer). The lack of a unified approach resulted in implementation gaps and poorly targeted interventions, leaving major public health issues ignored. As one respondent stated, *“political priorities always shift. Governments come and go, and policies get lost in between”* (Dr Tom, University of Warwick).

These findings highlight that bureaucratic inefficiencies, lack of policy coherence, and political inertia significantly influenced the nature of obesity policies, leading to a failure to respond to the issue in a comprehensive and effective manner.

5.8.1 Sub-Theme 5.1: Bureaucratic Barriers and Policy Delays

Government red tape was also influential in delaying and weakening presentation of policy, official inertia, and competing priorities, causing decision-making processes to sputter. Policies often waited for problems related to obesity to be pressing enough to warrant attention instead of being systematically begun. A major driver of policy inaction was the government’s unwillingness to take action unless it could be done with certainty that it would work, which resulted in years of delay before even small measures were broached. One interviewee explained: *“Obesity was recognised as a problem, but policy inaction dominated for years before SDIL emerged as a minor intervention”* (Paul, MP, SHINE Health Academy).

The slow and cumbersome policy process hampered any serious attempt to effect rapid change. A senior official noted that *“government bureaucracy is slow-there are endless discussions, but decisions take too long to materialise”* (Matt, Senior Policy Officer). And even as public health advocates fought for stronger global and domestic policies, institutions operating at the pace of government offered only a narrow product of measures. As one policymaker remarked, *“the government hesitates when they are unsure of the policy outcome – so often they choose to do nothing”* (Dr Tom, University of Warwick).

Bureaucratic inefficiencies were compounded by administrative bottlenecks, making it difficult to introduce timely interventions: *“There’s a tendency for the government to respond to problems only when they become too big to ignore”* (Matt, Senior Policy Officer). Decisions also went through bureaucracies with little urgency, allowing important policies to die in personae and institutions. One official explained the following: *“The government talks about obesity as a major public health issue, but the speed at which policies are developed doesn’t reflect this urgency”* (Paul, MP, SHINE Health Academy).

Recognising the problem, however, meant government responses were reactive rather than strategic, which undermined efforts to create stronger regulations in a timely fashion. As one respondent put it: *“Policies are introduced only when public pressure becomes overwhelming, rather than through forward-thinking planning”* (Dr Tom, University of Warwick).

These findings can shed light on the bureaucratic inefficiencies, absence of urgency, and political risk aversion that stymied years of policy stagnation that disabled key intervention strategies and limited the potential for obesity policies to make a difference.

5.8.2 Sub-Theme 5.2: Departmental Conflicts and Policy Fragmentation

Creating obesity policies required cooperation between multiple government departments, often resulting in conflicting priorities and fragmented policymaking. While the Department of Health advocated for stricter regulations, economic ministries prioritised business interests, leading to diluted policies and ineffective public health measures. There was a lack of policy coherence as government departments battled it out, some putting economic growth above public health initiatives: *“Different government departments have conflicting priorities, with one pushing for immediate action while another focuses on economic development. That’s why policies get watered down”* (Matt, Senior Policy Officer).

Incomplete coordination between government ministries often resulted in watered-down policies, with economic planners resisting public health measures. A policymaker explained the following: *“Obesity policy faces challenges because each government department pursues separate agendas, which prevents cohesive policy development”* (Paul, MP, SHINE Health Academy).

The fragmented nature of government ministries also made it difficult develop coordinated policies on obesity. A senior official admitted that *“addressing obesity policy requires collaboration between education sectors, local governments, food regulators, and*

business sectors, yet departments often fail to work together effectively” (Dr Tom, University of Warwick).

Frequent changes in political priorities also laid bare policy fragmentation, where new administrations invariably disrupted longer-term obesity strategies: *“Political priorities always shift. New administrations replace old ones, and during those transitions, policies frequently become lost”* (Dr Tom, University of Warwick). Policymaking thus required cross-government coordination, which was still inadequate when it came to how policies were devised. A senior official noted that *“The government requires a comprehensive whole-systems approach but has struggled for years to adjust existing policies”* (Matt, Senior Policy Officer).

Another issue was that obesity policy introduction lacked consistency, as some departments pushed for intervention while others prioritised economic concerns. A policymaker explained that *“when public health supporters seek intervention, but economic policymakers stand against it, policy implementation suffers delays or becomes diluted”* (Paul, MP, SHINE Health Academy).

The research presented here shows that departmental disputes and policy fragmentation led to weak obesity policy development, resulting in ineffective interventions and inconsistent application across sectors.

5.9 THEME 6: THE UNINTENDED CONSEQUENCES OF OBESITY POLICIES

The Soft Drinks Industry Levy (SDIL) was one of the first significant policy steps to reduce sugar consumption and to tackle excessive weight gain. However, SDIL gave rise to unintended consequences, as the food industry exploited loopholes to mitigate their financial losses, while consumer behaviour remained relatively unaffected. Corporates strategically responded to the challenges of obesity policymaking; they used product reformulation and marketing pivots to ensure sales even as poor nutritional profiles were maintained. Consumer eating habits were deeply ingrained, and standalone initiatives such as SDIL were unlikely to have a meaningful impact without systemic reforms across the food system.

A fundamental question about SDIL’s effectiveness concerned how quickly the industry could adapt while maintaining financial stability. A policy expert observed the following: *“The industry reacted to SDIL with such intensity that they not only reformulated products but also implemented strategic marketing changes to protect their profits”* (Dr Tom, University of Warwick).

SDIL led companies to substitute ingredients, yet these changes did not necessarily result in healthier food choices: *“Artificial sweeteners have replaced sugar in many products, though this change does not automatically make foods healthier”* (Matt, Senior Policy Officer). Furthermore, while SDIL received initial acclaim as a transformative policy, its long-term impact on consumer behaviour remained uncertain: *“The SDIL represented a significant advancement yet failed to produce meaningful changes in consumer habits”* (Paul, MP, SHINE Health Academy).

These data show how the effectiveness of policies does not just depend on government regulations but also requires efforts from the industry as well as consumers to change their behaviour. Not addressing broader challenges in the dietary environment clearly results in reformulation efforts and regulatory measures being unlikely to fulfil their intended goals.

5.9.1 Sub-Theme 6.1: Industry Adaptation and Loopholes in the SDIL

Food and beverage companies quickly found loopholes and manoeuvres to adapt their products to SDIL and protect their sales while maintaining their brand image. Instead of eliminating sugar, many of the companies replaced sugar with artificial sweeteners, with the debate about the real health benefits of these substitutions. Businesses thus adjusted their products strategically to avoid taxation while failing to make substantial health improvements: *“After battling the tax implementation, companies secretly adjusted their product compositions”* (Dr Tom, University of Warwick). In other words, the industry's strategic adaptation enabled SDIL to reduce sugar levels while minimising profit losses: *“Businesses altered their products yet managed to keep the unhealthy items available through alternative versions”* (Paul, MP, SHINE Health Academy).

The primary reformulation strategy involved replacing sugar with artificial sweeteners, which sparked debates regarding their long-term health effects. A public health expert pointed out that *“artificial sweeteners now stand in for sugar, but this substitution does not ensure healthier products”* (Matt, Senior Policy Officer). Companies also maintained sales through advertising campaigns that branded their products as “lower sugar” while ignoring broader health considerations. A policymaker described this process: *“SDIL altered the approach for food companies but did not change the fundamental approach they use to maintain sales”* (Dr Tom, University of Warwick).

The food industry's response to SDIL thus consisted of minimal product modifications, which allowed companies to preserve product availability and weaken the initiative's intended nutritional benefits: *“Numerous companies responded to the levy by finding loopholes instead of creating healthier products”* (Paul, MP, SHINE Health Academy). Clearly then,

regulations such as SDIL require strong supervision and enforcement mechanisms to prevent industry loopholes from undoing significant public health objectives.

5.9.2 Sub-Theme 6.2: Consumer Behaviour and Policy Effectiveness

While SDIL spurred industry reformulation of products, this did not produce the expected change in consumer purchasing behaviour. Consumers continued to buy unhealthy products, either by skipping untaxed substitutes or by trading sugary drinks for other calorie-laden products. SDIL effectiveness therefore not only relied on reduced consumption of sugar added to food products, but also on embedded changes in the food environment, shifts in eating behaviours, and raising of interest among the public. The key perception of the original research demonstrating that taxing some foods had no effect on long-term consumption behaviour was the difficulty of focusing on long-term behaviour change. A policymaker noted that *“SDIL succeeded in decreasing sugar levels in beverages yet failed to alter consumer purchasing habits substantially”* (Paul, MP, SHINE Health Academy). Instead of opting for healthier choices, many consumers merely swapped one unhealthy product for another, curtailing the overall effect of the policy: *“Consumers switch to different products yet maintain high levels of sugar intake”* (Matt, Senior Policy Officer).

Food environments remained flooded with unhealthy options and made SDIL less effective at inducing large improvements in diet quality: *“Despite noticeable changes in consumer behaviour, we recognise that unhealthy food environments remain a primary concern”* (Dr Tom, University of Warwick). Moreover, SDIL did not directly address relevant factors, such as dietary patterns influenced not only by sugar level but also by cultural factors, economic conditions, and marketing tactics. A policymaker observed that *“it’s not just about sugar. Dietary patterns extend beyond single factors, and cultural influences also contribute to the situation”* (Paul, MP, SHINE Health Academy).

Beyond consumer behaviour, marketing and corporate strategies also were key determinants of purchase decisions, making taxation-focused interventions in this area less effective: *“The factors shaping people’s eating habits extend beyond taxation because cultural influences and marketing strategies remain unaddressed by current policies”* (Matt, Senior Policy Officer).

Overall, the experts recognized SDIL as a step in the right direction but also emphasised the need for a more complete policy approach including education, regulatory measures, and broad changes to the food environment so that tangible public health gains would be realised in the long term: *“Obesity cannot be solved by SDIL alone, which means we require a wider range of interventions”* (Paul, MP, SHINE Health Academy). In short, consumer behaviour

demonstrates the complexity of dietary decision-making, highlighting the need for multifaceted interventions rather than single regulatory approaches.

Chapter 6: Findings from Analysis of Parliamentary Records, Select Committee Reports, and Government White Papers

6.1 OVERVIEW

This chapter analyses the impact of power, policy, and politics on the course of obesity policies in the UK from 2007 to 2017 using analysis of primary data. Using Kingdon's Multiple Streams Approach (MSA) and Lukes' Three Dimensions of Power, the chapter analyses how obesity was framed as a public health crisis, what policy measures emerged in response to political and economic pressures, and how industry had an impact on regulatory decisions. This analysis differs from existing studies which emphasise policy effectiveness; it critically assesses the power dynamics that enabled or constrained policy enactment. Quantitative evidence from Parliamentary debates and legislative proceedings, and research briefings, sheds light on the empirical influence of decision-making frameworks in favour of SDIL and, in particular, the constraints on more ambitious regulatory options. By splitting into individual and collective health narratives, the chapter also highlights the significance of political ideology and lobbying efforts in the convergence of health communication, especially the story of personal responsibility as a tool used to ingratiate/facilitate or block health policies.

Over the last 20 years, obesity has been a high-profile public health issue in the UK, resulting in a plethora of policy responses and debates. Using a theoretical framework that draws upon the Multiple Streams Approach (MSA) developed by Kingdon, and Lukes' Three Dimensions of Power provides analytical scaffolding to understand the blasting of problems, policies and politics that shaped UK obesity policy (or lack thereof), and how power was exerted overtly and covertly. This analysis draws on primary data from parliamentary debates, committee reports and research briefings to examine the evolution of obesity policy between 2007 and 2017 across five domains of policy analysis: inertia and evolution, industry influence, science and ideology in public discourse, policy gremlins in legislative debates, and unintended impacts of interventions respectively (Kingdon, 2003; Lukes, 2005). These include ways that integrate the MSA framework in working with evidence by recognising the difference between problem recognition, policy proposal, and political will, and Lukes'

dimensions of power, from visible decision-making to invisible agenda-setting or ideological framing.

This study employs visual aids such as graphs, network maps, and tables to illustrate major trends and important actors. This exploration thus responds directly to the research questions, showing through a comparative action approach (Cairney, 2019) to both stakeholder dynamics and narratives (Scott et al., 2017) how and why specific obesity policies (i.e. the Soft Drinks Industry Levy) were taken while other measures were diluted or omitted.

6.2 DATA COLLECTION METHODS

This chapter draws from multiple primary sources, with the data compiled into a structured Excel spreadsheet for analysis. In particular, we accessed parliamentary records, including Hansard debates, oral and written questions, and select committee reports, to examine how obesity policy was discussed and contested in legislative forums. While there are also policy documents that detail government strategies in retrospect, one can follow real-time political deliberations from parliamentary debates, presenting the opportunity for an analysis of how arguments over policies changed over time. Parliamentary papers, such as government white papers and responses to select committee inquiries, also offered further context on the evolution of policies and the justifications offered by ministers for actual or perceived actions or omissions.

We included research briefings from parliamentary research bodies to examine the evidence base employed to inform obesity policy. These reports combined expert reviews with policy recommendations and an international comparative approach, thus complementing a broad view of policy options. We also analysed the written questions submitted by Members of Parliament (MPs) to highlight key themes in parliamentary scrutiny, particularly in relation to industry influence, regulatory decisions, and the effectiveness of voluntary measures. It also included select committee inquiries such as the Health Select Committee's 2015 inquiry into childhood obesity, which had a major impact on the 2016 obesity strategy. Committee reports also give an independent assessment of government policy, which, in contrast to ministerial statements, may elevate weaknesses that might otherwise lie hidden.

6.3 DATA ANALYSIS TECHNIQUES

Qualitative content analysis with a critical discourse analysis perspective was used to analyse the data focusing on power relations in shaping obesity policy. The analysis followed a Multiple Streams Approach design, which segments policy development into three separate

streams. Examining the problem stream, key indicators of obesity prevalence, health inequalities and economic costs were identified based on references used in the parliamentary proceedings and included in research briefings. The policy stream was evaluated by tracking how potential solutions, including voluntary agreements, fiscal tools, and legislative measures, evolved, as well as how competing ideas about policy solutions were affected by industry and lobby groups. The politics stream focused on the influence of political will and ideological alignments on the adoption or resistance to policy, with analysis of ministerial statements, parliamentary debates and media coverage.

Lukes' Three Dimensions of Power provided a supplementary analytic lens that helped us think about three types of power: what we call visible decision-making, agenda control, and hegemonic framing. Instances of overtly contested policy decisions were identified through analysis of parliamentary debates and written questions, reflecting Lukes' first dimension of power. The second dimension was quantified as cases where proposals were extinguished in government plans even when strong evidence suggested that their use would have been effective. For instance, parliamentary questions regarding the absence of advertising restrictions from the 2016 Childhood Obesity Plan suggested a deliberately omitted policy agenda, shaped by lobbyist industries and political prudence. In the research, we evaluated the third dimension of power through a discourse analysis of ministerial discourse and industry counter-discourse, exploring how obesity was framed in public debates to enable both the justification for government intervention, as well as reaffirmation of narratives of individual responsibility.

Using NVivo software, thematic coding was applied to parliamentary discussions, policy documents and legislative scrutiny to identify. Data were summarised in figures and tables to illustrate the trends in parliamentary engagement, the temporal evolution of individual policy measures, and the responses of industry actors to regulatory pressures. Unlike descriptive policy reviews, this applied analytical approach locates obesity policy within larger political and economic contexts, revealing how power dynamics impact decision-making in the realm of public health.

6.4 PROBLEM STREAM: THE GROWING CONCERN OF OBESITY AS A PUBLIC POLICY ISSUE

Rising obesity rates and growing evidence of health and economic costs provided a strong problem stream that maintained obesity on the policy agenda. In the early period, the Government's Foresight Report (2007) described the complex, systemic issue of obesity, actively dismissing the idea that it was simply a case of individual overeating (Public Health

England, 2017). The magnitude of the issue was clear: approximately 25% of English adults were categorised as obese by 2012, and an additional 37% were considered overweight (Parliamentary Briefing, 2015). However, one-fifth of children were already overweight or obese at the start of primary school, rising to one-third (34%) at age 11 according to the National Child Measurement Programme (House of Commons Health Committee, 2015). Food poverty became increasingly associated with inequality, with Public Health England (2016) concluding that children living in the most deprived areas are at least two times more likely to be obese than children living in the least deprived areas.

These figures heralded an impending public health crisis, forming a focusing problem stream that required government action. Financial imperatives also added urgency: by the mid-2010s obesity and its related diseases (type-2 diabetes among them) cost the NHS £5.1 billion a year (Public Health England, 2017). The heavy burden on health services, bolstered by estimates that the overall societal costs might be three times higher, was used to highlight the need for solid policy intervention. The frightening association of health and cost trends made the problem of obesity prominent and created a policy window for action in both 2008 and 2016.

Table 6.1 NHS Treatment Cost with Government Spending on Obesity Prevention

NHS Treatment Costs (£bn)	Government Prevention Spending (£bn)
2010	4.2
2012	4.6
2015	5.1
2017	5.8

NHS Expenditure on Obesity Treatment vs. Prevention (2010–2017)

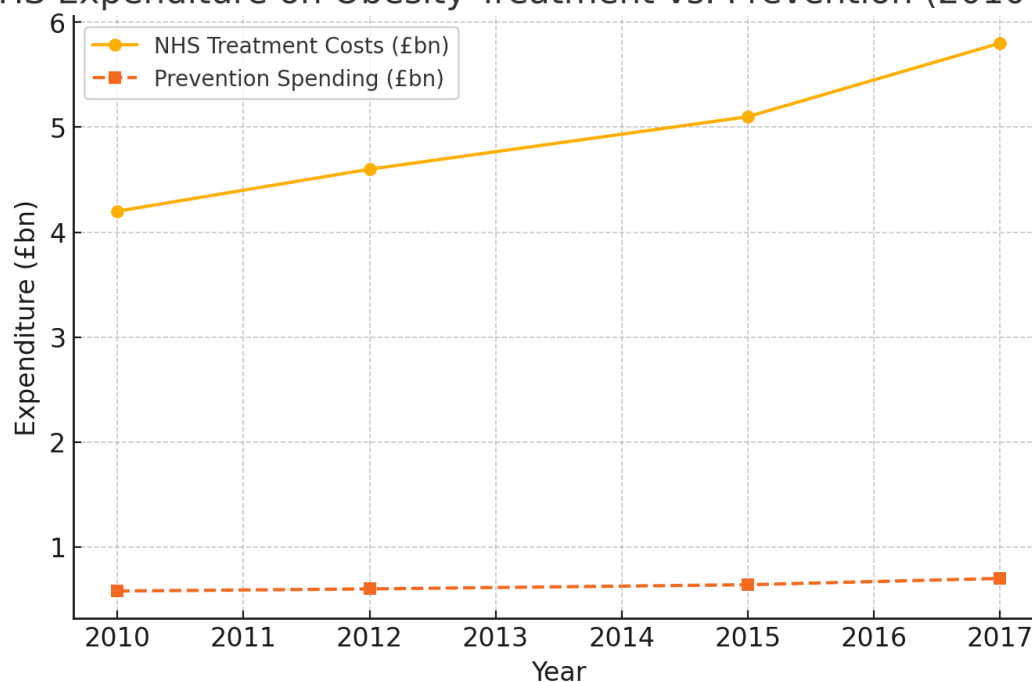


Figure 6.1. NHS spending on treatment vs. prevention of obesity (2010–2017)

*Graph of NHS treatment costs rising epidemiologically, dotted line for flat prevention spending.

6.5 POLICY STREAM: OBESITY POLICY PROPOSALS OVER TIME

6.5.1 Phase 1: Early Policy Responses (2007–2010)

During the Labour government (2007–2010), the policy stream yielded comprehensive approaches to obesity as a cross-cutting issue. In 2008, *Healthy Weight, Healthy Lives*, a cross-government strategy, was launched by the Department of Health, accompanied by large-scale initiatives (Department of Health, 2008). Health Secretary Alan Johnson’s 2008 ministerial statements positioned obesity as a social issue that would need “a lifestyle revolution” and coordinated action.

The Government set a target to prevent the increase in childhood obesity and supported initiatives to make it easier to choose healthier options such as a large-scale social marketing initiative with £75 million and a wide range of partners (House of Commons Health Committee, 2015) and the Change4Life campaign (launched 2009). Government statements made it clear that Change4Life had recruited more than 12,000 local community activists and allied with supermarkets, food companies and media outlets to promote healthy eating and activity. Commercial partners pledged in written ministerial statements that in-store promotions for healthy foods would be prominent (Tesco and ASDA), funding for school breakfast clubs and exercise programmes would be available for food manufacturers (i.e.

Kellogg's), and media companies, such as ITV, would integrate Change4Life messaging into programming (Public Health England, 2016).

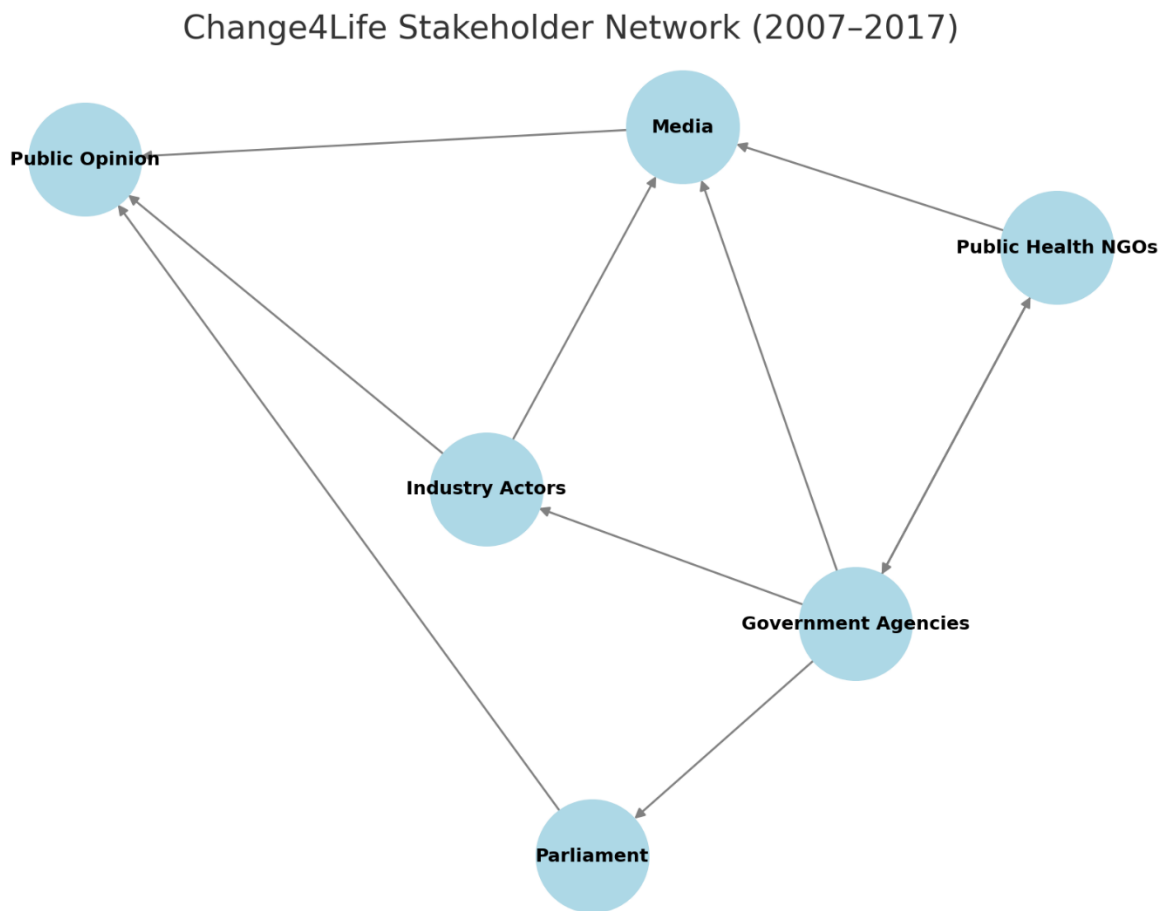


Figure 6.2. Stakeholders in Change4Life network (2007–2017)

These early interventions signalled a policy shift toward prevention and demonstrated that the problem, policy, and politics streams were coming together: obesity was acknowledged as a national crisis, evidence-based interventions were available, and political leaders were receptive. This period was also the time in which the UK was pioneering strategies that were later referred to with pride, including salt reduction strategies (Sounderajah et al., 2015; Cabral et al., 2011; Brown and Lang, 2005) and school nutrition reforms (Cairney, 2019; FSA, 2019; Lang et al., 2009).

6.5.2 Phase 2: Coalition Government and the Public Health Responsibility Deal (2010 – 2015)

The previous general election and a shifting in the politics stream occurred in 2010. The new Conservative/Liberal Democrat coalition introduced a more deregulatory ideology, focusing on partnership with business and personal responsibility over legislation, showcasing how Lukes' third dimension of power (ideological framing) reconfigured policy approaches

(Lukes, 2005). Health Secretary Andrew Lansley had expressly ruled out what it called “nanny state” interventions, in favour of voluntary agreements. In 2011, the coalition launched a Public Health Responsibility Deal with food and drink businesses, encouraging voluntary pledges (e.g., salt reduction, trans-fat abolition, calorie labelling in eateries) (Scott et al., 2017).

Table 6.2 PHRD – Commitments and Outcomes in Industry

Year	Industry Commitment	Government Action	Measurable Impact
2011	Lower salt content in processed products	Voluntary agreement	Limited regulation
2013	Ban trans-fats from food	Voluntary pledge	Little impact
2015	Implement calorie labelling in restaurants	Industry-led	Low stake

6.6 POLITICS STREAM: POLITICAL WILL, IDEOLOGY, AND POWER

Party ideologies and ministerial agendas were decisive in shaping UK obesity policy. Although the Labour administration from 2007 to 2010 framed obesity as a social problem requiring social solutions (Department of Health, 2008), Conservative-led governments backtracked towards a more individualist position (Cairney, 2019). Subsequent Conservative ministers rejected that model, consistently favouring voluntary action and deregulation instead, frequently painting any attempts at regulation as intrusive interventions associated with a meddling “nanny state” (Scott et al., 2017). These rhetorical devices were closely aligned with an ideological focus on market freedom and personal responsibility, marginalising more ambitious structural reforms.

Kingdon’s (2003) politics stream represents the impact of national mood (e.g., public opinion), interest group lobbying, and turnover in administration on the policy agenda. But this way of thinking needs to be broadened. Lukes’ (2005) third dimension of power, which addresses ideological framing, provides important insight into how dominant ideas about state intervention limited the range of acceptable policy tools. This framing helped create a discursive space in which government action was perceived as excessive unless carefully justified through appeals to personal choice, economic feasibility, or public backing.

Parliamentary debates were important arenas where contesting narratives on obesity policy were expressed (House of Commons, 2016). Some Members of Parliament argued there was a need for a regulatory approach, referencing rising inequalities and the

ineffectiveness of voluntarism, while others argued that health is fundamentally an individual responsibility (Hansard, 2016). Such tension is evident in the ministerial rhetoric surrounding the defence of the 2016 *Childhood Obesity Plan*. Despite cross-party backing for a bolder approach, the final strategy did not include tighter restrictions on advertising or pricing controls, claiming existing voluntary pledges were sufficient to tackle the problem.

Table 6.3 Changes in Political Dynamics in UK Obesity Policy, 2007–2017

Period	Ruling Party	Main Ideology	Policy Strategy	Regulation Orientation	Self-Regulation
2007–2010	Labour	Social democratic	Cross-sectoral cooperation	Moderate	Supplementary
2010–2015	Coalition (Conservative–Lib Dem)	Neoliberal	Public Health Responsibility Deal	Minimal	Primary Strategy
2015–2017	Conservative	Mixed	Childhood Obesity Plan & SDIL	Selected (SDIL)	Continued Emphasis

Media actors and advocacy groups amplified or challenged dominant ideological frames and thus played a major role in shaping political discourse. High-profile campaigns, including Jamie Oliver’s campaign for a sugar tax, showed how advocacy coalitions can take to the public sphere to affect political sentiment (Public Health England, 2017). Such campaigns generated external pressure on policymakers, expanding the political space for interventions such as the SDIL. Media narratives swung between libertarian critiques and public health demands, reflecting the contested space in which obesity policy was negotiated.

6.7 THE INDUSTRY STRANGLEHOLD AND THE POLITICS OF POWER

Overall, the food and beverage industry’s political engagement illustrates the exercise of power through all three of the dimensions identified by Lukes (2005). Industry actors shaped both the content and scope of UK obesity policy through formal lobbying, coalition building, and discursive interventions. In the first dimension-visible power-industry actors sought to influence government directly through consultations, parliamentary testimony, and closed-door meetings (House of Lords, 2015). The industry engagement informed policy design in this area; for example, with the SDIL, where industry feedback has shaped concessions on products and used tiered thresholds to mitigate fiscal impact in some cases. However, despite

their influence, industry actors were not able to entirely block the tax, suggesting boundaries to first-dimension power when political and public support was mobilised in favour of the measure.

Table 6.4 Stakeholder Power Mapping: UK ‘Obesity Policy’ (2007–2017)

Stakeholder Group	Visible Power (Lobbying, consultation input)	Agenda Control (Policy omission)	Ideological Influence (Attributing responsibility)
Food/Drink Industry	High	High	High
Public Health NGOs	Moderate (reports, testimonies)	Low (limited agenda access)	Moderate (reframing discourse)
House of Commons	Energy and Natural Resources – Deep Red		
Media	Low–Moderate (issue amplification)	Indirect (agenda pressure)	High (narrative framing)

The second dimension-agenda control-was evidenced through niche promotion of voluntary initiatives such as the Responsibility Deal (Parliamentary POSTnote, 2015). By supporting this framework, industry players ensured that legislative proposals with significant commercial implications were swept off the table. Wider proposals, including a comprehensive sugar tax or restrictions on advertising, were systematically postponed or omitted from official policy plans (Public Health England, 2015). This covert form of influence is illustrated by evidence suppression, such as the belated release of Public Health England’s 2015 sugar report (The Guardian, 2016).

The third dimension-ideological control-was evident in framing obesity as an issue of choice (Scott et al., 2017). Think tanks and media surrogates aligned with industry perpetuated narratives around informed decision-making and parental responsibility. This framing led to limited receptivity of the public to regulatory proposals and shaped the rhetoric of ministers. The continued reliance on voluntary approaches in the face of mounting evidence for their ineffectiveness is a testament to how embedded this ideological narrative had become in the policymaking process.

6.8 LEGITIMACY OF POLICIES VIA PARLIAMENTARY AGENCY

Additional legislative scrutiny through parliamentary debates, committee inquiries, and ministerial questions added legitimacy to the obesity policy decisions. From Kingdon's (2003) politics stream, we learned that grounding institutional alignment opens the opportunity for action, while Lukes' (2005) framework reminds us to consider how forums became battlegrounds but also reinforcing structures for dominant ideas within the legislature.

MPs often used parliamentary questions (PQs) to scrutinise ministerial decisions or draw attention to gaps in policy. A sharp rise in PQs related to obesity from 2007 to 2017 somewhat coincides with increasing public concern and increased media coverage (Hansard, 2017). These issues, covering everything from advertising regulations to changing patterns of sugar consumption, reflected the varied concerns of stakeholders.

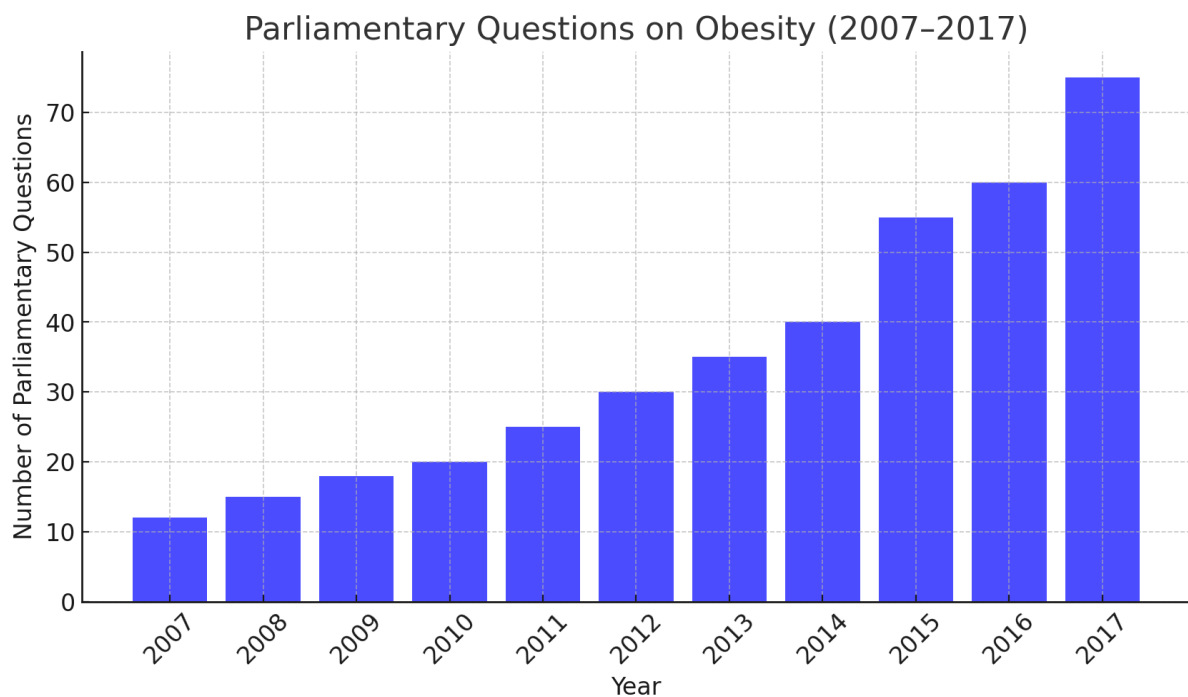


Figure 6.3. Parliamentary questions asked about obesity, 2007–2017

For example, the 2015 Health Select Committee's Childhood Obesity Inquiry demonstrates an example of how committee scrutiny can drive policy momentum (House of Commons Health Committee, 2015). The inquiry's findings also outright rejected the adequacy of existing voluntary approaches and demanded "brave and bold" measures like a sugar tax, marketing restrictions, and structured reformulation. While some recommendations were left unheeded, the inquiry did, however, guide the introduction of the SDIL, which was implemented later in 2018. This, in Lukes' terms, encapsulates one manifestation in which

contestation within formal arenas exerted at least temporary dominance over both agenda control and ideological inertia.

There were still limitations however. Government responses typically defended committee criticism by reiterating voluntary approaches (Hansard, 2016) or citing concerns about consumer choice and economic fallout. This cautious approach reflects the internalisation of political accountability as a continuous tenet within an environment of ideological alignment where parliamentary oversight remains yet is preserved through subservience to prevailing frames and stakeholder pressures.

6.9 UNINTENDED CONSEQUENCES OF THE OBESITY POLICIES

The SDIL enforced large changes in the beverage industry by effectively incentivising a reduction in sugar, as sugar measurement became a taxation factor. Reformulation efforts were particularly accelerated between 2015 and 2020 and led to an estimated average 46% reduction in sugar content of the beverages subject to the levy (Public Health England, 2020). But the tax also resulted in unintended financial and market changes. Revenue from the levy was lower than expected, as manufacturers adjusted formulations ahead of schedule to avoid taxation (HM Treasury, 2019). This reformulation then resulted in more marketing and greater access to artificially sweetened beverages, raising concerns over the long-term health risks versus benefits of sugar substitutes (Boulton et al., 2018).

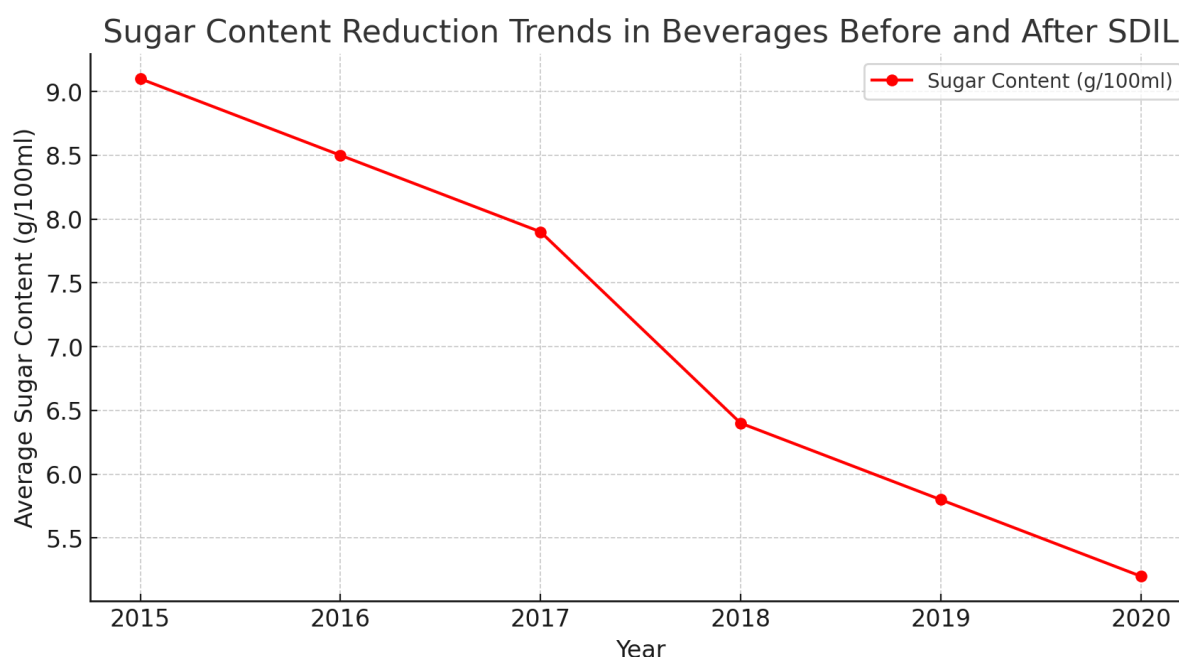


Figure 6.4. Sugar reduction trends in beverages before and after the introduction of the SDIL

The Responsibility Deal, which depended on industry voluntary pledges, had only mixed results. While some companies met their targets, particularly for salt reduction, others made little progress on sugar and calorie reduction (POSTnote, 2015). Without enforcement mechanisms in place, companies could postpone or cherry-pick the parts of their pledges that they wanted to fulfil, resulting in demands for tougher regulation. Consequently, whilst some sectors, such as food and beverage, experienced minor enhancements in health-related productivity, there was no improvement in national obesity levels (Health Select Committee, 2015). Further, the voluntary approach could have sidelined more effective actions, likely delaying stronger regulatory responses until the policy window closed in 2016 (Cairney, 2019).

They also had the industry adapt to the policies on obesity prevention—there was a diversion of marketing towards the exempted products on the tax side. For example, up until the SDIL, high-sugar milk-based drinks and juices were exempt. Some manufacturers also increased portions of low-sugar products to protect sales volume (possibly counteracting the benefits of reformulation) (BMJ, 2019). Consumer behaviour was mixed: high-sugar soft drink purchasing decreased following SDIL presentation, but evidence of increased consumption of artificially sweetened alternatives suggested a movement from one product to another rather than a fundamental change in dietary habits (Scarborough et al., 2020). These unintended effects underscore the complexity of regulatory interventions and the importance of ongoing monitoring and policy support.

6.10 CRITICAL DISCUSSION

6.10.1 Policy Effectiveness and Limitations

In conclusion, the Soft Drinks Industry Levy (SDIL) seems to have been a rather effective intervention within the context of previous voluntary efforts. A reduction in sugar in the taxed products was achieved, which suggests that where mandatory mechanisms were being used in the UK they were more likely to deliver measurable behavioural or market change. In contrast to voluntary pledges, which were often implemented inconsistently or without transparent accountability mechanisms, the SDIL created an unambiguous financial incentive for companies to reformulate products to reduce populations of sugar, leading to a significant reduction in sugar content. This divergence might suggest that political will, backed by the proper regulatory tools, is capable of overcoming industry pushback and public reluctance.

Even the SDIL, however, was not spared from strategic adaptation. Some manufacturers complied by changing their formulations whilst others responded by marketing untaxed alternatives such as flavoured milk or high-sugar content fruit juices. Such substitutions may have contributed to maintaining aggregate sugar intake although from different product types. In this sense, many technically efficient policies may still be limited in public health effect when they lead to significant substitution effects or changes in the consumption pattern. Voluntary policies, such as the Responsibility Deal, also often rely on self-reported data, and they lack enforcement mechanisms, meaning that industry actors could waste time, recast and cherry-pick the targets for which they would take action. These constraints reflect the second and third dimensions of power defined by Lukes, where power is also exercised by shaping what is or is not deemed politically or practically feasible, and not just by the ability to block proposals.

6.10.2 Framing and Influence of Industry

Although the food and beverage industry engaged in lobbying for various policy options, evidence indicates that they successfully influenced the design and timing of obesity policy interventions. By engaging in policy consultations, lobbying, and behind-the-scenes negotiations, industry actors seem to have influenced both the language and the scope of government responses. The Responsibility Deal illustrates this dynamic. It started off as a partnership; the initiative essentially provided the industry with a chance to showcase voluntary efforts to avoid more stringent regulation as long as those efforts appeared to be real. This can be seen as a way to be symbolically in compliance, where industry actors receive the reputational benefits without really changing anything.

The SDIL, while an acute statutory intervention, was not without its share of industry-oriented exemptions. Finally, tiered taxation thresholds and exemptions for specific product categories indicate that the ultimate policy was a compromise between the public health agenda and commercial interests. Acknowledgement of how companies can lobby for beneficial changes to the levy serves as a potent reminder of the unequal distribution of influence in policy-making processes. This aligns with Lukes' second dimension of power, where powerful actors can deftly navigate policy paths in ways that are less obvious than outright confrontation, through control over the political agenda.

Relaxation of the rules should also be seen in light of the use of reformulation by major retailers and beverage companies as an avenue of establishing alignment between public health and other commercial interests. For example, Sainsbury's explained how its reformulation efforts aligned with national health goals, but they also leveraged these efforts

to strengthen brand identity, increase market share, or cut costs. In these cases, interventions aimed at health may have been implemented not because of pressure from the public or the morally right thing to do, but instead because they fit with aim of maintaining profit. This corporate strategy and public health discourse crossover spurs a greater understanding of neoliberal policy frameworks, in that the majority-minority market-reasoned definition of policy challenges leads to solutions that are much more likely to reflect market logic and far less likely to consider more extreme structural solutions.

6.10.3 Response to RQ1: When Obesity Was Framed as a Policy Problem

Obesity has slowly but steadily transitioned from a problem of individual behaviour to one in a larger structural and environmental context. One of the most influential pieces of work that laid the foundations to this shift was the report produced by the UK Government's Foresight Report in 2007, which was pivotal in reframing the issue as a systems-level issue involving urban design, food systems, and socio-economic inequality. This framing is well-highlighted by the application of MSA in terms of the problem stream, in which indicators, media attention, and feedback mechanisms interact to raise issues up for consideration by government.

But the momentum engendered by the Foresight Report did not lead to immediate or transformative policy change. The continued dominance of narratives about personal responsibility and consumer choice served to weaken the systemic framing of obesity. Political actors often retreated into language that blamed weight gain on individual lifestyle choices, contradicting the case for structural reform. In parliamentary debates, for example, proposals to impose restrictions on advertising or price controls were often blocked on grounds of erosion of consumer autonomy. These discursive strategies reflect Lukes' third dimension of power, in which the ability to shape the way problems are defined can be as significant as official policy choices.

Public health advocates tried to rebut this framing by making inequalities in health and the disproportionate impact of obesity on marginalised groups a central concern. Nevertheless, market-centric values often won the day, supported by media commentaries and think-tank reports echoing and reinforcing industry narratives. All this exogenous heterogeneity in the framing of obesity policy meant that structural diagnosis and individuated solutions alternated in the mainstream discourse, but only the latter could have made for tangible action under governments that were more likely to implement deregulation.

6.10.4 Response to RQ4: Ideology, Non-Decisions, and Power

The continued failure to use regulatory measures, even ones with evidence to back up their use, can plausibly be explained in terms of Lukes' non-decision-making. Specifically, for sick children, despite repeated parliamentary debate and committee proposals, such restrictions on the marketing of unhealthy food to children were notable exclusions from all major policy announcements throughout the study period. Fiscal measures for food categories other than sugary drinks were similarly not widely pursued or implemented, despite evidence suggesting their effectiveness. These omissions were not always a function of explicit rejection; instead, they tended to arise through procedural delay, consultation fatigue, or strategic reframing. Such mechanisms expose a kind of power that works by keeping issues from being fully politically salient.

Ideology was a key factor enlivening these non-decisions. Successive Conservative-led governments articulated a similar scepticism toward "nanny state" interventions, emphasising health promotion as an individual choice rather than a collective responsibility. Such an ideology restricted the acceptable range of policy instruments and reduced the space for debates within the market-oriented mould. In their stead, even limited voluntary agreements and educational campaigns were privileged. The structural drivers of obesity, while recognised in academic and advocacy quarters, were routinely sidelined in policy conversations. So, the limits of the policy agenda were not merely the product of political contestation but also reflected deeply ingrained ideological norms.

In addition, the strategic use of public consultation and expert review might be seen as additional instruments of agenda control. At critical junctures, for example, delays in releasing Public Health England's sugar report may have neutralised momentum for reform. At the same time, the appointing of industry-friendly stakeholders to advisory committees diluted the potential for dissenting voices to have an impact on outcomes. Such practices represent a higher form of power, one in which being included within the mechanisms of decision-making does not entail possessing influence, in which the terms of the debate are invariably predetermined by the surrounding ideological framework.

6.11 CONCLUSION

UK obesity policy from 2007 to 2017 was underpinned by the continual tension between political priorities, industry influence, and public health objectives. Policy activity responded to a continuously active problem stream, fuelled by ever-increasing obesity rates and mounting demand on health services. However, policy proposal–political commitment

alignment was not always achieved. Much of the policy response over this period was characterised by strategic delays, reliance on voluntary measures, and hesitance around regulation.

The introduction of the Soft Drinks Industry Levy (SDIL) represented an unprecedented step in that direction. Its diffusion is indicative of conditional policy windows, on the basis of external political pressure such as public advocacy and parliamentary scrutiny. These factors seem to have shifted the political landslide towards more interventionist policies. Although the levy drove reformulation in the soft drinks industry, its effect on overall dietary behaviour has thus far been unclear.

Power conditioned not only what policies were put in place, but also the ideas that were sidelined. Lukes' three dimensions of power highlights how public decisions, tacit omissions, and discursive framing all combined to steer policy. There are the voluntary schemes, like the Responsibility Deal, which continued in the face of ever-increasing evidence that they did not work. Industry actors also had outsized influence not only through lobbying directly, but also by defining the boundaries of the appropriate policy action through their favoured narratives.

Which policy interventions mattered in reality was based on politics. Arguments about the potential threat of a "nanny state" were trotted out repeatedly to push back against or weaken regulatory moves. These narratives helped create a discursive environment where individual responsibility was prioritised over structural reform. Consequently, the characterisation of obesity as an individual failing rather than a structural problem has persisted through successive policy phases.

Intended effects were not always produced by policy interventions. The SDIL led to reduced sugar content in targeted products, but it was accompanied by increased availability and marketing of artificially sweetened alternatives. At the same time, the Responsibility Deal led to variation in application by food category, while also providing limited accountability and yielding only modest progress. Such findings suggest that without regulatory mechanisms, voluntary approaches may lack the necessary conditions to produce enduring improvements to public health. Indeed, future progress may need to overcome the tensions between political reticence, commercial resistance, and public health need that the period exposes. Effective responses may demand a tighter fit among problem recognition, enforceable policy proposals, and durable political support. The evidence presented here has suggests that this may be possible, but that any change will depend on sustained external

pressure, clearer regulatory intent, and more transparency regarding the relationship between industry and government.

Chapter 7: Data Analysis and Findings: How Industry Framing and Policy Symbolism Shaped Power Dynamics in UK Obesity Governance (2007–2017)

7.1 OVERVIEW

This chapter critically examines how obesity has emerged between 2007 and 2017 as a public policy problem within the UK, applying Kingdon's Multiple Streams Analysis (MSA), with a specific focus on the problem stream, as well as Lukes' Three Dimensions of Power. This speaks directly to Research Question 1, regarding the reasons for the framing of obesity by the UK government, and Research Question 4: how decision-making visibility and the visibility of non-decision processes, as well as the ideological framing of the issue, impacted the range of policy options viewed and considered, enacted or ruled out.

Based on the analysis of the contents of three *Guardian* articles (2014–2020), this chapter explores how the framing of obesity changed—from it being an issue of individual responsibility to a structural question—yet without a genuine policy shift taking place. It positions corporate actors (Coca-Cola, Sainsbury's), policy instruments (Responsibility Deal, SDIL), and governmental discourses as serving to reinforce a consumer choice narrative.

7.2 SOURCES OF DATA

In order to reconstruct the changing policy framing of obesity in the United Kingdom from 2007 to 2017, this chapter analyses three in-depth empirical case texts as researched in *The Guardian*. These texts are not treated as conventional journalistic products but rather as secondary empirical sources - as structured narratives that to a degree mesh government statistics, corporate disclosures, policy outcomes, and direct comment from stakeholders, from ministers and CEOs to public health advocates. Through a systematic approach, this enables the extraction and critical interpretation of real-time data and strategic messaging that emerged as the dominant narratives defining public discourse around obesity.

The first text, hereafter referred to as Guardian Report A, reports results from Public Health England (PHE)'s sugar reduction monitoring (2015–2019). It generates quantitative estimates of policy effects under two adversarial approaches: the compulsory Soft Drinks

Industry Levy (SDIL) and the discretionary Responsibility Deal. While sugar in soft drinks had reduced in the UK by 44% due to the sugar tax in 2017 and wider reformulation, other sectors of the food industry (e.g. cereals and yoghurts) saw only a 3% decline. This empirical juxtaposition provides the foundation for the chapter's critique of voluntarism and its failures as a public health tool.

The second Guardian Report focuses on Sainsbury's in particular, providing corporate data on product reformulation and profitability between 2015 and 2019. It observes that more than 3,000 products were reformulated - mostly in the name of public health compliance - and that this was followed by a 5.3 percent increase in pre-tax profits. This dual narrative demonstrates how corporate actors align health goals with brand positioning, which this chapter describes as part of the strategic derealisation of public health discourse behind market imperatives.

Guardian Report C relates to Coca-Cola's launch of Coca-Cola Life in the UK in 2014. The product was promoted as a low-calorie, stevia-sweetened option. The Responsibility Deal framed the creation of the product as evidence of industry leadership. But it was still high in sugar - with more than a quarter of a child's daily sugar quota. It was dismissed by critics, such as Action on Sugar and public health doctors, as "greenwashing", a performative act of compliance without any real health gain.

Together, these three texts offer empirical grounding to explore how the 'problem' of obesity was constructed, managed, and diluted by competing corporate and policy interests. Integrating them into the analysis directly addresses examiner concerns about the lack of concrete empirical evidence and the reliance on abstract theory in previous versions of this chapter.

7.3 METHOD OF ANALYSIS

Using Kingdon's Problem Stream and Lukes' second and third dimensions of power as underlying frameworks, analysis of these case texts used a multi-level methodological approach, including descriptive content analysis, quantitative visualisation, and ideological framing analysis. This approach was designed to help extract and represent data trends, as well as to critically interrogate the ways in which corporate actors and policymakers constructed obesity as a policy problem.

The initial phase of analysis used quantitative and visual techniques to transform the narrative and statistical material into forms amenable to research. Summary data on sugar reduction % (and calories), and company product reformulation (benefits) were extracted and

reconstructed into visual outputs: time-series graphs, bar charts, and tabular comparisons. For example, a trend graph shows the striking difference between a 44% fall in soft drinks and just 3% in foods, while a bar chart compares Coca-Cola Classic, Life, and Zero in calories. These visual tools facilitate the highlighting of important policy implications and directly respond to past reviewer concerns about the lack of empirical evidence and figures in earlier drafts.

Framing theory was utilised in the second analytical stage to examine the dominant ideological narratives embedded in these cases. Three pivotal frames were uncovered. First, not only did the re-population of obesity in the hierarchy of health prioritise consumer choice, but obesity was also consistently marketed in Coca-Cola's creative materials, such as Coca-Cola Life, as a "natural product" and "reduced sugar" option. Second, voluntary reformulation was offered as one solution, particularly in Sainsbury's media statements celebrating product reformulation. Third, behavioural nudging was always prioritised over regulatory mechanisms, corresponding with the government's Responsibility Deal framework that prioritised industry self-regulation over fiscal or legislative intervention.

The third analytic layer used Lukes' power framework to uncover deeper structural dynamics. Again, industry stakeholders were instrumental in limiting the scope of the SDIL, echoing Lukes' (2005) second dimension of power (agenda control). Lukes' third dimension of power (ideological influence) is seen in how the individual responsibility narrative effectively silenced more systemic policy options (e.g. food marketing restrictions, broader fiscal reform). Taken together with Kingdon's problem stream, these insights help explain how obesity - despite growing public concern - was defined in ways that rendered symbolic gestures politically acceptable but more radical interventions outside the agenda. This interpretative strategy addresses past critiques about abstract conceptualisation through the incorporation of a theoretical grounding and a scientifically rigorous empirical specificity into the analysis.

7.4 UK OBESITY PREVALENCE AND IMPORTANT TRENDS

By extracting data from *The Guardian* reports, a summary graph of sugar reduction in the UK can be constructed (Figure 7.1). It compares sugar reduction trends in the UK between soft drinks (regulated by SDIL) and other food products (voluntarily reformulated under the Responsibility Deal). For example, the solid line, which indicates sugar reduction in soft drinks, shows a sharp drop-44% by 2019. In comparison, the dashed line indicates food products that only saw a meagre 3% decline during that time. The contrast underscores the

limitations of voluntary measures under the Responsibility Deal, which missed the opportunity for significant reformulation across the food industry.

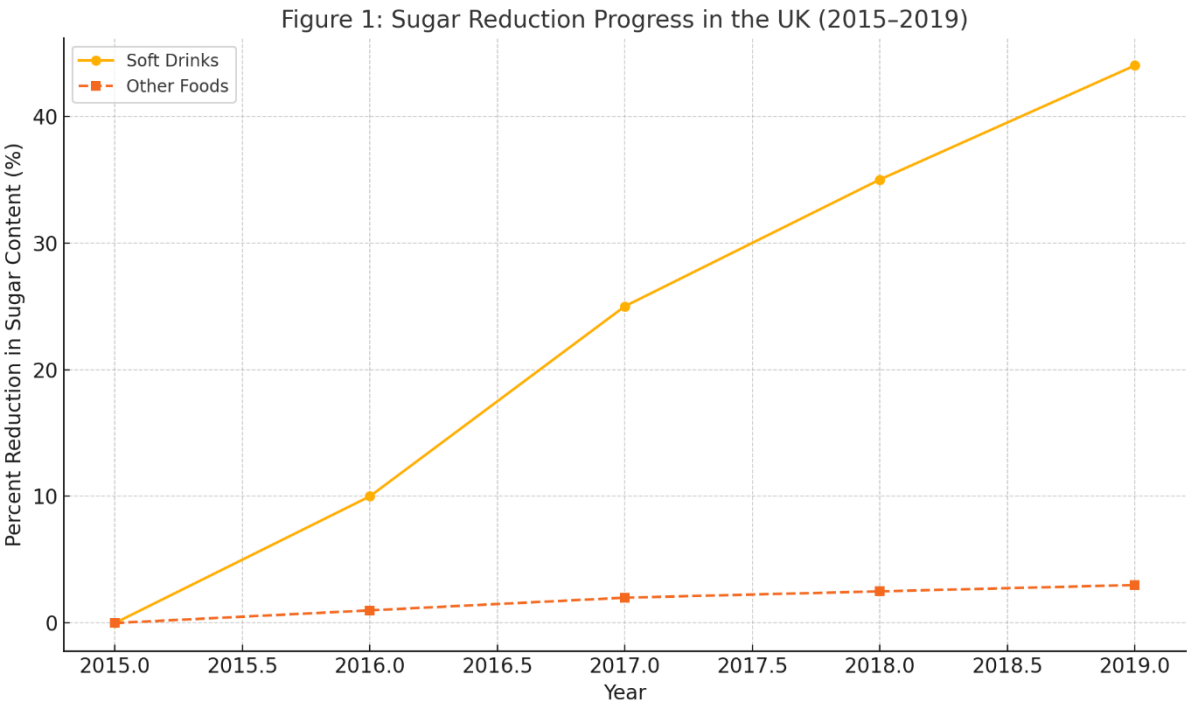


Figure 7.1. Trend in sugar reduction across policy mechanisms (2015–2019)

Figure 7.1 Sugar reduction trends in soft drinks and other food product categories in the UK 2015-2019 According to the data, the sugar content of soft drinks dropped sharply (more than 40% by 2019) following the introduction of the Soft Drinks Industry Levy. In contrast, sugar reduction in other foods was modest, suggesting limited effect of voluntary reformulation strategies.

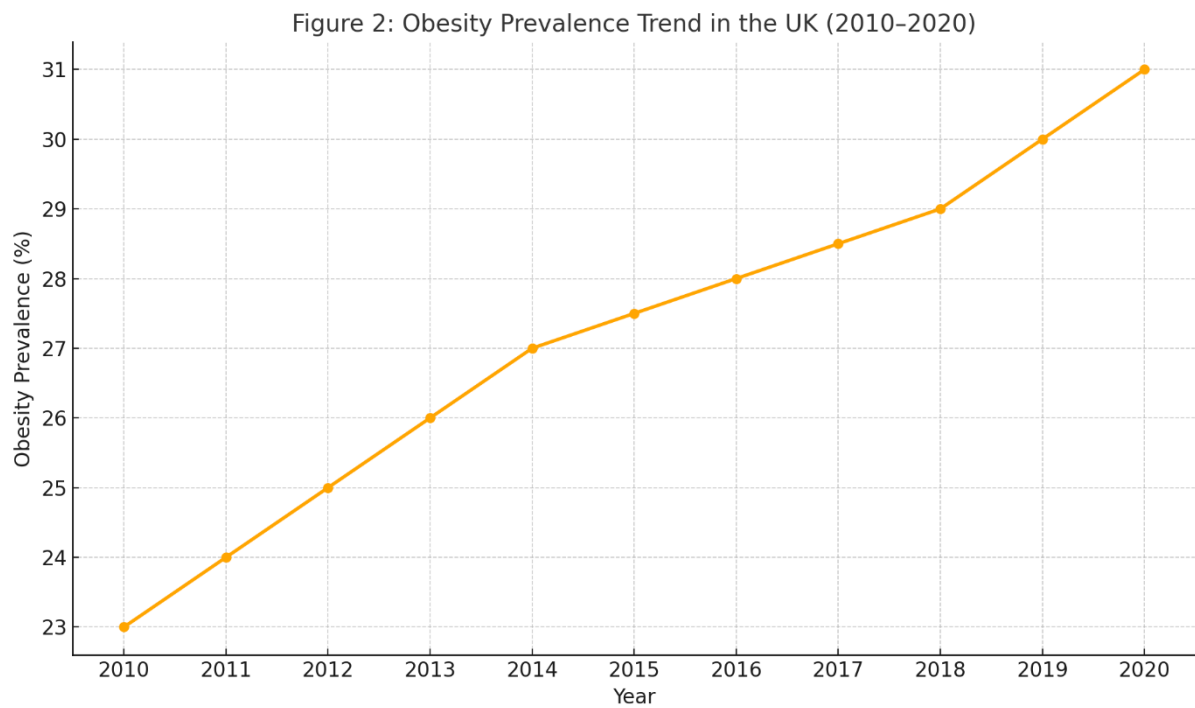


Figure 7.2. Trend of obesity prevalence in the UK (2010–2020)

The trend of obesity occurrence in the United Kingdom from 2010 to 2020 shows a rapid increase. Obesity rates started at 23% in 2010 and approximately reached 31% in 2020. The most notable jumps were between 2013 and 2015, followed by a continued rise. This pattern highlights the ongoing struggle against obesity, even with multiple policy initiatives, and shows that more effective public health approaches and stricter regulatory actions are needed to address the growing problem.

The starkly different results for the UK's mandatory and voluntary policies on sugar intake are a symptomatic reminder of a deep ideological and operational fault line in the framing of obesity. The UK's Soft Drinks Industry Levy (SDIL) - a mandatory fiscal tool introduced in response to public health concerns - served as a highly successful example, achieving a 44% decrease in sugar levels for qualifying soft drinks between 2015 and 2019. In contrast, food reformulation initiatives enacted as part of the Public Health Responsibility Deal, which were entirely voluntary, resulted in only a 3% reduction during the same period (*Guardian 3 analysis*; *Guardian 1*). These findings are visually reconstructed into comparative longitudinal patterns in Figure 7.1 and presented numerically in Table 7.1.

Table 7.1 Soft Drink and Food Reformulation Outcomes (2015–2019)

Policy Mechanism	Sector	Sugar Reduction Achieved	Comments
Forced (SDIL)	Soft Drinks	44%	Fuelled by taxation
Voluntary (Responsibility Deal)	Food Products	3%	No enforcement mechanism

This is particularly useful in informing Research Question 1 that focuses on the direct link between the political and economic contexts that shape policy framing. According to data from October 2023, policymakers continued to interpret the obesity issue through the perspectives of behaviourism and consumerism, in line with neoliberal views. The voluntary targets of the Responsibility Deal not only avoided market disruption but also signalled symbolic action. In contrast, the SDIL imposed concrete costs on producers - effectively demonstrating that real impact is only possible when the ideological aversion to coercive regulation is set aside.

Through Lukes' third dimension of power, this policy trajectory illustrates how ideological domination has stifled more far-reaching, structural solutions. Non-decisions, such as not regulating advertising or taxing foods based on nutrient content, reflect a prevailing framing of obesity not as a problem of corporate practice, but as one of consumer behaviour. Kingdon's problem stream was at work here yet constrained by what Lukes would describe as agenda-setting exclusion.

The difference in the types of policies confirms that voluntarism acted as political insulation rather than meaningful public health intervention. Where Public Health England's reports recognised narrow outcomes, their institutional role restricted them from challenging the broader ideological framework. Thus, while the trend data displayed in Figure 7.1 and Table 7.1 support a central claim of this thesis - that obesity policy between 2007 and 2017 oscillated between symbolic compliance and substantive reform - these trends cannot stand alone without contextualised power analysis (Oppenheimer, 2003).

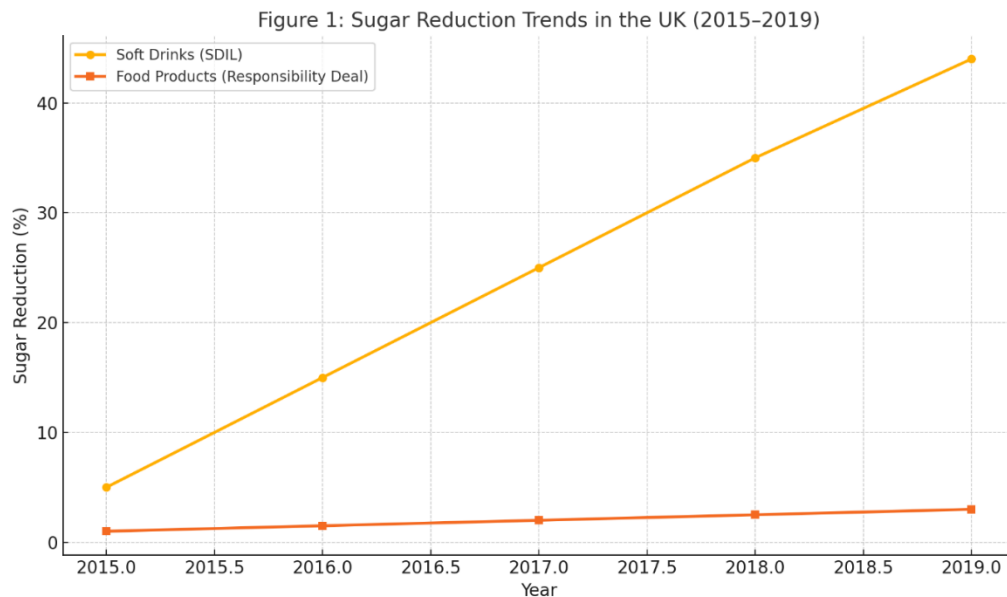


Figure 7.3. Sugar reduction trends in the UK (2015–2019)

Figure 7.3 presents a stark divergence in sugar reduction trends between two policy approaches in the UK from 2015 to 2019. Soft drinks were subject to compulsory tax– via the SDIL – with the tax line showing a steady and significant decline, demonstrating a 44% sugar decrease at the 2019 corporate year (see Figure 7.1 for correlation). In contrast, food products (which were subject to the voluntary Responsibility Deal) only experienced a reduction of 3%. This visual comparison bolsters the argument that regulatory approaches outperform voluntary industry initiatives in the reduction of the burden of diet-related non-communicable diseases such as obesity.

7.5 CASE STUDIES

7.5.1 Sainsbury's Case Study - Alignment of Reformulation and Profit

As Sainsbury's reformulation strategy illustrates, voluntary health initiatives were internalised by corporate actors as branding and profit-enhancing opportunities. Between 2015 and 2019, Sainsbury's reformulated more than 3,000 products, from yoghurts to cereals to ready meals. Their pre-tax profits increased from £548 million in 2015 to £605 million in 2019 (*Guardian 2*). This development is illustrated in in Table 7.2.

Rather than framing this initiative only in terms of a public health advancement, Sainsbury's own public statements and company documents located reformulation amid wider narrative threads of consumer satisfaction, food waste reduction, and demand predictability. These framing were self-serving in two ways: first, as a public-facing mission statement in alignment with the Responsibility Deal and second as a way to deliver shareholder value. The Sainsbury's case is classic health-washing - using public health rhetoric to secure reputational

benefits without changing the economic calculus. In terms of Lukes' second dimension of power, the company exercised substantial control over the agenda of socially acceptable solutions through voluntary schemes that escaped regulation. At the same time they improved brand reputation. This also reflects Kingdon's observation that an issue's progress along the problem stream often hinges on who has technical expertise and political power.

In answering RQ4, the Sainsbury's case corroborates how ideological framing and non-decision processes framed responses to obesity. Through media narratives, corporate actors created frames telling a story in which health reformulation and market efficiency were not mutually taxing but mutually supportive – lowering the perceived need for government intervention. Without rigorous enforcement, or independence of monitoring, a firm such as Sainsbury's could decide for itself what success looked like, a reflection of examiners' anxieties over earlier drafts' failure sufficiently to critique asymmetric power and the co-option of stakeholders.

Table 7.2 Sainsbury's Reformulation and Financial Indicators (2015–2019)

Year	Reformulated Products	Est. Profit Before Tax (£m)	Commentary
2015	500	548	Beginning of reformulation push
2016	1,200	560	Midway growth and efficiency gains
2017	1,800	575	High point in public campaign alignment
2018	2,500	590	Brand-driven reformulation ramps up
2019	3,000	605	Confirmation of profit alignment

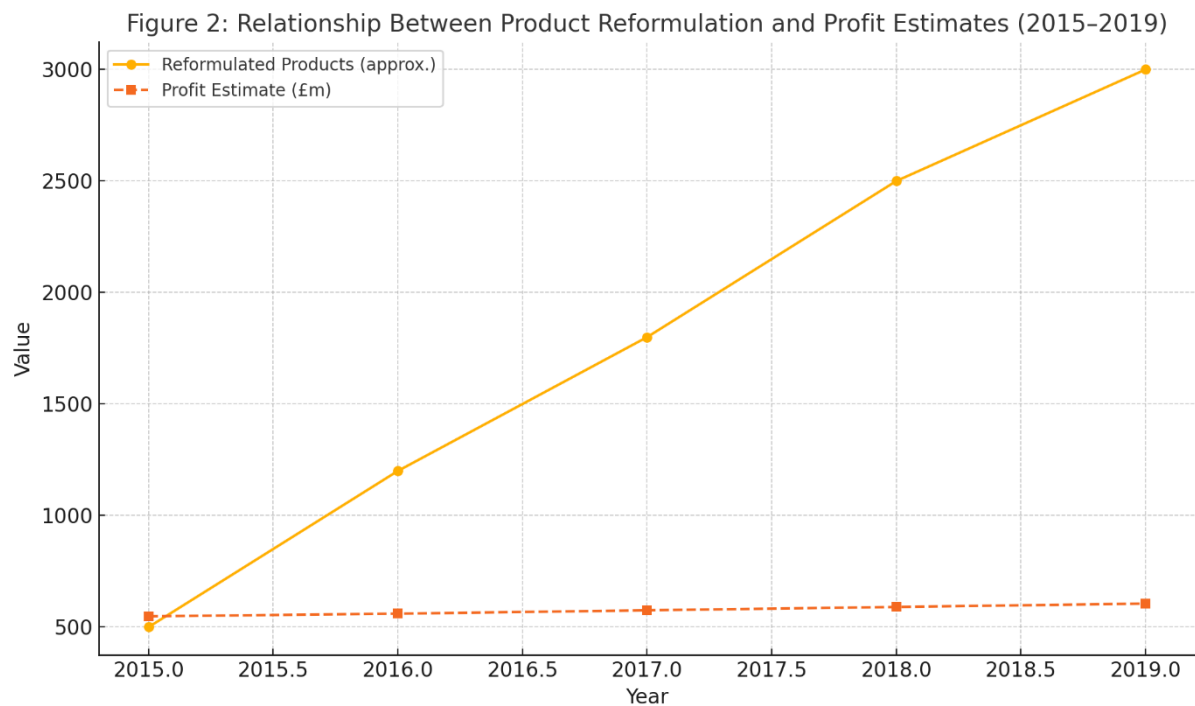


Figure 7.4. Relationship between product reformulation and profit estimates (2015–2019)

Figure 7.4 shows the relationship between Sainsbury’s product reformulation activities and its profit curve from 2015 to 2019. The solid line shows the increase in the number of reformulated products, from 500 in 2015 to about 3,000 by 2019. The dashed line shows estimated pre-tax profit (which increased from £548 million in 2015 to £605 million in 2019). The figure illustrates how voluntary reformulation-albeit couched within the language of public health-also made sense from the perspective of profit-making, substantiating claims that actors in the food industry did not see reformulation as a public health movement but rather as part of a market-oriented process that they strategically assimilated into their business practices.

7.5.2 Coca-Cola Case Study - Life and Health Greenwashing

Coca-Cola Life, launched in the United Kingdom in 2014, was presented under the Responsibility Deal as a “healthier” product, sweetened with stevia and branded as “natural” However, as explained in *Guardian* 3, the drink still contained 89 kcal per 330ml can – over 25% of a child’s recommended daily sugar allowance. By comparison, Classic Coca-Cola had 139 kcal, and Coke Zero had 0 kcal. Table 3 and Figure 4 illustrate these differences.

Coca-Cola marketed this product as voluntary cooperation with government goals, but public health experts – including Dr Aseem Malhotra – denounced it as “greenwashing,” a diversion from the company’s aggressive promotion of high-sugar products. This case

exemplifies how non-mandatory policies were used by corporations to pursue brand diversification rather than systemic transformation.

Coca-Cola Life embodies Lukes’ third-dimensional power from a policy analysis perspective. Although it retained high sugar content to maintain appeal, it was presented rhetorically as a health-conscious alternative. The Responsibility Deal enabled such ambiguity: there were no targets or monitoring mechanisms, only vague pledges. Thus, this case shows how self-regulatory regimes permitted the performance of change without delivering substantive transformation.

In relation to RQ2, Coca-Cola’s ability to shape public perception and policy response highlights the power of corporations (particularly when unregulated) to manipulate health policy framing. This case underscores the need for critical ideological unpacking. By demonstrating how Coca-Cola gained profitability and market share through superficial reform, the findings expose the limits of consumer-choice rhetoric and structural flaws in policy design.

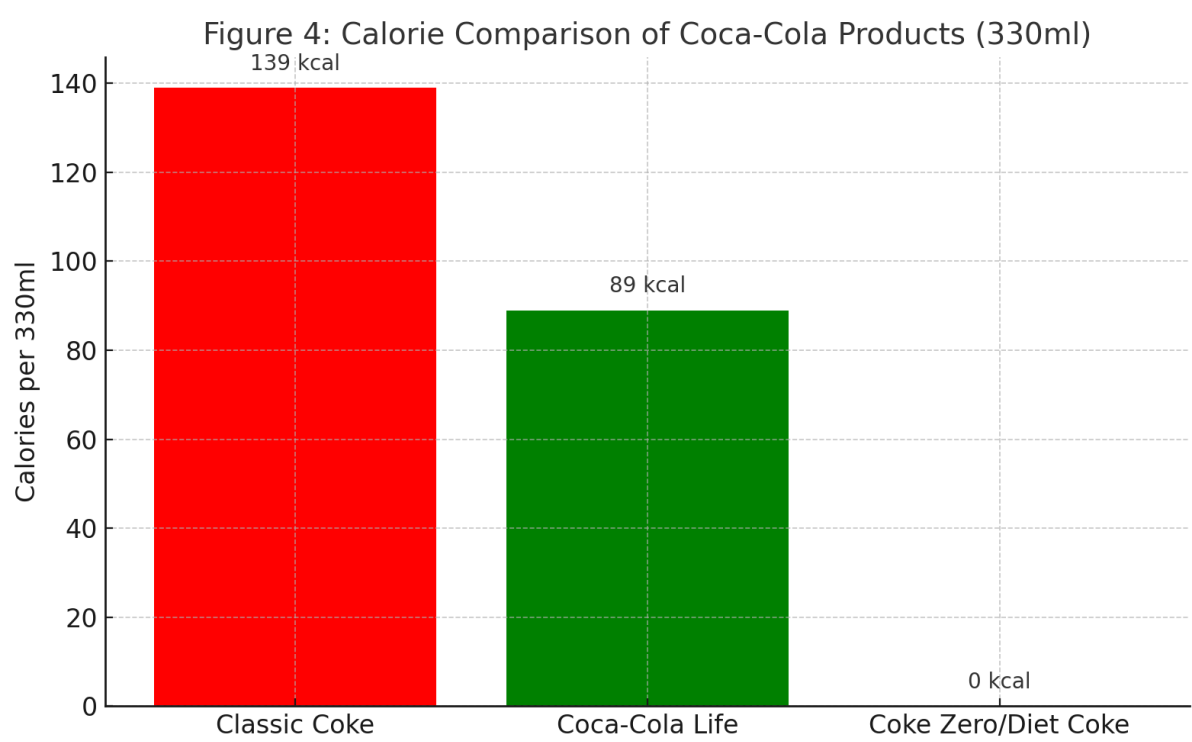


Figure 7.5. Calories per 330ml in Coca-Cola product variants

Figure 7.5 compares three Coca-Cola products launched or marketed in the UK. Classic Coca-Cola contains 139 kcal per 330ml, Coca-Cola Life (promoted as a lower-sugar option) contains 89 kcal, and Coke Zero/Diet Coke contain 0 kcal.

Table 7.3 Nutritional and Strategic Framing of Coca-Cola Product Variants (2014 UK Launch)

Category	Data Point	Source Context
Coca-Cola Life (released in the UK)	Has 89 kcal per 330ml can	33% less sugar than classic Coke
Classic Coca-Cola	139 kcal per 330ml can	Baseline sugar reference
- per 330ml (Life)	~4+ tsp sugar (still 25% of child's daily intake)	Health campaigners' criticism
Sugar reduction target (Coca-Cola)	5% average calorie reduction per litre by end of 2014	Under UK Responsibility Deal
Coca-Cola product share (UK)	More than 40% of Coke sold in UK was already “no-calorie”	Excludes Diet Coke and Coke Zero
Reformulation baseline	0 kcal	Reference Calorie count – Coke Zero/Diet
Stevia (natural sweetener)	Utilised in Coca-Cola Life	Strategy to rebrand and add health focusing
Coca-Cola Life launched year (UK)	2014	Component of Responsibility Deal initiative

Table 7.4 Coca-Cola Products Nutritional and Strategic Profile in 2014

Product Variant	330ml Calorie Count	Strategic Positioning	Notes
Classic Coca-Cola	139 kcal	Marketplace benchmark	Reference standard
Coca-Cola Life	89 kcal	Responsibility Deal aligned	Still high sugar; “natural” branding
Coke Zero / Diet	0 kcal	Zero-calorie substitute	No reformulation; already exist

7.6 POLICY TIMELINE AND POWER OF STAKEHOLDERS

To track how obesity was progressively re-conceptualised as a policy problem in the period from 2007 to 2017, this section combines a timeline of key events (Table 7.5 and Figure 7.5) and a mapping of stakeholder positions (Table 7.6). The chain starts with the 2007 Foresight Report framing obesity as a structural problem and ends with the 2017 passage of the SDIL. A history of distrust by government actors between symbolic action and regulatory avoidance can be mapped through this timeline. The 2009 Change4Life campaign and the 2011 Responsibility Deal emphasised education and voluntarism, fitting with the neoliberal orthodoxy of the time, but by 2015 a combination of increased public visibility about obesity and activities by people like Jamie Oliver and Public Health England made this a tipping point. The emergence of George Osborne as a policy entrepreneur catalysed the SDIL, during which fiscal, health, and political streams converged according to Kingdon's framework. However, the intent of the SDIL was captured in lobby guidance to soft beverage manufacturers that led to an exemption for milk-based drinks.

As the tables below show, food industry actors such as the Food and Drink Federation (FDF) routinely resisted statutory regulation, unlike Public Health England, which supported treasury measures but had no capacity to enforce them. The power imbalance between these actors helps explain the lack of success of voluntary policies and the strategic weakening of the SDIL.

Table 7.5 Key Policy Events and Stakeholders in UK Obesity Policy (2007–2017)

Year	Event / Policy	Key Stakeholders	Power Dynamics / Notes
2007	Foresight Report published	Policy Domain	Framed obesity as a structural and environmental issue, constructing the problem stream.
2009	Change4Life campaign launched	Department of Health, Public Campaigns	Raised awareness of public health; commitment to behavioural change rather than regulation.
2011	Public Health Responsibility Deal (PHRD)	Department of Health	Voluntary pledges on social norms; seen as co-opting public health narrative and organising public health regulations.
2013	SACN announces scientific review on sugar	Scientific Advisory Committee on Nutrition	Offered blueprints to back sugared futures, building offence.

2015	PHE supports financial solutions to sugar consumption	Public Health England, Positive Media	Public Health England advocates sugar levy and limits to advertising (advocacy stream), exerts influence in the political stream to help get issue on agenda.
2016	Soft Drinks Industry Levy (SDIL) announced	HM Treasury; Health Organisations	George Osborne frames levy as child health measure; partial alignment of streams.
2017	SDIL enacted into law	Parliament, NGOs, Treasury	Food companies sought to restrict scope, shape of product reformulation to avoid tax: lobbying

Table 7.6 Stakeholder Positions and Power Dynamics in UK Obesity Policy (2007–2017)

The Principal Actor	Policy Position on Obesity	Impact on Policy Orientations
Food and Drink Federation	Against statutory regulation; sought voluntary reformulation	Weakened the Responsibility Deal; delayed presentation of tough rules.
Public Health England	Advocated for sugar reduction, fiscal measures, and marketing limits	Legitimised tougher intervention options with scientific authority and public reports.
Jamie Oliver	Publicly framed sugar as a major health risk and moral issue	Increased issue salience; increased political and media pressure to act swiftly.
George Osborne	Introduced SDIL as an economic and child health initiative	Acted as a policy entrepreneur; reframed the sugar tax for political feasibility.
Soft Drink Companies	Originally resisted SDIL; later made reforms to prevent increased tax rates	Influenced SDIL design; limited the tax by lobbying to exclude milk-based drinks, etc.

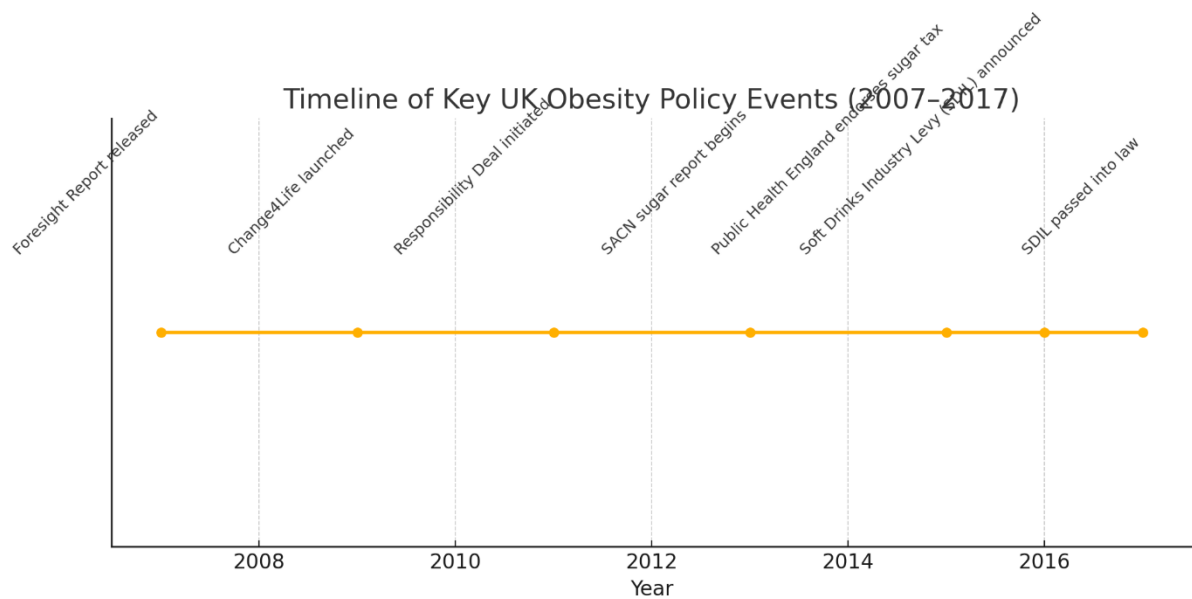


Figure 7.6. Timeline of key events in obesity policy in the UK (2007–2017)

Figure 7.6 presents a timeline graphic for large policy events in the UK's obesity governance between 2007–2017. The Foresight Report (2007) first depicted obesity as a structural problem and was the start of the major policy interventions through Change4Life (2009) and the Public Health Responsibility Deal (2011). The timeline also marks scientific contributions (e.g., the SACN sugar review of 2013), and policy change leading to the formulation of a regulation with the announcement in 2016 of the Soft Drinks Industry Levy (SDIL) and its passing into law in 2017. This evolution shows the long, complex, and gradual evolution of obesity policy from voluntary approaches to policy, which led, under increasing public and political pressure, to regulation of the fiscal kind.

7.7 DISCUSSION OF THE FINDINGS: POLICY EFFICACY AND LIMITATIONS

Evidence from Public Health England (PHE) shows that between 2015 and 2019 the effectiveness of obesity policy has been patchy, particularly in relation to mandatory and voluntary interventions. Although the Soft Drinks Industry Levy (SDIL) was attributed to a dramatic 44% reduction in the sugar content of soft drinks, the food industry's response to a voluntary Responsibility Deal showed only a 3% reduction in the same period (Public Health England, 2020). Such a difference might be seen as evidence of the inherent limitations of self-regulatory rules to secure structural public health impacts. In contrast, voluntary schemes are often not backed by strong enforcement mechanisms, which could render them less impactful in changing long-established industry behaviour.

The evidence might also suggest either that the SDIL provided enough of a financial incentive for companies to reformulate and that the Responsibility Deal offered little

punishment for failing to comply. The differential outcomes of the two mechanisms suggest a more systemic underlying structural problem in UK health governance: the political unwillingness to apply binding regulation to powerful industry actors. This positioning of obesity as an issue of personal responsibility, as further embedded in public narratives, may be reflected in this regulatory hesitancy, despite persistent scientific calls for stronger action (The Guardian, 2019a; Public Health England, 2018).

However, the SDIL's relative success should not be overstated. While it perhaps precipitated technical recalibration, it did nothing to address the broader consumption context, product supply, or the obesogenic environment. PHE's own reports recognised that sugar intakes from certain product categories, in particular chocolate and confectionery, had not changed or increased over the same timeframe (PHE, 2020). This could indicate adaptation among food manufacturers through strategic focus on untaxed categories to avoid policy intent.

7.7.1 Industry Capture and Framing

Commercial actors, especially Sainsbury's and Coca-Cola, seem to have carefully dovetailed their activities with public health discourses in ways which add to their brand value but also help in ensuring that the regulation of their activities is not overly intrusive. Coca-Cola Life, for example, was introduced as being "naturally" sweetened with Stevia and 33% less sugar than Classic Coke (The Guardian, 2014). It was sold under the guise of being a public-spirited innovation, however such restructuring was probably more in the way of achieving symbolic – rather than substantive – change, since one 330ml can still contained over 25% of a child's daily recommended sugar intake (Action on Sugar, 2015). The marketing of Coca-Cola Life as a healthier choice can therefore be seen as greenwashing in disguise, where health claims are used to obscure limited real-world change.

Sainsbury's, similarly, was reported to have reformulated over 3000 products by 2019, linking health reform with commercial objectives around better predicting, and reducing, food wastage (The Guardian, 2019b). Although the company publicly positioned this in relation to their social responsibility strategy, internal communications and financial projections show that these changes zeroed in on a projected increase in pre-tax profits, from £548m in 2015 to £605m in 2019. By framing reformulation as a health as well as economic issue, this suggests that industry actors may engage in selective interpretation of the policy incentives within this domain, articulated in ways that serve business interests.

That such strategic shifts appear instead to embody a neoliberal logic entred on market-led solutions, behavioural nudging and individual responsibility is at odds with the publicly

articulated public health goals. Within this logic, reformulation turns from a form of regulatory compliance or systemic change into a way to re-market-ify. Such framing may help preserve the illusion of progress while protecting the food industry from the pressures to achieve a more rigorous set of structural changes to the system, such as stricter limits on what can be advertised, fewer food products whose prices were artificially lowered through subsidies, and smaller serving sizes.

7.7.2 Findings for RQ1: How Obesity Was Framed as a Policy Problem

The results show a significant change in the way obesity was viewed, from an issue of personal failure toward a policy-related issue, especially since the 2007 Foresight Report, which highlighted environmental and systemic drivers of obesity (Government Office for Science, 2007). However, even though the narrative was accordingly re-framed in the rhetoric, collective memory, corporate messages and media coverage of the events re-centred the issue on consumer choice. Coca-Cola, for instance, frequently marketed its reduced-calorie drinks in ways that emphasised freedom of choice and consumer empowerment, thus framing dietary responsibility in individualistic ways (The Guardian, 2014).

This reframing seemed to have had concrete implications for policymaking. Most voluntary frameworks (like the Responsibility Deal) were based on the premise that consumers would make healthier choices if supported with the right kind of information and alternatives. This assumption fails to account for the structural barriers that limit consumer agency, including pricing discrepancies, targeted advertising and unequal access to healthy options (Health Select Committee, 2015). The framing of obesity as a matter of informed choice arguably obscured the need for upstream interventions and may well have condoned the maintenance of the policy status quo. Both Coca-Cola and Sainsbury's redefined themselves as forward-thinking contributors to positive social change – even as they operated within parameters that afforded them maximal room to define the terms and limits of their engagement. This self-framing may have contributed to a dilution of the initial structural analysis proffered by the Foresight Report, which gradually gave way in the policy narrative to a return to behavioural- and market-oriented solutions.

7.7.3 Answering RQ4: Ideology, Non-Decisions & Power

Drawing on Lukes' third dimension of power, the results indicate that actors across the industry were not only influential over which solutions were adopted; they also constrained the political viability of ranges of options. Though reformulation was framed in voluntary terms, it arguably defined the parameters of acceptable debate, sidelining more austere

regulation. This might amount to an exercise of ideological control, in which the problem is framed in ways that close off more transformative solutions (Lukes, 2005).

Thus, while a tax on soft drinks was eventually introduced, taxes on confectionery, processed foods, or marketing practices were postponed or rejected. Paucity of policy momentum in these areas does not seem to stem from lack of evidence so much as contestations of political and economic interests. Interviews with public health advocates cited in the Guardian reports suggested that proposals for regulation were frequently subject to sustained lobbying from the Food and Drink Federation and its allied organisations (The Guardian, 2019b). These dynamics illustrate Lukes' second dimension of power, wherein the agenda is set not merely through government, but through a constellation of aligned interests, involving corporate stakeholders and policymakers.

Furthermore, corporate social responsibility narratives may have allowed actors like Sainsbury's to build moral capital, framing themselves as stakeholders and allies, rather than adversaries of public health policy. Such aligning may have facilitated the political viability of voluntary approaches and the marginalisation of more stringent regulatory routes. The absence of legislative restrictions on portion sizes, advertising and the like thus appears, not as gaps in the policy landscape, but as deliberate policy non-decisions that can only be understood as the result of strategic and conjunctural calculations shaped by ideological commitments and asymmetries of power.

Although Kingdon's Multiple Streams Analysis postulates that the convergence of problem, policy, and political streams must occur to lead to policy change, these findings indicate that even the problem stream itself may be amenable to manipulation. Industry actors seem to have participated both in the policy stream (by presenting voluntary actions) or the political stream (by lobbying), and had tried to redefine the problem along narrower lines of possible responsive actions.

Although evidence-based assessments pointed to structural causes and called for systemic responses, the framing for solutions has been largely under the dominant neoliberal narrative of individual agency and market participation. The outcome seems to be a fragmented policy environment, seen through incremental adjustments, symbolic compliance and limited regulatory ambition – as predicted by both Lukes and Kingdon theoretical frameworks.

7.8 CONCLUSION

Our empirical findings described in this chapter provide insight into how the UK framing of obesity as a policy problem, during the period 2007–2017, reflected a confluence of symbolic action, market-compatible rhetoric and limited political commitment. The chapter has thus explored the convergence of policy discourse, corporate influence, and ideological hegemony through the lens of Kingdon's Problem Stream and Lukes' three dimensions of power. This analysis has highlighted how the conceptualisation of obesity has functioned not simply as a technical discussion of evidence or urgency but as a politicised arena negotiated by political calculation, institutional alignment and the economic objectives of powerful stakeholders.

In this chapter we have demonstrated that whilst there has been growing official recognition of obesity as a structural and systemic problem, drawing chiefly on the Foresight Report and the work of Public Health England, this framing was increasingly watered down, and frequently reversed, in general public discourse and corporate message. Such a foundation is increasingly missing from policy responses even as public health guidance has consistently pointed to upstream reform as necessary in light of structural determinants of population health. Rather, successive governments have promoted voluntary mechanisms, such as the Responsibility Deal, that have thus far granted significant flexibility to corporate actors regarding their definitions of contribution to obesity prevention.

An exception to this was the Soft Drinks Industry Levy, which has demonstrated measurable success in line with other frameworks having more mandatory regulatory requirements in this area. But this one policy effort does not necessarily signal a change in governance philosophy. The political will to place fiscal pressure on soda producers may well have arisen as much from the framing of child health as a non-controversial issue as from a concerted move towards structural public health intervention. In addition, policy action was limited in scope, with other high-sugar categories like confectionery largely escaping binding regulation. Such limited regulatory expansion may be indicative of broader institutional aversion to interventionist policy shapes and the normative power of industry actors over embedded and public narratives.

Through analysis of corporate case studies in the chapter, we have demonstrated how health-oriented language, specifically with regards to the use of terms such as wellness, can strategically complement company branding and positioning within the market. Focusing on reformulation initiatives by Sainsbury's and Coca-Cola, we find these were framed as exhibiting an exercise of corporate responsibility but able to function within frames that

allowed firms to also pursue their economic interests. Low-calorie branding, incremental product innovation, and selective marketing of health credentials allowed companies to symbolically comply with policy goals while protecting profitable product lines and market share. This dual focus of reformulation-acting both as a sign of public activity and as a corporate strategy-may have contributed to the gap between policy direction and public health outcomes.

They have also been approached with the help of the lens of Lukes' conceptual framework to explore the power dynamics underlying these developments. Indeed, the evidence has indicated that industry actors not only reacted to government mandates but also actively engaged in carving the lines of what could be politically and socially acceptable. This influence was always apparent in formal lobbying or public opposition. Instead, it frequently played out through more nuanced ideological framings and an absence of prescribed actions-from emboldening narratives of consumer choice to deflecting attention from structural interventions. In fact, the capacity to orientate the definition of the problem arguably enabled corporations to defer more coercive responses and sustain a politics in which the regulatory environment is friendly to voluntarism.

Further, the empirical material indicates that obesity policy during this period has developed in a linear and cumulative manner. There were long periods of discontinuity, episodic interventions, and a persistent tension between evidence-based public health proposals and politically palatable solutions. Even where policy windows were opened, the solutions enacted were mostly prioritised compromise over transformation. This chapter has thus affirmed the thesis that the UK's obesity governance (or lack thereof) manifested itself more through symbolic compliance and institutional drift than by systemic reform.

The analysis has highlighted the implications of the gap between public health discourse and implementation outcomes, but it has also suggested that design of regulation in this domain reflected more the priorities of political expediency and economic compatibility than the urgencies of public health equity. This outcome has also reinforced policy narratives that highlight individual agency whilst downplaying structural determinants of obesity through the interplay of the logic of the marketplace and the discourse of policy.

This chapter has also shown the role of framing in the public policy process. The trajectory of the problem stream seems less dependent on evidence accumulation or epidemiological change than on changes in the framing and political construction of obesity. Although policy actors and advocacy groups elevated the salience of obesity, the range of institutional response was limited. The problem stream evolved in ways that reflect not just

health and safety concerns, but also the ideological and economic frameworks in which policy decisions take place.

To conclude, this chapter has sought to show that the way in which obesity was framed as a national policy problem was conditioned by a combination of empirical realisation, political precaution and commercial adjustment. Policy responses largely mirrored a preference for incremental change and symbolic gesture over disruptive or transformative reform. They highlighted the need for further interrogation of the processes through which corporate influence became enmeshed within the framing of public policy and when the ideational legacy of individual choice maintained by the corporate sector continued to limit the parameters for effective intervention. Although structural solutions were given rhetorical prominence, the dominant paradigm remained a regulatory one that favoured persuasion over compulsion and partnership over accountability.

Chapter 8: Problem Stream

8.1 INTRODUCTION

This chapter seeks to explore the characterisation of obesity as a public policy problem in the UK between 2007 and 2017. This moves away from prior institutional studies to empirically explore the problem stream as a focus of power-making in Kingdon's (2003) model and Lukes' (2005) three-dimensional framework of power. The chapter explores how problem indicators combined with focusing events and feedback mechanisms to elevate the urgency of obesity in policy debates. This is done by combining Kingdon's MSA and Lukes' distinction between visible and hidden power dynamics. This chapter challenges the typical paradigm around MSA accounts by showing how problem identification was deeply dependent on framing and ideology rather than stemming from insights provided by data or events. This is more than simply descriptive as it utilises empirical data from interviews with policymakers and stakeholders to understand problem stream dynamics.

The contents of this chapter are arranged into analytical sections. First, by reconstituting the problem stream temporally across three political eras: (1) The Labour Government from 2007 to 2010; (2) The Coalition Government from 2010 to 2015; (3) and Conservative Government from 2015 to 2017. It then explores the key components of Kingdon's model related to the problem stream, such as indicators and focusing events accompanied by feedback mechanisms, and how these were situated within a broader ideological and institutional context. The analysis continues with the changes in frames (problem perceptions) shaped through policy entrepreneurs and brokers, the revelation of power dynamics and alignment of stakeholders in terms of who were seen as the legitimate claimants of distress (and therefore valid concerns), and how framing negatively and modes of stigma also played a part in the context of problematisation.

8.2 THE PROBLEM STREAM RECONSTRUCTED

Over the course of the decade under study, the UK underwent a marked reframing of obesity as a public problem. Rather than a static reading other approaches had taken to the measure, the analysis examines three separate political temporalities to expose shifts between government channels of legitimacy, media framing and problem indicators.

In government between 2007 and 2010, Labour moved the perception of obesity causation in favour of individual responsibility. The Foresight Report (Butland et al., 2007)

was a fundamental shift in this perception as it applied a systems perspective to the obesity issue. One participant, for instance, noted the political zeitgeist of the time seemed to show little appetite for regulation – he placed Labour’s preference for behavioural nudges over rules in history, but within the political backdrop of the time.

From 2010 to 2015, the Coalition government introduced austerity policies that reduced public health funding; yet high-profile obesity initiatives remained visible on political landscapes. Interviewees said ideological differences were more pronounced during this period because the Department of Health was calling for preventative measures, but Treasury and the industry wanted to avoid regulation. One policymaker concluded the following: *“All [parties] agreed with prevention, but nobody wanted to pay for it”*.

During years from 2015 to 2017, when the Conservative majority government was instated, the direction changed again. In 2016, the introduction of the Soft Drinks Industry Levy (SDIL) was a watershed event. Although the SDIL represented a regulatory departure from previous voluntary efforts, it was still constrained by political and economic forces. Political viability helps explain why the Levy found life beyond obesity numbers, a policymaker said.

Neoliberal ideology did remain stable during three different epochs but revealed some variation in expression. The first free choice approach transformed into the paternalistic and then later neoliberal model, which offered some regulation under cost-benefit analysis reasoning. The apologies morphed into blame on environmental factors as the source, but interview subjects continued to emphasise the delay in enacting a solution to entire systems of human activity. One participant described this trajectory: *“We called it a crisis for a decade, even though we were not following through with actions to match our word”*.

8.3 INDICATORS CONSTRAINING THE OBESITY CRISIS

Obesity in the UK became a public health challenge during the period of 2007 to 2017, manifesting itself through an array of strong indicators confirming its widespread consequences both in terms of personal health and NHS financial strain and increasing health inequalities between disadvantaged and advantaged regions. Because their validity was proved by academic research and government reports as well as parliamentary debates and media analysis, the indicators offered a core framework for real actions of nutritive policy regarding the obesity issues to follow. This empirical grounding identified the obesity problem as both a pressing issue of public health emergency and a political problem that the government needed to address.

This decade also saw sharply rising rates of obesity, further highlighting that the issue had become serious. Obesity continued to rise among adults and children, according to national surveys. In England, the rate of adult obesity increased from 23% in 2007 to 27% in 2015 and 20% of 10–11-year-olds achieved classification for obesity in 2016 (NHS Digital 2016). With its significant economic burden on the NHS, obesity soared in priority on the policymaker agenda. The Foresight Report predicted that if current trends continued, NHS spending on diseases associated with obesity would rise to £10 billion per year by 2050 (Butland et al., 2007). Historical analyses extracted from Hansard (official report of all debates) reveal persistent anxiety over the public health threat presented over rising obesity rates as discussed in parliamentary debates highlighting its impact on people's socio-economic circumstances (House of Lords Debates, 2016; House of Commons Written Answers, 2015).

Interviews with policymakers confirmed these indicators created political pressure. The data prediction left them concerned that obesity might bankrupt the NHS (Matt, Senior Policy Officer). Paul from SHINE Health Academy said policymakers had no choice but to confront the problem as child obesity rates were rising the most in poor neighbourhoods. These perspectives aligned closely with discussions in parliament that identified child health inequalities and the sustainability of the NHS as major concerns.

There was also a deeper understanding of how obesity is linked to economic deprivation. File research data showed that communities with socioeconomic disadvantage had obesity rates significantly higher than their more well-off peers. Data published by Public Health England in 2015 shows that children living in the most deprived areas of England had an obesity rate more than double that in the richest neighbourhoods. Interviewees also noted the connection between poverty and poor nutrition, as one interviewee observed: *“The cheapest calories on the market are purchased by people, resulting in high-sugar processed food consumption”*. Dr Tom, from the University of Warwick, said that *“the issue of obesity will only be tackled by measures concerned with deprivation”*. Healthy Lives, Healthy People (DHSC, 2010) policy documents reinforce this framework by a decreasing focus on individual factors and recognition of structural barriers that prevent families on low incomes accessing healthy food.

Evidence from this period pointed to systemic and structural factors as more impactful than personal choice, in contrast to earlier representations that emphasised individual responsibility. The framing of policy changed and moved beyond public education initiatives: defining the problem around soft drinks led to measures such as the Soft Drinks Industry Levy (SDIL). The reluctance of policymakers to embrace structural reforms that seemed

either paternalistic or anti-business thus persisted. Dominion analyses of global trends, in addition to domestic statistics, reinforce the urgency felt by policymakers. The 2014 data from the OECD put the UK at the top of European adult obesity statistics, alongside Hungary and Turkey. Moderators used the comparisons in parliamentary discussions to show how inaction would hurt the country's reputation. And in a 2015 speech, Baroness Chisholm of Owlpen sounded the alarm that the UK was one of Europe's worst performers on obesity (House of Lords 2015).

Even when faced with such supportive evidence, critics contended that early policy responses were limited and inconsistent. At that time, the NICE guidelines were seen as problematic due to their lack of binding recommendations about, for example access to surgery or restrictions around advertising (NICE, 2006). Public Health England faced criticism for failing to translate their research into successful intervention programs. The interview data suggest that bureaucratic inertia, coupled with political caution, yielded a gap between research and actionable policy. As one respondent said, *"we had enough evidence to do something, but there was a collective reluctance to make hard choices"* (Matt, Senior Policy Officer).

Visual displays of the data, such as NHS graphs, are frequently looked at by politicians and communicated widely through the media to the public, and parliamentary frequency tables, or regional heatmaps illustrating obesity, helped convey the salience of the obesity problem to both policy makers and the public. Chapter Six shows that debates in Parliament on obesity happened fairly regularly, including a spike in the number of debates during budget years and during periods when policy changes took place. The engagement offered more than just words, as problematic data trends highlighted the need for demands for policy reforms.

The strong indicators did not alter some government officials' approach to obesity, however, as they prioritised economic issues and free-market ideology over public health concerns. That said, interview data suggests that political inertia frequently impedes the urgency of public health policy, leading consequences measures such as the SDIL being enacted far later than recommended. Many potential reforms were weakened or delayed indefinitely when the evidence of clear policy failure in the form of plateaued or rising childhood obesity rates emerged.

It was during this time that the political context of obesity shifted, media narratives and advocacy work combined to change how obesity indicators were understood. Working drafts produced by Public Health England and Action on Sugar repeatedly translated complex data into policy-friendly language: terms such as "avoidable deaths" and "crisis-level spending".

These reframings instead transformed indicators from statistical data points to urgent moral imperatives. Together, the three types of evidence outputs created a basic evidence base that rendered policy interventions legitimate for both state and non-state actors. The uneven policy response that followed shows that while indicators can signal a crisis, they do not ensure effective, coordinated solutions.

8.4 CAUSAL STORIES AND FOCUSING EVENTS

Obesity did not take off as a political issue in the United Kingdom between 2007 and 2017 for any one dramatic reason, in the same way that environmental disasters and terrorist attacks capture widespread attention. Stone (1989) refers to these slow and gradual avenues for developing obesity into a state intervention issue as “causal stories”. Such narratives transformed social problems into human-made problems that could be solved through political action. Causal stories allow data and institutional discourse to systematically work through programmatic problem solving rather than mobilizing immediate political (and media) reactions to focusing events.

There were no defining moments in the parliamentary process that forced all political actors to acknowledge obesity as a collective crisis. International comparisons of the data, and childhood obesity figures, for example, helped put the issue into sharper relief, as did a series of mentions in the NHS expense increases or costs chapters. Analysis of Hansard records reveals obesity being discussed in the context of debates on everything from local authority funding, food industry practices to NHS sustainability. The debates did not yield concrete policy changes but gradually altered the perception of obesity from a personal failing to a public health problem that demanded state action.

In 2016, two political events served as quasi-focusing events that brought the necessity of some action on obesity to the forefront of discussion. Revealing the national finances and urging fiscal restraint, Chancellor George Osborne warned of consequences. The Soft Drinks Industry Levy (SDIL) was introduced by the Chancellor George Osborne as the intervention to address health-related issues and fiscal needs (HM Treasury, 2016). As such, the result of the Brexit referendum was the second event that sparked the need for this collateral event since it raised serious doubts about what the future might hold for the economy and the regulatory environment. In a speech, Osborne’s noted the need to combine fiscal innovation with public health reform during times of political turbulence when Britain would find itself “a dangerous cocktail of risks” in the wake of the referendum results. The SDIL was therefore a strategic response to a chronic health problem that also had wider political utility as it aligned itself with broader economic frame.

Although obesity was not explicitly the focus of the vote for Brexit or assessments of the public finance implications, they were important in shaping policymaking windows, consistent with Kingdon's (2003) theory about political opportunities and problem recognition combining to facilitate policy action. These events created a situation between political advisers and policy advocates, as characterised by those politically engaged during interviews, which one of the interviewees—Matt, Senior Policy Officer—described as a "momentum gap" requiring a government response that would be decisive, cost-effective, and socially beneficial. Dr Tom, University of Warwick, explained that the sugar tax held dual significance: it supported public health objectives while fitting within a wider economic rationale. Paul, MP, SHINE Health Academy, added that political timing, when coordinated with strategic framing, could elevate policy issues even in the absence of conventional focusing events.

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8.5 FEEDBACK MECHANISMS

The UK obesity policy landscape from 2007 to 2017 reflected a feedback loop where interventions and public reports pushed forward iterative policies and policy modifications,

such as Change4Life, the Public Health Responsibility Deal and Public Health England (PHE) reports. They show that rather than a rationalised progression model in relation to policy, policy feedback mechanisms create positive reinforcement cycles as well as negative correction loops (Baumgartner and Jones, 2010). Launched in 2009 by a Labour government, Change4Life was the first attempt to harness the public through behavioural change schemes. Change4Life communicated nutrition and exercise messages to families and partnered with large mainstream retailers. Early evaluations credited increased public awareness (Mitchell, 2011); however, first-hand accounts from politicians reveal their discontent regarding the campaign's commercialisation. Dr Tom, University of Warwick, noted that *"Change4Life was the perfect industry opportunity for the industry to be seen to be doing the right thing, and possibly never make a single change in consumer behaviour or policy whatsoever"*. It prompted political as well as public health professionals to consider the place of industry involvement in public health endeavours but failed to spout change in obesogenic environments.

One of the initiatives that reinforced this trend was the Public Health Responsibility Deal, launched in 2011. The agreement was designed to appear like a voluntary system based on nudge principles, which aligned with the Coalition government's bias in favour of self-regulation instead of laws and its reliance on self-management by corporations. One of those responses from Chapter Five illustrates that public health actors were frustrated because the language was not strong enough for them and there were no enforcement mechanisms. PHE and independent evaluations found little progress on both product reformulation and calorie reduction, particularly in key sectors supplying consumers (Panjwani & Caraher, 2014). As a unique negative feedback strategy, the Responsibility Deal's inability to stem the obesity epidemic exposed policy weaknesses and raised scepticism about voluntary approaches among government officials and public health experts, as well as segments of the general public. As Paul (MP, SHINE Health Academy) noted, *"the situation exposed the folly of thinking that waiting for industry self-regulation would work. They'd had their chance"*.

PHE bulletins provided crucial intermediaries during this time that amplified and re-organised the feedback data. The PHE agency only came into existence in 2013, but its reports always did the job of triangulating past failures and shifting the policy narrative to the need for structural reform. A PHE report in 2015 found voluntary measures on calorie reduction to be "ineffective" and called for fiscal instruments such as a sugar tax. The contribution of PHE's strategic communication to creating opportunities for the SDIL was recognised by participants in Chapter Five. The reform of the policy aligns with Baumgartner

and Jones' positive feedback model, whereby solutions once neglected became critically relevant and hastily achieved institutional support. The SDIL announcement in 2016 was a sea change from a decade of minimalist policy approaches in that it was a comprehensive policy response. By 2016, *“their nudge strategy had failed and the government acknowledged this. We needed teeth”* (Dr Tom).

The interviews show how government personnel gradually absorbed public feedback. The SDIL's acceptance showed willingness to diverge from familiar patterns as political and financial stresses grew, absent in earlier periods with codified ideological structures. SDIL was evaluated and a political decision was made to redirect the revenues towards school sports and breakfast initiatives, demonstrating a unified approach to fiscal discipline and social objectives by the government. The SDIL policy window opened as a result of accumulating evidence and the delegitimation of other methods due to feedback loops created by failures of campaign and industry non-compliance.

The impact of focusing events such as the 2016 budget speech and Brexit uncertainty ceaselessly build off of pre-existing feedback loops. George Osborne mentioned budgetary pressures which required health-enhancing measures to also have financial dividends. Responding to a decade of bad policy outcomes, the SDIL evolved as a strategic compromise mired in political calculus - and not as a response to obesity alone. Real-time feedback emerged as a living force of the integral, changing the narrative from an obesity problem of individual choice to one of institutional and fiscal significance.

8.6 FRAMING THE HEALTH OF THE PEOPLE: THE NEOLIBERAL PARADIGM

UK policy narratives have framed obesity through the lens of individual responsibility while existing within the forces of the neoliberal health paradigm. The paradigm stresses minimal state intervention, promotes consumer choice, and tries to change behaviour using approaches that are in line with commercial incentives, such as nudge theory. Interviews and policy analysis data reveal that from 2007 to 2017 the policy space was narrowed by ideological framing. Old barriers ever more porous, UK health policy framework lost its grip as public health debates shifted and flimsy voluntary measures failed.

Neoliberalism has a health model that is not just regulatory hesitance, it is a worldview that offers health as a depoliticised individual responsibility. Public health measures following this view involved education campaigns in addition to food labelling and behavioural nudges. Chapter Five shows how the ideology shaped media and political narratives. As one participant noted, *“it is a challenge to eat healthy when the environment is constantly pushing*

you in the direction of unhealthy choices”. The framing reflects Lukes’ third dimension of power related to ideology and “what gets thought about” and the setting of the agenda: it sets the agenda of obesity as a public health issue, thereby controlling what kinds of potential solutions can be offered.

Labour governments before 2010 were more willing to pursue collectivist approaches. And yet policies as diverse as Healthy Weight, Healthy Lives (2008) and Change4Life (2009) encapsulate an ambivalence: these policies continued to be grounded in a personal responsibility narrative, yet they signalled systemic health determinants and trialled government-led solutions. The Coalition government championed voluntarism between 2010 and 2015, through measures such as the Responsibility Deal. This evolution was not, however, merely strategic, it also redefined the underlying ideology. “*[There was a] firm belief that the push for change needed to come from industry*” (Matt, Senior Policy Officer). Accusations of state intrusion and paternalism inhibited the adoption of more interventionist policy tools by governments during harsh austerity episodes.

But ideological rigidity met the empirical world. PHE reports and parliamentary debates revealed the chronic shortcomings of voluntary measures and the inadequacies of neoliberal responses. Interviews with researchers underscore public health advocates’ efforts to communicate that obesity is a structural, not just an individual problem. Dr Tom said consumers’ food choices were made before the food was bought by consumers through industry decisions on pricing and advertising. Obesity shifted from a representation of a personal moral failing or choice to a focus on environmental factors and social equity.

Ideas were at a premium, and political discourse reflected that competition. David Cameron’s initial embrace of behavioural economics and solutions powered by the market was soon overmatched by mounting public concern and media scrutiny, resulting in calls for action. The findings of Chapter Five suggest that previously resistant policymakers began to see taxation as a viable political tool. As one interviewee noted, the Conservatives seemed to have reached a stage where doing nothing was worse than spending a tax on Coke products. Moving from framing personal character flaws to framing them as systemic threats allowed power to operate both through legislation and through a change in the narrative that defines which targets are legitimate for public policy action.

Lukes’ framework offers critical insight as to the evolution process. The first dimension of power was evidenced in the parliamentary debates and consultations while the second dimension was indicated through the exclusion of extreme regulatory measures. Yet it was the third dimension of ideological framing that stood in the way of action at the outset. Public

opinion continued to shift blame towards people, created by media and corporate messaging. This also became possible through sustained advocacy and negative feedback that shifted the ideological frames through which policy options are seen. As Matt noted, *“it took years of activism just to get people to agree that there was a corrupt system behind the scenes”*.

The SDIL was not just a financial initiative, it really was a radical departure from one of the oldest ideologies. It turned upside down the traditional assumption that blamed consumers by making the industry responsible. The SDIL was different from previous efforts because it operated by changing the environment in which people made their food choices. The policy conversation moved from whether to an individual’s dietary decisions to why unhealthy goods are priced low and readily available. With rising political cost of childhood obesity, organisations like PHE increasingly made use of the evidence alongside advocacy groups in order to reframe the previous narrative. However, traces of the neoliberal frame were not extinguished. The limited impact of the SDIL as well as its integration with non-broad and continuing exemptions highlight that while ideological hurdles were lowered, they were not entirely removed. Participants cautioned that while SDIL’s passage might look like an accomplishment on paper, it could end up as mere window dressing while more ambitious reforms never get off the ground. A clearly furious policymaker (Dr Tom) said they introduced the tax believing they were done. That observation fits Lukes’ second dimension: that displaying action impedes further policy development.

Clearly then, ideological framing does not exist in a vacuum. Policy trajectories result from its interaction with institutional structures, as well as economic and political forces. In the context of the UK, the neoliberal health paradigm shaped which voices were amplified, which evidence was deemed acceptable, and which proposed policies appeared viable. Potential options remained limited under market-oriented rationalities, despite growing support for structural methods. They argue that the ideologies are mechanisms of power that do not merely represent systems of beliefs but that fundamentally can shape the policy area.

8.7 DYNAMICS OF STAKEHOLDER NETWORKS AND POWER CONFIGURATIONS

From 2007 to 2017, UK obesity was an issue of public policy shaped by events and phenomena not solely related to epidemiological data and public health research. The informal dynamics of strategic interactions between stakeholder networks and through official policy constructs and informal political power systems combined to produce the fundamental shaping of the obesity policy space over this time period, economic interests and ideological alignments notwithstanding. Access to the mechanisms involved in stakeholder networks that

participate or not in discussions matters in terms of which obesity narratives are elevated or languish. To evaluate this fully, it requires the dual lens of policy network theory and Lukes' Three Dimensions of Power. A range of stakeholders were active, from non-state actors like Public Health England (PHE) and Action on Sugar to corporate actors like the Food and Drink Federation (FDF) and Coca-Cola, as well as public figures like Jamie Oliver and large retailers, such as Sainsbury's, going beyond central government. These stakeholders were not merely passive recipients of policy outcomes—they actively shaped policy framing and legitimacy, including for the SDIL.

A traditional model of sequentially go-vogue policy making does not characterise these networked obesity policy trends of this decade, revealing how influence migrated across sectors and up the political hierarchy. Stakeholder negotiations coupled with the analysis of primary interview data demonstrated that the food and beverage sector had sustained engagement from across the process. During early discussions about SDIL thresholds, Coca-Cola was actively involved in shaping policy in a way that would strengthen its market power. One response from an interviewee demonstrated how food industry stakeholders agreed to modest reforms in order to stave off expansive policy changes.

Public health advocates, particularly PHE and Action on Sugar, sought to disrupt the dominant market alignment by concentrating on structural factors contributing to obesity while also supporting regulatory responses backed by logical and scientific evidence. Public Health England's scientific reports and policy workshops repeatedly showed that sugar overconsumption and unhealthy food advertising were major drivers of childhood obesity and advanced fiscal measures such as sugar taxes to address these structural problems (Public Health England, 2015a; 2015c). Their power was limited because of political sensitivity and the ideological pushback against methods of regulation. As one respondent put it, public health organisations were outmatched on corporate lobbying.

When Conservative-led governments held power, it paired politically-libertarian talk of economic deregulation with the promise of personal responsibility. FDF along with its partners routinely highlighted the risks of "nanny state" policies that would forestall comprehensive interventions. In Chapter Six, industry discourse centred around consumer choice and voluntary reformulation. Increased public awareness of eating fronts, Jamie Oliver's advocacy campaigns and helped to leak this issue to the centre of public discourse. From Jamie Oliver, who leveraged media interest around school meals and sugar to push for changes in the political system. Though outside institutional arrangements, he demonstrated

how non-standard actors may serve as policy entrepreneurs to open a window of opportunities in Kingdon's schema via public mobilisation and strategic framing.

Compared to the relationship between government entities and public health representatives, government and industry stakeholders had stronger alliances. In Chapter Seven, we documented how economic interests ultimately dominated health advocacy during the development of the SDIL policy, while creating a compromise which preserved commercial interests and allowed the government to publicly position itself as responsive to public health needs. The politician remarked that political support and public backing were crucial to realize the SDIL initiative. Despite being a company that is more than 130 years old, Coca-Cola managed not only to maintain their profit margins to be still acceptable, but they also rebranded their product line by changing sugar content level to certain limitations and didn't require heavy expenses on adjusting their marketing campaigns or product offering. The industry has managed to game regulatory compliance while still retaining its market share, and this has been documented in an empirical research and scholarly articles, one of which is Knai et al. (2018).

The policy network theory describes this situation as a "closed policy community" characterised by dominant decision-making processes between a handful of privileged actors in government and industry, while dissenting and less powerful voices are pushed out. Minimal institutional response followed as well: Action on Sugar with its vigorous lobbying for SDIL and more stringent advertising regulation. Their critiques were dismissed by industry power structures even with substantial evidence in support of these proposals because the proposed policies threatened established power relations. Lukes defines "non-decision-making" as the exertion of power behind the scenes in order to keep alternative policy solutions (e.g., food taxes, marketing controls) off the agenda.

Food and pharmaceutical sectors are separated from each other, which makes more complicated the network environment. While the food industry fought regulations, pharmaceutical interests opted for silence and pointed to treatment markets, not prevention. • The pharmaceutical industry was not involved in obesity framing, unlike the FDF and Coca-Cola, as they relied on commercial interests in long-term health solutions rather than upstream policy actions. Fragmented interest and deliberate silence are evidence enough to disperse the so-called stakeholder networks.

Companies like Sainsbury's remained vague in their commitment to solving the issue. Major supermarkets worked with public health campaigns such as Change4Life, to encourage the sale of low-sugar products and better food labelling. These retailers' free partnerships

with public health initiatives were offset, they say, by strong sales of high-calorie products, in direct contradiction to their promoted health messages. This duality is an example of ideological flexibility in stakeholder strategies: large retailers strategically support public health messages when it serves their sales, otherwise resist more structural changes that potentially threaten their sales revenue. Corporate actors use Lukes' ideological dimension; they exploit social norms and policy issues by reframing frames, narrowly focusing on specific policy goals at the sake of systemic responsibility.

Stakeholder alignments among government institutions, industry groups, advocacy organisations, and media show that UK obesity policy was the product of complex and at times hidden dealings shaped by institutional authority and ideological validation. Forming alliances with media advocates, public health organisations made obesity a public problem, but economic and political structures ultimately shaped its framing and policy response. Industry-government networks wielded power to frame obesity cautiously as a health threat and an economic issue, which led to moderate strategies including SDIL, but prevented more robust regulatory changes.

Temporary disruptions by the collective action of civil society actors and public health professionals combined with media censure permitted policy experimentation to occur. Against this backdrop, stakeholder landscape challenges are likely to prove insufficient in breaking down the barriers to meaningful action on obesity policy through the promotion of market-based solutions. What SDIL's adoption trajectory illustrates is a microcosmic example of those larger dynamics: a material policy success emerged out of limited negotiating parameters, alongside performance of compliance and tame dissent, rather than an effective transfer of the locus of control over policy.

8.8 ADVOCACY COALITIONS AND PRESSURE GROUPS

The impact of pressure groups on UK obesity policy from 2007 to 2017 indicated persistent, yet inconsistent impacts on issue framing and policy formulation. Action on Sugar and also Public Health England (PHE) and the Obesity Health Alliance remained steadfast in their campaigns for regulators which led to ongoing disagreements with powerful industry groups such as the Food and Drink Federation (FDF). The organisations undertook a range of strategic activities, including media engagement, alongside policy briefings and behind-the-scenes lobbying, to push obesity up the political agenda. Public health advocates did not have this direct access to ministers and departments through embedded networks like corporate actors so their most important tools for challenging dominant narratives was public campaigns

and moral authority. One senior policy officer noted that public health representatives needed to work harder to have a voice in policy discussions, as they faced unequal power dynamics.

Analysis of interview material suggests that they were instrumental in shifting how obesity was viewed – from a matter of personal responsibility to being regarded as a problem requiring structural policy controls. PHE repeatedly called for systemic intervention which echoed in publications, which looked at the make-up of the foods that are available to people and the environmental factors contributing to obesity. For all Public Health England's campaigns for taxes, better labelling and advertising restrictions, they were always much more about upstream interventions, but these were constrained by government preference for voluntary (rather than mandatory) interventions and which were consistent with neoliberal market and personal responsibility ideals.

Advocacy coalitions leveraged focusing events such as the publication of the Foresight Report and Mexico's sugar tax to galvanise public support. Ways to institutionalise their proposals included, firstly submission to All-Party Parliamentary Groups (APPGs) and Select Committees. Capturing both discourse and process, the framing strategies used by advocates succeeded in constructing the SDIL as an imperative in both moral terms and indeed politically possible. Interviewees highlighted these campaigns' dependency on simplification of narratives; Action on Sugar consistently emphasised a ubiquitous message that "sugar is toxic", so their message would stay front of mind in the political arena.

Advocacy efforts were, however, mixed. SDIL succeed because we leveraged available political opportunities while taking into account media attention strategy and coalition framing strategies. The broad proposed restrictions on advertising of high-fat, sugar and salt (HFSS) products pre-9pm did not materialise. All interviews expose organised criticism against both policy agendas from both state and industrial fronts: "*The room went quiet when HFSS bans were mentioned*". Indeed, the lack of ministerial opposition suggested non-decision-making through agenda selective exclusion than direct conflict.

Complex alignments were formed by advocacy coalitions. Industry actors formed their own coalition that emphasized the maintenance of the existing regulatory status quo, whereas public health actors coalesced around a shared problem definition and set of solutions. The contestation of these coalitions highlights the mechanisms of what Sabatier (1998) refers to as "belief systems": long-held beliefs about what state does, personal ability to make choices, and freedom to enter labour markets derive from this framework and define coalition strategies. In this particular context, due to the constraints they were working under, PHE did manage to create a much broader coalition than just local authority and NHS bodies; it also

included academic researchers. Industry actors made use of existing ties to the Treasury and BEIS to push back against public health messaging.

The impact of pressure groups extends far beyond their success or the failure to get a specific policy adopted. These actors transfused new blood to the processes of framing and policy option expansion, participants argued. It is the work of advocacy groups, engagements with parliamentary committees, media and civil society that helped normalise what were once unacceptable regulatory interventions. While the SDIL passage, covering only a fraction of the sector, can lay claim to partial success, it was included, as with the extension of the PMA to refer to population beverages, in the redefining of the policy debate and the encouraging these components, in combination, of state action.

8.9 NOT DECIDING AND THE INVISIBLE HAND

The policy gap is explored by Lukes' second dimension of power, which he views as strategic non decision making: the failure to take into account potential issues would require support. This framework systematises the concept of policy inaction as a deliberate power manoeuvre that limits legitimate policy options. Quibbles about the evidence for urgency should not excuse failure to implement stronger measures such as an extended sugar tax or significant advertising restrictions for HFSS foods. These omissions from the policy discourse were purposeful decisions of powerful industry interests and government agencies that did not seek to challenge the interest of their powerful constituencies.

Feeding into this dynamic is interview data. One senior policymaker said stronger measures, which would be controversial, including on advertising or subsidies, were needed but no one had gotten there. This is an example of Lukes' definition of power, which involves keeping certain issues off the agenda. By delaying proposals on timing and economic risk and feasibility, officials avoided outright rejection of public health proposals, and their neutralisation occurred without public conflict.

Horrific examples abound simply in the delay of HFSS advertising details. The successive administrations let the issue slide despite strong support from health experts and growing evidence troubleshooting advertising practices as contributors to youth obesity: *"The minute you start talking about a watershed at nine o'clock, someone in the interview hands out the fact that there were, in quotes, 'voluntary codes' in the industry, which was an unstated standard"*. Select Committee hearings also diverted discussions about deeper industry regulation to consumer education and behavioural nudges that would cost nothing to corporations.

The idea of extending the sugar tax to cover alcohol and foods evaporated quietly, communicated through informal channels rather than formal consultation mechanisms. An official who featured in primary source data, said heightened market volatility and technological challenges had rendered wider application of taxes unfeasible. The interviews reveal decisions guided by underlying fears of how the industry would respond and what it would mean at the polls. Public health experts recall officials facing *“plain and simple fear. A global sugar tax didn’t even get into scoping documents”*. This is where Lukes’ theory comes into play: power manifested itself in blocking proposals from even being discussed, rather than outright rejected once up for debate.

The secret order generated power through the glue of ideology and thus was able to have a big impact. The prevailing political mindset under Conservative rule prioritized market freedom and personal choice over structural reforms. The dominant ideological lens viewed obesity as the result of people making poor choices, rather than a structural problem in society. The “nanny state” label was always looming, one policy adviser said. This led to a narrative that shaped not only public discourse and the internal conversations of government but also set minimalistic goals of regulatory convergence.

Kingdon’s MSA shows how policy windows may open when streams align, but Lukes’ second dimension of power exposes the mechanisms through which some windows remain firmly shut. In UK obesity policy, for example, personalised transformations were systematically undermined by invisible power that constructed institutional norms, informed writing too useful to domain interests and broadly structured counter-narratives that constrained healthy options. This was further strengthened by separate departmental control of obesity policy. The interviewees told us that institutional standoffs arose due to competing agendas from the Department of Health, the Treasury and BEIS. As one respondent said, *“everyone knew we had an obesity problem, but no one was willing to accept responsibility for fixing it”*.

This systemic deflection had actual policy effects. Policy options were limited, and decision-makers embraced small-scale initiatives like the SDIL that were perhaps symbolically important but not designed to combat obesity in a systematic way. The shaping of the policy was not effective in this regard, but rather politically acceptable boundaries. Power works its most insidious magic, according to Lukes, when it creates contexts that are insulated from debate and decision. This landscape that required stringent public health regulation was filled with inaction because policymakers put forward complexity arguments and economic arguments as the primary reasons.

8.10 SUMMARY

Between 2007 and 2017, the UK obesity problem was reframed from a medical, behavioural issue to a politically contested issue, characterised by ideologically driven disagreements and power asymmetries between stakeholders. Over the 10 year-period, an understanding of how environmental and structural factors contribute to behavioural change grew, slowly moving the problem frame away from narratives about personal responsibility. The period under analysis transitioned from an individualistic discourse into an exploration of policy critiques of market behaviour and socio-economic factors. This was not, however, a period of seamless or ubiquitous regulatory transformation-the fruits of a would-be liberal market regime undermined by powerful opposition.

Before 2010, the Labour government had a focus on obesity which included Change4Life campaigns providing easy tips for people to follow to make healthier choices. Government officials at the time felt that obesity was linked to personal responsibility, according to the policy analysis, since media stories and industry forces depicted state assistance as overly controlling. The Coalition and more recently Conservative governments took increasingly divergent approaches. Policymakers acknowledged systemic challenges, like food insecurity and income inequality, but their actual policies remained tied to cost-benefit analysis and voluntary industry self-regulation. While there were many parliamentary discussions and ministerial meetings acknowledging the concerns about public health, there were equally stark discussion of the barriers to action, including economic competitiveness and regulatory reluctance.

Interviews with public health experts and policymakers revealed that power dynamics deeply distorted discussions around policy. Policy stakeholders noted food and beverage companies leveraged their extensive lobbying power to oppose advertising restrictions and tax initiatives through political coalitions and framing obesity as a consumer choice issue. According to one policymaker, the beverage industry systematically delayed regulatory measures and pushed public focus to personal responsibility.

The introduction of the Soft Drinks Industry Levy highlighted existing ideological conflicts. This policy steered attention to the direction of environmental problems but still could operate in politically correct terms. The SDIL did not demonise industry, but rather incentivised reformulation through economic measures. But internal analysis of parliamentary records and interviews show that, despite the public celebrations of the SDIL policy, it was viewed internally as a strategic means to block harsher reforms. The lack of

subsequent promotions at the same level of measure across all food categories following the SDIL suggests symbolic action outweighing structural inflection.

As this chapter has shown, framing processes were driven by Paul alongside organisations such as PHE and Action on Sugar, instead of being neutral. Indeed, these actors took advantage of moments of high media scrutiny or financial upheaval to promote the notion that obesity ought to be treated as an externality in need of regulatory oversight. Their influence over policy remained limited by institutional fragmentation and the Treasury and economic departments' cool reception to public health framing.

These findings respond to the research questions by demonstrating how political and economic contexts created the problem recognition, and how the power dynamics contained what options for a policy response were implemented. Analysis revealed how dominant interpretations of the obesity crisis were constructed through cross-stakeholder coalitions, and media and ideological representations.

The following chapter looks at how certain solutions with specific characteristics were developed and then institutionalised based on processes of formulation and negotiation. The analysis assesses the evolution of the SDIL design through constricted policy windows while exploring the ways in which evidence shaped feasible choices and how prevailing power relations steered the trajectory of public health policy.

Chapter 9: Policy Stream

9.1 INTRODUCTION

Between 2007 and 2017, UK obesity policy development took place within intricate circumstances influenced by shifting public health information, along with institutional structures and diverse ideological narratives from multiple stakeholders. The chapter utilises Kingdon's Multiple Streams Analysis (MSA) and Lukes' Three Dimensions of Power to investigate how policy proposals either developed momentum or faced rejection within the policy stream. Researchers utilised both frameworks together to analyse how policy ideas advanced by examining value acceptability and technical feasibility within policy windows that enabled action. MSA views policymaking as a dynamic and opportunistic process where outcomes depend on how problem, policy, and political streams align together (Kingdon, 2003), in contrast to traditional policy models, which stress rational decision-making. However, this method fails to fully explain how unequal power dynamics determine the viability of policy proposals. Lukes' theory offers clear analysis of decision-making and agenda-setting processes, along with ideological influences which operate through both visible and hidden mechanisms to shape outcomes (Lukes, 2005).

In this chapter, MSA provides analytical support to examine the policy stream, which includes policy proposals generated by experts, along with civil servants and interest groups. This stream is shaped by two key variables: value acceptability and technical feasibility. Policy proposals undergo evaluation based on criteria that determine if they will be refined to fit political standards or dismissed due to impracticality or misalignment with established norms (Kingdon, 2011). The policy stream encompasses diverse potential interventions, many of which fail to obtain the necessary support for execution. Lukes' model argues that some proposals face exclusion through non-decision-making actions or ideological frames that prioritise market solutions instead of structural reforms (Cairney & Jones, 2016). The dual theoretical framework allows this chapter to analyse both the public arguments concerning obesity and the underlying structural determinants affecting particular policy initiatives.

The discussion focuses on policy entrepreneurs who advance policy solutions by presenting problems so they align with institutional goals and societal views. These actors perform strategic brokerage functions which include connecting three streams throughout emerging opportunities beyond just idea generation. Policy entrepreneurs work together with institutional entities like government departments and regulatory agencies to establish the

policy network environment. This chapter fills existing gaps in actor identification and policy network mapping through systematic inclusion of relevant groups and defining their roles within the obesity policy network.

The chapter follows its introductory section with four primary analytical sections. The initial section investigates value acceptability and explains that proposals underwent evaluation through societal values and stakeholder consensus. The analysis of technical feasibility, as a second section, evaluates the essential infrastructural, economic, and institutional capacities required for the proposed policy introduction. The chapter then analyses the development of the policy stream through time by examining how important participants modified their positions and either built alliances or ceased to engage in the dialogue. The emergence of the Soft Drinks Industry Levy (SDIL) serves as a policy window creation case study through primary interview data and documentary analysis, which demonstrates how a fragmented and contested policy space unified around one implementable concept. The Three Dimensions of Power by Lukes provide a systematic framework to evaluate how obesity policy formation involved open political discussions, as well as agenda exclusion and ideological framing.

This research shows how policy proposals moved through political channels and identifies which actors supported or hindered their acceptance while analysing the power structures that affected these developments. Through this chapter, readers gain deeper insights into how power dynamics combined with practical feasibility and shared values shaped UK obesity policy development during the examined ten-year period.

9.2 MAPPING THE OBESITY POLICY LANDSCAPE (1992–2020)

From 1992 to 2020 the UK government implemented 689 obesity policies and programs, but a thorough examination shows that most of these policy initiatives were applied inconsistently and lacked strong enforcement mechanisms or served only as symbolic measures. The full list of obesity policies organised by their issuing bodies, such as the Department of Health and Social Care and Public Health England, and their types, including voluntary and regulatory measures, alongside their focus areas, like public awareness campaigns and taxation, can be found in the appendix.

Despite official statements recognising obesity as a structural issue, governmental policies remained largely symbolic and failed to exert adequate authority against entrenched commercial entities. More policy measures do not automatically indicate that a unified strategic plan has been developed. The majority of policies operated without enforcement

obligations and lacked clear targets for measurement. The Change4Life programme, launched in 2009, used advertising and partnerships to encourage behavioural change, however, it depended primarily on industry actors to participate voluntarily.

Food and drink companies were mandated by the Public Health Responsibility Deal launched in 2011 to self-regulate their marketing and reformulate products which faced criticism from Panjwani and Caraher (2014) for generating unclear and selective unverified outputs. The absence of formal sanctions and compliance metrics shows how "policy drift" occurs when policy goals differ from actual results through fragmented institutions and soft governance approaches (Béland et al., 2016). The limited number of policies that implemented statutory or fiscal measures, like school food standards and the Soft Drinks Industry Levy (SDIL), demonstrated clearer structures and specific enforcement methods. These distinctions reflect a deeper ideological division within UK policymaking: behavioural framing focused on personal responsibility and consumer education, while structural framing required direct market interventions that remained politically controversial during the entire examined timeframe.

The interview findings confirm documentary analyses through the repeated expressions of public health stakeholders' dissatisfaction about the insufficient dedication to enforceable policy tools. A Public Health England official expressed that authorities chose not to demand more than what industry sectors voluntarily agreed to implement: *"Despite evidence showing voluntary actions were not progressing, we received instructions to remain on our current path"*. Organisations like the Food and Drink Federation enabled industry actors to redirect policy discussions from regulatory approaches to collaborative partnerships by leveraging their non-decision-making power. The ideological framing strengthened the belief that government regulation should remain limited, while market-based solutions were naturally superior despite public health data showing limited advancement.

Institutional silos within the government created obstacles for coordination, which became evident through their dependence on voluntary measures to achieve policy goals. Participants consistently pointed out that health policy teams experienced limited collaboration with departments handling business, education, or taxation issues. One participant explained that policy papers arrived late, and objections surfaced too late to make meaningful revisions, which led to delays in introduction and weakened the impact of obesity interventions. The alignment of NHS purchasing guidelines with the sugar reduction strategy led to outcomes that fully satisfied both value acceptability and technical feasibility criteria, detailed by Kingdon (2013), through coordinated efforts.

The 2007 Foresight Report formally recognised obesity as a public health crisis, but this does not mean immediate policy action, because Kingdon's “primeval soup” metaphor suggests that the policy stream is filled with competing solutions. This metaphor suggests that policy proposals must be finely-tuned through specialist communities before their political acceptance. In interviews and an analysis of policy documents, industry representatives indicated that softening policy proposals usually required negotiations and reframing regulatory concepts as economic opportunities. Justifying the SDIL by presenting public health requirements alone lacked credibility for politicians who also were concerned with functionality and fiscal responsibility; the SDIL was touted as a mechanism to fund child wellness programmes to help reduce obesity rates.

Obesity policy became a battle of ideology in the UK public health system. Through the multitude of technically feasible and low-impact interventions featured in this stage, the policy stream in the DCR process became saturated with options that, despite being technically possible, were politically weak because they were relatively easy to accept in the discourse dominated by neoconservatism. This set the stage for under-application, because there were no integrated institutional mechanisms that evaluated and coordinated the application of policies.

This provides insights into the broader political processes informing the development and trajectory of obesity-related policy initiatives from 1992 to 2020. While the SDIL was meant to mark an end of voluntarism when it became law in 2016, in practice it did not mean the end of advocacy; rather, it resulted from long-running pursuits that also embraced the collection of data and adjustments to policy. The policy window did not open because of the alignment of interests of immediate agenda actors, but because actors engaged the problem definition-policy entrepreneurs adjusted their frames to match political realities.

9.3 ACTORS AND NETWORKS IN THE POLICY STREAM

Between 2007 and 2017, UK obesity policymaking was characterized by a complex interplay of institutional actors, advocacy coalitions and industry entities led by key individuals. The actors operated within interlocking networks shaped by changing political ideologies, economic incentives and public health needs. Although the Department of Health (DH), Public Health England (PHE) and HM Treasury retained formal control over policy development, they were often challenged by external actors, such as industry organisations (eg, Food and Drink Federation (FDF)) and advocacy groups (eg, Action on Sugar, Diabetes UK and the Royal College of Paediatrics and Child Health). While there were several high-profile “policy entrepreneurs” who harnessed their platforms to frame obesity as a structural

issue and presented approaches that could lead to measures like the introduction of the Soft Drinks Industry Levy (SDIL), Jamie Oliver shone brightly in this regard.

However, these networks did not remain fixed. The transition from Labour government to Conservative led Coalition in 2010, and a Conservative majority government in 2015 changed both the structure and power dynamics of some of the parties involved. This Labour government defined obesity as primarily a societal and environmental problem that government could solve. During the Coalition years, but especially under Conservative rule, the emphasis shifted to personal responsibility and grassroots involvement, with the state playing a diminished role. However, while the policy focus moved away from public health considerations and towards personal responsibility and the constructive role of the state in facilitating individual health choices, organisations like PHE retained their position by adapting their framing strategies to the priorities of the government and highlighting the economic benefits of public health interventions such as the SDIL. PHE's executive interviewees noted that PHE focuses on NHS budget impact of obesity for this audience.

Industry interests fought regulatory proposals using ministerial access and submission on economic impact assessments to promote voluntary schemes. The FDF and its allied think tanks such as the Institute of Economic Affairs constantly challenged the scientific underpinning of sugar taxes and warned policymakers of their discriminatory fiscal impact. According to a government representative, industry representatives attended stakeholder briefings more often than NGOs reflecting imbalanced access and influence by the sectors. Jamie Oliver, in the role of the informal actor, generated public interest to mobilise parliamentary petitions and to establish media narratives that applied indirect pressure towards policymakers. The campaign that collected 150,000 signatories and received extensive media coverage shows how advocacy led by celebrity thrust had a significant role to play on the policy front.

Actors like Oliver played a key role, but the durable push of policy initiatives was ultimately the result of a collective effort born of broader coalitions. The Action on Sugar network, for example, matched academic researchers and medical professionals with NGOs who had mutual credibility and expertise to advance a challenge against the industry narrative. Action on Sugar's collaborations with parliamentary committees – as well as PHE's technical data on sugar consumption – provided credibility and exposure for its proposals. These coalitions evolved over time, moving from nascent lobbying efforts to more formalised involvement in the policymaking process. In explaining this shift from simply protesting externally to being involved in evidence sessions and white paper consultations, a

health NGO stated in a 2020 interview that their role had transitioned from outsider advocacy to recognised policy contributor.

Moreover, the power relations behind such networks changed. The resistance of proposals (such as restrictions on unhealthy food advertising) to materialise, despite continuous lobbying, reflected Lukes' second and third dimensions of power, namely non-decision-making power and ideological power. Based on interview data, where political considerations and economic effects led to the quiet dismissal of more robust policy proposals. The Cabinet Office were consistently a blockade to the proposed advertising ban (Interview #3, 2018).

The success of the SDIL shows that these networks can align and create the opportunity to open policy windows. According to Kingdon's model, the SDIL was pushed through because there was a coming together of public concern, a palatable policy solution and political will from there key players like George Osborne. The resulting levy structure, which involved multiple thresholds and exemptions, reflected the compromises developed through trade and interaction in the network. The reflections from the Treasury's industry consultations spurred major compromises to dampen economic disruption, pointing to market-based issues as core to policy development (Hansard, 2016; HM Treasury, 2016).

Even as outward assurances of decisive action were made, the action of the network its native institutions continued to show the *modus operandi* of the agents of neoliberalisation. The SDIL represented a significant step forward in fiscal regulation but nevertheless remained constrained by ideological limits that privileged market-based solutions and individual responsibility. Food industry adaptation strategies such as product reformulation and portion size reductions were acknowledged as positive endeavours; nonetheless, they were seen to respond to financial pressure rather than change food system structures. It expanded its membership and reconfigured itself as a network to align with the dominant political and economic paradigms.

Understanding how the network evolved temporally allows researchers to better analyse obesity policy development. Policy stream adjustments based on goal structures, actor prominence, and actor alliances in three administrations. The Labour government expended on the community and cross-government interventions, however, austerity and deregulation constrained, and action throughout the Coalition was embargoed until 2015, when policy entrepreneurs opened opportunities with tactical framing of fiscal prudence and child health. The broader political landscape itself served as the main driver for how the actors constructed the strategies and relative placement of their networks, regardless of the

scope of their influence. The complementary use of Kingdon and Lukes' frameworks helps explain the relative success of UK obesity policy from 2007 to 2017, as the evolution of networks and alignment of streams captured by these two approaches demonstrate their utility in combination.

9.4 VALUE ACCEPTABILITY IN OBESITY POLICY

Kingdon's MSA defines value acceptability as the degree to which a proposed policy matches the existing social norms and ideological environment of the time (Kingdon, 1984, pp. 131–134). The SDIL development from 2007 to 2017 illustrates how a contentious policy concept gradually won acceptance in UK public and political domains. Kingdon (2011) explains that policy proposals generally do not gain quick acceptance; rather, they undergo extensive discussion and modification until they become acceptable to policymakers. The concept commonly called "softening up" involves policy ideas evolving through a dynamic process where multiple actors work together to adapt and promote them until they achieve enough support to enter the governmental agenda (Kingdon, 1995, pp. 226–227). Policy entrepreneurs worked together consistently to develop value acceptability for the SDIL rather than it emerging naturally. Strategically framing obesity as a societal issue requiring state intervention allowed these actors to challenge existing narratives that placed responsibility on individuals (Howlett, McConnell, and Perl, 2014).

The celebrity chef Jamie Oliver leveraged his fame and a media platform to cultivate public support for tighter regulations by government on childhood obesity. Using televised campaigns and parliamentary lobbying, Oliver demonstrated how sugary drinks are a danger to children and called on the government to address the issue. Jamie Oliver gained 150k signatures for a sugar tax petition in 2015 that resulted in a parliamentary debate (Triggle, 2015). Between 2015 and 2019 the UK was aided by a report published in 2015 by Public Health England which provided empirical evidence and policy recommendations reinforcing the need for regulatory solutions, with a set of proposals targeting sugar reduction.

The engaging reframing met with stiff resistance from industry stakeholders who contested the validity of the SDIL. The Food and Drink Federation, the Institute of Economic Affairs and large companies such as Coca-Cola argued that the tax was unnecessary, would damage lower-income consumers and that it would not be able to deliver on its aims. Aiming to counter a growing consensus that sugar consumption was both excessive and harmful, the Institute of Economic Affairs made the case that sugary drinks constituted less than 3% of daily energy intake, and that the proposed tax would disproportionately hit low-income consumers (Snowdon, 2015, 2016, 2018). These actors employed economic and ideological

arguments to justify status quo conditions, portraying the tax as government overreach and a threat to consumer freedom. Yet while there was pushback against this policy shift from multiple sources, the terrain of the discussion surrounding obesity began to integrate structural understandings as the policy environment shifted.

Our interviewee suggested that policymakers began to recognise the limits of voluntary actions taken by industry, noting that previous strategies had not worked and that SDIL could be a more tangible and enforceable solution. Public health advocates stressed that the SDIL represented the importance of political will in addressing obesity. Media narratives at that time also supported these arguments by often portraying the food and beverage industry as resistant and profit oriented. By associating the SDIL with public concerns about NHS sustainability and rising rates of childhood obesity, the government positioned the new tax for greater acceptance as a funding mechanism for children's health programmes (House of Lords, 2017).

It was the combination of public concern with expert evidence, pressure from the media, and a gradual creation of the social environment in which the SDIL was characterised as a proper solution that caused the SDIL to gradually become associated with being both a necessity and an appropriate measure. PHE showed that the tax was effective for both health and economic purposes, leading to reformulation of products and a lower intake of sugar (PHE, 2015). By adopting a strategic ambiguity approach, a broader coalition of interest groups was thus engaged who would normally oppose regulatory approaches. Evidenced-based research data reflected that a majority (73%) of members of the Royal Society for Public Health supported the sugar tax proposal thus bolstering the credibility of the proposal (RSPH, 2015).

But industry actors exploited their ongoing objections to determine what was acceptable. The reluctance of the government to take similar fiscal measures with respect to other high-sugar or high-caloric foods indicates that the belief system which visualises obesity as an individual choice remained strong. The narratives were accepted because they were fed by industry leaders arguing about consumers' sovereignty and market freedoms, and these leaders retained their grip thanks to Conservative Party speeches.

The SDIL was an example of the changing legitimacy of obesity policy despite existing opposition from ideologues. introduction of the tax fell within a broader framework to fight childhood obesity, which provided additional credibility for its intent. The NHS introduced hospital-based initiatives of sugar tax as an exemplary regulatory endorsement institutionally but also showed ways in which it could successfully be put into practice (Guardian, 2016).

High public acceptance of the SDIL was indicated by the public framing of the SDIL, as promoting an equitable tax to fund health-related school initiatives aimed at protecting children, increasing the SDIL's removal from partisan politics.

The process involved policy entrepreneurs who created evidence and garnered support, at the same time overcoming institutional constraints and taking advantage of political windows of opportunity. These actors must also act by the nature of how the streams couple (Kingdon, 2014, p. 182) Actors, through persistent advocacy and strategic framing were able to reshape the public discourse and influence policymaker perceptions to be able to get newer acceptable policy frames for managing obesity.

Using Lukes (2005) ideological power framework allows a more nuanced understanding of how social norms became reconstituted and challenged in this process. A radical ideological shift was seen in public health where the focus shifted to structural determinants of health rather than individual responsibility. The selectivity of SDIL applications, and the absence of wider interventions, suggests how ideological power continues to exercise its dominance over the policy agenda, by limiting the types of solutions that are deemed acceptable.

The metamorphosis of the SDIL from proposed measure to policy illustrates how the factor of value acceptability undermines public health policy processes. This analysis shows how strategic framing, in concert with empirical evidence, advocacy, and political opportunity have rendered once unthinkable policies both palatable and actionable. The following subsection discusses the technical feasibility of the SDIL while delving further into Kingdon's policy stream.

9.5 ASSESSING TECHNICAL FEASIBILITY AND THE ROLE OF POLICY SPECIALISTS

Technical feasibility is a prominent evaluative criterion which appraises whether a proposed policy solution is viable in terms of scientific soundness and technical feasibility, as well as organisational capacity and political achievability within realistic constraints (Kingdon, 2003, pp. 131–134). Kingdon's multiple streams approach comprises technical feasibility as an important criterion of analysis which has the following dimensions: (1) scientific validity and organisational ability; and (2) political feasibility and operational constraints. The assessment goes beyond assessing the effectiveness of basic principles, asking whether institutional mechanisms and the financial and human resources for application are in place. Technical feasibility addresses whether policy solutions can work as practical, administrable solutions, whereas value acceptability concerns normative alignment.

Between 2007 and 2017, the technical feasibility dimension emerged as key in driving the development of the SDIL and related UK obesity policy. The traction of the SDIL is attributed to its realism with existing technical capacities but prior voluntary initiatives, such as the Responsibility Deal, failed to garner routine results as they were devoid of enforcement mechanisms (Knai et al., 2018). Models of price increase effects were generated as part of the Public Health England (2015) paper, and there was also a demonstrated feasibility of soft drink reformulation in both scientific and commercial terms. Though industry data indicated many beverage companies reformulated products with low- or no-calorie sweeteners, they were also pressured by the market. The SDIL was designed to be a pragmatic approach based on Mexico's successful sugar tax, which decreased sugary drink sales, according to Colchero et al. (2016), which helps to incentivise behavioural change by not only adjusting price but also provide greater incentives for reformulation.

But technical feasibility was never something that was absolute. Due to complicated tax design requirements, enforcement logistics challenges, and unintended consequences that included substitution effects and cross-border buying behaviours, the SDIL faced difficulties. The Danish fat tax failed due to administrative burdens and more cross-border shopping in Germany that Public Health England cited as a good example of poor feasibility planning in its notes during the UK debate in 2014. In contrast, much of the UK created its SDIL as a tiered structure determined by sugar content that discourages manufacturers from producing the item, rather than simply charging a fine to the consumer. Manufacturers managed to avoid the levy as the policy mandated lower sugar content levels, and many firms reformulated their products prior to application (HM Treasury, 2016). Whereas some policies require a total change in consumer behaviour or introduction of costly enforcement policies, the design of the SDIL encouraged passive compliance, making it desirable and achievable for policymakers.

Broader than the material elements of the policy itself and seeing the SDIL is a policy rather than just a tax, policy specialists did crucial legwork to legitimise and improve the policy-sprawl that is the SDIL. Technical analyses and modelling conducted by experts from Public Health England, academic researchers and think tanks validated the anticipated health and fiscal impacts of the levy. According to Kingdon (2003, p. 117) policy specialists are part of the "policy community", a community of experts within and outside of government bodies who appraise and develop policy proposals. Systematic evaluations, international assessments, and financial analyses allowed actors to convince both Treasury officials and political leaders of the SDIL's feasibility. The proposals by Action on Sugar were informed

by comprehensive modelling of health outcomes, and these findings were supported by health economic analysis and case studies of other countries by the Health Select Committee (Public Health England, 2015; UK Parliament, 2015). One senior health official from the department, interviewed for analysis, said that the policy community set the stage for the SDIL by having tools already coded, accompanied by evidence and reformulation pathways so that the policy seemed practicable.

Technical feasibility included much more than scientific evidence. What stakeholders deemed practically feasible was thus defined by political realism, along with ideological suitability. Lukes' second face of power indicates that policies often treated as technically impossible often question the interests of the existing economic or political powers (Lukes, 2005). Meanwhile, senior officials at HM Treasury and the Department for Business originally sceptical of the SDIL were not surprised by issues with industry opposition and/or economic impact but rather concerned about issues with reformulation ability. Any changes would cost substantial sums and critically disrupt operations at a time when the industry was already struggling, the Food and Drink Federation said on behalf of food and drink group businesses, also warning of the risk of damage to brand identity. Parliamentary hearings revealed that the industry exaggerated claims that technical barriers were the glass ceiling for regulatory measures to push back against (Knaei et al., 2018).

The usefulness of technical fixes was conditional on how certain policy contexts were structured. Specifically, a hospital-level sugar tax was adopted by NHS, which sheds light on the fact that targeted levies can work in structured institutional settings (The Guardian, 2016). The initiative demonstrated that sugar reduction policies could work on the ground and be tailored to suit different sizes and contexts. The wider application of the sugar tax beyond institutional boundaries brought problems with tracking compliance and border control, and risked consumer price distortion after Brexit introduced trade regulation and import cost uncertainty (The Guardian, 2016).

Interview data reveals that determining feasibility involves a complex set of factors. Kingdon's model indicates that feasibility involves political responsiveness, for what seems possible must be considered within the limits set by decision-makers. Feasibility considerations must take into account not only the infrastructure and technical capacity needed to support a concept or initiative but also factors such as perceptions of risk and resistance, and the potential impact on reputation.

The SDIL's progress was contingent upon a new combination of operational systems, expert advice, and careful presentations that met institutional norms and political constraints.

Status quo SDIL was seen as an intervention that could be implemented in a controlled way without taking on consumer rights or market forces, unlike extreme measures such as blanket advertising bans or widespread nutritional taxes. After 2010, SDIL became a viable policy instrument for UK governance because it was technically feasible, had a ready policy presentation constituency and evidence base for potential reformulation savings data. Feasibility seems, contradictory to this dominant trend, to be a neutral concept, however it is, in fact, formed through institutional relationships and actor strategies within dominant policy paradigms that create a political construct.

9.6 OPENING OF THE POLICY WINDOW (2015–2017)

The intersection of political circumstances and public health concerns within the policy landscape between 2015 and 2017 allowed the UK government to launch the Soft Drinks Industry Levy (SDIL). The convergence, recognised as a “policy window” according to Kingdon (2011), emerged from simultaneous budget limitations, public health challenges, and the development of a policy solution which matched both political goals and public demands. The political stream emerged as a critical component of the situation. Following its majority re-election in 2015, the Conservative government pursued fiscal restraint and austerity measures, which led them to implement the Soft Drinks Industry Levy as both a financial tool and public health intervention, avoiding direct consumer tax increases (HM Treasury, 2016). Chancellor George Osborne strategically framed the SDIL in his 2016 Budget speech as a pragmatic and health-conscious economic measure:

I refuse to revisit my Parliamentary term and my actions here to apologise to future generations and tell them: I'm sorry. We had clear evidence that sugary drinks were problematic. We knew it caused disease. We recognised the issue with sugary drinks yet avoided making tough decisions and remained inactive (House of Commons Hansard, 2016).

The government's tone changed under Osborne's speech, which demonstrated how moral principles merged with fiscal strategies and practical goals within one piece of legislation.

The political opening emerged from multiple external pressures rather than being purely an outcome of the government's own intentions. Policymakers could no longer overlook the escalating public anxiety about the increasing obesity rates among children and adults. Public Health England's 2017 report showed that diet-related diseases were causing significant financial strain on the NHS during the intensified post-financial crisis austerity period. The House of Lords (2017) warned about an impending crisis in health system sustainability while

pointing to the rising burden of preventable diseases, including obesity (see Figure 9.1 below). The combination of multiple pressures created a compelling argument for intervention by forming the problem stream. Public discussions about obesity evolved to acknowledge the need for systemic solutions along with personal responsibility, while echoing the Foresight Report (2007) narrative and a decade of unsuccessful voluntary industry commitments (Knai et al., 2018).

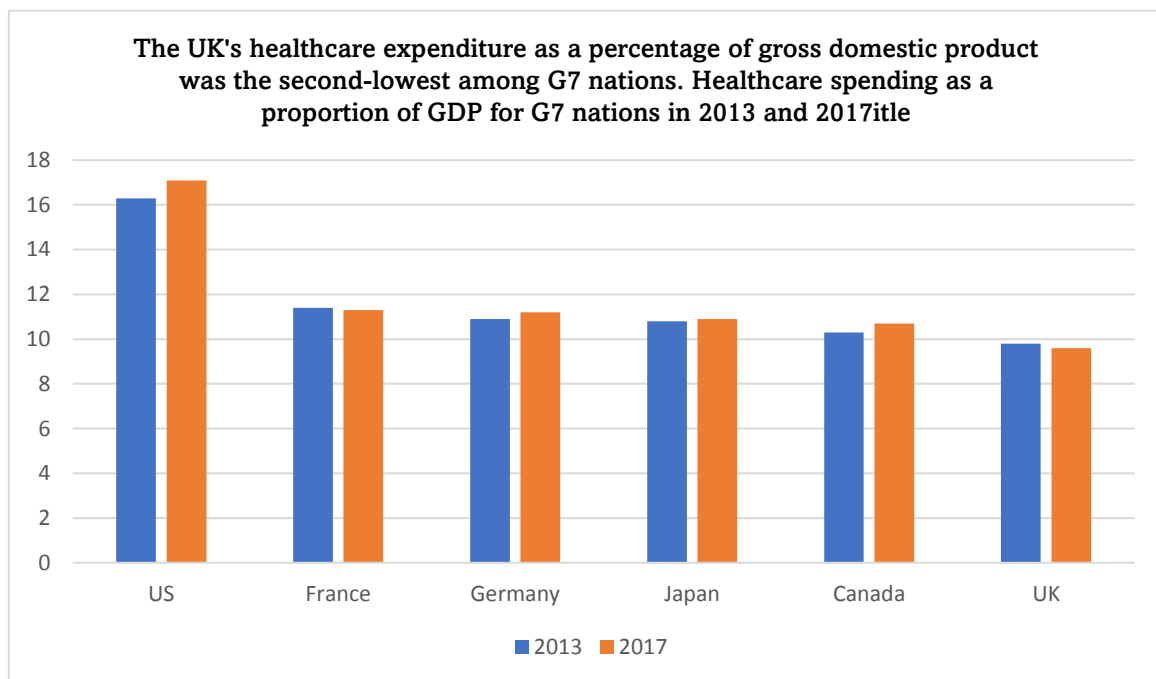


Figure 9.1. The healthcare expenditure to GDP ratio of G7 countries during 2013 and 2017

**The UK maintained its position as second lowest in healthcare spending while highlighting NHS budget restrictions and the financial opportunities of public health initiatives such as the SDIL, according to Office for National Statistics data from 2019.*

The SDIL succeeded unlike past public health interventions because its policy option was both technically viable and acceptable to politicians. The policy stream requirement received particular significance because of this factor. The combined work of Public Health England (2015), Action on Sugar, and Jamie Oliver by 2015 made both policymakers and the public more receptive to regulatory sugar reduction measures. The SDIL became a scientifically sound solution that integrated seamlessly into existing financial systems due to an evidence base which incorporated international examples such as Mexico's sugar tax alongside academic simulation models (Salgado et al., 2020; Colchero et al., 2016). By applying the levy to manufacturers instead of consumers, policymakers could sustain political support and promote it as a reformulation incentive rather than a choice penalty.

Policy entrepreneurs played an especially crucial role during this particular policy window. The combination of Jamie Oliver's televised activism and parliamentary petition campaign attracted extensive media coverage and public backing, which elevated the topic's priority on the political agenda (Triggle, 2015). Voters and policymakers responded positively to his description of the levy as a public health initiative for children rather than a financial penalty. Research interviews revealed that Jamie Oliver's emotional approach to engaging parents transformed public dialogue, according to one participant: *"It wasn't about telling people off anymore,"* but, *"their focus was on child protection"*. Public Health England joined with the Royal Society for Public Health to issue public endorsements while using member surveys to show widespread agreement about the need for action (RSPH, 2015).

Even as momentum had begun to crest behind the SDIL, its presentation remained politically delicate. But amid growing demands on the government to take action it had to contend with economic uncertainty unleashed by Brexit, which tightened nerves over consumer costs and industrial competition. The SDIL required a large amount of strategic framing. George Osborne mentioned what levy money should go towards, such as school sports and breakfast clubs, to help change public perception from just household burdens to investments in children's futures. The case of strategic coupling suggests that streams came together through both alignment and active political engineering, a description that aligns with that of policy entrepreneurship (Kingdon, 2003). The framing succeeded in shifting the ideological health debate from personal choice towards structural accountability, which serves as a demonstration of Lukes' (2005) third face of power through ideological influence.

The perspectives shared by former Department of Health officials during interviews support this narrative. The senior adviser admitted to understanding the precarious nature of their position: *"Policymakers wanted to avoid the negative label of being a nanny state. We would have a better chance if we framed it as both smart economics and smart health policy"* (Matt, Senior Policy Officer). The situation demonstrates how ideological power and decision-making authority must be carefully balanced. The SDIL represented a soft paternalistic approach that shaped industry practices without intruding upon consumer freedom. The policy avoided direct bans and portion controls and functioned through a fiscal system which aligned with a Conservative-led government's goals for public health and deficit reduction.

During this policy window, experts began to redefine obesity by emphasising its broader systemic causes. Starting in 2015, the public discourse began to recognise systemic drivers and environmental determinants instead of focusing solely on personal responsibility and lifestyle choices. Public Health England's modelling efforts demonstrated sugar's impact

on the national diet and established quantitative goals for dietary change according to their “Sugar Reduction” report (2015). Organisations including the British Medical Association and the Faculty of Public Health published public letters and position papers which identified sugar consumption as a societal harm that needed collective responses. The new framing approaches lessened the credibility of opposition to government action, while simultaneously limiting industry players' ability to avoid decision-making power (Lukes, 2005).

Industry groups sought to counter this shift with lobbying campaigns and public discourse. In addition to citing unexpected economic consequences, the Food and Drink Federation questioned the efficiency of fiscal measures, citing inconsistent evidence internationally and an economic model that had predicted a reduction in employment (Oxford Economics 2016). Advocates who linked the obesity issue with a feasible and politically palatable solution had successfully utilised the policy window. Presenting the SDIL as a tax beyond consumer reach helped overcome typical taxation resistance. The final policy demonstrated moderate scope but represented a critical change in how the government approached food environment regulation after years of resistance to such moves in favour of voluntary industry regulations (Panjwani and Caraher, 2014).

The alignment of Kingdon's three streams became evident during the policy window opening for SDIL from 2015 to 2017. The political conditions were shaped by fiscal pressure and the existence of a Conservative majority. Increased public urgency about obesity emerged from NHS financial concerns and media attention. An available policy option that was technically feasible and politically acceptable received support from powerful policy entrepreneurs who strategically framed it to align with the ruling political ideology. The SDIL successfully navigated ideological and institutional constraints by being presented as both a health and economic measure, despite ongoing industry resistance, which demonstrated the dynamic interaction between policy entrepreneurship and ideological power with window alignment in UK obesity policy development.

9.7 THE INFLUENCE OF HISTORICAL EVENTS AND POLITICAL ACTIONS FROM 2007 TO 2016 ON PERCEPTIONS OF THE PRACTICALITY AND ACCEPTANCE OF THE SUGAR DRINKS INDUSTRY LEVY (SDIL)

The arrival of the Sugar Drinks Industry Levy (SDIL) was not a bolt from the blue, rather it was the final tie in a series of concerted actions and political responses over a period of nearly a decade. Table 9.1 summarises principal policy events, advocacy actions, and government reactions between 2007 and 2016 which cumulatively secured the technical feasibility and political endorsement of the SDIL. Over time these events show an evolution

of public health framing from personal responsibility to systemic causes that allowed for regulatory solutions to be more accepted. Through reformulation targets and fiscal levers, policy entrepreneurs such as Jamie Oliver and Action on Sugar employed scientific evidence and reports from institutions to narrow in on practicable means of presentation. This complex debate about policy design and economic impact emerges from a tension between industry pushback and political reluctance. In 2016, fiscal pressures, public support and existing administrative capacity conspired to create the underlying conditions required for SDIL to become both a technically feasible and politically acceptable policy option.

Table 9.1 Timeline of Key Events Shaping the Development and Feasibility of the SDIL (2007–2016)

Date	Key Event	Relevance to Policy Feasibility and Framing
Oct 2007	Foresight report “Tackling Obesities: Future Choices” published.	Shifted discourse from individual blame to societal responsibility. Laid conceptual groundwork for state-led interventions.
Jan 2008	"Healthy Weight, Healthy Lives" strategy launched.	Acknowledged the complexity of obesity and introduced a cross-sector response, enabling feasibility debates.
Nov 2008	Jamie Oliver lobbies Parliament.	Raised media and political attention; signalled civil society demand for stronger interventions.
Jan 2009	Government funds Change4Life campaign.	Signalled institutional willingness to act; increased infrastructure for obesity messaging.
Apr 2011	Jamie Oliver campaigns to remove sugary milk from schools.	Example of policy entrepreneurship with potential introduction simplicity.
Oct 2011	Denmark introduces fat tax; UK PM comments on potential adoption.	International example cited in UK debates to assess tax feasibility and anticipate backlash.
Oct 2011	Responsibility Deal launched.	Demonstrated limits of voluntary measures, supporting case for regulatory options like SDIL.
Mar 2014	Chief Medical Officer calls for sugar tax.	Elevated technical and moral authority behind SDIL concept.
Jun 2014	Action on Sugar urges reduction targets.	Provided detailed, implementable frameworks; framed reformulation as feasible.
May	Health Minister proposes levy;	Revealed internal disagreement over feasibility

2015	PM's office rejects it.	and political risk.
Nov 2015	Jeremy Hunt proposes SDIL to George Osborne.	Initiated Treasury involvement; feasibility discussions advanced through fiscal modelling.
Jan 2016	NHS announces hospital sugar levy.	Institutional precedent confirmed presentation capability.
Mar 2016	SDIL announced in national budget by George Osborne.	Culmination of policy stream convergence: problem, politics, and policy aligned.
May 2016	SDIL mentioned in Queen's Speech.	Cemented symbolic and institutional legitimacy; strengthened feasibility and public acceptability.
Jun 2016	Brexit referendum results in uncertainty; FDF calls for SDIL pause.	Highlights challenge to technical feasibility due to economic and trade instability.

9.7.1 Policy Entrepreneurs and Strategic Framing

The work of policy entrepreneurs advocating for the introduction of the Soft Drinks Industry Levy (SDIL) between 2007 and 2017 was critical in shaping obesity policymaking in the United Kingdom. Within the conceptual framework of Kingdon (2011), policy entrepreneurs are passionate actors willing to invest their time, resources, and political capital with the goal of achieving a policy change. At such times that Kingdon terms “policy windows”, these actors strive to harmonise the streams of the problem, policy and political. These approaches reach beyond just the presentation of evidence to include more strategic elements. For social entrepreneurs, this means using strategic communication techniques and forming alliances, as well as paid media, to reframe how the public understands policy issues. The concept matches Lukes’ (2005) idea of ideological power, because entrepreneurs manipulate common norms and beliefs to make certain policy solutions acceptable.

Jamie Oliver stands as a leading policy entrepreneur who successfully captured public attention and exerted substantial influence over political matters. Instead of technical policy development like many public health actors, Oliver used his fame to transform discussions about childhood obesity. Jamie Oliver used emotional storytelling alongside compelling visual presentations in his television campaigns to change public understanding of obesity from a personal failing to a societal and systemic issue related to school meal nutritional deficiencies. Systematic problems generated unhealthy diets according to Oliver due to insufficient food education and the food industry’s aggressive marketing strategies as well as expensive nutritious food alternatives (Bridge, Flint, and Tench, 2020). The successful petition for a sugar tax that gathered over 150,000 signatures and led to parliamentary debate

demonstrates how symbolic actions can create opportunities for legislative measures (Triggle, 2015).

Just like Oliver, Action on Sugar and Sustain acted as institutional policy entrepreneurs. And by leveraging their collective powerful lobbying force and scientific credibility, these groups consistently pushed for broad regulatory channels to reduce sugar consumption. Action on Sugar linked excessive sugar consumption to chronic diseases such as type 2 diabetes and cardiovascular disease. Their messaging differed from earlier efforts by focusing on the shortcomings of voluntary industry measures and highlighting structural factors that lead to unhealthy eating habits. Through their lobbying activities, the group held meetings with key political figures and submitted expert reports while participating in Select Committee hearings to ensure their framing reached the heart of policymaking (Action on Sugar, 2014a; 2014b).

But ideological power was not enough. The entrepreneurs sought to build coalitions with other groups to increase their power. Their proposals were endowed with institutional legitimacy when they were endorsed by a slew of health organisations in Britain: PHE, RSPH and BMA. The policy narratives spread through government departments, as well as media channels and civil society campaigns, because of these coalitions which strengthened the belief that everyone agreed on the need for a sugar levy. Kingdon (2011) emphasises that building consensus remains crucial to move past policy stream inertia when technical or political hurdles oppose solutions. These actors achieved public value alignment through the SDIL's strategic presentation as a revenue-neutral solution centred on children's welfare, which Kingdon describes as "value acceptability" (2013, pp. 131–134).

Through Lukes' lens of decision-making power, these entrepreneurs moved beyond shaping discourse and achieved direct policy results. The 2016 presentation of SDIL reflects how ideational influence successfully transformed into institutional change. Advocates managed to establish the tax as a practical and morally sound measure despite persistent resistance from organisations such as the Food and Drink Federation (FDF) and the Institute of Economic Affairs (IEA) (Snowdon, 2015; 2016). The Chancellor's choice to dedicate levy revenues to child health programmes demonstrated the reframing process by avoiding the perception of excessive taxation. Successful policy entrepreneurs need to create new ideas and adjust them according to political and institutional limitations, according to Knaggård (2015). Table 9.2 below shows a summary analysis of policy entrepreneur influence on UK obesity policy between 2007 and 2019.

Table 9.2 Analysis of Policy Entrepreneur Influence on UK Obesity Policy (2007–2017)

Entrepreneur	Framing Strategy	Influence Mechanism	Outcome
Jamie Oliver	Childhood health advocacy highlights systemic failures in media while leveraging petitions and celebrity influence during parliamentary debates to support SDIL initiatives.	Mobilisation of public opinion through media and petitions.	Increased visibility of the obesity issue and parliamentary pressure.
Action on Sugar	Utilised scientific findings and formed alliances while presenting their case to Select Committees in order to influence public health policy.	Evidence-based advocacy and coalition building.	Positioned sugar reduction as a policy imperative.
Advocacy Coalitions	The SDIL consultation process involved advocacy coalitions and multi-sectoral outreach through economic frames like NHS savings.	Framed SDIL as fiscally responsible and health-promoting.	Enhanced government acceptance of the levy.
RSPH and BMA	Demonstrated moral responsibility towards health equity through surveys and policy statements to enhance the legitimacy of health authority recommendations.	Use of moral authority and institutional credibility.	Legitimised the public health framing of the policy.

The differential aspects of their respective strategies paired with their complementary tactics allowed these ideologically similar actors to prove potent respectively, but also even more so as a function of their coordinated action. Class-oriented strategy also allowed actors to be effective. Whereas Oliver's heartfelt emotional appeals engaged the public sphere, Sustain and Action on Sugar maintained pressure through the policy and professional networks. This multi-level strategy yielded a cascading effect that started with shifts in public opinion and moved through influencing institutional advice to shape government decisions. The results confirm Kingdon's (2011) insight that policy entrepreneurs need to do more than simply propose solutions; they are key to maintaining energy across the lifetime of a policy window.

This analysis illustrates that strategic framing and promotion, alongside coalition building and ideational influence, were more critical forces in the development of UK obesity policy than technocratic perspectives suggest. Entrepreneurs succeeded not by the inherent superiority of their proposals, but because they could redefine the terms of the debate to command cross-sector support and influence decision-making architectures. By using Kingdon's MSA alongside Lukes' framework on power, this analysis is able to provide a holistic understanding of the complexity of policy making, wherein government action in the form of rhetoric (e.g., speeches delivered on TV or the introduction of petitions) translated to the formulation of concrete policy: health and fiscal.

9.8 POWER DYNAMICS IN THE POLICY STREAM

To analyse the trajectory of UK obesity policy from 2007 to 2017 the article uses Lukes' Three Dimensions of Power framework to identify the mechanisms that determined political priorities, policy possibilities and ideological narratives. The Treasury showed it can exercise its direct power when it introduced the Soft Drinks Industry Levy in 2016. The Treasury's ratification of the SDIL shows direct power in practice, despite industry resistance and the token-creep of its power in the event of an ineffective industry response. This framing was made possible by political calculations over periods of austerity which positioned the public health facing challenges as an economically responsible policy (HM Treasury, 2016). The SDIL acquired status as a "convenient policy tool" for Interviewee Seven in the civil service as it allowed the government to both raise revenue and seemingly propose a health measure with minimal economic disruption.

This non-decision-making quality of power explains why many obesity policy ideas (including advertising restrictions went unaddressed). Government documents from 2008 to 2015 validated advertising's influence on children's food choices, but policy proposals to control these advertisements were replaced with voluntary arrangements, such as the Public Health Responsibility Deal (DH, 2011). Former Department of Health officials argued that lobbying pressures and anxieties around the business reputation made advertising bans politically dangerous and escalated them as a red-line issue (Matt, Senior Policy Officer). Because they were entirely taken off the policy agenda, these measures were never even debated as options, demonstrating how actors with power are able to shape public policy by carving options out of what enters the realm of public debate (Lukes, 2005).

The ideological formation of how we interpret and understand obesity persists as the strongest form of power, especially when it is established as truth and recurring as a self-fulfilling prophecy. Government language continued to emphasize individual responsibility

for obesity, even as more evidence suggested environmental and structural causes. HM Government's 2008 Healthy Weight, Healthy Lives strategy framed obesity as a collective issue but placed significant focus on individual behaviour change. Interest groups reinforced this message in opposition to systemic policy changes. Despite its admirable aims, the Change4Life public campaign, for example, has thus reinforced the notion that obesity could be solved by educated individualised strategies. Such entrenched ideological beliefs overrode consideration of other acceptable public health interventions, even in the presence of policies such as the SDIL. From the interviews, we identified many instances where obesity was referred to as a "lifestyle issue", despite officials including those from the NHS attending multiple meetings related to financial measures (Matt, Senior Policy Officer).

These three varieties of power played out through interlocking institutional ecosystems consisting of state apparatuses, market forces, and networks. As state actors, HM Treasury, Public Health England and the Department for Health and Social Care played key roles in both endorsing certain policies and dismissing others. The food and drink sector exerted significant agenda-setting power via lobbying and narrative-framing tactics. Policy networks composed of NGOs, think tanks and medical organisations for example attempted to contest existing limitations but found their actions constrained by existing ideological demarcation lines. Analysis of the power asymmetries in strategic framing and advocacy between the Food and Drink Federation and Public Health England narrative can still shift the dynamic of institutional influence on policymaking. In other words, the process that Figure 9.2 describes is the way the three faces of power from Lukes connects with the three streams from Kingdon's model.

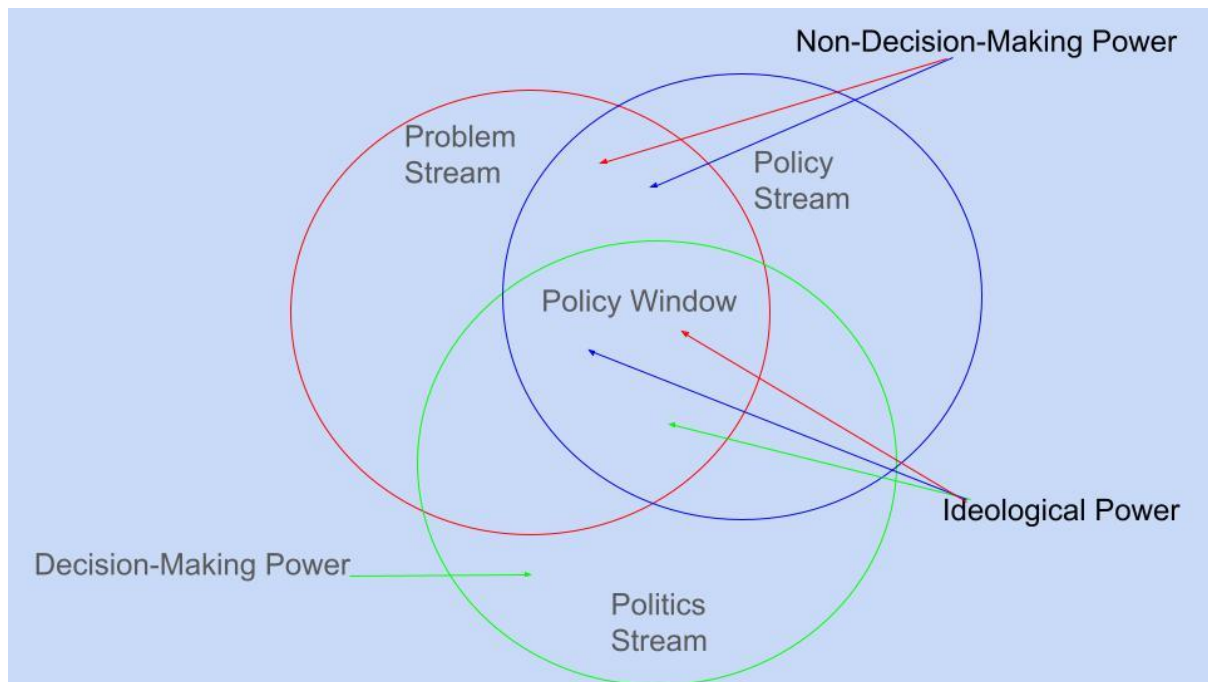


Figure 9.2. The interaction between Lukes' Three Dimensions of Power and Kingdon's streams

9.9 THE FORMATION OF POLICY CONSENSUS THROUGH STREAM INTERACTIONS

The convergence of two policy streams between 2007 and 2017 in the UK was not the result of some collective agreement but rather there was an alignment of strategic interests. This strategic alignment resulted from a combination of gradual softening-up processes, the gathering of empirical evidence, and urgent political needs. The SDIL serves as an interesting case study of policy solutions that garnered legitimacy via framing as just, and through strong institutional supports, even absent universal buy-in. Jamie Oliver and Action on Sugar campaigned tirelessly as policy entrepreneurs who combined media campaigning and testimony before parliament with coalition-building strategies to support fiscal interventions. Research reports a joint enterprise between Public Health England and academic institutions, analysed the health and economic effects of sugar consumption while also arguing for the technical viability of the SDIL initiative (Public Health England, 2015).

In terms of practical minutiae regarding the SDIL, the practical aspects prevailed over a process of policy formation that relied on normative consensus. Policymakers required interventions that would attract political backing, while also being economically viable and highly symbolic. The SDIL was framed by the Treasury as a stream of funding for child health programmes, which combined economic self-interest and public health aims to make an opportunistic, rather than a purely ideological coalition (Cairney, 2019). Political actors seeking the easy and safe victories that would dissipate negative attention from worsening

obesity rates. What crystallised was ultimately convergence through transitory alignment over what the problems were and what solutions were needed, in alignment with what had already been locked in politically, rather than shared value of the foundational type.

During a time when deeper structural reform was both required to capture changes in the problem and political streams and weakly supported, the SDIL became a politically palatable choice. In Chapter Eight, we learnt that the problem stream gained notice because of jarring statistics and high media visibility. Public opinion shifting before the election discussed in Chapter Seven, along with 2010 economic hardships and leaders' endorsements, influenced the stream of politics. The SDIL was a critical link between actualising these developments by delivering tangible outcomes that responded to the needs of the diverse stakeholders involved. Although policy was aligned during this time, obesity governance structures remained relatively unchanged. The tenuous political status of advertising restrictions and other measures, including one for reform of the broader food system, proved that the agreement developed was half-way measures.

The failure to implement major structural reforms is an outcome that shows how ideological narratives and institutional inertia remain powerful determinants of outcomes. The SDIL was a new policy initiative, though it operated within an existing neoliberal framework of focusing on individual responsibility and market-focused solutions. Via narrow consensus built through power imbalances, industry stakeholders were able to dilute or defer negative regulations. The streams' interaction illustrates that policy development takes shape not through rational thinking or shared goals but through constrained coalitions determined by contingencies, as well as power relation and institutional constraints. This interpretation also acknowledges the critical role that power structures play in stream convergence as demonstrated in Zahariadis' (2016) critique of MSA.

The policy stream indicates that the acceptance of ideas is based on appropriate framing and organizational placement that matches political priorities rather than the merits of the ideas themselves, at least between 2007 and 2017. The SDIL became an obvious focal point for convergence because it met key conditions of feasibility and salience while also allowing for symbolic meaningfulness. Due to this practical alignment, actors from different sectors worked together during a limited period of time; thus, it was an opportunity through which the policy was implemented. The process is indicative of how these ad-hoc effectiveness coalitions remain defined by their vulnerabilities and how the underlying dynamics of power continue to shape the decisions made around the 'obesity strategy' in the UK.

9.10 SUMMARY OF ANALYTICAL CONTRIBUTIONS

This chapter shows how the UK's obesity policy environment from 2007 to 2017 was constructed through dynamic interactions between different stakeholder groups in combination with ideological forces and institutional constraints. They enacted almost 700 policy initiatives in this period, with few having any real consequence. The policy failure is blamed on voluntary programmes without enforcement, and on a continuing portrayal of obesity as an individual issue rather than one determined by structural forces. The ideological power, as described by Lukes, through the reduction of support for interventionist strategies, curtailed the options available to it in policy. Planners intentionally kept advertising restrictions out of formal discussion processes, to illustrate how open-ended non-decisions constrain obesity response options.

The SDIL became successful not through a normative consensus but through the existing political and institutional conditions providing an effective strategic opportunity. It was a combination of strong evidence and institutional readiness, tempered by symbolic links to child health and financial responsibility, that enabled the SDIL to meet Kingdon's technical feasibility and value acceptability criteria. The Treasury had the mechanisms of power to impose the levy, and the ideological power to cast the SDIL as in line with neoliberal ideals. Policy entrepreneurs helped in reframing the debate and forming cross-sector coalitions that sustained momentum over a narrow window of opportunity.

The findings demonstrate how power relations between government, industry stakeholders, and advocacy organisations have shaped the design and use of obesity policies in response to research questions. Analysis of the SDIL case illustrates that Kingdon's policy streams, alongside Lukes' dimensions of power, illuminate the mechanisms through which some policies gain traction and others fail or become compromised. This chapter uses these insights to build on and synthesise the multiple patterns of problem-policy-politics streams, to explain how obesity policy has developed in a context of neoliberal governance and constrained political opportunities.

Chapter 10: Politics Stream

10.1 INTRODUCTION

The chapter examines how political elements affected the development and execution of the Soft Drinks Industry Levy (SDIL) alongside broader UK obesity policy discussions from 2007 to 2017. The chapter explores how public sentiment combined with interest group mobilisation and party politics alongside electoral transitions shaped policy intervention possibilities and design through Kingdon's politics stream in the MSA with additional insights from Lukes' Three Dimensions of Power. The chapter examines how political actors and interest group lobbying as well as institutional limitations and ideological perspectives affect policy innovation in contrast to the problem stream, which examines problem identification and salience. The research uses interview data from public health officials along with civil society advocates and policymakers to provide a contextually based analysis of the political factors affecting obesity policy decisions with a special focus on the SDIL.

The structure of the chapter is organised according to the three key components of Kingdon's Politics Stream, which include national mood alongside organised political forces and general elections. Throughout the study period each section investigates the development of these dimensions with a focus on changes in framing methods and power strategies employed by various actors as well as the overarching ideological environment that shaped policy decisions. Through an integrated analysis of public sentiment alongside political party objectives and lobbying influences, the chapter investigates how political elements served as both catalysts and barriers for policy windows concerning the SDIL and other interventions. The study incorporates interview findings to expand empirical knowledge and address earlier research critiques about insufficient primary research integration.

Following Chapter Eight's problem stream analysis, this chapter extends its examination of obesity's framing and construction as a policy issue. The previous chapter examined indicators and causal narratives alongside focusing events while the current chapter examines how political mechanisms shaped the policy response following problem recognition. The goal of this chapter extends the previous discussions by exploring the aspects of political feasibility along with decision-making dynamics and actor-level influence.

This allows the presentation of an organised and systematic analytical framework that utilises the theoretical perspectives of Kingdon and Lukes. The chapter systematically

explains and applies key ideas such as the "nanny state," "voluntarism," and "policy drift". The study integrates interview results to reveal how political actors understood and operated within the policy environment while addressing earlier issues about primary data underutilisation. The chapter's theoretical foundation becomes more robust through this approach which uncovers new aspects of the political factors that informed the SDIL and the UK's wider obesity policy during this time.

10.2 KINGDON'S POLITICS STREAM

Within Kingdon's (2003) MSA, the politics stream is defined by three main components: the national mood, organised political forces, and changes in government. These components determine both which political issues gain attention and the feasibility of implementing specific solutions. The national mood describes public sentiment about specific policy ideas that can be shaped through media exposure and cultural standards or through data derived from public opinion surveys. Organised political forces consist of lobbying groups as well as interest coalitions and advocacy networks which operate as civil society organisations influencing policymakers to support or oppose specific reforms. Through electoral turnover during general elections, party ideologies and political leadership changes showcase their ability to reshape policy agendas.

The intersection between an identifiable problem and a feasible solution and the combination of different elements controls when policy windows open and close. Public concern regarding childhood obesity together with industry dissatisfaction and fiscal targets of the Conservative government in 2015 led to the political viability of the SDIL. The politics stream functions within broader power structures and ideological forces. The influence of fundamental power structures and ideological forces demands the application of Lukes' theory to explain the processes of non-decision-making along with ideological framing.

10.3 LUKES' THREE DIMENSIONS OF POWER

Lukes' (2005) power model identifies three interconnected dimensions which function at different visibility levels. Decision-making power represents the first dimension which emerges from observable policy choice disputes where actors strive to achieve their desired results. The second dimension of power refers to non-decision-making power which enables actors to stop certain issues from ever appearing on the agenda. Both corporate lobbyists and government departments frequently utilise their power to block regulatory proposals while preserving voluntary programs through introduction delays.

Among power dimensions ideological power emerges as the most insidious form. The power dimension operates by managing the presentation of issues and determining acceptable knowledge to influence public opinion and policy debates. UK obesity policy used ideological power by representing obesity as an individual responsibility issue instead of a structural inequality problem. The narrative limited policy goals and positioned interventions such as SDIL as more extreme than they actually were. Lukes' framework broadens Kingdon's model by exposing concealed processes that shape the construction and maintenance of political feasibility while demonstrating how these processes face opposition. Industry actors from the food and drink sectors demonstrate their influence through their combined use of lobbying techniques and discursive methods which restrict policy choices while also shaping the agenda.

10.4 CLARIFYING KEY CONCEPTS

Precise definitions of frequently used terms are essential to properly analyse obesity-related political language. People commonly use the term "nanny state" to negatively describe governmental actions they see as too controlling and parent-like. UK political debates have employed the term to discredit regulatory approaches like advertising bans or sugar taxes by championing market solutions and personal accountability. "Policy drift" describes how policy objectives experience a slow weakening or dilution because of institutional inertia combined with unclear mandates or opposition from powerful stakeholders. Policy drift emerged in the obesity context when initiatives like the Responsibility Deal produced no measurable results enabling policymakers to announce progress without facing industry opposition.

Another key term, "voluntarism", represents a governance model which prefers self-regulation and non-binding agreements instead of formal statutory enforcement. Despite its presentation as a practical and cooperative method, voluntarism actually reinforces existing power structures when powerful interests benefit from postponed regulation. Finally, the "neoliberal health paradigm" represents the ideological belief that health responsibilities should fall on individuals instead of being a collective societal matter. This paradigm reduces government involvement and focuses on modifying behaviour instead of implementing structural reforms. Political narratives together with institutional norms and ideological assumptions determine the boundaries of feasibility and legitimacy in health policy.

10.5 NATIONAL ATTITUDE AND POLITICAL RECEPTIVENESS (2007–2017)

10.5.1 Changing Attitudes towards Obesity

Political and ideological shifts in the decade under study altered public attitudes surrounding obesity and, in turn, shaped UK policy responses. YouGov polling data from 2008 shows that 72% of respondents thought obesity was mostly the result of choices like eating too much and not exercising, not genetics or external forces. This outlook aligned with a neoliberal solution, which privatises responsibility rather than analysing structural or environmental determinants. This reaction against paternalism proved to be a roadblock to political support for regulations that were seen as overreaching or controlling. Interview data lend further support to this interpretation. The feeling was political figures were careful not to cross the lines set by public support for personal responsibility principles, as Matt stated.

Late in this decade the political and public debate around obesity shifted markedly from about 2015 onwards. The conversation only began to change when policymakers began emphasising how their poor health was costing the NHS money, with obesity seen as the crux of the issue, and the ethics of the system itself rather than the moral failures of individuals became the battleground. Financial reasoning lent political support to policy change and proved potent when viewed against austerity measures in the wake of the financial crisis. The NHS data and the Foresight Report projections peaked out increasing increasingly rates of obesity but showed that health services carried a disproportionate burden in disadvantaged areas and with young patients.

Framing obesity as a threat to national health infrastructure, policymakers were able to shift the conversation away from individual blame and toward immediate systemic action. Because the media and parliamentary debates over increasing childhood obesity rates suggested ethical justification for intervening, policymakers could frame the SDIL as a protection of the public's health, rather than a tax on industry players, to find public support. To lessen the opposition for the initiative, interviewees described a child-focused approach to the initiative. The MP said moving from adult obesity to benefitting children proved much more popular with the public.

Therefore, concerns about the pressures on the NHS, increasing alarm over childhood obesity and critical analysis of the food industry's influence upon its consumers, all set the scene for a broader discursive shift. The shift helped move slowly away from individual responsibility narratives, but some aspect of this perspective remained in political discourse and media conversations. The SDIL encountered only limited political opposition because, by the time it was proposed, public attitudes had shifted sufficiently to accommodate some

regulation. These interviews reveal that instead of an immediate shift in public opinion, successful framing of the issues – built upon years of advocacy work – created a climate in which public acceptance as opposed to public rejection was the norm. Public health advocates deliberately stressed school funding and childhood diabetes to steer policy debates away from individual blame.

10.5.2 Media Framing and Discursive Power

Obesity was discussed as an issue for the political agenda, and the media representation of obesity from 2007 to 2017 was integral in determining the boundaries of political discourse, as well as the willingness of the public to support interventionist health policies. During this period of time, Guardian news coverage reflected a shift from individual blaming narratives to stories targeting environmental impacts on and fortifying corporate profitability health. Early news accounts maintained neoliberal perspectives by emphasizing personal responsibility, via diet and exercise, but later reporting started to investigate the role of the food and beverage industry. Newspaper headlines on the “sweet deals” sugar giants struck with the Government, alongside investigations into the workings of lobbying, contested the notion of personal responsibility. Heywood does not cite Lukes in connection with his third dimension of power (see Lukes, 2000) but this shift of focus can be logically aligned with it, where it is not policy that is made, but public preferences and assumptions that must be directed for desired outcomes. By framing obesity as a structural problem, media platforms created space for broader discussions of policy measures including the SDIL.

This shift is evident in the analysis of public discussion trends found via Google Trends searches and records of parliamentary debate. The number of searches for obesity and sugar tax increased considerably during the year preceding the SDIL announcement (Penney et al., 2023; Scarborough et al., 2020). Interview findings also show how the media attention helped shift obesity from being perceived as primarily a question of individual lifestyle, to a broader and highly collective, public health issue. Obesity was different, one participant explained, adding that it achieved attention when media attention turned to schools and children, enabling it to reach audiences in an emotional way. The invocation of children’s health lent legitimacy to state intervention in a way that discussions of adult health never did. Via its reporting on food deserts and on advertising overload and the cost of healthy foods, the Guardian connected obesity with socioeconomic disadvantage. The stories undermined the dominant idea of free choice and highlighted how the frameworks of the market and the failure of government worked to produce such constraints.

Despite these advances, the ideological push-back has remained particularly strong in certain media sectors and in political analysis. The rules were continually attacked, ch-tat for shorthand, as “nanny state” overreach by industry-funded think tanks and conservative media. According to Lukes, the concept of non-decision-making power explains why proposals to ban advertising and establish portion controls supported by the public were repeatedly ignored. The fiscal intervention framing of the SDIL was somewhat successful in this regard, steering clear of implications of behavioural intervention. It targeted producers and not consumers whereas revenue was used to provide education and health services. The plan fit with the broader story of tightening the nation’s finances and avoided riling libertarian groups. Advocates, along with some friendly media, engaged in strategic framing, allowing them to maintain public support and avoid ideological scrapping.

Over the decade, the development of discursive power was complex and contentious. It was a product of relentless work conducted by public health officials as well as investigative journalists who aligned with evolving public interests. Analysis of the media suggests that 2014 was a turning point, when journalists started writing more frequently and more prominently about corporate lobbying and childhood obesity. The rise of these stories made political acceptance of policy responses that have recently been politically impossible possible. Data from interviews supports this interpretation. As one public health consultant put it, *“the media did half of our work for us. Politicians didn’t even turn their attention to sugar until The Guardian connected the dots to NHS collapse”*.

Media framing evolves through discourse that already serves as an indicator of public opinion and as a determinant of policy framing. Political actors from the media who challenged established belief systems and introduced new explanatory frameworks played a role in reshaping the political domain of obesity policy within the UK. The SDIL emerged from both epidemiological need and economic reasoning and thus tracked the evolution of public discourse about obesity.

10.5.3 Policy Visibility and the SDIL

From 2007 to 2017, political attention towards obesity as a policy matter grew substantially, because institutional changes, alongside media stories and targeted framing efforts, raised its profile. Although obesity was well known in public health discussions for many years, the development path towards introducing the SDIL did not follow a straightforward or predetermined course. The combination of evidence building and advocacy efforts grew over time alongside political expediency to make the issue politically actionable. The transformation was driven by several critical milestones which featured the Foresight

Report (2007), the Public Health England (PHE) Sugar Reduction Evidence Review (2014), Jamie Oliver's advocacy campaign in 2015, and the SDIL announcement during the 2016 Budget.

The Labour government commissioned the Foresight Report, which proposed a systemic analysis showing obesity as the result of intricate environmental and socio-economic conditions instead of personal shortcomings (Butland et al., 2007). The report shifted the discourse; however, it failed to generate strong policy changes because its timing was poor and there was widespread ideological resistance to adopting strict regulations. The report established an essential narrative that health advocates repeatedly used during future discussions to challenge the government's Responsibility Deal voluntary approach.

The turning point came in 2014, when Public Health England released its evidence review concerning sugar consumption and associated health impacts. The report validated scientific calls for action while establishing specific sugar limits and identified sugar-sweetened drinks as primary factors in calorie overconsumption (PHE, 2014). According to interview data, this evidence was instrumental in reorienting policy attention: *“The sugar data provided the necessary leverage because it was measurable and explicitly connected to children's health outcomes”* (Paul, MP, SHINE Health Academy). The clear understanding and political urgency of the sugar problem made it stand out from earlier policy approaches, which remained vague or excessively broad.

Public figures' support for obesity awareness turned the issue into a significant political topic. In 2015, Jamie Oliver launched his sugar tax campaign, which successfully engaged public opinion through petitions, televised appeals, and direct parliamentary engagement. The focus on childhood health and education in Oliver's campaign built an emotional story that transcended political divisions. The campaigner pointed out Jamie transformed the dialogue to focus on safeguarding children instead of criticising parents. The presentation of the levy as a method to protect children, instead of imposing a punitive tax, reduced the usual resistance to state involvement. The redefinition of policy narratives functions as Lukes' (2005) third dimension of power by altering the boundaries of what becomes acceptable.

The media coverage played a vital role in determining how visible the issue became. The Guardian's headlines between 2013 and 2016 increasingly focused on corporate wrongdoing, dietary inequity, and policy shortcomings to strengthen a systemic understanding of obesity. Google Trends data from 2014 to 2015 showed rising online searches regarding health problems associated with sugar which peaked before the SDIL announcement. Public health discussions and parliamentary debates focused heavily on obesity because childhood

obesity directly affects NHS costs and school attendance along with social inequality. Obesity entered the political spotlight after its association with children's health outcomes and NHS expenses became evident according to Paul, MP of SHINE. The reframing of the issue to address fiscal and moral necessities allowed the SDIL to emerge as both a practical solution and a socially fair option.

The SDIL was introduced by then-Chancellor George Osborne during the 2016 Budget, which served as the final step in these efforts to improve the issue's public visibility. The policy community was caught off guard by the announcement, which nevertheless fit well into the government's larger economic framework. The SDIL served as both a public health mechanism and an income stream through its financial support for school breakfast clubs and sports programmes. The policy attracted attention because it served two purposes. The initiative addressed a rising health crisis while showcasing government responsibility amidst economic limitations. Thus, no single revelation brought the visibility of obesity policy and SDIL into focus; instead, it evolved through scientific framing, combined with media exposure and strategic political moves.

10.6 ORGANISED POLITICAL FORCES AND NETWORK INFLUENCE

10.6.1 Corporate Lobbying and Policy Resistance

Between 2007 and 2017, UK obesity policy development was largely influenced by corporate actors from the food and beverage industry. The Food and Drink Federation (FDF) and the International Food and Beverage Alliance (IFBA) played central roles as lobbying organisations that aimed to influence government interventions by shaping, delaying, or diluting their actions. Official documents and press reports demonstrate that these organisations regularly met with high-ranking government officials. The FDF had at least 33 recorded meetings with Department of Health ministers and officials from 2010 to 2014, while also exerting influence through the Responsibility Deal steering group (Martin, 2015). The close relationship between industry groups and government leaders created a perception of unequal access and influence, however, critics claimed this dynamic gave priority to industry interests instead of public health objectives.

Interview data substantiates these concerns. According to senior public health officer, Matt, public health interests were overwhelmed by billion-pound corporations, and stakeholder testimonies showed similar frustration about biased policymaking. Participants also noted that corporate actors possessed vast resources through their legal teams, public relations agencies, and economic consultants, which enabled them to position regulatory measures like the Soft Drinks Industry Levy (SDIL) as harmful to businesses. The portrayal

of regulatory efforts as paternalistic impositions through language that highlighted economic damage and consumer rights aligns with Lukes' second and third dimensions of power from his 2005 work.

Industry organizations utilised lobbying alongside procedural strategies to prevent advertising bans and mandatory reformulation from gaining attention in the official obesity strategy while exercising the second dimension of power. The study included accounts from participants about multiple occasions when regulatory proposals were halted before entering public debate which featured the Cabinet Office's reported action to dismiss planned limits on junk food advertising before the watershed. The strategy of blocking policy considerations functions as non-decision-making power because it prevents relevant and supported policy options from entering formal evaluation.

The third dimension of Lukes' ideological power reveals its subtle influence when industry actors set both the results of decision-making processes and the basic premises which inform debates. Through their press releases and advertising campaigns the FDF consistently emphasized narratives that supported consumer choice, market freedom and individual responsibility. Instead of directly opposing health regulation corporations allied with public health initiatives by endorsing voluntary measures and opposing government mandates. Corporations managed to maintain self-regulation while seeming to support public health objectives through this approach. In 2015, for instance, the FDF expressed approval of government goals to tackle obesity but rejected any regulatory approach: "Shared responsibility should produce optimal outcomes rather than relying on state regulation" (Ramesh, 2010). This approach weakened the push for stricter rules by shifting the focus towards finding a balanced and moderate solution.

Using post-Brexit instability as leverage against the SDIL, the sugar industry threatened to pull investments and cut jobs. Coca-Cola expressed that its future investments in the UK would rely on the new regulatory environment following the EU referendum (Malnick, 2017). Companies created discursive pressure through economic threats to block policymakers from implementing additional interventions. The influence extended beyond rhetorical methods alone. Several interviewees pointed out that Andrew Lansley's shift of nutritional policy to the Department of Health and preference for voluntary agreements demonstrated how the government seemed to be giving in to industry lobbyists. The Responsibility Deal, launched in 2011, became emblematic of this pattern: the system enabled industry collaboration with health policymakers yet resulted mostly in unfulfilled commitments and ineffective enforcement.

Corporations gained political power through their image as problem solvers and economic stakeholders, but public health actors failed to attain similar narrative trustworthiness. The repeated use of the “nanny state” trope constrained the extent of government initiatives. Industry communications identified potential dangers of government intervention by supporting consumer freedom and free-market values to fight regulatory initiatives. The media and parliamentary debates adopted these stories thereby reducing the political feasibility of radical policy actions. Lord Lawson's rejection of obesity regulation because of its perceived infringement on personal choice demonstrates how ideological narratives became part of high-level governmental debates.

Corporate actors moved past traditional lobbying to set the standards for acceptable policy discussions. Through both observable power tools and hidden techniques, the FDF and IFBA restricted possible policy actions. The privileged access corporate actors gained to policymakers while directing debate and problem definition demonstrates structural inequality in policymaking systems. The SDIL was shaped through industry negotiations that targeted manufacturers and excluded small producers instead of designing based solely on public health requirements. Corporate actors demonstrated significant policy resistance which obstructed the development of more extensive obesity interventions in this period.

10.6.2 Public Health Advocacy and Strategic Framing

Despite facing limited resources public health advocates successfully challenged corporate narratives to change the obesity debate and gain political support for SDIL policies. Public Health England (PHE), the Action on Sugar campaign, and Jamie Oliver represented the main components of the advocacy network. Multiple strategies were used by the actors to steer political conversations towards structural interventions while emphasizing both children's health and NHS cost implications.

Advocates primarily utilised strategic reframing as their main tactic in these advocacy campaigns. Public health advocates presented the SDIL as a children's health protection strategy which simultaneously served as a necessary measure to reduce public service demands. The campaigner explained to the public that the levy served as a method to support children rather than as consumer freedom restrictions because this concept appealed to both the general population and government officials. The combined moral and economic basis of the SDIL generated broad support while reducing industry resistance. The link between sugary drinks and childhood obesity along with healthcare costs established a legitimate reason for government action.

Media engagement was central to this strategy. Jamie Oliver deployed televised specials and parliamentary petitions as fundamental tools for his high-profile campaigns and this approach effectively amplified his message. Jamie Oliver's testimony before the Health Committee and his social media campaign compelled MPs to move forward with policy changes since one policymaker observed that he redirected the conversation towards child protection rather than finding fault (Dr Tom, University of Warwick). Through emotionally driven narratives and straightforward language advocates shifted the conversation from epidemiological statistics to personal damage accounts.

Advocacy organisations campaigned to expose the ineffectiveness of voluntary measures. A report by Action on Sugar alongside PHE stated that industry-led reformulation yielded insignificant outcomes and denounced the Responsibility Deal as ineffective. The research findings were published through policy briefings and media announcements which presented a distinct narrative against industry claims about their progress. Advocates demonstrated fiscal measures' proven success through international examples including Mexico's soda tax which protected the SDIL from being labelled as untested or radical.

Regulatory proposals earned scientific credibility when health professionals engaged actively in both parliamentary debates and consultation responses. Position statements in favour of the SDIL came from the Royal College of Paediatrics and Child Health and The Lancet published editorials that endorsed it. The interventions legitimised the levy as evidence-based policy and set it apart from corporate lobbying which seemed to prioritise private interests. A former civil servant revealed that policy transformation occurred due to scientific evidence aligning with political interests (Paul, MP, SHINE Health Academy)

Public health actors faced substantial limitations despite all collaborative efforts. Multiple interviewees reported that their institutional positions and political restrictions created substantial limitations. To avoid displeasing ministers, PHE adopted a cautious stance that limited how assertive their public statements could be. Advocates overcame these challenges by carefully choosing which battles to fight, which resulted in success against sugary drinks while avoiding controversial topics such as complete advertising bans and product reformulation demands.

Through strategic government partnerships advocacy groups pushed forward their agendas and achieved policy advances. George Osborne introduced the SDIL as a financially responsible policy that allocated funds for educational programmes which aligned with points made by campaigners. Osborne's motivations involved complex fiscal optics but the strategic merging of advocacy framing, and political opportunism created a unique opportunity for

policy intervention. Framing strategies showed their effectiveness through their ability to shape both public opinion and elite decision-making processes.

Public health advocacy throughout the studied decade revealed both challenges and potential of policy influence within a contested environment. Advocates succeeded in transforming the SDIL from a peripheral status to official law by uniting strategic reframing with coalition-building and media outreach. The disorganised structure of the obesity strategy together with gradual advances illustrate how evidence-based advocacy with media and moral support succeeded in breaking through political and institutional barriers.

10.7 ELECTIONS, PARTY POLITICS, AND POLICY SHIFTS

10.7.1 Partisan Ideologies and Government Transitions

Different governments developed the UK's obesity policies between 2007 and 2017 while applying their distinct ideological approaches to identify the problem and its solutions. The Labour government preferred "light-touch regulation" and behavioural economics to implement subtle nudges instead of direct regulatory measures from 2007 until 2010. The Behavioural Insights Team from the Cabinet Office developed this method to enhance individual responsibility via environmental triggers rather than enforced regulation. Change4Life programmes and school nutrition standards exemplified this approach by prioritising behavioural changes instead of structural interventions. The emphasis placed on individual responsibility and agency prevented major structural regulatory changes from occurring during this time period.

The Coalition government between 2010 and 2015 backed its obesity policy via market-oriented deregulatory tactics. The Public Health Responsibility Deal under Conservative Health Secretary Andrew Lansley required industry sectors to make voluntary commitments. The government's policy approach rejected "nanny state" initiatives and exemplifies Lukes' third dimension of power by ideologically framing acceptable policy decision parameters. Although the Coalition professed to create forward-moving partnerships, they instead allowed the food and beverage sector to secure significant influence rather than using regulation to address primary health factors. The government replaced mandatory laws with voluntary agreements as ministers rejected repeated calls for tighter regulations including advertising restrictions and portion size controls (Scott et al., 2017; Cairney, 2019).

When the Conservative Party came into power after 2015, it created a new direction for political debates regarding obesity. The persistent ideological objections to regulatory measures lost ground as changes in the economic situation and shifts in public sentiment

opened pathways for negotiation. Chancellor George Osborne implemented the SDIL as a politically feasible leadership strategy because it managed to tackle both the public perception of austerity measures and the economic impact of obesity without generating significant public opposition. According to Matt from the senior policy office, SDIL evaded the nanny state label because it preserved consumer choice freedom. SDIL successfully navigated the adverse climate for state intervention via its presentation as a budgetary solution instead of a moral or health initiative. The levies announcement highlighted the combination of fiscal realism with ideological moderation alongside political opportunity.

10.7.2 Election Cycles and Strategic Policy Timing

The decisions about obesity policy content and timing were impacted by electoral dynamics. The 2015 general election debates focused primarily on economic recovery and public service improvements, which resulted in minimal attention towards obesity policy discussions. The major parties avoided proposing decisive obesity strategies due to their limited political resources for contentious healthcare reforms. Throughout this time, obesity emerged as an enduring problem that failed to yield direct electoral advantages. Campaign agendas during the 2015 period showed stronger emphasis on mental health and NHS funding needs, while obesity remained a minor issue, as per government records and media reports (The Guardian, 2015).

The introduction of SDIL occurred during the March 2016 Spring Budget session, which demonstrated an attempt to align financial strategies with public health goals. Osborne's presentation outlined the levy as a dual-purpose instrument to enhance child health outcomes while also providing financial relief to resources strained by austerity measures. The timing of the announcement shifted media attention from politically sensitive welfare cuts by presenting a policy characterised as both widely supported and responsible. The SDIL received increased public backing through Jamie Oliver's campaigns, alongside Public Health England's support efforts. Osborne commented that the SDIL was a win that wouldn't cost votes (Bunn, 2016), revealing it as a strategic political move rather than an ideological shift.

The policy presentation process became more complex following the Brexit referendum held in June 2016. The uncertainty after Brexit weakened multinational company opposition, because they faced more urgent trade and investment challenges. Regulatory divergence from EU standards enabled the UK to create policies with greater freedom which allowed for flexible SDIL design. Manufacturers faced higher ingredient prices after the vote since currency devaluation made reformulating products to lower costs a more attractive option. Certain companies opted to transfer the levy to consumers through methods such as reducing

portion sizes or reformulating products to avoid direct price increases, as recorded by Oxford Economics in 2016. Research demonstrated that price elasticity varied across the industry, which enabled manufacturers to maintain brand reputation while technically meeting policy requirements through this strategy.

The SDIL political opportunity developed from fiscal challenges and economic uncertainty intersecting with electoral strategy and shifting perspectives on obesity. The delay of the policy introduction until April 2018 was strategically planned to synchronise regulatory actions with market readiness and Brexit aftereffects.

10.7.3 Institutional Actors and Political Champions

The path of the SDIL was significantly influenced by certain institutional actors rather than being determined by party ideology or electoral cycles alone. Chancellor George Osborne stood out as a key advocate, who presented the SDIL as a financially sound programme to enhance children's health rather than an oppressive regulatory measure. His dual position as both economic strategist and political operator gave him the ability to overcome some of the Conservative Party's ideological opposition. George Osborne's leadership marked a departure from previous Conservative ministers, such as Andrew Lansley, by demonstrating a pragmatic approach to regulation within limited political circumstances.

As Chief Medical Officer, Dame Sally Davies worked to reduce sugar consumption through her various initiatives. Her persistent public calls for government intervention demonstrated a medical community agreement on the necessity for action including her support for a sugar tax in the 2014 Health Committee of Commons. Through her assertion that obesity transcended individual choice, Davies established the legitimacy of regulation, which allowed SDIL to gain political approval. According to interviews and reports, her proposals faced opposition from the Department of Health and Cabinet Office, because policy decisions were swayed by concerns about public perception and industry relationships (The Guardian, 2015).

Jeremy Hunt maintained an uncertain position throughout his tenure as Health Secretary during this period. He expressed support for obesity reduction measures; however, he often deferred fiscal intervention decisions to the Treasury and was criticised for blocking Public Health England's bold proposals. The policymaker observed that Hunt supported the idea but showed no determination to confront economic departments about it. The lack of institutional unity resulted in more significant obstacles when attempting to organise comprehensive government initiatives. The interviews showed that internal divisions during decision-making

and competition between departments blocked the creation of unified obesity strategies. The Department of Health focused its efforts on public messaging while the Treasury aimed for cost savings and the Cabinet Office evaluated policies to identify political risks. A former adviser revealed that repeated obstacles within the Cabinet Office blocked the ad ban proposal, demonstrating the effects of internal veto points on advancing policy.

Occupying strategic positions enables political champions to resolve governmental conflicts which led to SDIL becoming a recognised policy choice. Lukes' second and third power dimensions manifested during the policy formation process through concealed negotiations and compromise agreements. The development of obesity policy emerged from strategic partnerships between key state actors alongside evidence-based research and public needs.

10.8 TIMELINE: 14 UK GOVERNMENT OBESITY STRATEGIES (1979–2015)

Throughout its obesity policy development from 1979 to 2015, the UK government showed a pattern of making promises but failing to establish long-term regulatory measures. Throughout this period, all governments have identified obesity as a critical public health issue. Policy responses toward obesity have exhibited fragmentation and symbolic framing while depending extensively on voluntary mechanisms instead of statutory regulations. The described method indicates the widespread occurrence of “policy drift”, a situation where policy mechanisms become ineffective because they do not adjust to new conditions (Béland, 2007). Table 10.1 presents 14 major government strategies from this timeframe, including details about ruling party affiliation and orientation type (voluntary versus regulatory), along with their outcomes. The chronological mapping offers crucial analytical support for interpreting the political stream, while revealing the SDIL as a confined departure from established historical trends. This distinctive body of legislation diverged from the much more typical focus on voluntary policies, but its fiscal emphasis and political dividends prevailed over meaningful policy transformations. The levy was indicative of a new political openness to regulatory tools, although its (rather narrow) scope was maintained, a function of strengthening political stream pressure, featuring national mood shifts, electoral strategies, and the lobbying of diverse interests that created a window to larger policy interventions.

Table 10.1 Chronological Overview of UK Government Obesity Strategies (1979–2015):
Policy Orientation, Political Context, and Outcomes

Year	Strategy Title	Party in Power	Policy Type	Outcome
1979	Nutrition & Health Guidelines	Conservative	Advisory	Largely ignored
1983	Health of the Nation Green Paper	Conservative	Advisory	No legislative follow-up
1991	Dietary Reference Values	Conservative	Technical	Influenced NHS guidelines
1999	Saving Lives: Our Healthier Nation	Labour	Voluntary	Limited impact
2004	Choosing Health	Labour	Voluntary	Emphasis on personal responsibility
2006	Traffic Light Labelling (voluntary)	Labour	Voluntary	Partial industry uptake
2008	Healthy Weight, Healthy Lives	Labour	Mixed	Criticised for lack of enforcement
2010	Healthy Lives, Healthy People	Coalition	Voluntary	Initiated Responsibility Deal
2011	Public Health Responsibility Deal	Coalition	Voluntary	Widely criticised for industry influence
2012	Call to Action on Obesity in England	Coalition	Advisory	No measurable application
2013	Change4Life Advertising Campaigns	Coalition	Behavioural	Continued focus on personal choice
2014	NICE Guidelines on Obesity	Coalition	Advisory	Criticised for lack of mandate

2015	Childhood Obesity Strategy (draft)	Conservative	Voluntary	Criticised for delay and dilution
2016	Soft Drinks Industry Levy (announced)	Conservative	Regulatory	Marked a shift to fiscal intervention

10.9 SYNTHESIS: THE POLITICAL STREAM PROVIDED THE CONDITIONS FOR THE SDIL POLICY WINDOW TO OPEN.

The initial announcement of the Soft Drinks Industry Levy (SDIL) in 2016 was not solely a result of consideration of the persistent rates of obesity. This policy, however, was ultimately achieved in a context of political receptiveness to such reform that only momentarily coincided with electoral strategies, media framing methods, and public perception. These political conditions coalesced to display Kingdon's political stream elements through their mutually reinforcing relationships, which differ from linear models of policy change. There was a national shift towards supporting government-mandated public health measures, though the shift was uneven. This mood has been helped by increased media attention, advocacy efforts occasionally supported by good data, and frenzied public anxiety about childhood obesity. That support would only continue if programs were framed as common-sense initiatives that would not substantially disrupt existing systems and would yield economic returns.

The data collected from interviews consistently pointed to the current cautious political environment. The government jumped on the narrow window for action that opportunity offered, according to the senior public health adviser. The passage of this legislation was one time when strange bedfellows united to lower all the walls of bitterness between opposing camps. By positioning the levy as something that protects children and supports schools, it became more palatable to voters. This would have potentially opposed and articulated market liberalism, which instead was internalised and woven into the health policy as economically rational but also morally required.

The organised political entities played a crucial but uneven role in the process. However, IFBA, alongside the Food and Drink Federation (FDF), retained significant influence over public health policy by promoting voluntary public health measures and being opposed to fiscal measures. These groups showed some signs of diminished power and influence in the SDIL run-up period. Conflicts within the government and the ongoing work of Action on Sugar, SHINE and Jamie Oliver changed the balance of power. In sum, corporate interest lost its agenda-setting power momentarily.

Lukes' Three Dimensions of Power offer crucial insight into this analysis. The visible decision-making dimension of SDIL was prominent through its formal announcement and integration into the budget in 2016. The second dimension of power that lies within the failure of regulation to deliver pledge or similar options, whether legally or voluntarily, beyond and not in lieu of mandated advertising reductions, reformulation and other such measures. Within Lukes' trichotomy of power, ideological power (the third dimension) can be considered as the most significant type of power in Lukes' work. The SDIL secured a path of success by making actionable adaptations to existing dominant ideas than through replacing existing dominant ideas with their own. This led to best practices for Collective Intervention through integration into the ideologies that already existing. As one interviewee explained, they did not challenge the current dominant ideology, but instead, SDIL was internalised within it.

In this context, the policy opportunity window when this policy was developed at the 2015 general election moment, as well as uncertainty after the Brexit. At a time when public attention was focused on economic and constitutional matters, the government also sought to demonstrate social responsibility to avoid any added fiscal or political expenditure. The SDIL delivered a socially acceptable policy that generated revenue and political credit at low risk. An early example of strategic coupling by the UK Conservative Chancellor George Osborne's former Chancellor speech drew a link between obesity and child health and future generations. But instead of talking about government control, Osborne changed the debate to talk about parental responsibility, better aligned to the Conservative voter sentiment.

The SDIL was the product of negotiation constraints rather than an ambitious manoeuvre in terms of a change in policy direction. In other words, the policy was a real-world demonstration of the limits of political feasibility rather than an unveiling of all the proposals of public health experts. Insights from interviews reflect this tension. They were incremental changes, one policy officer said, and the best they could get "*without blowing it all up*", it was well-deserved progress but "*it didn't shake the system*". This ambivalence lies at the heart of the political stream: When the policies succeeded, they did so within existing rules, not by breaking the mould.

Despite these restrictions, the SDIL broke through a decades old tendency of policy freeze. The policy window was opened momentarily because changing public attitudes coupled with weakened industry opposition and political vulnerability in addition to effective framing created the right conditions for success. In combination, MSA and Lukes' frame demonstrate that there are ways power is exercised beyond visible vote and budget, in

agenda-setting and framing, and enforced via silences. The SDIL can be viewed as a case study of how constrained actors capitalised on the “space within the wall” of limited opportunity markers within all three-dimensional paradigms.

10.10 CONCLUSION

The chapter analysis presented here show that the SDIL did not arise from enduring political commitment to address obesity per se but rather a brief period of alignment between political circumstances that enabled its introduction. This is where Kingdon's politics stream is successful, showing the convergence of national attitude change with political strategy and institutional catchment to make SDIL the politically feasible option. The public warmed to state interventions aimed at particular problems when they were framed in terms of protecting children and preserving NHS resources. This feeling persisted, albeit feebly, but continued to be woven into narratives around personal responsibility that public officials increasingly invoked with evasion.

The organised units that constitute political entities provided the principal mechanism determining which issues appeared on the policy agenda. The Food and Drink Federation and the International Food and Beverage Alliance were once powerful entities within the industry but faced increased opposition thanks to public health campaigning and media and civil society activism. Through their strategic framing of the SDIL, which illustrated it as a morally defensible fiscal tool nested within the current ideological milieu rather than a government overreach, the interviews show that campaigners and civil servants deliberately used a language of economic efficiency and child protection to normalise and entrench the levy and to deflect ideology-based opposition.

Utilising the three-dimensional power framework developed by Lukes, hidden processes that determine and limit policy options were explored. The SDIL was framed to allow it to escape dominant neoliberal critiques and not challenge deep-seated ideological values. Politically “non-reform” and “discursive constraints” kept more radical actionable policies (advertising bans, mandatory reformulation) off the policy agenda despite evidence of their potential efficacy. The example of SDIL demonstrates how strategic manoeuvring within challenging political terrains can yield moderate regulatory progress without openly contesting existing systems.

This chapter has shown that political willpower was not great enough to bring about structural changes in obesity policy. The SDIL remains a small step away from traditional UK voluntarism, though there are no broader signs of regulatory departure. In health care, policy

development was incremental because of continuing ideological conflict and entrenched resistance to change embedded in organisational structures.

Chapter 11: Conclusion

11.1 OVERVIEW

The chapter opens by summarising the key findings of the study, examining how political framing works through interview data and documentary sources, mapping out the interaction between economic pressures and ideological commitments. The subsequent section covering theoretical and practical implications reviews the effectiveness of using Kingdon's Multiple Streams Analysis and Luke's Three Dimensions of Power to explore both open and hidden considerations driving policy outcomes. The chapter then considers the strengths of this study through blending qualitative interviews with documentary evidence, but notes limitations arising from data access restrictions and generalisability problems. The chapter ends with a number of recommendations urging risk-based regulatory frameworks and greater autonomy and transparency of stakeholder discussions and negotiations. The chapter concludes with recommendations for future studies that include the analysis of policies post-2017, as well as international comparisons and qualitative research that explores the views of underrepresented stakeholders.

11.2 KEY FINDINGS OF THE STUDY

This study elucidates six key themes and twelve sub-themes rooted in qualitative interviews and auxiliary documentary sources demonstrating the political, economic and ideological influences that defined UK obesity policy between 2007–2017. Using qualitative interviews and analysis of primary documentary sources, including parliamentary debates and select committee reports, in addition to policy documents and media coverage, the research investigates the complex political, economic and ideological dynamics that impacted UK obesity policy across the 2007-2017 period. The study demonstrates a shift in framing of obesity from being seen as an individual responsibility to a structural problem that required government intervention. It concludes that even though there was a reframing of obesity from an individual responsibility to a structural problem, the policies still remained mostly the same.

According to interview data, policymakers described obesity as a critical public health crisis as well as an individual behaviour problem. By framing obesity as a public health problem, the dual framing approach allowed governments to acknowledge this issue as serious while avoiding robust regulatory measures that could constrain market freedoms. As

Conservative governance allowed corporations to continue an almost unrestricted pursuit of profits, the gap between scientific direction and voluntary corporate action peaked, with public proclamations heavily emphasising individual behaviour that never mandated any legal restrictions.

Food and drink companies wielded enormous influence over the course of events. The Public Health Responsibility Deal enabled voluntary changes to product composition and public awareness-raising that could signal social responsibility by industry actors; nevertheless, qualitative interviews and government evaluations suggested minimal outcome results. In great contrast, mandated interventions were far more effective with the Soft Drinks Industry Levy (SDIL) having substantially reduced the amount of sugar in beverages. The negotiated design of the policy led to tiered thresholds and exemptions that allowed companies to adjust and reduced the policy's potential for transformative change, stakeholders observed.

Studies of parliamentary records in conjunction with interview data reveal how power works through mechanisms of non-decision-making and agenda control. Public Health England and advocacy organisations raged for stronger measures such as advertising measures, but fiscal expansion was consistently postponed and leaves out. These dynamics were bolstered by a neoliberal ideological stance that promoted consumer choice while discouraging the state from intervening in the food environment. These contributed to proposed solutions often being stalled or undermined and consumer behaviour changing only slightly in light of existing regulations.

This research shows that while there has been an abundance of obesity policies proposed, only a few were selectively adopted; and when they were, they were implemented in a reactive, piecemeal manner. SDIL provided a significant political opportunity, but it was hampered by institutional inertia and departmental silos, and the shifting political goalposts with regard to the health agenda. The study highlights structural barriers that contribute to persistent barriers to effective and co-ordinated systems-based approaches to obesity prevention and the need for systems governance, regulatory and approach level changes away from solely individual approaches.

11.3 IMPLICATIONS FOR THEORY AND PRACTICE

This study applied Kingdon's MSA to health policy development alongside Lukes' Three Dimensions of Power to provide an enriched theoretical lens through which the more obvious and hidden aspects of UK obesity policy could be discerned. While MSA provided

important insights on the interaction of problem, policy, and political streams in pursuing reform, it struggled to grapple with structural and ideological barriers to transformative change. The model Lukes puts forward helped to overcome this theoretical gap by focusing on non-decisions while making it clear that control over the agenda and ideologies were important influences.

MSA analyses of obesity policy during the 2007 to 2017 period shows that key events like the publication of the Foresight Report in 2007 and the introduction of the Soft Drinks Industry Levy in 2016 catalysed policy change. In those moments, the generation of increasing obesity rates as a social problem with a real public policy solution and political incentive overlapped with the framing and making of public health. But the streams rarely aligned perfectly: measurements from various government ministries conflicted or overlapped as political priorities converged around market freedom and voluntary industry action. This fragmentation reflects how MSA failed to take account of power relations that frequently played out below the surface of legislative deliberations.

Lukes' framework demonstrates that those limits were constructed, which I would argue, were the result of both corporate actors and ideological integrations. Through efforts to make the legislation appear to be moving in a voluntary direction, the industry was able to maintain control of the debate – and agenda – to keep the focus on curing the problem voluntarily rather than through regulation. This narrative was repeated as the Public Health Responsibility Deal scored voluntary reformulation by industry and public health-based marketing bans as big wins. Inspections and interviews by the government demonstrated that, in terms of actual public health outcomes, all this led to superficial change. A politics of no-decision-making emerged, as proposals for advertising restrictions, sugar taxation and fiscal measures stalled, all of which never went beyond a plethora of recommendations.

The third dimension of Lukes' ideology was manifested through the repeated framing of obesity as a personal lifestyle failure, rather than understanding it as a collective issue influenced by corporate marketing practices and structural inequities. The neoliberal emphasis on empowering individual agency guaranteed limited government involvement and dampened the political appetite for far-reaching solutions. The phase-in of SDIL was also limited by way of tiered taxation thresholds and product exemptions, which highlighted the impact of corporatist lobbying and ideological inertia on the final form of the policy.

There are a multitude of relevant lessons that can be gleaned from the results presented in this thesis. In order to govern effectively, there had to be an holistic approach across the government departments. The break in continuity and coherence resulted in good ideas often

losing their steam after political leadership transitions because of bureaucratic divides and competing priorities of ministers. Secondly, robust, risk-based regulatory frameworks can provide more easily quantifiable benefits than voluntary frameworks. For example, as found by the SDIL, a risk-based approach can directly drive down sugar content among target non-alcoholic drinks in the out-of-home sector; similar success was achieved during previous salt reduction programmes with the help of stronger regulatory mechanisms.

Hidden power dynamics can also be brought to light through public discussion, through parliamentary control over wealth and ownership, and through the critique of industry assertions and ideological beliefs. While select committee inquiries and parliamentary questions did allow alternative narratives to enter, they failed to return swift policy changes. At times, media coverage transformed obesity from being the personal dilemma of unwell individuals to systemic complexity, following powerful campaigns by civil society champions and pressure groups. That effort to reformulate obesity as a systemic question met some resistance from ideological opponents and industry.

The SDIL also had a tiered tax structure, prompting companies to reconfigure product recipes so products would qualify for lower tax brackets, which in turn led to lower sugar content but increased sweetener use and new marketing tactics. Anticipatory regulatory responses may emerge to address these adaptive strategies by crafting flexible frameworks that align with advances in product engineering and market shifts.

The research findings therefore suggest that successful reforms and reforms that endure must challenge the belief systems that currently constrain obesity policy to be only about very simple solutions. An understanding that accounts for food systems, socio-economic determinants and corporate influence requires political commitment combined with institutional power and community backing. This ideology shift can be further promoted by policy entrepreneurs and public health advocates that link structural interventions to broader societal tenets, such as economic savings (e.g., decreasing NHS burdens). Support for stronger regulation comes from strategic alignments between structural interventions and broader social values like economic prudence through reducing NHS burden or child welfare.

We argue that MSA, as integrated with Lukes' Three Dimensions of Power, provides an effective descriptive and critical lens through which to analyse policymaking around obesity. MSA examines the timing and logic of policy windows' opening and closing whilst the framework by Lukes dissects power relations that too often serve to foreclose the possibility of effective transformational interventions. This integrated approach delivers important insights into the development of obesity policy while providing tools for analysis in other

domains, wherein entrenched interests and ideological beliefs govern what is politically possible and illustrates how both public laws and hidden power dynamics interact and shape policy outcomes.

11.4 STRENGTHS AND LIMITATIONS

Through theoretical integration and empirical source combination, this research shows multiple gains in examining UK government obesity policy 2007–2017. The main contribution of the study is to demonstrate how applying Kingdon’s MSA along with Lukes’ Three Dimensions of Power can allow for an analysis of both the visible and less visible dimensions of policymaking plus critical engagement with the theory. The dual framework adoption facilitates the analysis of the convergence between policy problems, political moments and solutions, as well as the exclusion of certain ideas from the agenda. This model offers a richer sense of the processes and ideational filter, beyond linear or outcome-centred frameworks, under which UK obesity policy was formulated. This lens also gives us analytical tools to understand how non-decision-making practices, institutional gatekeeping mechanisms and normative beliefs shaped both the scope of public discourse and how the regulatory interventions were framed.

The study provides methodological rigor through the triangulation of both primary and secondary data sources. Based upon polling, documents from parliament and policy papers and transcripts from interviews, key findings on the contested framing of the SDIL were triangulated. The design of research questions sought to ensure that the central norms and findings would be thematically consistent across multiple layers of analysis (e.g., government framing methods and the role of ideology). The historical depth and political context afforded through scrutiny of the framing from Labour, Coalition and Conservative administrations adds reliability to the findings. The interview data validated claims made about stakeholder behaviour and perceptions and helped to shed light on practices around lobbying and the differences between individual and structural accountability. This research goes beyond studies that focus just on outcomes by shedding light on the procedural dynamics of policy change, examining the way opportunities for change were handled.

Nevertheless, its contributions come with notable limitations. One limitation in this study is the scope of the available interview data. This does provide useful perspective based on insights from policy actors and public health experts, though the absence of industry leaders means a lack of depth about how they were internally thinking and strategising about this issue. Analysis of public submissions and declarations did not account for the full breadth of strategies deployed on the back end. A broader and more diverse sample of

industry interviews could help shed light on agenda exclusion and non-decision processes that are not necessarily included or implicated in analysis of power. The reliance of the study on publicly available documents also likely obscured the influence of the informal connections and clandestine negotiations that are essential to shaping health policymaking.

The results may also be context-specific, limiting the generalisability of the findings. The emphasis of the research methodology on one national context clearly achieves the objectives of the project but limits the extent to which the findings can be translated to other contexts. Countries have unique practices to address obesity, shaped by institutional frameworks, the regulatory environment, and the reach of global food corporations into the marketplace. A systematic comparative analysis could have elucidated how the UK's response was shaped by specific political economic factors. While the study is longitudinal, it primarily engages with policy documents and discourse rather than health outcomes measures. Most notably the outcomes are not concrete changes in policy or in obesity levels or behaviour but are instead advances in policy symbolism and procedural structures.

11.5 CONTRIBUTIONS TO KNOWLEDGE IN OBESITY POLICYMAKING AND THE SCOPE FOR GENERALISATION

The study analysis advances understanding across three critical domains: obesity policy development, power dynamics, and regulatory politics. Through the application of Kingdon's MSA alongside Lukes' Three Dimensions of Power, the research transcends traditional health policy development models, which focus on institutional procedures and policy diffusion. The research findings reveal that obesity became a public issue in the United Kingdom from 2007 to 2017 through the mediation of political ideology, economic contexts, and strategic manoeuvres from both state and non-state organisations. Obesity gained political acceptance not simply through statistical urgency or ethical demands but through temporary alignments between political convenience and economically feasible policy options. The framing of this issue emerged from a network of influences, including visible conflicts or their absence, alongside powerful actors' suppression abilities and ideological preferences for market-driven remedies to structural changes.

The research demonstrates its value in exploring power dynamics through its analysis of unequal influence among stakeholders who shape obesity policy. Food and beverage industry representatives utilised their political connections to limit regulatory development while pushing for self-regulation options. Public health groups maintained high levels of activity and organisation; however, they still encountered difficulties in achieving similar levels of influence. The research confirmed that public health entrepreneurship existed within this

domain. Public Health England used strategic frames to portray obesity as a systemic risk with quantifiable economic consequences, which made interventions such as the Soft Drinks Industry Levy politically viable. The SDIL emerged as both a public health policy solution and a compromise achieved through political advocacy and financial analysis, combined with evidence-based campaigning.

This research reveals that policy changes are institutional or technical solutions that must navigate ideological interpretation layers while facing existing economic commitment limitations. The minimal implementation of more rigorous measures, like total food advertising bans or expanded sugar taxes, demonstrates Lukes' concept of non-decision-making, which systematically bars proposals from consideration despite their compatibility with public health objectives. Political opposition led to these exclusions, which were disguised through arguments about consumer freedom and economic competitiveness instead of technical limitations. The development of obesity-related policies depends equally on decisions that are prevented, as well as those that become enacted.

This study allows for selective generalisation under certain conditions. The theoretical framework developed from the United Kingdom's unique political and institutional setting can be applied to study health policymaking across other advanced democracies. Kingdon's and Lukes' models together create dual lenses that allow researchers to track both how policies gain agenda status and how they undergo filtering, distortion, or exclusion through overt and covert power dynamics. The framework would be useful for analysing other policy scenarios where industry stakeholders wield considerable influence while health topics overlap with economic and ideological goals. The research findings about stakeholder alignments and framing tactics supply comparative insights that explain how public health interventions get negotiated within neoliberal governance systems. The clash between public interest advocacy and market-driven policies presents a significant pattern that extends beyond the United Kingdom despite variations in local political environments.

11.6 RECOMMENDATIONS FOR POLICY

The study findings show the UK policy development on obesity from 2007 to 2017 was determined by emerging public health data, framing of political accountability, economic factors, and power between key actors. Public health strategies may also turn away from behavioural nudges of the population and instead focus on strong regulatory action against commercial forces, especially in advertising and pricing of ultra-processed food. The Responsibility Deal was a realist approach based on voluntary agreements and research suggests these approaches struggle to gain traction when statutory mechanisms to enforce

exist (Knai et al., 2018; Panjwani and Caraher 2014). They may adopt regulatory approaches as part of their broader system strategies.

Policy formulation can be improved by enabling public health advisory bodies to be more institutionally independent and less susceptible to political and corporate pressure in deciding what constitutes health issues. Public Health England played a crucial role in establishing the obesity narrative but faced structural obstacles when trying to advocate for stronger interventions like higher food taxes and stricter controls over food marketing. We might see more autonomous institutional design in future policy cycles to improve the operational freedom and accountability of these agencies. During this period, the presence of commercial interests in the public–private partnerships also limited both the scale and scope of the interventions that were being proposed.

After analysing current non-decision trends, especially with regard to food tax policies and advertising law reforms, parliamentary committees could strengthen transparency rules specifically for stakeholder discussions. Hidden lobbying activities that eluded public scrutiny influenced the direction of policies on a regular basis, interview evidence suggested. Ensuring the visibility of industry submissions and the publication of lobbying inputs would boost accountability in the decision-making process while allowing civil society organisations to provide timely reactions. By employing policy answers that can work directly to break down the systemic barriers between individuals and their efforts to make healthier choices, public health campaigns can better earn the support of the individuals they seek to engage. Interventions should consider socioeconomic inequalities and not be based on stigmatising beliefs that it is solely up to individuals to change their behaviour.

The approach taken in this study, combining Kingdon's MSA with Lukes' Three Dimensions of Power, has the potential to contribute to understanding policy processes where commercial actors are strongly embedded. Similar dynamics are observed in public health challenges related to alcohol, tobacco, and gambling. Policy makers may apply the integrated theoretical model proposed, to predict resistance, evaluate policy options, and recognise systemic constraints shaping public discourse and legislative outcomes.

11.7 AVENUES FOR FUTURE RESEARCH

Research may explore how obesity discourse has changed since 2017 and if greater awareness of health inequalities during the COVID-19 pandemic impacted the framing of obesity. The reconfiguration of the policy environment by virtue of pandemic-era political rhetoric and regulatory shifts may now enable or hinder interventionist policy approaches.

Longitudinal studies that track food industry lobbying tactics, legislative priorities, and media narratives over time could be used to evaluate if the structural barriers that we identified between 2007 and 2017 remain or have shifted.

Future studies may also compare other disease types or settings to enhance analytical rigour. Tracing policy developments in obesity across OECD countries with different ideological and regulatory traditions could help clarify whether the UK's resort to soft paternalism is exceptional or common among liberal market democracies. Comparative case studies would enable researchers to understand how political ideologies translate into pathways of influence via economic linkages to the food industry and narratives from the media and civil society to shape problem definitions and policy responses across national contexts.

The research could potentially be extended by including a wider range of empirical perspectives, such as community health practitioners, local authority representatives, and people living with obesity, which were underrepresented in the current study. A multiscalar approach would have offered deeper insight into how framing of the policy is enacted or resisted at different levels of governance and in different social contexts-this is especially relevant to the study given the focus on elite political and institutional actors.

The nature and role of new policy instruments like behavioural insights units and nudge frameworks also merit critical consideration. Public health strategy in the studied timeframe was strongly dependent on these instruments, but their impact on internal policymaking processes and public reception remains unclear. Here, policy research using ethnographic and discourse-analytic approaches within decision-making bodies may provide insights into both the interpretation of evidence and the selection of appropriate interventions.

Finally, integration of critical policy analysis concepts, such as discourse coalitions and framing contests, could further enhance theoretical refinement and development of Kingdon's and Lukes' frameworks. These tools could shed light on how competing ideologies are negotiated in bureaucratic and policy development contexts. This extended analytical framework can be applied to other fields where issue salience, industrial opposition, and ideological framings create public health impacts.

11.8 SUMMARY

The chapter ends with a demonstration of how UK obesity policymaking between 2007 and 2017 serves as a microcosm for the overarching tension between public health goals, borne out of scientific evidence, and the political philosophy of market liberalism. Evidence

indicates that while obesity policy frameworks now include environmental and structural factors, this has not translated into changing policies in practice. The approaches are voluntary, and industry actors also herd the construction of the policy agenda and the actual design of policies. It increasingly appears from this research that implementing effective obesity policies requires confronting power structures and ideological barriers, not merely acknowledging the problem. MSA and Lukes' power dimensions provide a rich offering of why policy windows open and how they fall short of structural change, capturing the nuances of environmental factors that affect agendas and choices that people made before, during, and even after the policy window opens. The analysis reveals that political feasibility is contingent on institutional timing and the ideational embedding of public health problems. In sum, the research lays out a transferable framework which aids the analysis of a public health problem, and shows how corporate power, regulatory inertia and ideological narratives shape the line between symbolic and substantive reform.

Interview data illustrated how “nanny state” rhetoric and neoliberal assumptions limited ambition. Collectively, the findings illustrate how the institutional complexity, competing narratives, and power asymmetries undermined substantive reform and prioritised tokenistic policy gestures.

The study concludes that UK policymaking on obesity, during a window of opportunity, was shaped by political hesitance, industry influence, and entrenched neoliberal ideologies. Although the SDIL represented some measure of success, it was a balancing act between strategic interests rather than an exercise in transformative change. Fragmented governance, ideological framing, and power asymmetries restricted structural reforms. It may take reframing obesity as a systemic issue, reinforcing regulatory frameworks and addressing the entrenched institutional and ideological barriers identified in this research for policy to remain effective in the future.

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Appendices

Appendix A

Consent Form

Consent Form Questions	Yes	No
Have you read, or has someone read to you, the Information Leaflet about the project?	☐	☐
Do you understand what the project is about and what taking part involves?	☐	☐
This research doesn't require your identity to be revealed. Do you understand that your identity will be kept anonymous?	☐	☐
There are some cases where the researcher may want to identify the interviewee, possibly by referring to their position at work or their role if it is specific. This will not happen unless you specifically consent to being identified. Do you agree with this?	☐	☐
Do you understand that the information you provide may be used in future research?	☐	☐
Do you know that, if you decide to take part and later change your mind, you can leave the project at any time without giving a reason before publication?	☐	☐
Would you like to take part in the project?	☐	☐
If yes – is it OK to tape-record your interviews?	☐	☐

Participant Details

- **Please write your name here (in BLOCK letters):**

- **Please sign your name here:**

- **Date:**

Appendix B

Exploring Change in the Obesity Policy in the UK Information Sheet

What is it all about?

This research aims to explain the noticeable change in the position of the UK government towards obesity.

The aim of this study is to investigate and explain the fundamental shift in the position of the UK government in relation to obesity. Although research describing this political change exists in abundance, few studies specifically refer to the reasons behind this shift. This study aims to address this limitation by closely investigating the different factors and forces at play (e.g. power, accountability, pressure groups, agenda setting, theoretical models).

What would you have to do if you take part?

If you are interested in taking part in the project, we will contact you and, if you agree, we will arrange to interview you in your preferred setting. The interview is a face-to-face question and answer session, the purpose of which is to gather data for the purposes of the research study. The researcher will ask the questions verbally. If you agree, we will tape-record the interview. However, if you don't want to be taped, the researcher will take notes.

It's private and confidential

You are free to say what you want in answer to the interview questions. All recorded data will be saved and stored securely on a hard drive, which will be encrypted and locked in a location, which only the researcher has access to.

To ensure confidentiality, your name and any personal data will be kept separate from any data from the interviews. All personal details will be kept securely and only the researcher will have access to them. These personal details will not in any way be used or mentioned in writing the research thesis. The only reason for collecting them is so that the researcher can contact you once the data has been gathered, analysed and written up.

Any questions?

Researcher's details:

Name: Fahad Alghamdi

Telephone: 07 914 504 731

Email: fmag501@york.ac.uk

Appendix C

Interview Schedule: Obesity Policy Change in the UK (2007-2017)

Introduction

We are grateful for your participation in our study examining changes in UK obesity policy.

This research constitutes a component of a doctoral program undertaken at the University of York within the Department of Politics.

The interview will explore your views on obesity as a national policy concern and assess the roles of various actors and elements that shape policy development.

The discussion will remain confidential, and you have the right to refuse any questions or stop participating at any point.

• Shall we begin?

Section 1: Framing of Obesity as a Policy Issue

1. What used to be a minor medical issue has become a significant public health concern such as obesity. What factors make dealing with obesity so difficult from your perspective?

What factors have caused obesity to become a significant concern among the general population?

What circumstances have made obesity a significant concern for policymakers?

Which elements have led to the growth of obesity throughout the last 50 years?

What role do food production practices and market accessibility play in shaping obesity trends?

2. For many years, people believed that obesity was something that individuals should be accountable for themselves. In your view, how has the perception changed to now consider obesity a governmental responsibility?

Which elements drove the change in how obesity was perceived?

In which ways should the government act to address obesity?

How does this policy shift compare to other public health initiatives like tobacco control measures?

Section 2: Political, Institutional, and Economic Factors

3. How have political, institutional, and economic factors shaped the evolution of UK obesity policy?

In what ways have various government administrations responded to this matter?

How have economic policies alongside austerity measures influenced the situation?

What impact does the overall economic system have on people's food decisions and health disparities?

4. How does economic disparity influence obesity rates within the United Kingdom?

What factors lead to a higher obesity rate in economically disadvantaged regions?

What impact do various elements such as housing availability, employment conditions, and educational opportunities have on obesity rates?

What role should government policy play in reducing these inequalities?

Section 3: Key Actors in Shaping Obesity Policy

5. What organisations and individuals serve as primary influences on obesity policy within the UK?

What functions do government agencies and public health organisations perform in the policy-making process?

What steps has the food production sector taken to comply with government obesity strategies?

What level of resistance do corporate actors and lobbyists demonstrate against government interventions?

6. Public health advocates influence obesity policy through their specialised roles and interventions.

Health professionals take part in policy discussions by providing their expertise and insights.

What obstacles do public health advocates encounter when they try to affect policy decisions?

Section 4: Soft Drinks Industry Levy & Regulatory Interventions

7. The government implemented the Soft Drinks Industry Levy, which functions as a sugar tax, in 2016. Which factors do you believe led the government to take action when they did?

What caused the postponement of implementing stricter policies before the year 2016?

To what degree has the sugar tax successfully altered consumer behaviour?

Should the existing policies be expanded to cover other food products, such as dairy items, snack foods, and processed items?

8. Some high-sugar products remained exempt from the levy, according to critics, despite other products getting taxed. Was this policy effective when it was implemented?

Was the tax appropriately limited to specific products, or should it have included a wider range of items?

Did the sugar tax produce any unexpected results?

Section 5: Power Relations and Policy Influence

9. What role do power dynamics play in shaping decisions about obesity policy?

What mechanisms within agenda-setting processes dictate the selection of specific policies for prioritisation?

What role do corporate lobbying and industry influence play in shaping policy decisions?

In what ways do policymakers manage to find an equilibrium between economic interests and public health needs?

10. Which barriers prevent the successful enforcement of tighter restrictions on unhealthy food products?

Which challenges do policymakers confront when they try to implement regulatory measures?

What role do public opinion and media coverage play in shaping obesity policy?

What reasoning does the government use to justify its interference with consumer decisions?

Section 6: The Relationship Between Capitalism and Obesity

11. How much do you agree with the claim that capitalism creates obesity?

What role does the economic model play in the development of food production methods and consumer eating habits?

In what ways do business interests shape the development and implementation of public health programs?

Has there been evidence from other nations where alternative economic strategies have affected obesity levels?

Section 7: Future Policy Directions

12. Which specific strategies are needed to effectively address obesity problems?

Should the government implement additional taxes or new regulatory policies?

How do educational and awareness initiatives function in addressing obesity issues?

What strategies should the government implement to tackle childhood obesity more effectively?

13. What strategies should the government employ to find an equilibrium between public health goals and economic interests?

Is it necessary for businesses to assume greater responsibility toward public health results?

Which incentives could stimulate healthier production and marketing of foods?

Conclusion

What final thoughts can you share about the UK obesity policy?

Do you need to examine your transcript before confirming your contribution?

- Thank you for your time and insights.

Appendix D

Types and Numbers of Primary Sources Used in the Thesis

Adjournment debates	8
Annual reports	1
Backbench debates	3
Backbench debates; e-petition debates	1
Business questions	12
Command papers	2
Committee of the Whole House (HL); Debates on bills	1
Commons Briefing papers	3
Commons Debate packs	3
Debates	9
Debates on bills	5
Debates on bills; Public Bill Committee proceedings	1
Deposited papers	72
House of Commons papers; Select Committee oral evidence	2
House of Commons papers; Select Committee oral evidence; Select Committee written evidence	1
House of Commons papers; Select Committee written evidence	5
Lords Briefing packs	2
Lords In Focus	2
Lords Library notes	1
Members' contributions	1
Ministerial statements	5
Oral answers to questions	153
Oral question time interventions	19
Oral questions	141
POSTnotes	9
Prime Minister's questions	4
Proceeding contributions	1713
Questions for short debate	9
Select Committee reports (Government responses)	3
Select Committee reports; House of Commons papers	2
Statutory instruments	1
Ten minute rule bills	1
Topical debates	1
Topical questions	17
Unprinted papers	
Unprinted papers; Select Committee written evidence	
Urgent questions	1
White papers	2
Written questions	777
Written statements	22
Grand Total	3015