Upgrading Humanity

Issue 1

The winners and losers in the new world of weight-loss drugs

magnetic



Exec Summary

Why it's time to think big, work together and upgrade humanity

We're living in a profound contradiction. Healthcare is the most advanced it's ever been, yet the system is failing. As patients, we've become data on a spreadsheet; symptoms to be treated, not humans to be understood. In life, almost our entire human experience is being commodified and it's no wonder people are struggling to cope or find the joy. We need an upgrade!

My question for visionary healthcare leaders is: what could the future of health look like? Imagine if we could measure success not just in profits and productivity but by whether people – and whole populations – become healthier and happier.

Upgrading Humanity is a series of reports to help you design and innovate for people's health needs, now and in future. In this first issue we look at the impact of weight-loss drugs (GLP-1s) on the wellness and food industries.

This report is a snapshot of what's happening in late 2025, a time when the drugs and the market are evolving constantly. That means people's needs are evolving too, and we have to understand what these are. The obesity crisis is complex and GLP-1s alone won't solve it. We as a society, including the food industry, created it over the past 40 years. Now, we have a responsibility to design our way out of it, creating solutions across the health ecosystem.

I believe we can fix what we broke, if we design with people not for them. It's a huge challenge but also really exciting, because this new market presents opportunities to innovate, undo the damage and help millions of people to long-term, sustainable weight loss.

We work with national and global businesses that share our drive for change. As your innovation partner we'll challenge your thinking and roll our sleeves up to co-design solutions that make a difference to people's lives. I'd love to hear your thoughts on this topic and explore how we might work together. Please drop me an email (address below).



Jenny Burns CEO, Magnetic

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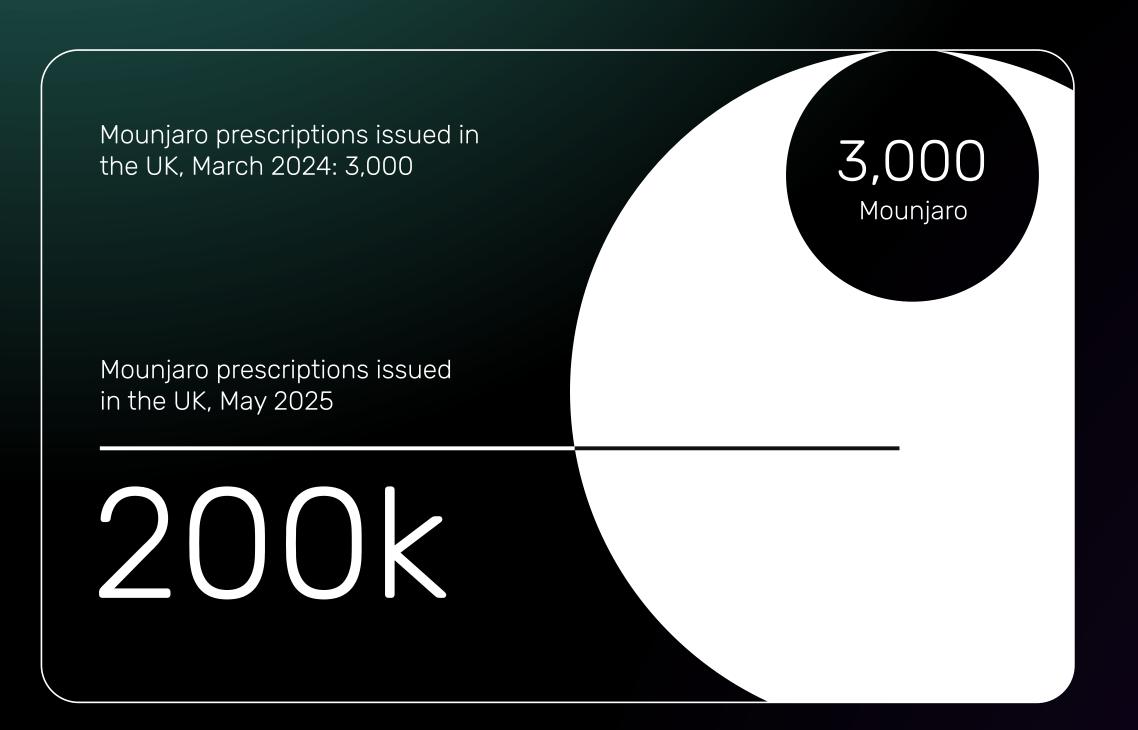
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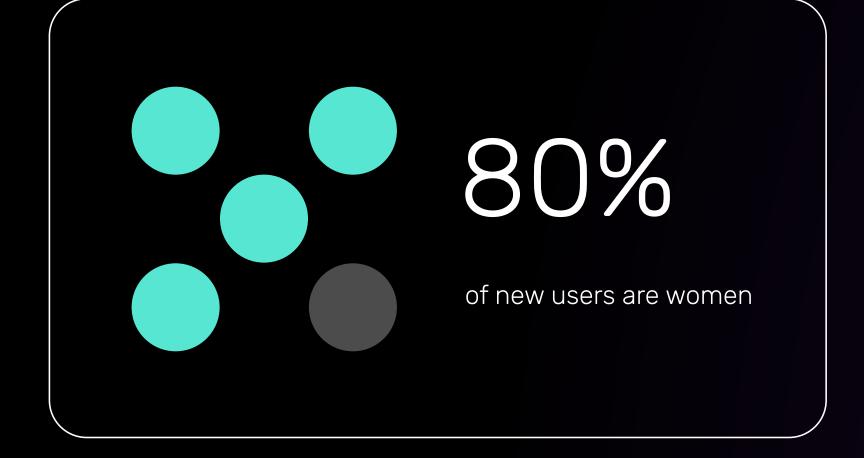
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GLP-1s have created a whole new market



1.5 million GLP-1 users in the UK (March 2025) 8 million GLP-1 users in the US UK market growing faster than US due to low cost and low barriers US GLP-1 users 1.5m UK users

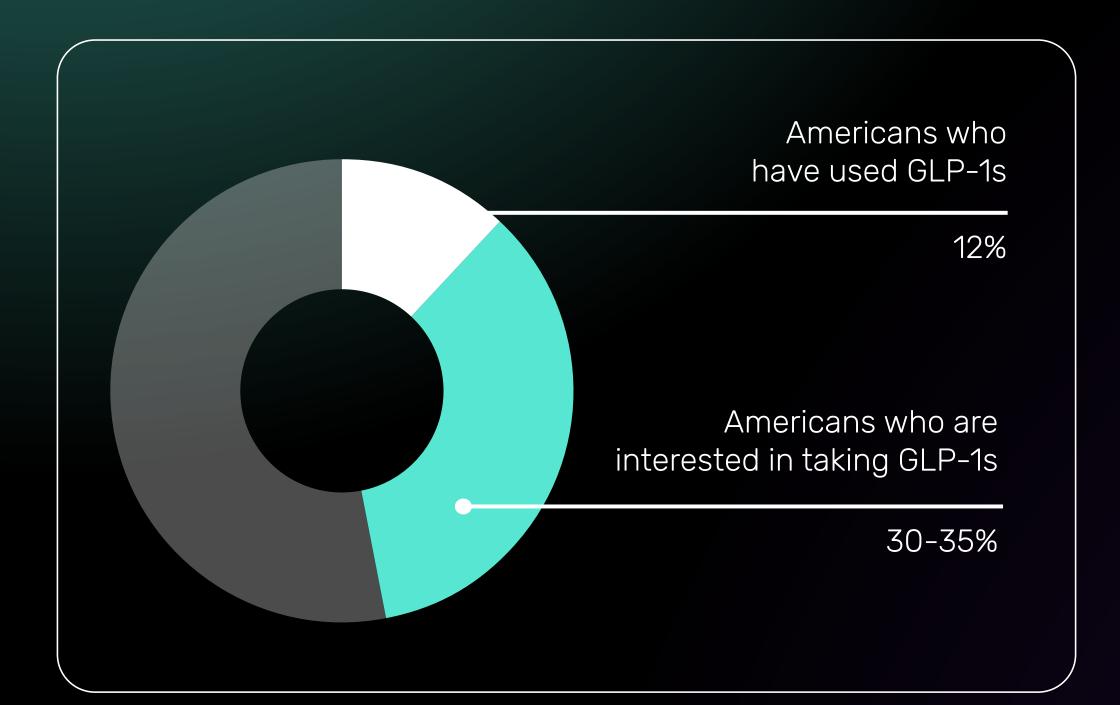


spent by UK consumers on weight-loss drug prescriptions in 2024

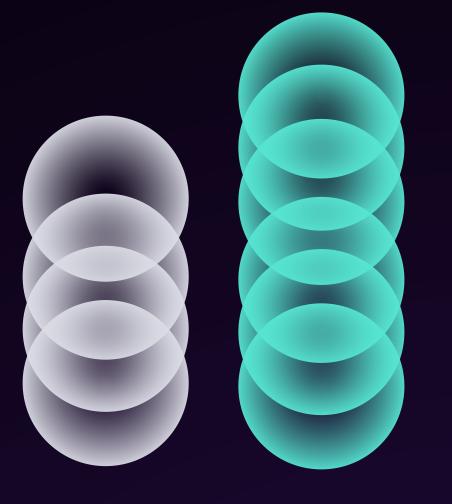
£210m \$200bn

predicted global market by 2031

GLP-1s have created a whole new market



Novo Nordisk and Eli Lilly, who dominate the market, report good results in trials of the drug in pill form. They expect approval in the next year. This could make treatment more commonplace, tackle other diseases and eventually break the duopoly (Astra-Zeneca, Roche and others have pills in trials)



£2.2bn 60% 100%

4%

Global sales of Wegovy £2.2bn in Q4 2024

of American users take for weight loss and 58% for diabetes

YOY increase in UK households with someone on a GLP-1 drug

of UK households now have someone on a GLP-1 drug

GLP-1s won't work in isolation to prevent obesity

A comprehensive approach to obesity prevention: an extract from the white paper The Future State of Health and Healthcare in 2035

GLP-1 therapy, however transformative, cannot address obesity in isolation. The widespread use of these medications must be complemented by regulatory interventions that address the obesogenic environment contributing to weight gain. This includes restrictions on advertising of unhealthy foods, improved food labelling and policies that make healthy choices more accessible and affordable.





The integration of GLP-1 therapy with digital health tools, wearable monitoring and AI-powered lifestyle interventions will create comprehensive obesity management programmes that address both biological and behavioural factors contributing to weight gain. This holistic approach recognises that sustainable weight management requires addressing multiple factors simultaneously.

By 2035, the combination of effective medications, supportive technology and environmental interventions could fundamentally transform the obesity landscape in England. We have the opportunity to become the first nation to effectively address obesity at population scale, creating a model that other countries can follow while improving the health and wellbeing of millions of our citizens.

The obesity breakthrough represents more than a medical intervention. It embodies the potential for evidence-based medicine to address complex health challenges that have resisted previous solutions. By embracing ambitious approaches to obesity intervention, we can demonstrate the NHS's capacity for innovation while delivering transformative benefits for individual patients and society as a whole.

Report authors Lord Darzi, G Butterworth,
P Howitt. Commissioned by the Secretary of State
for Health and Social Care. Published June 2025

GLP-1s are having far wider, unintended consequences than anyone predicted

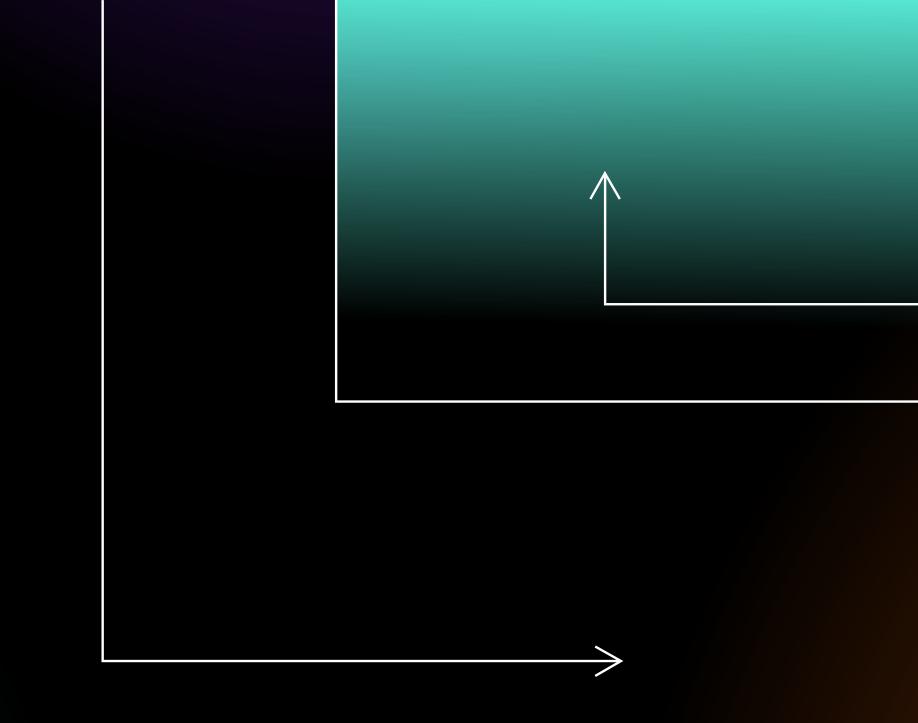
Are you ready for what this shift means, or are you letting the market define your future for you?

Health & Wellness

Why act now?

GLP-1s have revolutionised treatment of obesity and type 2 diabetes.
They're a clinical success story.

But the human story is still developing and the holistic needs of the new weight-loss consumer are largely unmet.



Millions of people are seeking healthy, sustainable weight loss. The winners will be the businesses that design solutions to help them.

Consequences of GLP-1s on health and wellness

There's a lot of noise about weight-loss drugs. Our spider diagram brings together the story so far, showing how they're affecting people and society and creating opportunities for the wellness sector

People lose weight

- Mounjaro, Wegovy, Ozempic and Zepbound affect receptors in the brain's appetite centre so the person feels less hungry. A main component mimics the natural gut hormone Glucagon-Like Peptide-1 (GLP-1)
- Food is released from stomach more slowly so people feel full from less food. They eat less and want different foods
- Trials show loss of 10% to 20% of body weight. Average weight loss 8kg
- Positive emotions: feel positive about appearance, not ashamed of body or overeating, enjoys fashion again
- Negative emotions: shame about taking it, feel inadequate as can't lose weight on their own

Increased awareness of healthier lifestyle

- 30% of people on GLP-1s spend more on their fitness than before and 12% spend more on a personal trainer
- Risk of muscle wastage (can affect physical functioning) and slow metabolism)
- NHS weight management services, including physical activity support, are limited and not fully integrated with GP systems. Referrals are slow and patchy (The King's Fund >>)

Key:

- First order consequences
- Second order consequences
- Third order consequences



GLP-1s don't treat the root cause of overeating

- Medication manages obesity but doesn't change underlying eating habits, sedentary lifestyle or triggers for overeating
- Reduces appetite and improve metabolic function only while being taken
- After stopping, hunger hormones increase and cravings return, especially for sugary food
- The body may return to its pre-treatment state and be less efficient at processing food
- Post-treatment, underlying psychological causes may return
- Needs are often unmet e.g. access to treatment and affordability, nutritional needs and education, macro and micronutrient deficiencies, healthy meal and snack options, behavioural change, long-term follow-up support, social stigma, psychological support
- People might fear that if they come off the drug they won't qualify again unless they re-enter the obese segment
- Lifestyle changes (healthy diet, physical activity, addressing psychological reasons) have to be made alongside medication



Side effects

- 30% quit in first 4 months due to side effects including nausea and fatigue
- Most commonly gastrointestinal (nausea, diarrhoea, constipation, vomiting, gas, bloating)
- Rarer: pancreatitis, gall bladder, thyroid cancer



Misuse

- Unsupervised use can mean side effects, incorrect dose, interaction with other medicines
- Taking when not medically needed (risks outweigh benefits)
- 18-34-year-olds are twice as likely as older age groups to be on GLP-1s but less likely to be overweight, suggesting image-related misuse



Lack of support getting off the drugs

- Anxiety and fear over rebound weight gain
- Without support or a plan for tapering off, 50–75% stop early (within a year)
- Some stay on longer than medically necessary due to fear of rebounding
- Psychological dependence (e.g. body image issues)
- 45% stop due to the cost





Healthier, fitter society

- More physically fit and mobile population
- Decrease in obesity-related conditions
- Need for funded, integrated exercise services for people on GLP-1s



Rebounding

- Patients return to original weight within 10 months of stopping GLP-1 use (Oxford University analysis >>)
- Regions of brain relating to appetite are still dysregulated (GLP-1s only mask it so cravings return)
- In one trial, patients regained two-thirds of lost weight
- Weight gain is faster than when stopping a weight-loss diet
- Change in body composition (fat/muscle) potentially worse for some patients than pre-GLP-1



Need for support

- Physical and practical: support to not lose weight too fast, support with misuse and side effects
- Nutritional education, lifestyle support for lasting change (and avoid rebounding), food boxes, cooking
- Psychological: treat the root causes of overeating, address causes of misuse e.g. body dysmorphia, social pressure



Impact on NHS and social care

- Reduced cost to NHS. It currently spends £11.4bn a year on obesity (Obesity healthcare goals, gov.uk >>)
- Less strain on NHS staff and systems
- Healthier ageing could mean less strain on social care
- Increased longevity increases cost burden



Socio-economic benefits

- More people able to work
- More productive society
- Lower benefits bill



Winners Businesses that design and innovate for GLP-1 consumers

- Opportunities to uncover unmet needs and win customer trust
- Starts with deeply understanding what people on GLP-1s need
- Diet industry: evolve and innovate, with holistic, long-term plans
- Pharmacies: provide support beyond medicines and drug management
- Success story: Juniper combines GLP-1s with personalised nutrition, exercise and online support from a team of pharmacists, nurses, dieticians, coaches. UK and German users lost c. 10% of body weight in five months. High drop-out rate due to cost, side effects, non-compliance. In the past year, Australian owner Eucalyptus grew its UK patient base by 10x, with global revenue up by >120% YoY



Winners Supplement brands

- People eat less but need complete nutrition to be in good health
- Vitamin and mineral supplements especially vitamins D and B12, iron, calcium, magnesium and zinc
- Nutrition products, functional foods, protein to avoid muscle wastage
- Collagen (a protein affected by weight loss but essential for joint and skin health)



Winners Fitness industry

- Opportunities for gyms, community leisure centres and fitness brands to listen, adapt and innovate
- Specialised programmes e.g. resistance training to prevent loss of muscle mass
- Partner with healthcare providers, pharmacies, retailers
- Work with complementary businesses to provide a holistic approach e.g. combine medicine with movement
- Education for fitness professionals (understand impact and support people on GLP-1s)
- Inclusive offerings to counteract 'gymtimidation' for overweight and new members

Rirst order consequences (directly observable)

Follow the spider to see how GLP-1s are having both good and bad medical effects, and affecting obvious and much less obvious, adjacent sectors

Key:

- Secondary Property Property
- 4 Second order consequences
- † Third order consequences

Less overweight and obese population

- A healthier society and people live longer, healthier lives
- Reduction in obesity-related conditions
- Fewer people with disability, reduced mobility, cognitive impairment, poor quality of life, suffering emotional impact of stroke and heart attack
- Better quality of life for people who were at risk of CVD

Reduction in type 2 diabetes

- GLP-1s were designed to manage type 2 diabetes. Their appetite suppression made them popular for weight loss
- 11% of adults globally have diabetes (590m people) (44% are undiagnosed)
- By 2030 this is projected to increase to one in eight (843m people)
- People with diabetes are more likely to develop heart and circulatory problems

Heart health benefits

- Benefits for people with and without heart conditions
- Lower risk of heart attack, stroke and coronary heart disease
- Preventative treatment for patients with cardiovascular disease
- 20% reduction in major CV events (>>) in overweight and obese people without diabetes
- Semaglutide in tablet form is being clinically trialled by Oxford University. Ascend Plus (>>) involves 20,000 people with type 2 diabetes over five years, measuring protection against heart attacks, strokes and circulatory problems

Second order consequences (obvious and more immediate)



Risk of malnutrition

- Because the treatment suppresses appetite, some users end up in a caloric deficit and nutritional deficit, not getting nutrition their body needs
- Not eating enough fruit, vegetables, wholegrains and protein or getting essential nutrients and vitamins
- Worse if person had a bad diet and was nutrient deficient before they started
- It's been called 'nutrient lean': thinner on the outside but not healthy on the inside
- Could be leading to a malnutrition problem and rising issues with muscle loss, weak bones and long-term health consequences
- Analysis of 460,000 patients on GLP-1s found that 22% had nutritional deficiencies diagnosed within one year of starting the treatment (Science Direct >>)



Black market risks health

- Counterfeit products may contain wrong, unknown or contaminated ingredients
- Unregulated medicines risk patient safety (MHRA warning >>)
- Unhygienic production risks serious, long-term infections
- Contaminants can cause problems including increased heart rate, blood pressure, heart attacks



Reduced need for dialysis treatment and equipment



Reduction in A&E use,
 hospitalisation, long-term care



Potential to treat or slow other conditions

- Pain reduction, kidney health, chronic kidney disease, fatty liver disease in non-alcoholics
- Obstructive sleep apnoea (OSA) may improve by reducing upper airway fat
- Cognitive health, dementia prevention, may reduce anxiety and depression, alcohol addiction support
- 30-45% reduced risk of dementia compared with diabetes drug Metformin
- 14 obesity-related cancers in people with diabetes
- All need more research



Long-term impacts on people and systems

- Long-term health issues may include damage to vital organs (liver, kidneys, pancreas)
- Neurological and psychological issues caused by unknown ingredients
- Increased pressure and cost on NHS



Less pressure on the NHS

- Less strain on resources and reduced cost to NHS, frees up budget to treat other conditions
- Less staff burnout and better retention and recruitment
- Frees up time to treat other conditions
- Reduce waiting lists



Impact on dialysis providers

- Smaller dialysis population, potentially younger, less chronic, more active
- Example: When Ozempic showed early signs of success in delaying the progression of kidney disease in diabetes patients, shares in DaVita and Fresenius Medical both dropped around 17% (Reuters >>)



Financial impact on healthcare businesses

• Example: Shares in companies that make medical devices for sleep apnoea dropped when Eli Lilly released trial results showing that Zepbound reduces the severity of sleep apnoea in obese patients (Investopedia >>)



Healthier population is more economically and socially active

 More productive society, more people able to work, less sickness absence, more physically active people, reduced benefits bill



Third order consequences (less obvious, longer-term implications)



7 unexpected winners and new realities

- Airlines save millions on fuel. Lighter loads mean better fuel efficiency. Tiny per seat, meaningful at scale. If average passenger weight falls by 4.5 kilos, United Airlines would save 102m litres (27.6m gallons) of fuel and \$80million annually.
- Fewer people need joint replacements. Weight loss alleviates osteoarthritis by putting less stress on knees and hips, GLP-1s also act as an anti-inflammatory on joints and may reduce knee pain.
- More people join the military. Recruitment in emergency services and the military could improve when there's a larger pool of people who meet the BMI and fitness thresholds. High BMI is one reason why the Army missed recruitment targets in 2024.
- More babies born. Increase in fertility and pregnancy for women who previously had fertility issues. Need for IVF could fall and antenatal clinic loads increase. Potential to increase adoption level in future years, as weight is part of the medical assessment.
- We make fewer fatbergs. Significant changes in population's diet (more fibre, less fat, fewer additives) would alter sewage composition and impact wastewater companies e.g. change wastewater treatment processes, fewer fat blockages (which cost the UK £200m a year to clear), lower maintenance costs for pipes.
- People stop overfeeding pets. As pet owners lose weight and improve their eating habits they could stop overfeeding their pets. Currently 46-50% of dogs in the UK are overweight. San Francisco bio-tech Okava is trialling a weight-loss implant for cats and dogs (but it's controversial and avoids owners taking accountability for pet obesity >>).



Sector insight

Interview with Will Orr, CEO, The Gym Group

'We want to help people's weight loss in a healthy, sustainable way'

What changes have you seen at The Gym Group in GLP-1 customers' needs and behaviours?

It's still relatively early days and I don't think we've got a clear picture yet. People might also be private about being on GLP-1s. But the market is growing fast and creating opportunities.

Losing weight can give people the confidence and sense of progress that motivates them to go to the gym. It will encourage more people in and be a factor in growing gym memberships in the UK, which are already increasing. These programmes can diminish muscle mass and the advice is that people are best off with a fitness programme involving strength work. What we provide is important to complement weightloss treatments.





What has been the impact on the business so far and how are you adapting?

The foundational step is to equip and educate our frontline fitness trainers and gym managers to help members who are on these treatments and want advice on a fitness and strength programme. We've partnered with The Well HQ, who understand it from the medical perspective, to run training webinars.

Another thing is curating our existing fitness programmes to be appropriate for these treatments, alongside education. We don't yet have a specific GLP-1 programme but we might look to develop one. We've also begun to participate a bit in the social media space on this.

The market will keep evolving, for example with new and cheaper drugs or people coming off the treatment. How can you keep pace?

We'll keep an eye on it and respond accordingly. Programmes will become more personalised as everybody understands more about GLP-1s. We want to help people do weight-loss treatments in a healthy, sustainable way and we don't need to over complicate it. We'll provide effective complementary training in gyms, and fitness advice, but never medical advice or opinions about one treatment versus another.

How are you preparing for some of the unintended consequences that could be coming further ahead?

It's hard to speculate but it's clear there's going to be big growth. We need to make sure our people understand it and develop ways to help members. Like any big new trend in consumer behaviour there will be unforeseen aspects over time, but we're resisting the temptation to jump in too far, too soon. We're making a few small moves, with lots of listening and trying to understand, rather than making big moves that might turn out to be irresponsible or just not right. Overall, if it's done in the right way this should be a positive thing.



Magnetic story

Xyla x Magnetic: building healthier communities at scale

We helped to improve product development capabilities and support more people with weight loss and sustained behaviour change

Xyla Healthcare's systems exist to improve care in hospitals, communities and workplaces to alleviate demand on the NHS. But Xyla lacked digital product development capabilities and this was significantly increasing development timelines and budgets and causing operating inefficiencies.

We reviewed products including its NHS weight management app. We spoke to stakeholders, reviewed roles and responsibilities, audited the product development process and reviewed ways of working with third-party developers. This identified gaps and we then ran co-working sessions that created a defined digital product development process for the business, with four clear phases.

Our improvements to the operating model included bringing in a 'product trio' team structure, clarity on accountability, flexibility in squads and better collaboration between teams. We built capabilities, not dependencies, by helping the CIO upskill his team to design, build and operate digital products.

Product development

Capability building

Product operating model

Join a Magnetic Challenge Lab

Come and design the future!

Spend half a day with our healthcare design and innovation experts defining where you'll play, what you bring and how you'll win in the rapidly evolving future of healthcare

Sample topic: GLP-1-adjacent consumer health

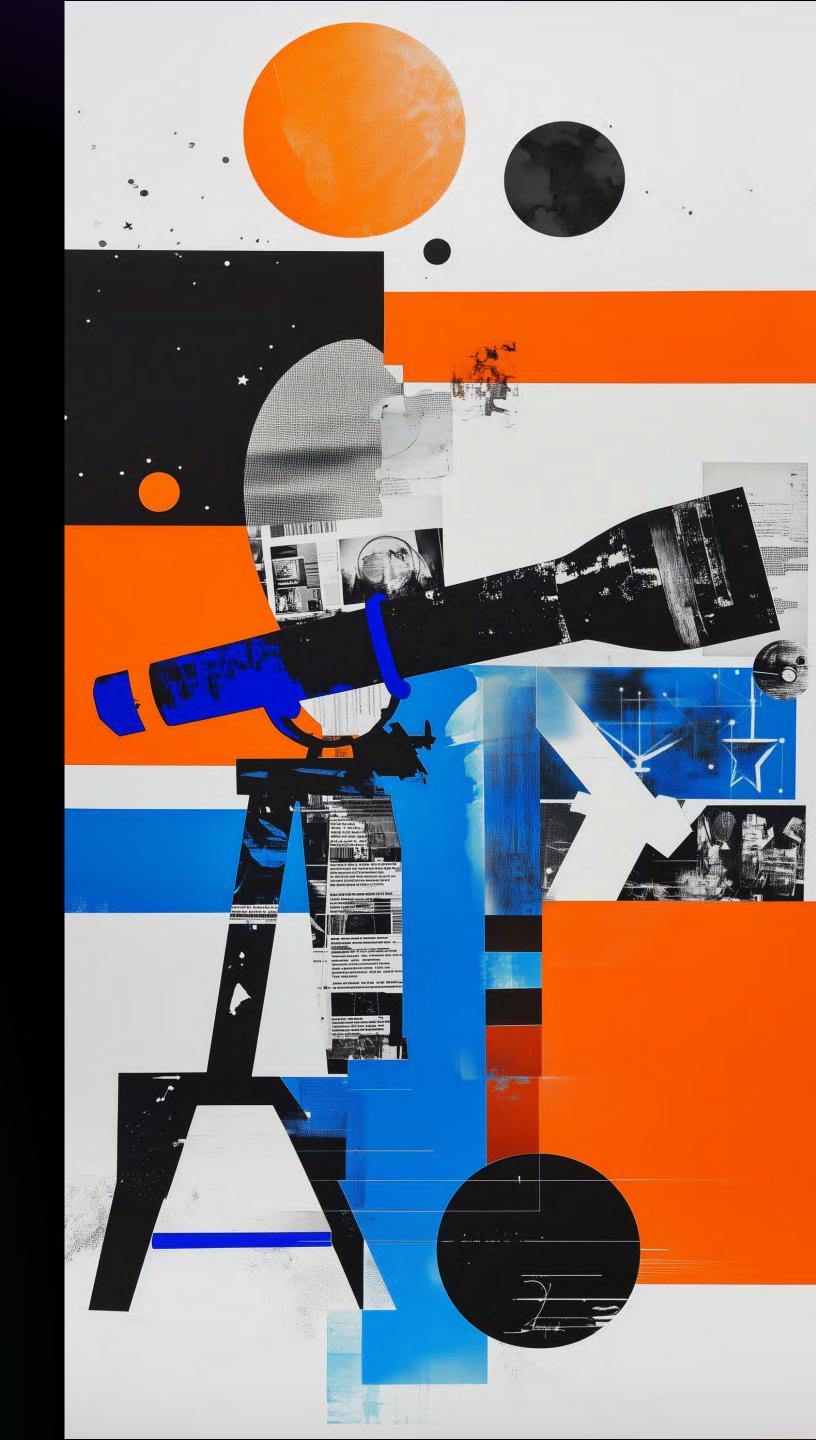
GLP-1s are reshaping healthcare but what does this shift mean for your business? This half-day lab is for GLP-1adjacent sectors such as food and drink, supplements, hormone support or fitness. We'll explore:

- Where you sit in the GLP-1 ecosystem and implications on your future operating model
- New or improved products and services: how you can effectively support GLP-1 consumers
- Adjacent plays in supplements, diagnostics, hormone therapies etc
- Brand and behaviour implications
- New partnerships and the capabilities needed to build and scale them

Every Challenge Lab is designed to generate clear and useful outcomes, for example:

- Problem framing: solving the right problem for the right person at the right time
- Capability building: hands-on experience with new collaborative formats
- Tangible opportunity maps: a clear view of where to go next
- New tools e.g. Compliance Journey Mapping, Value Sensitive Design

To discuss what your Challenge Lab could look like, email Sarah Frampton on sarah.frampton@wearemagnetic.com



GLP-1s are having far wider, unintended consequences than anyone predicted

Are you ready for what this shift means, or are you letting the market define your future for you?

Food & Drink

Why act now?

Some food businesses have downplayed the impact of GLP-1s or seen negligible effects so far...

But increasing evidence that they're affecting demand and eating habits cannot be ignored.

In this changing market, you can't win if you don't innovate. Teams must be ready, capable and resilient to disruption.

Consequences of GLP-1s on the food industry

Our spider brings together the story of people's changing eating habits. It shows how GLP-1s won't work in isolation and the food sector must be part of solving the obesity crisis

People on GLP-1s eat and drink less

- In the US, 47% now eat smaller portions and 21% fewer calories
- In the UK, 64% eat fewer snacks, 74% are trying to eat fewer takeaways, 23% drink less alcohol (Kantar survey >>)

Key:

- First order consequences
- Second order consequences
- Third order consequences

Increased awareness of good nutrition

- People don't want fatty, sugary and salty foods as the drugs reduce the reward value in the brain
- A fifth of users say food tastes sweeter and saltier. The same users are 85% more likely to have less craving for those foods (The Guardian >>)
- 56% of users in the US now make healthier food choices
- The drugs can make you feel ill if you eat acidic spicy, fatty foods and drinks



Financial impact on hospitality

Reduced spending in restaurants, cafés and pubs



Societal impact

- From dinners with friends to not wanting to socialise
- 80% of Brits on GLP-1s now find the social side of eating and drinking uncomfortable
- 18% on GLP-1s no longer enjoy wine or cocktails
- 29% of people have been annoyed by guests on GLP-1s who don't eat the food they cooked for them
- Parental impact:
 - Positive: children who grow up eating healthily are more likely to maintain good eating habits
 - Negative: reduced caloric intake for children could affect growth, body image and eating





Financial impact on food industry

- Revenue drop as consumers buy less and/or differently:
 - 6% drop in grocery spending and up to 11% drop on snacks (in US households with 1+ person on GLP-1s >>)
 - A third of GLP-1 consumers in US are spending less on groceries every month
- Sales of sugary and salty snacks down at PepsiCo
- PepsiCo adjusting to trends for higher protein, higher fibre, low fat, low salt products (EMarketer >>)



Increased demand for nutrient-dense, higher protein, portion-controlled and functional foods



Winners Hospitality and leisure businesses who adapt

- Understand and design for GLP-1 consumers' changing needs
- Innovate to turn risks into opportunities
- Find the opportunities in people's changing habits. Examples:
 - New types of social spaces that don't revolve around eating and drinking
 - Spaces that boost social connections, build community, benefit local areas, new life in high streets
 - Evening opening for coffee shops (new community hubs, where pubs have closed)



Winners Food producers who lead the shift, with innovative product development

- From exploitation to education e.g. integrate nutritional advice and tools to help healthy eating
- Premiumisation to preserve value when volume falls (Mondelez volume and mix fell 4.6% in Q3 2025)
- Conagra Brands' CEO Sean Connolly says consumers are constantly changing and manufacturers' job is to monitor and design for new needs: "That is the centrepiece of our economic engine. As we build out our innovation pipeline, we will design around these attributes and innovate like crazy" (>>)
- Need for businesses to adapt is compounded by customers' cost-of-living squeeze. Mondelēz is pivoting product development as people cut back on snacks, accelerating innovation in "better-for-you crackers and snack bars and and on-trend ingredient profiles" (>>)
- Deeply understand what customers on GLP-1s want e.g. nutrient-dense, highprotein foods, reformulated products (low/no sugar/salt/fat), low/no-sugar drinks and alcohol
- Post-GLP-1 consumers' needs will change as they have to avoid overeating but without the help of the drugs to suppress appetite



Third order consequences (less obvious, longer-term implications)



Winners Retailers who meet GLP-1 customers' needs

- Opportunity to adapt, innovate, win loyalty, retention and trust
- Less demand for low-quality foods
- More demand for nutrient-dense, low-fat, low-sugar foods
- Increased production leads to lower prices for consumers and customer retention
- Healthier foods and snacks become more accessible to more people
- Positive impact on the most deprived areas
- Sales of low/no alcohol drinks up 32% at Waitrose; low/no spirits up 85% YOY (>>)



Winners Growers who adapt practices and product mix

- Crop diversity, speciality crops, adapt cultivation practices and product mix, maximise efficiency and crop yields as demands change
- Support for organic and sustainable farming
- Adapt to meet demand for foods dense in nutrients, vitamins, minerals, protein, fibre
- Ingredients for healthier snacks
- Functional and medicinal foods and herbs
- New partnerships
- Diversify if over-reliant on commodity crops used in processed snacks and drinks



Sector insight

Interview with Karen Betts, CEO, and Kate Halliwell, Chief Scientific Officer, The Food & Drink Federation

'Food companies are trying to work out how to respond to GLP-1s'

How are weight-loss drugs affecting the food and drink industry and how are companies responding?

It's early days. GLP-1s are evolving rapidly and the impact on the market is still unclear. It's difficult to unpick any trends in the data as there are so many other macro trends to overlay, such as food price inflation, which are also impacting what we buy. The impact of the drugs on the market is bound to grow as they become more widely used and more households are affected. Food companies will be trying to work out what this means and how to respond.

They will be looking at what the potential implications are for their portfolio or on particular brands, and at what specific nutritional needs have to be met. There will undoubtedly be a growth in products tailored specifically for the needs of people on GLP-1s, especially if the market does grow as predicted. But more generally, what's developed may not be wildly different to the products on market today.





You work with the government to make sure the policies it wants to implement are achievable by the industry. What is it doing to address the obesity crisis?

There are multiple causes of obesity, which government will want to tackle in the round to be effective. From a food company perspective, over the years this has included labelling and targets around various nutrients in food. In 2022, promotional restrictions were introduced in England. These restrictions mean certain less healthy (or 'HFSS') products can't be placed in supermarket entrances, checkouts or aisle ends. In October, certain price promotion restrictions also came in on these products. And in 2026 similar restrictions will be introduced in Scotland and Wales.

Then from 5th January 2026, we'll have UK-wide advertising restrictions, meaning ads for these same, less healthy, foods can't be shown on TV from 5am to 9pm or at any time online – though the industry has been following these restrictions voluntarily since October 2025.

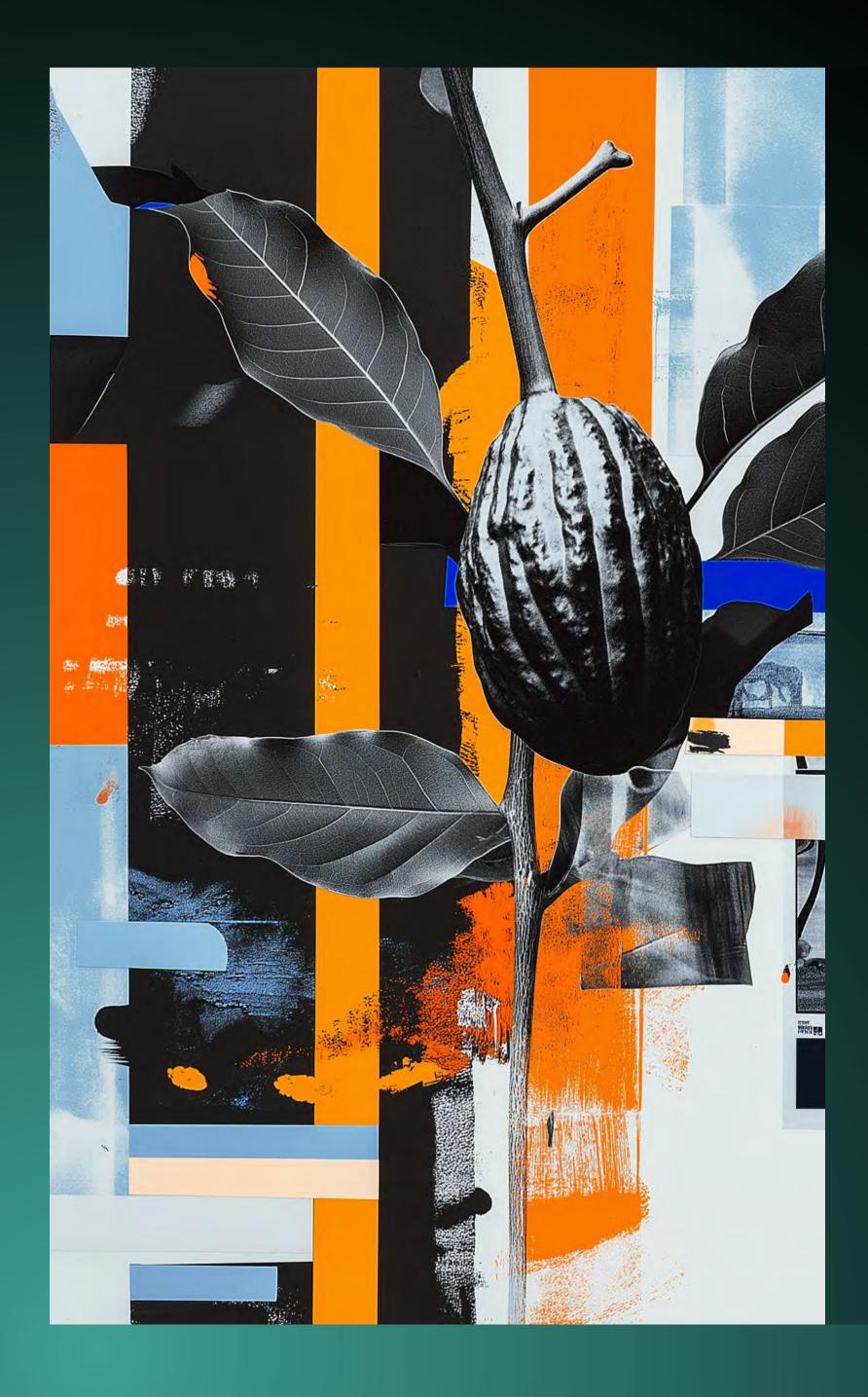
In addition, part of the recent NHS 10-Year Plan is about preventing sickness and that includes proposed new regulations on food. There will be mandatory sales reporting for large food businesses, measured against a set of health metrics, which will provide transparency.

What sort of innovation is happening in the industry in response to obesity and GLP-1s?

Companies have been working on reformulation (changing recipes) to make food healthier for years, whether that's less salt and sugar, or more fibre, fruit and vegetables. And manufacturers have made significant progress: our members' products now contain about a third less salt and sugar and a quarter fewer calories compared with 2015.

The ongoing challenge, though, is what else we can do and how we keep innovating to make food healthier. Everyone in the industry recognises that obesity is a problem we have a role in tackling. GLP-1s present a really different opportunity to help people reduce and manage their weight, and one which will add new challenges and opportunities for food companies.

They will be horizon scanning and thinking about what they might need to make in the future to best meet people's needs, whether that's changing the portion size or focusing on micronutrient density. Our companies are innovative and used to responding to people's needs. Undoubtedly this will result in whole new ranges of products in the future.



Magnetic story

Mars x Magnetic: how we helped to save the future of chocolate

The world's cocoa supply chain faces an existential crisis. We co-created a strategic vision framework that's helping growers and producers adapt

Cacao trees are under threat, from rising temperatures, inconsistent rainfall, pollination challenges and more. When you're the world's biggest chocolate producer, that's a huge problem.

How could we help Mars Wrigley turn this instability into a sustainable future and faster growth?

With a cross-functional team from across the Mars Cocoa Enterprise, we undertook two extensive phases of work: 1, Discovery; 2, Vision setting. With our hands-on, iterative process, we used a future-back approach to create human-centred, farfuture scenarios. This led to a strategic vision framework: a bold sustainability strategy for 2050 that identifies long-term opportunities.

We also gained high alignment among stakeholders on the strategic pillars and critical shifts that will be needed to make difficult but progressive decisions, and to secure growth and lasting value across the supply chain. The cocoa sustainability strategy is impacting Mars' entire global supply chain and will improve the lives of 350,000 cocoa farmers around the world.

Strategic foresight

Cultural change

Stakeholder engagement



Magnetic interview



Amber Johnson Global Vice President, Cocoa Enterprise, Mars

Why did you want us to think so far ahead in creating the vision for the future of cocoa?

We wanted to shift our thinking from 'present forward' to an unconstrained view of a 'future back' ambition. Cocoa is a unique crop in its scope, scale, lengthy growing seasons and number of people globally engaged in it. If we want to truly make a difference in such a complex category and see a brighter future for it, we need to start now. It's not uncommon for Mars to think a bit further out than most, in the impact we want to have and the role we want to play in the broader societal opportunity.

What do you hope the impact of our work together will be?

We can see the level of transformation needed, and get mindsets and behaviours aligned to that. Our teams are envisioning what's possible in a way they may not have before. We're excited about what it's unlocked for us culturally as we put plans together to bring it to life.

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What makes us different



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impact, helping you
minimise risk and move
forward with confidence.
We upskill your teams,
building capabilities not
dependencies.

If you'd like to respond to the challenges in this report, please email:

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