

EVIDENCE PAPER
Food Environment Policy Index (Food-Epi)
for England

FINAL



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Abbreviations

ASA: Advertising Standards Authority
BBSRC: Biotechnology and Biological Sciences Research Council
BMI: Body Mass Index
CAP: Common Agricultural Policy
CAP Code: Code of Non-Broadcast Advertising, Sales Promotion and Direct Marketing
BCAP Code: Code of Broadcast Advertising
COMA: Committee on Medical Aspects of food
DEFRA: Department for Environment, Food and Rural Affairs
EC: European Commission
EPHA: European Public Health Association
EU: European Union
FAO: Food and Agriculture Organization
FDF: Food and Drink Federation
FSA: Food Standards Agency
GBSF: Government Buying Standard for Food and Catering Services
GM: Genetically Modified
GNR: Global Nutrition Report
HFSS: High in Fat, Sugar and/or Salt
HMRC: HM Revenue and Customs
INFORMAS: International Network for Food and Obesity/non-communicable diseases Research, Monitoring and Action Support.
MP: Member of Parliament
NCD: Non-Communicable Disease
NDNS: National Diet and Nutrition Survey
NFU: National Farmers Union
NHS: National Health Service
NICE: National Institute for Health and Clinical Excellence
ONS: Office of National Statistics
PHA: Public Health Agency (Northern Ireland)
PHE: Public Health England
SACN: Scientific Advisory Committee on Nutrition
SDGs: Sustainable Development Goals
TCPA: Town and Country Planning Association
TTIP: Transatlantic Trade and Investment Partnership
UIFSM: Universal Infant Free School Meals
VAT: Value Added Tax
WHA: World Health Assembly
WHO: World Health Organization

Definitions

Civil society: The aggregate of non-governmental organizations, institutions and individuals that manifest the interests and will of citizens (academia, professional organizations, public-interest NGOs and citizens).

Components: The two components of Food EPI are Policies and Infrastructure support.

Codex recommendations: The Codex Alimentarius or "Food Code" was established by the Food and Agriculture Organization (FAO) and the World Health Organization (WHO) in 1963 to develop harmonised international food standards, which protect consumer health and promote fair practices in food trade.

Diet-related non-communicable diseases (NCDs): Type 2 diabetes, cardiovascular diseases and nutrition-related cancers, excluding micronutrient deficiencies, undernutrition, stunting, osteoporosis, mental health and gastrointestinal diseases.

Domains: Different aspects of the food environment that can be influenced by governments to create readily accessible, available and affordable healthier food choices, are represented as domains. There are seven domains under the policy component and six domains under the infrastructure support component.

Expert Panel: Public health experts and others with expertise in one or more domains who are independent of the government (e.g. researchers and representatives from non-governmental organizations).

Free sugars: Free sugars include monosaccharides and disaccharides added to foods and beverages by the manufacturer, cook or consumer, and sugars naturally present in honey, syrups, fruit juices and fruit juice concentrates (WHO, 2015).

Food environments: The collective physical, economic, policy and sociocultural surroundings, opportunities and conditions that influence people's food and beverage choices and nutritional status.

Good practice statements: Statements that describe the measures (policies and infrastructure support) that governments put in place to contribute towards a healthy food environment. There are 33 good practice statements in total.

Healthier foods: Foods recommended in national food-based dietary guidelines, dietary guidelines or food-based standards. **Note:** *In England no 'foods' are recommended as healthy but rather the national model ('eatwell guide') reflects the balance of food categories. There is, however, 'food based guidance' for schools.*

Healthy food environments: Environments in which the foods, beverages and meals that contribute to a population diet meeting national dietary guidelines are widely available, affordably priced and widely promoted.

International examples: National (or sub-national e.g. regional or city-wide) examples of measures (policies and infrastructure support) that have been put in place and which contribute towards a healthy food environment. The international examples are real-life descriptions that fully or partially equate to the good practice statements.

Nutrients of concern: Saturated fats, trans fats, free sugars, and salt.

Platforms: Formal government mechanisms (e.g. standing committees, ad hoc committees, advisory groups, taskforces, boards, joint appointments) for interaction on particular issues.

Population nutrition promotion: The investments in population promotion of healthier eating and healthy food environments for the prevention of obesity and diet-related NCDs, excluding all one-on-one promotion (primary care, antenatal services, maternal and child nursing services etc.), food safety, micronutrient deficiencies (e.g. folate fortification) and undernutrition.

Less healthy foods: processed foods or non-alcoholic beverages high in saturated fats, trans fats, free sugars, and/or salt

Note

'Foods' refer to 'foods and non-alcoholic beverages'. Alcohol is excluded from the Food EPI framework.

INTRODUCTION

The United Kingdom (UK) has an unacceptably high prevalence of overweight and obesity. Two thirds of adults and up to 40% of children aged 11 to 18 years are either overweight or obese (NatCen & UCL, 2013). The costs associated with being overweight or obese are £6.1 billion every year for the National Health Service (NHS) and £27 billion for the wider economy (PHE, 2015a). Effective government policies and actions are essential to increase the healthiness of food environments and to reduce these very high levels of obesity and their related costs.

The Food Environment Policy Index (Food-EPI) aims to answer the overarching question: how much progress have governments made towards good practice in improving food environments and implementing obesity and non-communicable disease (NCD) prevention policies and actions? The Food EPI has been developed by INFORMAS, an International Network for Food and Obesity/NCDs Research, Monitoring and Action Support (INFORMAS Benchmarking Food Environments, 2015) and assesses a government's level of implementation of policies and infrastructure support against a set of good practice statements. The goal of the Food EPI is to identify and prioritise actions needed to address critical gaps in government policies and infrastructure support. The first step in the process is to review evidence and policy documents that relate to the food environment, and to compile an Evidence Paper. The Food EPI has been fully completed in New Zealand (Vandevijvere & Swinburn, 2015) and is currently being undertaken in several other countries including Thailand, Mexico and South Africa.

The Food EPI Evidence Paper for the UK has been compiled by the Food Foundation, a new independent organization which develops evidence-based policy solutions to address the challenges of the UK food system, putting low income consumers first. The Evidence Paper is divided into seven policy domains and six infrastructure domains. Good practice statements, which have been developed and refined by INFORMAS, are set out under each domain and the evidence for each statement is presented.

The UK is made up of four countries: England, Wales, Scotland and Northern Ireland. Devolution took place in 1999 when powers were transferred from the UK Parliament in Westminster to the Scottish Parliament, the National Assembly for Wales, and the Northern Ireland Assembly. England is the only country of the UK that does not have a devolved Parliament or Assembly and English affairs are decided by the Westminster Parliament. As a result of devolution, policies in certain areas - including health, agriculture, education, the environment, and local government – are determined by the devolved powers. The UK is a member of the European Union (EU), so all four nations are subject to EU legislation.

The main body of this document is based on the legislation and policies that apply to England. Specific legislation and policies for Scotland, Wales and Northern Ireland are described in boxes. A summary of the evidence is included under each good practice statement followed by the evidence itself.

The consultation draft of this paper was circulated to officials within government departments, arms-length departmental bodies, non-departmental public bodies, and self-regulatory organizations for validation. The policy expertise of individuals, rather than formal review by each organization, was sought. The paper has been reviewed by staff within Food Standards Agency England, Food Standards Scotland, Food Standards Wales, Public Health England, Department of Health, HM Treasury, Department for Education, Department for Communities and Local Government, the Committee of Advertising Practice, and multiple teams within the Scottish and Welsh Governments. No validation was received from the Department for Environment, Food and Rural Affairs or Food Standards Northern Ireland.

Please note that sections 7.1 and 7.2 had not been reviewed by a relevant expert within the policy community prior to the expert consultation event. Likewise, the paper has not been reviewed by officials in the Northern Ireland government.

POLICY DOMAINS

- 1. FOOD COMPOSITION:** There are government systems implemented to ensure that, where practicable, processed foods minimise the energy density and the nutrients of concern (salt, fat, saturated fat, trans fat, added sugar).

Summary:

- Salt reduction targets have been set by the government for 76 categories of food to be met by 2017.
- Salt reduction targets have also been set for the ten most popular high street dishes and children's meals sold in out of home food outlets.
- No specific composition targets for saturated fats, trans fats or free sugars have been set for the content of processed foods or out of home food outlets
- Companies can make voluntary pledges to reduce saturated fat, trans fats, calories and free sugar under the government's Public Health Responsibility Deal.

1.1 Food composition targets/standards have been established for processed foods by the government for the content of the nutrients of concern in certain foods or food groups if they are major contributors to population intakes of these nutrients of concern (trans fats and added sugars in processed foods, salt in bread, saturated fat in commercial frying fats).

Evidence:

- In 2013, under the Coalition Government's Public Health Responsibility Deal (Department of Health, 2011), which is a set of voluntary commitments made by businesses, 18 companies signed up to "reduce saturated fat consumption (to less than 11% of food energy for everyone over 5yrs of age, compared to current levels of 12.7%)" and to "support and enable people to consume less saturated fat through actions such as product/menu reformulation, reviewing portion sizes, education and information and incentivizing consumers to choose healthier options." There is no specific target for companies to reduce saturated fats in particular products e.g. in commercial frying fats.
- Reduction of trans fats also falls under the Public Health Responsibility Deal and as of February 2016, 90 companies have signed up to the following: "We do not use ingredients that contain artificial trans fats" and a further 11 companies have pledged that: "We are working to remove artificial trans fats from our products within the next 12 months."
- A set of voluntary salt reduction targets for a range of processed foods were first published in 2006 by the Food Standards Agency (FSA). The FSA is a government agency. This was part of a broader campaign to reduce the population's intake of salt. The targets have been revised periodically. Current salt reduction targets have been set for 2017. Under the Public Health Responsibility Deal, companies are voluntarily pledging to take actions to achieve "the public health goal of consuming no more than 6g of salt per person per day". The first pledge, Salt Reduction 2017, is a set of salt reduction targets to reduce the amount of salt in 76 categories of food by 2017 and states: "We will support and enable individuals to further reduce their salt intake by continuing to review and lower levels of salt in food. We commit to working towards achieving the salt targets by December 2017. For some products this will require acceptable technical solutions which we are working to identify and implement." A total of 39 companies have signed up to this pledge which commits businesses to support and enable people to consume less salt through reformulating a wide range of foods to reduce salt levels.

- There is no specific commitment for reducing sugar under the Public Health Responsibility Deal. Though 45 companies have pledged the following: *“We will support and enable our customers to eat and drink fewer calories through actions such as product/menu reformulation, reviewing portion sizes, education and information, and actions to shift the marketing mix towards lower calorie options.”* Public Health England published a report recently (PHE, 2015b) recommending a broad, structured programme of measures to reduce the consumption of sugar.
- Under the directive 2012/12/EU of The European Parliament and the Council, an amendment of Council Directive 2001/112/EC, outlined that addition of sugars is no longer authorised in fruit juice. Similarly, added sugar in fruit juice is no longer permitted under The Fruit Juices and Fruit Nectars (England) Regulations 2013 (UK Gov, 2013a).
- Under the Public Health Responsibility Deal, 48 companies signed up to the following: *“We will do more to create a positive environment that supports and enables people to increase their consumption of fruit and vegetables.”* In addition, in June 2013, the Association of Convenience Stores *“committed to work with its members to roll out Change4Life branding into 1000 stores, to improve fruit and vegetable availability in deprived areas.”* This is an ‘individual pledge’ under the Public Health Responsibility Deal and affects 1,000 stores out of 33,500 shops in total throughout the UK.

1.2 Food composition targets/standards have been established for out of home meals in food service outlets by the government for the content of nutrients of concern in certain foods or food groups if they are major contributors to population intakes of these nutrients of concern (trans fats and added sugars in processed foods, salt in bread, saturated fat in commercial frying fats).

Evidence:

Under the Public Health Responsibility Deal, there is a specific pledge on Out of Home Salt Reduction. It is a set of targets for the out of home sector covering the ten most popular high street dishes and children’s meals and seven companies have committed to it. The pledge states: *“We will support and enable customers to reduce their dietary salt intakes by committing to meet all relevant maximum per serving salt targets within 2 years of signing up to this pledge.”* A total of seven companies have signed up to this pledge.

2. FOOD LABELLING: There is a regulatory system implemented by the government for consumer-oriented labelling on food packaging and menu boards in restaurants to enable consumers to easily make informed food choices and to prevent misleading claims.

Summary:

- The government has adopted legislation agreed by the EU for labelling. It is mandatory to list the ingredients of packaged foods.
- Currently, it is not necessary to provide information on nutrient content unless a nutritional or health claim is made. Nutrition content labelling will be compulsory on most pre-packed foods from December 2016, however.
- The government has adopted the EU legislation which specifies the conditions for the use of nutrition and health claims on foods, including HFSS products. It prohibits certain claims and makes provision to further control authorised claims in relation to the nutritional profile of foods.
- Front of pack labelling has been introduced as part of the Public Health Responsibility Deal with voluntary traffic light coding for the content of fat, saturated fat, total sugars and salt. As there is no legislation regulating portion size, traffic light coding depends on the portion size determined by the manufacturer.
- Calorie information on menus and display boards by quick service restaurants is not compulsory and is included as a voluntary pledge under the Public Health Responsibility Deal.

2.1 Ingredient lists and nutrient declarations in line with Codex recommendations are present on the labels of all packaged foods.

Evidence:

- Nutrition labelling has been determined by a series of EU legislation including the following:
 - 1990/496/EEC - nutrition labelling for foodstuffs (EU, 1990)
 - 2000/13/EC - labelling, presentation and advertising of foodstuffs (EU, 2000)
 - Regulation No 1169/2011 on provision of food information to consumers (EU, 2011). The rules relating to mandatory nutritional labelling for processed food will apply from December 2016. This latest regulation combines the two directives (1990 and 2000) into one legal measure.
- Government guidance for the UK on nutrition labelling for food stuffs is in accordance with the EU regulations above and set out in a guidance note (UK Gov, 2015a). You must show the following information on the front of packaged food:
 - the name of the food
 - a 'best before' or 'use by' date (or instructions on where to find it)
 - any necessary warnings

You must also show the following information - it can be on the front, side or back of the packaging:

- a list of ingredients (if there are more than 2)
- the name and address of the manufacturer, packer or seller
- the lot number (or use-by date if you wish)
- any special storage conditions
- instructions for use or cooking, if necessary

You must put the net quantity in grams, kilograms, millilitres or litres on the label of:

- packaged food over 5g or 5ml
- packaged herbs and spices

Solid foods packed in a liquid must show the drained net weight.

- You must be able to see the quantity information when you read the name of the food on the label and, for alcohol, the alcoholic strength.
- You don't have to show the weight or volume on foods sold by number, e.g. 2 bread rolls, provided that you can clearly see the number of items inside the packaging.
- If you put the € mark on the label you can export your product to another European Economic Area country without having to meet weights and measures requirements of that country.
- You must also show these if they apply to your product:
 - a warning for drinks with an alcohol content above 1.2%
 - a warning if the product contains genetically modified (GM) ingredients, unless their presence is accidental and 0.9% or less
 - a warning if the product has been radiated
 - the words 'packaged in a protective atmosphere' if the food is packaged using a packaging gas.
- The label for beef, veal, fish and shellfish, honey, olive oil, wine, most fruit and vegetables and poultry imported from outside the EU must show the country of origin.
- In addition, from December 2014 EU Food Information for Consumers Regulation No.1169/2011 requires food providers to make information available about allergenic ingredients used in any food and drink served.
- Currently, it is not necessary to provide nutrition information unless you make a nutritional or health claim on the packaging (e.g. 'high in fibre' or 'good source of calcium') and/or vitamins or minerals have been added to the food. Nutrition labelling will be compulsory on most pre-packed foods from December 2016.

2.2 Robust, evidence-based regulatory systems are in place for approving/reviewing claims on foods, so that consumers are protected against unsubstantiated and misleading nutrition and health claims.

Evidence:

- Regulation (EC) No 1924/2006 (EU, 2007) covers EU rules on nutrition and health claims on food products including products high in fat, sugar and/or salt (HFSS). It applies to nutrition claims (such as "low fat", "high fibre") and to health claims (such as "vitamin D is needed for the normal growth and development of bone in children"). It specifies the conditions for the use of nutrition and health claims, prohibits certain claims and scientifically evaluates the use of claims in relation to the nutritional profile of foods. The Department of Health set out guidance for compliance with the regulation in 2011 (UK Gov, 2011). Currently, therefore, nutrition and health claims can be made on HFSS products.

2.3 A single, consistent, interpretive, evidence-informed front of pack supplementary nutrition information system, which readily allows consumers to assess a product's healthiness, is applied to all packaged foods.

Evidence:

- As part of the Public Health Responsibility Deal, voluntary front of pack labelling was introduced in 2013 (Department of Health, 2013a). It is intended to give consumers clear information about the content of sugar, fat, saturated fat and salt in a product using red, amber and green colour coding and reference intakes (an indication of how much energy or nutrient an average adult needs). There are specified cut-off points for the colour coding for fat, saturated fat, total sugars and salt. A total of 23 companies have pledged to "adopt and implement the UK Governments' 2013 recommended Front of Pack Nutrition Labelling Scheme" but it is not compulsory.

- Currently, no legislation within the EU or England provides regulations on portion size. EU legislation only requires that the food portion be easily recognisable and quantified on food labels.

2.4 A consistent, single, simple, clearly-visible system of labelling the menu boards of all quick service restaurants (i.e. fast food chains) is applied by the government, which allows consumers to interpret the nutrient quality and energy content of foods and meals on sale.

Evidence:

- In 2009, the FSA launched a programme to develop a calorie labelling scheme for the catering industry. It was included as part of the Public Health Responsibility Deal in 2013. To date, 45 companies/retailers have agreed to provide calorie information on menus and display boards. A total of 9,845 outlets are currently reported as providing out of home calorie labelling (Department of Health, 2014). This represents a little over 10% of the 93,285 restaurants and mobile food service activities registered in the UK in 2015 (ONS, 2015). Although voluntary, the label must follow a standard government model. Out of home settings include restaurants, quick service restaurants, takeaways, cafes, pubs, sandwich shops and staff restaurants.

3 FOOD PROMOTION: There is a comprehensive policy implemented by the government to reduce the impact (exposure and power) of promotion of less healthy foods to children (<16years) across all media.

Summary:

- Advertising bans on HFSS foods are in place during times when TV programmes are shown that are aimed at children below the age of 16 years.
- There is no ban on the advertising of HFSS foods for non-broadcast media although there are rules on marketing of foods which promote less healthy dietary habits. After a review in 2014 to examine the potential impact of advertising on children, the rules remained unchanged.

3.1 Effective policies are implemented by the government to restrict exposure and power of promotion of less healthy foods to children through broadcast media (TV, radio).

Evidence:

- The UK has signed up to the WHO NCD Global Monitoring Framework adopted in 2011. One of 25 indicators included in the framework is *“Policies to reduce the impact on children of marketing of foods and non-alcoholic beverages high in saturated fats, trans fatty acids, free sugars, or salt”* (WHO, 2011).
- Regulation of television advertising of foods to children is set out in the UK Code of Broadcast Advertising (BCAP Code), which came into force in 2010. BCAP is a co-regulatory body which performs a function under section 319 of the Communications Act (2003) and that has been contracted out by Ofcom. It is funded by an arms-length industry levy on advertising spend. The BCAP code prohibits television advertising of HFSS products including soft drinks in or adjacent to programmes commissioned for, principally directed at or likely to appeal particularly to audiences below the age of 16. The BCAP Code also includes restrictions on the creative content of advertising that prohibits, for instance, the use of promotions targeted at younger children and the use of licensed characters and celebrities popular with children.
- The BCAP Code is authored and developed by BCAP. Ofcom is a co-regulatory partner and has sign off powers. Ofcom is the independent regulator of television, radio, telecommunications and wireless

communications services in the UK. The Advertising Standards Authority (ASA) deals with complaints. When the ASA feels a complaint is justified, it can take action including a formal investigation process that requires the advertiser involved to justify their advertisement's compliance with the Code. The ASA Council's interpretation of the Code is final and its rulings are published weekly on the ASA website. Complainants, advertisers and broadcasters may request a review of Council decisions by the Independent Reviewer of the Rulings of the ASA Council. Information about the review process is given in the Broadcast Complaint Handling Procedures document, available on the ASA website.

3.2 Effective policies are implemented by the government to restrict exposure and power of promotion of less healthy foods to children through non-broadcast media (e.g. internet, social media, food packaging, sponsorship, outdoor advertising including around schools).

Evidence:

- Similarly to the above, responsibility for advertising foods to children through non-broadcast media falls under the remit of self-regulatory bodies: ASA and the Committee of Advertising Practice (CAP). The UK Code of Non-broadcast Advertising, Sales Promotion and Direct Marketing (CAP Code) (CAP, 2010) is the rule book for non-broadcast advertisements, sales promotions and direct marketing communications in the UK. It is written and maintained by the CAP and administered by ASA. The CAP Code includes rules to control the creative content of food and soft drink advertising, for instance, the use of promotions targeted at younger children and the use of licensed characters and celebrities popular with children.
- CAP has published guidance on the rules covering food and soft drink product advertisements for children. The main points are:
 - Marketers should ensure that marketing communications contain nothing that is likely to result in the physical, mental or moral harm of a child.
 - Advertisements should not exploit the credulity of children or undermine parental authority. "High-pressure" or "hard-sell" techniques should be avoided.
 - The Code prohibits direct exhortations to children to buy an advertised product.
 - Prices for food products must not be presented in a way that suggests children or their families can easily afford them.
 - Health or nutrition claims must abide by EU regulations for claims.
 - Marketing communications must not condone or encourage poor nutritional habits or an unhealthy lifestyle in children.
 - Marketing communications should not encourage frequent eating between meals, eating immediately before going to bed or excessive consumption.
 - Marketing communications should not condone or encourage attitudes associated with poor diets or unhealthy lifestyles; e.g. skipping meals, a dislike of green vegetables.
 - The Code specifically bans sales promotions in advertising for food that is targeted through its content at pre-school and primary school children.
 - Food advertisements that are targeted directly at pre-school or primary school children through their content must not include licensed characters or celebrities popular with children.
- In 2014, CAP commissioned a review of the evidence around online marketing (CAP, 2015a) to find out more about the available evidence and address questions including:
 - Is there a causal link between online food and soft drink advertising and consumption?
 - Does exposure to online marketing increase the likelihood of becoming overweight or obese?
 - How do children interact and respond to online marketing of food and soft drink products (e.g. via 'advergames') compared to ads in more 'traditional' media?

On the basis of the results, no change in the rules were made. The CAP announced in September 2015 that it was launching a public consultation on the introduction of new rules governing the advertising to children of food and soft drinks high in fat, salt or sugar (CAP, 2015b).

- Food packaging and sponsorship are not covered by the CAP Code.
- A recent PHE report has reviewed the evidence in relation to advertising products high in sugar and has made the following recommendations:
 - Significantly reduce opportunities to market and advertise high sugar food and drink products to children and adults across all media including digital platforms and through sponsorship.
 - The setting of a clear definition for high sugar foods. Currently the only regulatory framework for doing this is via the Ofcom nutrient profiling model, which would benefit from being reviewed and strengthened (PHE, 2015b).

3.3 Effective policies are implemented by the government to ensure that less healthy foods are not commercially promoted to children in settings where children gather (e.g. preschools, schools, sport and cultural events).

Evidence:

- The 12th edition of the UK Code of Non-broadcast Advertising, Sales Promotion and Direct Marketing applies to all settings where children gather.

4. FOOD PRICES: Food pricing policies (e.g. taxes and subsidies) are aligned with health outcomes by helping to make the healthier eating choices the easier, cheaper choices.

Summary:

- VAT is not imposed on a wide range of food and beverages including fruit and vegetables. Where VAT is applied, it is based on historical tax rules and not directly related to public health concerns so that some healthier foods are 20% VAT rated while some less healthy foods are 0% rated. Since 1991, under EU law, no additional 0% rates can be applied and no goods which are now 20% can be reduced to 0%.
- The government announced a sugar levy on the soft drinks industry as part of the 2016 Budget, which will come into force in 2018.
- There is no government price control to regulate the prices set by retailers to suppliers. A Parliamentary Committee recommended in 2015 that the remit of the Groceries Code Adjudicator should be extended.
- Support for the agricultural sector does not favour the production of healthier foods over less healthy foods in England.
- The only government-run food income scheme (Healthy Start) does take nutritional considerations into account to provide healthier food to low income mothers and young children.

4.1 Taxes or levies on healthier foods are minimised to encourage healthier food choices where possible (e.g. low or no sales tax, excise, value-added or import duties on fruit and vegetables).

Evidence:

- For goods coming into the UK from any of the other EU member states there are no import tariffs. Imported goods, however, will be subject to VAT at the same rate as domestic goods. Any goods

imported from outside the EU are subject to VAT, customs duty or excise duty. The amount of chargeable tax depends upon the particular food or drink being imported (HMRC, 2015 b).

- VAT was originally intended as a broad based tax on consumer expenditure leaving essential products exempt or zero-rated. As a result, VAT is not imposed on a wide range of food and beverages including all supplies of unprocessed foodstuffs such as: raw meat and fish, vegetables and fruit, cereals, nuts and pulses, and culinary herbs. There are anomalies, however, on which foods are taxed and which are not. For example, products with 20% VAT include some healthier foods such as mineral water, frozen yogurt, vitamins, minerals, fish oil supplements and muesli bars. Products that are zero rated include salt, sugar, cake mixes, all cakes (sponges, fruit cakes, meringues, commemorative cakes, slab gingerbread, flapjacks, marshmallow tea cakes, ‘crunch cakes’ and millionaires shortcake), some biscuits that are not coated with chocolate (chocolate chip cookies, bourbons, jaffa cakes), some desserts (baked Alaska, cream gateaux, mousse), soup mixes, drinking chocolate, ready meals, flavourings and sweeteners, milk shakes, some savoury snacks (tortilla chips, prawn crackers etc.) (HMRC, 2015a). Food supplied in the course of catering, including hot take-away food is standard rated (20% VAT) (HMRC, 2013). The exception is food that is either not hot at the time it is provided to the customer or which is fortuitously hot at the time it is provided to the customer (for example, freshly baked bread or bakery products that happen to still to be hot at the time that they are sold but are cooling down).
- Since 1991, under EU law, no additional 0% rates can be applied and no goods which are now 20% can be reduced to 0%. A reduced rate of VAT of 5% was introduced in the UK in 1997. A VAT lock has been imposed by the UK government in its manifesto and this was passed in the Finance Act (UK Gov, 2015b). This means that the standard and reduced rates of VAT will not rise for the duration of the VAT lock period. There is a potential for VAT applied to food and drink to be changed to a different rating at the end of the lock period.
- The government has published a guide setting out a set of good practices in giving the consumer information about prices (Department for Business, Innovation & Skills, November 2010) but the guide has no mandatory force.

4.2 Taxes or levies on less healthy foods (e.g. sugar-sweetened beverages, foods high in nutrients of concern) are in place and increase the retail prices of these foods by at least 10% to discourage less healthy food choices where possible, and these taxes are reinvested to improve population health.

Evidence:

- The government announced a sugar levy on the soft drinks industry as part of the 2016 Budget (UK Gov, 2016a). Soft drinks manufacturers will be taxed according to the volume of the sugar-sweetened drinks they produce or import. Drinks will fall into two bands: one for total sugar content above 5g per 100ml, and a second, higher band for the most sugary drinks with more than 8g per 100ml. The tax will come into force in 2018 in order to give companies time to change the ingredients of their products. The measure will raise an estimated £520 million a year, and will be spent on doubling funding for sport in primary schools. Secondary schools will meanwhile be encouraged to offer more sport as part of longer school days. Pure fruit juices and milk-based drinks will be excluded, as well as products of small producers. In a recent report (PHE, 2015b), the PHE outlined eight areas for action to reduce the population’s intake of sugar of which two were taxation and price promotions.
- There have been calls from a Parliamentary Select Committee for the Groceries Code Adjudicator, which enforces a code of practice for retailers with respect to their suppliers, to extend its remit to include disputes relating to pricing (Environment, Food and Rural Affairs Committee, 2015). The Committee report states: *“We believe that the terms under which the Groceries Code Adjudicator may operate are too restrictive and that a means must be found to protect suppliers of products to major retailers whether or not they are direct suppliers, as under the current arrangement.”*

4.3 The intent of existing subsidies on foods, including infrastructure funding support (e.g. research and development, supporting markets or transport systems), is to favour healthier rather than less healthy foods.

Evidence:

- The Common Agricultural Policy (CAP) is a system of agricultural subsidies for member countries of the European Union (see Policy Domain 7: FOOD TRADE AND INVESTMENT below for more details). Subsidies for specific foods were reduced under CAP reform in 2003 in favour of a direct subsidy payment to landowners. The Rural Development Programme also receives funding from the EU through pillar II of the CAP. Currently, there is no stated aim to ensure that agricultural subsidies favour healthier rather than less healthy foods.

4.4 The government ensures that food-related income support programs are for healthier foods.

Evidence:

- There are no government food in-kind income support programmes currently running in England. The government supports the Healthy Start Scheme throughout the UK (Healthy Start, 2015), which is a nutrition-supplement programme rather than income support programme. It is a statutory public health scheme to improve maternal and early years nutritional health and provide a nutritional safety net for pregnant women, new mothers and young children in very low-income families. To qualify for Healthy Start, women need to be at least 10 weeks pregnant, have a child under four years old and receive certain means-tested benefits or child tax credits. All pregnant women under 18 years old can get vouchers regardless of income. Pregnant women and children over one and under four years old can get one £3.10 voucher per week. Children under one year old can get two £3.10 vouchers (£6.20) per week. Vouchers can be used in participating retailers towards plain cow's milk, fresh or frozen fruit and vegetables, infant formula. People who qualify for Healthy Start also receive vitamin vouchers which can be exchanged for free vitamin tablets for pregnant women and new mothers, and vitamin drops for children. Healthy Start is claimed by 74% of people who are eligible for the scheme, (Answer from Jane Ellison , 23 July 2015) but only around 1% of vitamin vouchers are submitted for reimbursement (Healthy Start, March 2014).

5 FOOD PROVISION: The government ensures that there are healthier food service policies implemented in government-funded settings to ensure that food provision encourages healthier food choices, and the government actively encourages and supports private companies to implement similar policies.

Summary:

- Food standards have been introduced in schools across England to provide and promote healthier food choices at school lunches and in vending machines. School governors are responsible for the provision of school food.
- Free school meals are provided to children aged four to eight in most state primary schools and to children of all ages from low income families.
- Ofsted is not required to inspect canteens as part of their school inspections.
- All children under five years are eligible for free school milk and schools are legally required to ensure milk is made available during the school day to pupils who want it.
- Four to six year old children in English state-funded infant, primary and special schools are eligible to receive a free piece of fruit or vegetable every school day as part of the 5 a day programme.
- There are no mandatory regulations for provision of food to pre-school children aged one to five years, though voluntary guidelines are available.
- Hospital food standards for the NHS are written into the NHS Standard Contract. NHS providers are obliged under the terms of their legally-binding contracts with commissioners to adhere to these requirements.
- Catering guidance for other settings including workplaces has been provided by the government. It offers practical advice on how to make catering affordable, healthier and more sustainable.
- Central government and their agencies are required to apply Government Buying Standards for Food and Catering Services (GBSF). GBSF mandatory nutrition standards ensure a reduction in the procurement of products, and provision of catering options, that are high in salt, saturated fat and sugar and promote greater consumption of fruit, vegetables, fibre and oily fish. Best practice nutrition-related elements cover confectionery, savoury snacks, sugar sweetened beverages, menu analysis, and calorie and allergen labelling.

5.1 The government ensures that there are clear, consistent policies (including nutrition standards) implemented in schools and early childhood education services for food service activities (canteens, food at events, fundraising, promotions, vending machines etc.) to provide and promote healthier food choices.

Evidence:

- The School Food Plan was published in July 2013 and set out a series of actions to be taken by the government in order “to transform what children eat at school, and how they learn about food” (Dimbleby & Vincent, July 2013). As a result, a new set of standards for all food (rather than nutrition) served in schools was launched by the Department for Education and enshrined in the Requirements for School Food Regulations 2014 (Department for Education, 2014). The standards became mandatory in January 2015 giving school governors the responsibility for the provision of school food.
- The Requirements for School Food Regulations have three main aims: to ensure that food provided to pupils is nutritious and of high quality; to promote good nutritional health in all pupils; to protect those who are nutritionally vulnerable and promote good eating behaviour. The law applies to all maintained

primary, secondary and special schools plus academies funded before 2010, and academies and free schools funded after June 2014. This includes maintained nurseries and nursery units attached to primary schools, pupil referral units, sixth forms that are part of secondary schools and non-maintained special schools. Academies established between September 2010 and June 2014 are not required to adhere to the school food standards regulations. These academies can use the national school food standards as a guide and can sign up voluntarily. In 2015, 4,000 were exempt (Local Government Association, 2015) of which around 1,500 have signed up to voluntary commitments (Department for Education, 2015).

- School Food in England 2015 sets out the departmental advice for governing bodies (Department for Education, 2015). The requirements for school lunches include the following main points:
 1. Fruit and vegetables: no less than two portions of fruit and vegetables/salad per day per pupil must be provided; at least one must be vegetables/salad and at least one must be fruit.
 2. Oily fish: oily fish such as salmon or mackerel must be provided at least once every three weeks.
 3. Bread with no added fat or oil: bread with no added fat or oil must be provided on a daily basis. Note: Bread does not have to be free, and the amount that must be provided is not specified in the regulations.
 4. Drinking water: free fresh drinking water must be provided at all times.
 5. Healthier drinks: schools must provide only permitted drinks.

Schools must ensure that:

6. Salt: salt is not available to add to food after the cooking process is complete, and is not provided at tables or service counters.
7. Condiments: condiments such as ketchup and mayonnaise are only available in sachets or individual portions of not more than 10g or 1 teaspoonful.
8. Snacks: no snacks shall be provided other than nuts, seeds, fruit or vegetables without added fat, salt, sugar or honey. Savoury crackers and breadsticks can only be served with fruit, vegetables or dairy food as part of school lunch.
9. Meat products: A meat product (manufactured or homemade) from each of four groups may not be provided more than once per fortnight across the school day:
 - Group 1: burger, hamburger, chopped meat, corned meat.
 - Group 2: sausage, sausage meat, link, chipolata, and luncheon meat.
 - Group 3: individual meat pie, meat pudding, Melton Mowbray pie, game pie, Scottish (or Scotch) pie, pasty or pastie, bridie, sausage roll.
 - Group 4: any other shaped or coated product e.g. nuggets, meatballs.
10. Starchy food cooked in fat or oil (e.g. roast potatoes, chips, fried rice) must not be provided on more than 3 days a week, across the school day.
11. Deep-fried food: no more than two deep-fried food items (including items deep-fried in the kitchen or flash-fried during manufacture) should be provided in a single week across the school day.
12. Cakes and biscuits: cakes and biscuits can be provided at lunchtime but must not contain any confectionery.
13. Confectionery: confectionery must not be provided at any time during the school day.

- The regulations also set out the requirements for food and drink other than lunch, provided to pupils on and off school premises up to 6pm, including breakfast clubs, tuck shops, mid-morning break, vending and after school clubs.
- The School Food Plan made the recommendation that: *“The government should embark upon a phased roll out of free school meals for all primary school children, beginning with the local authorities with the highest percentage of children already eligible for free school meals”*. This recommendation was not taken up by the government. Instead, the government decided that every child in reception, years one and two in state-funded schools should receive a free school lunch as set out in The Children and Families Act (UK Gov, 2014a). This has become known as universal infant free school meals or UIFSM. Free school meals are also available to all older children whose parents are on benefits or earn less than £16,190 a year (in 2013). The government allocated £150 million of one-off capital funding in the 2014 to 2015 financial year to support the rollout of UIFSM (UK Gov, March 2015).
- Action 4 of the School Food Plan sets out a Department for Education commitment to set up financially self-sufficient breakfast clubs, to increase healthy breakfast provision for children who are arriving at school hungry. The Department for Education invited tenders from organisations in December 2013. They awarded a contract to Magic Breakfast to set up breakfast clubs in schools where over 35% of pupils are eligible for free school meals and there is no existing breakfast provision. Magic Breakfast deliver healthy breakfasts into schools in accordance with the Requirements for School Food Regulations 2014.
- Action 1 of the School Food Plan referred to cooking in the curriculum for key stages one to three and supporting teachers to deliver effective cookery lessons. Practical cookery and food education is now compulsory in the new national curriculum for pupils up to the end of key stage three (age 14). In 2014, a Framework of Skills and Knowledge around food, diet and physical activity was developed, setting out the core competencies for children and young people aged 5-16 years (PHE & FSA, 2014). Separate core competencies are defined for diet (food and drink), consumer awareness (food origins, food choice, food labelling), cooking food (food preparation and handling skills) and food safety. Core competencies are identified for different ages (7, 11, 14 and 16 years old). Action 9 of the School Food Plan is centred on the monitoring of schools in relation to the promotion of a healthy lifestyle and the time and space given to lunch. Under the new Common Inspection Framework (Ofsted, June 2015), Ofsted will inspect children’s knowledge *“of how to keep themselves healthy, both emotionally and physically, including through exercising and healthy eating”*. Inspection of canteens is not specified.
- The School Milk Scheme was introduced by the EU *“to encourage consumption among children of healthy dairy products containing important vitamins and minerals”* (EU, 2008 & 2013). From January 2015, schools in England are legally required to ensure milk is made available during the school day to all pupils who want it. In practice, this means that schools can make milk available at either mid-morning or afternoon break or at lunchtime. All children aged between 5-18 who are eligible for free school meals (where the school claims a Pupil Premium) must be offered free milk. In addition, all children under five years are eligible for free school milk. School milk is subsidised for all other children in primary education and costs around £15 a term in 2015. Only lower-fat milk (no more than 1.8% fat content, such as semi-skimmed, skimmed or 1% fat milk) can be offered. Lactose-reduced milk or plain soya milk can be offered for children who are lactose intolerant.
- The EU also runs a voluntary scheme to provide school children with fruit and vegetables. Besides providing fruit and vegetables the scheme requires participating Member States to set up strategies including educational and awareness-raising initiatives. England does not participate in this scheme and thus receives no EU subsidies. A School Fruit and Vegetable Scheme was introduced across England in 2004, however. Four to six year old children in state-funded infant, primary and special schools are

eligible to receive a free piece of fruit or vegetable every school day as part of the 5 a day programme (NHS, 2004).

- In January 2014, the EU presented a legislative proposal aiming to bring together the two currently separate school schemes, the School Fruit Scheme and the School Milk Scheme, under a joint framework.
- The School Food Regulations introduced in 2014 do not include children below the age of five years in early years education. Voluntary Food and Drink Guidelines for Early Years Settings in England – A Practical Guide were issued in January 2012 by the Children’s Food Trust as part of the ‘Eat Better, Do Better’ programme commissioned by the Department of Education. The guide is designed for all early years providers in regulated (nurseries, childminders) as well as non-regulated settings (parent and toddler groups). The guidelines are voluntary

SCOTLAND

- The Schools Act 2007 (Scottish Government, 2007) requires local authorities and managers of grant-aided schools to ensure that food and drink provided in schools comply with the nutritional and food requirements set out in the Nutritional Requirements for Food and Drink in Schools regulations (Scottish Government, 2008a). These requirements are similar to the School Food Standards 2014 for England. Better Eating, Better Learning – A New Context for School Food (The Scottish Government, 2014a) provides guidance and is accompanied by a self-evaluation tool, which covers: Food and Health; Food and Learning; School Food and Drink Provision; the Dining Experience; Sustainability through Food; Training and Support and; Communication and Engagement. Nutritional requirements are according to the Regulations of 2008.
- The Scottish Government started to support free school meals for children in Primary 1 to 3 from January 2015, following trials in five local authority areas (The Scottish Government, 2015b).
- Scottish children benefit from the EU School Milk Scheme.
- The Scottish Government supports a voluntary scheme for children to receive three pieces of fruit per week in the first two years of school.
- The Scottish Government issued Nutritional Guidance for Early Years (Scottish Government, 2006) which is for providers of childcare for children aged one to five years who provide food (including snacks) and/or drinks. Providers, include local authority nurseries, private nurseries, playgroups, childminders, toddler groups, crèches, school meal services and family centres, regardless of the length of time that children are being cared for. It is not mandatory.

WALES

- The Healthy Eating in Schools Regulations 2013 (Welsh Government, 2013a) apply to the local authority or governing body of maintained schools and nurseries. They specify nutrient standards and state the type of food which can and can't be provided in maintained schools (and nurseries). The legislation outlines what schools must do to ensure they are serving nutritious food to learners, including:
 - Not allowing schools to serve confectionery (such as chocolate and sweets) and savoury snacks (such as crisps)
 - Setting minimum requirements for the provision of fruit and vegetables in schools
 - Limiting the number of times that meat products and potatoes cooked in fats and oils can be served each week
 - Serving only healthy drinks, such as water and milk.
- In Wales there are no universal free school meals for infant pupils. All primary schoolchildren in schools maintained by the local authority are entitled to a free school breakfast (Welsh Government, 2014). Under sections 88–90 of the School Standards and Organisation Act (Welsh Government, 2013b), the breakfasts provided in primary schools must be healthy. Foods served include cereals, milk, bread and fruit. Thus, children get access to free milk and fruit every day. The latest school census information shows that 85% of primary schools provide free breakfasts.
- In Wales, schools participating in the school milk scheme can offer free milk to Foundation Phase children (aged 3 – 7) and subsidised milk to learners in Key Stage 2.
- Wales doesn't participate in the School Fruit and Vegetable Scheme. There is a national network of healthy schools scheme that supports fruit tuck shops and healthy food policies.
- The Welsh Government has issued Food and Health Guidelines for Early Years and Childcare settings (Welsh Government, 2009) that are not maintained. These are voluntary guidelines. The Healthy Eating in Schools (Nutritional Standards & Requirements) (Wales) Regulations 2013 set out food and nutrient standards for maintained nurseries that are mandated. There is ministerial commitment to produce mandatory nutrition standards, which are currently being developed.

NORTHERN IRELAND

- The Department of Education and the Department of Health, Social Services and Public Safety published their joint Food in Schools policy for all grant-aided schools and statutory nursery provision which came into effect from 24 September 2013 (Department of Education, Northern Ireland, 2013). School meals should have:
 - At least two portions of fruit and vegetables must be available for lunch.
 - Rice and pasta must be available at least once a week.
 - Pies, casseroles and stews must have at least half a portion of vegetables per serving.
 - Milk and water to drink must be available every day.
 - Fish should be available at least once a week.
 - Fried and high fat foods such as chips and garlic bread must not be served more than twice a week.All food and drink supplied in school must comply with the following:
 - No sweets, chocolate or crisps should be sold in schools.
 - Water, milk, unsweetened fruit juices as well as yogurt or milk drinks with less sugar should be available to buy.
 - No cakes or biscuits (unless at lunchtime).Children from low income families are eligible for free school meals, but there is no entitlement for children aged 4-7 years at the current time.
- Children in special schools and many in nursery and primary schools already get free milk. Other schools can apply to a scheme to get milk at a cheaper price.
- Northern Ireland has not yet introduced a free fruit and vegetable scheme in schools.

5.2 The government ensures that there are clear, consistent policies in other public sector settings for food service activities (canteens, food at events, fundraising, promotions, vending machines, public procurement standards etc.) to provide and promote healthier food choices.

Evidence:

- Mandatory requirements for food quality standards in hospitals in England were introduced by the government in April 2015. The requirements are based on a report by The Hospital Food Standards Panel (Department of Health & Age UK, 2014), which recommends five legally-binding food standards for the NHS. These are now included in the NHS Standard Contract – making them legally-binding for hospitals. They include:
 - Hospitals should screen patients for malnutrition and patients should have a food plan.
 - Hospitals must take steps to ensure patients get the help they need to eat and drink, including initiatives such as protected meal times where appropriate.
 - Hospital canteens must promote healthy diets for staff and visitors – the food offered will need to comply with government recommendations on salt, saturated fats and sugar.
 - Food must be sourced in a sustainable way so that it is healthy, good for individuals and for our food industry.
- In addition to the panel’s compulsory standards, the report also recommended all hospitals develop a food and drink policy that aims to encourage healthy eating, high-quality food production, sustainability and excellent nutritional care.
- Hospitals will, for the first time, be ranked on the NHS Choices website for the quality of their food. The latest patient inspections data has been published on NHS Choices and shows how each hospital performs on:
 - Quality of food
 - Choice of food
 - Menu approved by a dietitian
 - Fresh fruit always available
 - Food available between meals
 - Choice at breakfast
 - Cost of food services per patient per day
- The Hospital Food Standards Panel noted that *“it was faced with the difficulties of considering food services that may not be under the direct control of the hospital (e.g. vending machines and on-site shops). They noted that changes in those areas were likely to take longer, but they encourage hospitals to do all they can, in partnership with their leaseholders and contractors, to make the healthier choice the easier choice.”*
- The government and its agencies’ Buying Standard for Food and Catering Services (GBSF) (UK Gov, 2014b) states that central government procurers directly or through their catering contractors are required to apply these standards while others are encouraged to follow it. The GBSF includes a set of minimum mandatory standards for inclusion in tender specifications and contract performance conditions. It also includes some best practice standards which are recommended but not required. The majority of public procurement is not done by central government procurers, however and the guidance remains voluntary in these cases.

- In 2014, the government brought in the Plan for Public Procurement: Food & Catering Balanced scorecard for public food procurement (including schools, hospitals, prisons etc.) in support of the GBSF (DEFRA, 2014). The plan includes award criteria to enable procurers to evaluate bids against each other. They give opportunities for suppliers to be rewarded for operating to higher standards. These award criteria include the nutrition-related best practice elements of the GBSF. Relevant parts of the standards for healthier diets are found under part B) Nutrition and cover:
 - Reducing salt
 - Increasing fruit and vegetable consumption
 - Reducing saturated fat
 - Cereals (high in fibre, low in sugar)
 - Fish (provision of fish at least twice a week)
- The PHE has recently made the following recommendation: *“Adopt, implement and monitor the government buying standards for food and catering services (GBSF) across the public sector, including national and local government and the NHS to ensure provision and sale of healthier food and drinks in hospitals, leisure centres etc.”* (PHE, 2015b).

SCOTLAND

- The Scottish Government has published the ‘Food in Hospitals, National Catering and Specification for Food and Fluid Provision in Hospitals in Scotland’ (Scottish Government, 2008b). These cover nutrition and food-based standards as well as menu planning in relation to patients’ food.
- All food service providers across the NHS are mandatorily required to meet criteria set by the Directorate for Chief Medical Officer in Scotland (Chief Medical Officer, January 2012). Caterers are required to follow Healthyliving Award criteria and retailers are required to join the Scottish Grocers’ Federation Healthyliving Programme and meet their Gold Standard criteria. ‘Criteria for the Healthcare Retail Standards’ (Scottish Government, September 2015) sets out the standards that all retail providers operating in the NHS in Scotland must follow.
- NHS Boards are required to implement actions to remove sugary drinks from vending machines on NHS sites and to provide healthier alternatives (Scottish Government, 2012). The requirement for 100% of drinks to be sugar-free has been relaxed to 70% following health board feedback although some boards have chosen to retain the 100% figure (personal communication Peter Faassen de Heer, Policy Executive, Diet Policy, Scottish Government).
- Scotland has a Public Procurement Reform Programme of which a recent development is the Procurement Reform (Scotland) Act, 2014. This Act is backed with statutory guidance for public bodies disseminated in 2016 and highlighting in particular food supply as an important aspect for public bodies to address. This is further complemented by a wide range of work under Scotland’s ambitious National Food and Drink Policy to make Scotland a Good Food Nation, citing that public food should be an exemplar for sustainability. Appropriate food procurement guidance in Scotland exists as *Catering for Change - buying food sustainably in the public sector* which has been in place to good effect since 2011, guiding caterers and buyers, making public contracts streamlined and business friendly, and opening up opportunities for more sustainable procurement.

WALES

- Regulations on food and fluid provision in hospitals covering patient food standards were put in place in 2011 (Welsh Government, 2011).
- The Welsh Government imposed hospital vending standards in 2012 which only permit the sale of healthier food and drink (Welsh Government, 2012).
- The NHS in Wales employs a dietitian to input into the central procurement of food with regard to nutrition. There are Welsh Government Guidelines for Food and Drink served to staff and visitors.

NORTHERN IRELAND

- The 'Promoting Good Nutrition – the 10 A Day strategy for good nutritional care for adults in all care settings in Northern Ireland' was established in 2007 (Department of Health, Social Services and Public Safety, 2007).
- Guidance on vending machines is not covered in the strategy.

5.3 The government ensures that there are good support and training systems to help schools and other public sector organizations and their caterers meet the healthier food service policies and guidelines.

Evidence:

- Actions 13/14 of the School Food Plan focus on developing the school food workforce. The workforce development group (led by the Lead Association for Catering in Education, and made up of chefs, caterers, industry managers, unions, head teachers and campaigners), works with school cooks, caterers and People 1st (the hospitality skills sector body) to develop the professional standards. The professional standards, launched in July 2015, have been developed for a range of job roles.
- The Association for Nutrition competency framework was published in 2012 and sets a baseline of nutrition knowledge for both health professionals and the wider health and social care workforce. Working with PHE, the Association for Nutrition has now developed two further competency frameworks to improve the nutrition knowledge and skill of those who work or volunteer in the fitness, leisure and catering sectors who also have a responsibility or opportunity to guide food choice; the 'Competence framework in nutrition for fitness and leisure;' and the 'Competence framework for catering' (Association for Nutrition, n.d.)

5.4 Government actively encourages and supports private companies to provide and promote healthier foods and meals in their workplaces.

Evidence:

- In 2014, PHE published [catering guidance](#) including a healthier and more sustainable catering toolkit for serving food to adults (PHE, 2014a). These documents offer practical advice on how to make catering affordable, healthier and more sustainable. The guidance incorporates promotion of GBSF and contains case studies that demonstrate applicability in the wider sector beyond government departments and agencies.
- The Responsibility Deal includes one pledge on healthier staff restaurants, with 183 signatories to date. The pledge states that: *"We will implement some basic measures for encouraging healthier staff restaurants/ vending outlets/buffets for staff, including:*
→ *Ensuring the availability of healthier foods and beverages in all available channels to employees*

- Working with caterers to reformulate recipes to provide meals which are lower in fat, salt, and energy and which do not contain artificial trans fats
 - Provision of responsibly sized portions of foods
 - Provision and promotion of the consumption of fruit and vegetables through availability and price promotion
 - Provision of calories and/or Guideline Daily Amounts on menus per portion as a minimum (further nutrients optional)
 - Ensure that water is visible and freely available."
- PHE works with local authorities to support employers of all sizes and sectors to adopt the Workplace Wellbeing Charter. It provides a systematic evidence-based approach to workplace health improvement, with organizations accredited across eight key areas, including physical activity and healthier eating. Half of all top-tier local authorities run a scheme and over 1,000 large and small businesses hold the award.

6 FOOD RETAIL: The government has the power to implement policies and programs to support the availability of healthier foods and limit the availability of less healthy foods in communities (outlet density and locations) and in-store (product placement) in addition to food hygiene concerns.¹

Summary:

- Planning laws authorise local authorities to use – at their discretion - the legal and planning systems to regulate the growth of fast food restaurants, including those near schools. Environmental health or licensing teams can also regulate the sale of fast food through various legislative tools.
- There is no specific planning legislation in place to encourage outlets selling fruit and vegetables.
- Companies are not obliged to promote in-store availability of healthier foods and limit in-store availability of less healthy foods. Voluntary commitments can be made under the government Change4Life programme and Public Health Responsibility Deal.
- The FSA has powers to prosecute for offences in connection with food hygiene and fraud.
- Under the Food Hygiene Rating Scheme, food outlets do not have to display their rating.

6.1 Zoning laws and policies are robust enough and are being used, where needed, by local governments to place limits on the density or placement of quick serve restaurants or other outlets selling mainly less healthy foods in communities.

Evidence:

- Healthy People, Healthy Place (PHE, 2013 a), a government programme to improve the nation's health through better planning and design to reduce the impact of a poor physical and natural environment, was introduced in England in 2013. This has encouraged local authorities to use the legal and planning systems to regulate the growth of fast food restaurants, including those near schools. PHE has also published a briefing paper, which addresses the opportunities to limit the number of fast food takeaways (especially near schools) and ways to make fast food offers healthier (PHE, 2013 b). Other guidance documents published include: 'Planning Healthy Weight Environments - a TCPA Reuniting

¹ Note: The final part of this domain relating to "in addition to food hygiene concerns" has been added as it is relevant to the England context.

Health with Planning project' (TCPA & PHE, 2014) and 'Building the foundations: tackling obesity through planning and development' (Local Government Association; PHE; tcpa;, 2016)

- Planning laws are in place across England. The National Planning Policy Framework (Communities and Local Government, 2012) refers to promoting access to healthier food and suggests conducting a health impact assessment may be a useful tool where significant impact is expected. Since 2012, local authorities have been required to develop Local Plans within the guidance provided by the Framework and in England, independent inspectors review the Local Plans on behalf of the Secretary of State for Communities and Local Government. There is no legal requirement for a local area to produce a local plan but there is an expectation that they will. A number of local authorities have drawn up supplementary planning documents or local planning documents to restrict the development of new fast food premises near schools and to control the density of premises in town centres.
- Environmental health or licensing teams can also regulate the sale of fast food through:
 - Street trading policies to restrict trading from fast food vans near schools.
 - Enforcement on other issues such as disposal of fat, storage of waste, and litter.
 - Food safety controls and compliance.
 - Restrictions on opening times.
 - Using Section 106 agreements and the Community Infrastructure Levy to contribute to work on tackling the health impacts of fast food outlets.

SCOTLAND

- The National Planning Framework 3 (Scottish Government, 2014b) has a vision which includes: *"Our living environments foster better health and we have reduced spatial inequalities in well-being."* A 'Place Standards Tool' has recently been developed (Scottish Government, 2015a). The purpose of the place standard is to support the delivery of high quality places in Scotland and to maximise the potential of the physical and social environment in supporting health, wellbeing and a high quality of life.
- The Scottish Government has published the Obesity Route Map Action Plan (Scottish Government, 2011). Part of Action 1 is to support implementation of *"...guidance for community planning partnerships on provision of lower energy and less energy-dense food options in the community, for example through limiting the number of fast food outlets near schools, leisure centres, parks and youth centres and encouraging the provision of outlets for healthy convenience food and drink."*
- Beyond the School Gate guidance was launched on 1st May 2014 (Scottish Government, 2014c). It provides guidance for local authorities, schools, retailers, caterers and other partners on what they can do to influence the food environment around schools and support children and young people to make healthier choices.

WALES

- The Planning Bill (Welsh Government, 2015a) notes that development plans should have a positive impact on standards of living, and on physical and mental health.

NORTHERN IRELAND

- The Planning Act (Northern Ireland Government, 2011) sets out the responsibility of the Department of the Environment for *"promoting or improving well-being"*.

6.2 Zoning laws and policies are robust enough and are being used, where needed, by local governments to encourage the availability of outlets selling fresh fruit and vegetables.

- There is no specific planning legislation in place in relation to encouraging outlets to sell fresh fruit and vegetables.
- The Change4Life Convenience Stores programme, however, functions in deprived, urban areas in England with poor existing retail access to fresh fruit and vegetables. The programme is a partnership between the Department of Health and the Association of Convenience Stores, which started in 2010 and aims to increase the availability of fresh fruit and vegetables in local convenience stores.

6.3 The government ensures existing support systems are in place to encourage food stores to promote the in-store availability of healthier foods and to limit the in-store availability of less healthy foods.

Evidence:

- Companies are not obliged to promote in-store availability of healthier foods and limit in-store availability of less healthy foods. Under the Public Health Responsibility Deal operating in England, which is voluntary, the government sets expectations for retailers, for example to remove prominently displayed sweets and chocolate from checkouts or set up a scheme that would have given customers rewards for buying healthier food such as fruit and vegetables. A number of large retail chain stores have voluntarily reduced the visibility of confectionery from checkout counters.
- There is also a pledge under the Public Health Responsibility Deal to *“do more to create a positive environment that supports and enables people to increase their consumption of fruit and vegetables.”* The pledge is for all sectors including food manufacturers/suppliers, food retailers and caterers. There are currently 48 signatories to the pledge. This is in addition to the pledges to reduce HFSS products (described elsewhere).

6.4 The government ensures existing support systems are in place to encourage food service outlets to increase the promotion and availability of healthy foods and to decrease the promotion and availability of unhealthy foods.

- Public Health England has published *“Healthier and More Sustainable Catering: nutrition principles – the scientific principles for developing nutrient-based standards for planning nutritionally balanced menus”*, which relies on the principles of the “eatwell plate” to frame the food-based guidance (PHE, 2014a).
- The Healthier Catering Commitment for London is a voluntary scheme run by the London Boroughs with support from the Mayor of London. It recognises those businesses in London that demonstrate a commitment to reducing the level of saturated fat and salt in the food sold, to offer some healthy options (for example, lower sugar drinks and snacks) and to make smaller portions available on request.

6.5 Food hygiene policies are robust enough and are being enforced, where needed, by national and local government to protect human health and consumers’ interests in relation to food.²

Evidence:

- The Food Safety Act for the UK was originally passed in 1990 and applied to:
 - Food Safety (hygiene and safety)
 - Consumer protection (description of food)

² Note: This Good Practice Statement has been added as it is particularly relevant to the England context.

- Regulations (registration and licensing of premises)
- Administration and enforcement
- There have been numerous amendments to the Act since then. In addition, there are a number of EU regulations and directives governing food hygiene and safety throughout the UK. These include:
 - Food EU Regulation (EC) No 852/2004
 - EU Regulation (EC) No 853/2004
 - EU Regulation (EC) No 854/2004
 - Directive 2004/41/EC
- After a series of scandals in relation to food safety and descriptions, the Food Law Code of Practice, which was adapted for Scotland, Wales and Northern Ireland, was adopted in England and amended for the last time in 2015. The Code sets out the detail of food hygiene and safety for local authorities who are bound by the regulations to uphold the detail in the code of practice. The Food Standards Agency (FSA), an independent government department, is responsible for food safety, the protection of consumers and enforcement of the Code.
- The FSA has a National Food Crime Unit which works with partners to protect consumers from food and drink that is either unsafe or not authentic because of serious criminal activity. It has powers to bring its own prosecutions under the Food Standards Act 1999 (UK Gov, 1999).
- A Food Hygiene Rating Scheme was first adopted in 2010 in England. Ratings are given to food outlets such as restaurants, takeaways, cafés, sandwich shops, pubs, and hotels. A food safety officer inspects a business to check that it meets the requirements of food hygiene law. The officer is from the local authority where the business is located. Ratings range from 0 (urgent improvement needed) to 5 (very good). A new rating is given each time the business is inspected. Businesses do not, however, have to display their rating.

SCOTLAND

- The Food Law Code of Practice was updated in Scotland to reflect the creation of Food Standards Scotland, which took over responsibility for issuing the Code to Scottish food authorities on 1 April 2015.
- The Food Hygiene Information Scheme (FHIS) operates in Scotland, which adopts a tier based approach where food businesses are either awarded a 'pass' or 'improvement required' certificate. At present there is no mandatory requirement to display certificates under the FHIS, although Scottish Ministers now have the power to create regulations requiring the display of certificates.

WALES

- The Food Hygiene Rating (Wales) Act 2013 (Welsh Government, 2013c) was passed, which means that businesses must display their rating by law.

NORTHERN IRELAND

- Food Hygiene Rating (Northern Ireland) Regulations 2016 are currently out for consultation so it is not yet mandatory for businesses to display their rating.

7 FOOD TRADE AND INVESTMENT: The government ensures that trade and investment agreements protect food sovereignty, favour healthier food environments, are linked with domestic health and agricultural policies in ways that are consistent with health objectives, and do not promote less healthy food environments.

Summary:

- It is mandatory in the US and EU member countries to undertake Environmental Impact Assessments for all new trade agreements. These assessments sometimes incorporate Health Impact Assessments.
- A Trade Sustainability Impact Assessment on the Transatlantic Trade and Investment Partnership (TTIP) has been undertaken but is at yet unpublished.
- The Common Agricultural Policy aims to improve agriculture, the environment and rural life in the UK and does not have specific public health objectives. The present CAP is for 2013-2020 and negotiations for further reform will start for 2020.

7.1 The government undertakes risk impact assessments before and during the negotiation of trade and investment agreements, to identify, evaluate and minimize the direct and indirect negative impacts of such agreements on population nutrition and health.

Evidence:

- It is mandatory for countries of the EU to undertake Environmental Impact Assessments for all new trade agreements (EU, 2001). These assessments sometimes incorporate Health Impact Assessments.
- A referendum will take place in June 2016 to decide whether England will remain part of the EU or not. If there is a vote to leave the EU, this will mean that England will no longer be part of the Common Agricultural Policy and will need to renegotiate trade deals with other European countries.
- The Transatlantic Trade and Investment Partnership is a series of trade negotiations between the EU and US. As a bi-lateral trade agreement, TTIP is about reducing the regulatory barriers to trade for big business. One area that will be affected is food and environmental safety. The TTIP's 'regulatory convergence' agenda will seek to bring EU standards on food safety and the environment closer to those of the US. The European Commission launched an online public consultation in 2014 on provisions and investor protection in the TTIP. Suggestions for amendments to a potential TTIP were discussed at a meeting of the International Trade Committee of the European Parliament in March 2015. If an agreement is to be made, it is not expected to be finalized before 2016.
- A Trade Sustainability Impact Assessment on TTIP has been undertaken but has not yet been unpublished. The inception report for the study (ECORYS, April 2014) summarises the most important methodological components of the study and highlights some of the main issues that will warrant further attention and focus during the implementation of the study. Public health is not a major focus though some of the expected case studies will "*leave room to cover consumer health effects*". Food safety is expected to be an area of interest.
- The Common Agricultural Policy (CAP) was first introduced in 1962 for member countries of the EU. The CAP is a system of agricultural subsidies and programmes covering farming, environmental measures and rural development. Substantial reforms over the years have moved the CAP away from a production-oriented policy to a system of direct subsidy payments to landowners.

- The Basic Payment Scheme (BPS) (pillar I) established in the UK in January 2015 is currently the biggest of the EU's rural grants and payments. Farmers with at least 5 hectares of agricultural land and 5 'entitlements' can apply. Under BPS, farmers have to meet the 'greening' rules to receive a greening payment as part of their total BPS payment. The greening payment (3 greening rules have to be followed on: crop diversification; ecological focus areas; permanent grassland) will be worth about 30% of a farmer's total payment.
- The Rural Development Programme (RDP) (pillar II) is a funding programme under the CAP for projects to improve agriculture, the environment and rural life. The main objective of the RDP is better management of natural resources and the wider adoption of farming practices which are climate friendly. The RDP has six priority areas:
 - (1) Knowledge transfer and innovation;
 - (2) Competitiveness of agricultural sector and sustainable forestry;
 - (3) Food chain organization, including processing and marketing of agricultural products, animal welfare and risk management in agriculture;
 - (4) Restoring, preserving and enhancing ecosystems related to agriculture and forestry;
 - (5) Resource efficiency and climate;
 - (6) Social inclusion and local development in rural areas.
- The present CAP is for 2013-2020 and negotiations for further reform will start for 2020.

7.2 The government adopts measures to manage investment and protect their regulatory capacity with respect to public health nutrition.

Evidence:

- The CAP reforms have not aimed to protect public health nutrition in England.
- In 2006, a substantial restructuring of the sugar sector saw an almost 25% decline in the volume of production quota provided through the CAP. The current system of production quotas, covering both sugar from sugar beet and isoglucose will be lifted in 2017. This may lead to higher volumes of sugar being produced and lower prices so potentially leading to increased sugar consumption.
- Current CAP regulations have allowed Member States to grant voluntary coupled support for milk and meat. While coupled support is not the policy of the current government, the regulations may lead to a lowering of prices for meat and milk consumed in England.
- The current CAP policy aims to protect producers in the fruit and vegetable sector but the overall outcome has been increasing prices for consumers. The disparity between the price of fruit and vegetables and the price of processed food has been growing.
- The fisheries policy for the EU is called the Common Fisheries Policy (CFP) and sets out the rules and laws that control and govern commercial fishing across the entire EU. The main aims of the CFP include:
 - Providing funding and technical support for fishermen to make their industry more sustainable
 - Ensuring the fishing industry gets a fair price for their produce and consumers can trust the seafood they eat (through regulating quality and labelling of fish throughout the EU).
 - Supporting fish farming and aquaculture.
- Fishermen are organized into producer organizations, which are required to develop plans to adjust fish catches to market demand. They are empowered to take produce out of the market if prices fall below levels set by the council of ministers and receive compensation from the EU. Levels of compensation are set such that the price falls as the amount of fish involved increases. Fish stocks may be stored and later returned to the market, or sold for animal feed production. Retail prices for fish rose by 36% between 2007 and 2014 (DEFRA, 2015).

INFRASTRUCTURE SUPPORT DOMAINS

8 LEADERSHIP: The political leadership ensures that there is strong support for the vision, planning, communication, implementation and evaluation of policies and actions to create healthy food environments, improve population nutrition, and reduce diet-related inequalities.

Summary:

- In 2010 the Coalition Government developed a policy on obesity and healthy eating, and committed, by 2020, to: “a downward trend in the level of excess weight in adults; and a sustained downward trend in the level of excess weight in children.” A three-pronged approach is being taken which relies on self-regulation by the industry, population behaviour change and devolution to local authorities.
- The government will announce a national childhood obesity strategy for England in 2016.
- A Public Health Outcomes Framework 2013-2016 has been adopted, which emphasizes the commitment by government to increase life expectancy and reduce health inequalities.
- Population intake recommendations for different age groups have been established for salt, saturated fats, trans fats and added sugars. A significantly reduced sugar intake recommendation has just been set in 2015. These recommendations do not set target dates for achieving the recommendation.
- Food-based dietary guidelines were established in 2007 and updated in 2016.
- Responsibility for the food environment is scattered among different government departments and independent bodies and currently there is no comprehensive, transparent, up-to-date implementation plan which cuts across departments.
- PHE does have an implementation plan to address obesity that covers some aspects of the food environment.
- There are strict safeguards in place governing the behaviour and registration of financial interests of MPs. Food and farming federations do seek to influence the political agenda and government policy. government invites industry to help develop food policy.
- Whilst policy on dietary intakes is based on evidence and independent expert advice, the private sector is invited to help develop food and agricultural policies.
- There is a government website that is open to the public and provides access to, and regular dissemination of, nutrition information and key documents.

8.1 There is strong, visible, political support (at the Head of State / Cabinet level) for improving food environments, population nutrition, diet-related NCDs and their related inequalities.

Evidence:

- The approach towards public health pursued by the present government is based on the Health and Social Care Act (UK Gov, 2012 a) which created a new public health system. The Department of Health leads across health and care by creating national policies and legislation; Public Health England (PHE) became the new national delivery organization of the public health system in England; the National Health Service (NHS) retained responsibility for some public health services, along with clinical services; and local authorities were given new responsibilities and resources to “take such steps as it considers appropriate for improving the health of the people in its area” i.e. responsibility for public health at the local level. Clinical Commissioning Groups (CCGs) were created to replace Primary Care Trusts. CCGs

are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area.

- Healthy People, Healthy Place: A call to action on obesity in England (UK Gov, 2013b), set a new target for a downward trend in excess weight for children and adults by 2020. The document highlights that each individual is responsible for his/her own health and is free to make his/her own choices, but says that the role of the state and its partners is to support people as busy lifestyles and the 21st century environment often make it hard to make a healthy choice. The document notes that while increasing physical activity rates is important, for most people who are overweight or obese eating and drinking less is the “key” to weight loss. The strategy calls on all sections of society to play a role, including the food and drink industry which has to do more to reduce calorie levels in their products. But it said local government is “*uniquely well placed*” to lead the drive as each community has different characteristics and problems that are best addressed at a local level.
- The government Policy: obesity and health 2010 to 2015 (PHE, 2015a) committed, by 2020, to achieve:
 - A downward trend in the level of excess weight in adults
 - A sustained downward trend in the level of excess weight in childrenIt took a three-pronged approach to improving dietary intake and food composition. Firstly, it aimed to help people to make healthier choices by giving people advice on a healthier diet and physical activity through the Change4Life programme, improving labelling and encouraging businesses on the high street to include calorie information on their menus, and giving people guidance on how much physical activity they should be doing.
- Secondly, it encouraged responsible business through the Public Health Responsibility Deal. Companies signing up to the Responsibility Deal commit to taking action voluntarily to improve public health through their responsibilities as employers, as well as through their commercial actions and their community activities. Companies can sign up to be either national partners or local partners. Food is one of four areas covered. Food pledges (see DOMAIN 1: FOOD COMPOSITION) include:
 - Provide calorie information on menus for food and drinks when eating out;
 - Reduce salt in foods sold across the retail and catering sector;
 - Remove artificial trans fats from all foods;
 - Support and enable customers to eat and drink fewer calories through a range of actions;
 - Increase the consumption of fruit and vegetables
- Thirdly, the government devolved responsibility and resources to local authorities for public health to “*take such steps as it considered appropriate for improving the health of the people in its area*” i.e. responsibility for public health at the local level. Local authorities set up statutory health and wellbeing boards to drive local commissioning and integration of all health services, based upon local needs. Local authorities (upper tier or county councils and unitary or single local authorities) are allocated grants to discharge their public health responsibilities.
- The government has committed to the NHS England Five Year Forward View of October 2014, which sets out the urgent need for “*a radical upgrade in prevention and public health*” (NHS, 2014) and which states that “*it makes little sense that the NHS is now spending more on bariatric surgery for obesity than on a national roll-out of intensive lifestyle intervention programmes that were first shown to cut obesity and prevent diabetes over a decade ago.*”
- In 2016, the government announced that a levy on soft drinks with added sugar would be introduced.
- The government is moving forward with its action for industry and the rural economy. It is currently developing its 25 Year Food and Farming Plan. It is an industry-led plan based on ideas from major trade associations, farming businesses, retailers, food manufacturers and the research community. An initial event in July 2015 will be followed by a series of consultations.

SCOTLAND

- The Scottish Government has committed to *“reduce the rate of increase in the proportion of children with their Body Mass Index out with a healthy range by 2018”* and is working towards developing a further indicator which will cover the whole population (Scottish Government, 2010).
- The Public Health Act for Scotland (Scottish Government, 2008c) updated the law on public health, enabling Scottish Ministers, health boards and local authorities to better protect public health. Scotland has a policy on Preventing Overweight and Obesity (Scottish Government, 2010) with four areas of action:
 - Energy consumption - controlling exposure to, demand for and consumption of excessive quantities of high calorific foods and drinks;
 - Energy expenditure – increasing opportunities for and uptake of walking, cycling and other physical activity in our daily lives and minimising sedentary behaviour
 - Early years – establishing life-long habits and skills for positive health behaviour through early life interventions
 - Working lives – increasing responsibility of organizations for the health and wellbeing of their employees.Scotland also has its own version of the Change4Life programme called Scotland - Eat better, feel better.
- Though Scotland is not signed up to the Public Health Responsibility Deal, it has its own version in Supporting Healthy Choices: a Framework for Voluntary Action (Scottish Government, 2014d). This document sets out the Scottish Government and the Food Standards Agency (FSA) in Scotland’s ambition to work collaboratively with partners to improve Scotland’s diet and tackle health inequalities. It is similar to the Public Health Responsibility Deal in inviting the food and drink industry, including retailers, manufacturers and out of home catering businesses to implement a range of voluntary commitments.
- Scotland’s first national food and drink policy, ‘Recipe for Success’, was launched in 2009 and followed up by the ‘Becoming a Good Food Nation’ discussion document in June 2014. The Scottish Food Commission were established in February 2015 as a recommendation of the discussion document. The Commission have reviewed the Good Food Nation vision and clarified the objectives of the policy as five cross-cutting themes of health, environmental sustainability, social justice, prosperity and knowledge. The Food Commission reports formally to the Cabinet Secretary for Rural Affairs, Food and the Environment in an advisory capacity and also has a key role in advocating the importance of good food.

WALES

- There is an established public health system in Wales delivered through seven health boards, which are responsible for delivering all healthcare services within specified geographical areas. Public Health Wales provides each health board and its Director of Public Health with specialist public health support. Public Health Wales also provides specialist public health support to the 22 local authorities in Wales.
- The All Wales Obesity Pathway was adopted by the Welsh Government in 2010 and is being used to work with local health boards (Welsh Assembly, 2010). Wales has its own version of the Change4Life programme which directs members of the public to information to help them improve their diet and fitness.
- The Food and Drink Industry is an important part of the Welsh economy. The Welsh food system is highly integrated into UK and European systems and is profoundly influenced by a wider global context. In 2010, the Welsh Government published Food for Wales, Food from Wales 2010-2020 which is a ten year policy statement detailing the pressures and complexities of the food system. Underpinning this is Towards Sustainable Growth: an Action Plan for the Food and Drink Industry 2014-2020 which aims *“to grow sales in the food and drink sector by 30% to £7 billion by the year 2020”*. There are chapters on Food and Drink Wales Industry Board; Food and Drink Wales Identity; Education, Training, Skills and Innovation; Business Growth and Market Development; and Food Security and Food Safety (including health and nutrition) and 48 actions corresponding to these chapters.

NORTHERN IRELAND

- The Public Health Agency (PHA) was established in April 2009 as part of the reforms to Health and Social Care in Northern Ireland. PHA is the major regional organization for health protection and health and social wellbeing improvement. It is also committed to addressing the causes and associated inequalities of preventable ill-health and lack of wellbeing. It is a multi-disciplinary, multi-professional body with a strong regional and local presence.
- Northern Ireland has a framework for preventing and addressing overweight and obesity 2012-2022 (Northern Ireland Executive, 2012). The policy takes a cross-sectoral, integrated life course, and long-term (10 year) approach (beyond diet and exercise), and sets specific targets for reduction of obesity in adults and children:
 - Adults: to reduce the level of obesity by 4% and overweight and obesity by 3% by 2022.
 - Children: a 3% reduction of obesity and 2% reduction of overweight and obesity by 2022
- Northern Ireland has its own version of the Change4Life programme.
- A Strategic Action Plan *‘Going for Growth’* (Agri-Food Strategy Board, 2013) was produced by the industry, which includes more than 100 recommendations aimed at accelerating the growth of farming, fishing, and food and drink processing in Northern Ireland. The Northern Ireland Executive has agreed an action plan based on the plan. In February 2015, the Ministers announced the re-appointment of the Agri-Food Strategy Board for a further two-year period until February 2017. Public health is barely mentioned in the plan.

8.2 Clear population intake targets have been established by the government for the nutrients of concern to meet national recommended dietary intake levels.

Evidence:

- In 2003, the Scientific Advisory Committee on Nutrition (SACN) recommended that work be undertaken to reduce salt intakes in the UK in order to achieve an average intake of 6g per day for adults (SACN, 2003). SACN also set proportionally lower recommended intakes for children. This was incorporated into Food Standards Agency (FSA) guidelines issued in 2007 (FSA, 2007a). Since the salt reduction programme started in 2006, significant progress has been made as demonstrated by the reductions in salt content in many processed foods and a 15% reduction in 24-h urinary sodium over 7 years (from 9.5 g in 2004 to 8.1 g in 2011 per day, $P < 0.05$) (He, et al., 2014). These recommendations do not, however, set a target date for achievement.
- FSA nutrient and food based guidelines 2007 recommended that the intake of saturated fats should be reduced to less than 11% of food energy and that total fat intake should be 35% of food energy. This is based on the Committee on Medical Aspects of food (COMA) report (COMA, 1991). The FSA launched a saturated fat consumer campaign in 2009 (with radio, press and poster advertising, focusing on the health implications of a diet high in saturated fat and the simple, positive steps people can take to reduce their saturated fat intake). This consumer campaign has been taken forward through Change4Life. SACN undertook a rapid review of trans fats in the UK in 2007 (SACN, 2007) and upheld the recommendation that the average population intake of trans fats should not exceed 2% food energy. According to the National Diet and Nutrition Survey (NDNS), population average trans fats intakes in the UK account for around 0.6-0.7% of food energy; well within the 1% WHO recommendation.
- A SACN report in 2015 (SACN, 2015) on carbohydrates recommended that a definition of ‘free sugars’ be used in nutrition advice in place of ‘non-milk extrinsic sugars’. SACN also recommended that the dietary reference value for carbohydrates be maintained at a population average of approximately 50% of total dietary energy intake. Furthermore, SACN recommended that the population average intake of free sugars should not exceed 5% of total dietary energy. PHE has provided a set of recommendations on initiatives to reduce sugar consumption and to inform the government’s thinking on sugar in the diet (PHE, 2015b). As for salt, no target dates have been set for meeting the recommendations.
- Whilst there is no fruit and vegetable intake target for the population in the UK, the Balance of Good Health (FSA, 2001), followed by the Eatwell plate (FSA, 2007a) and more recently the Eatwell Guide (FSA, 2016), recommends the consumption of at least five portions of fruit or vegetables a day for all individuals and new guidance on fruit juice and smoothies.
- The SACN report in 2015 on carbohydrates and health recommended that a new definition of dietary fibre be adopted in the UK and that the dietary reference value for dietary fibre for adults should be increased to 30g/day. No target dates are set for achieving the recommendation.

SCOTLAND

- Dietary goals for individuals were revised in 2016 to include goals on carbohydrates, free sugars and fibre (Scottish Government, 2016). They are consistent with guidance given to individuals in England with the exception of trans fat where the recommendation is that average intake should remain below 1% of energy intake.

WALES

- The Welsh Government has adopted dietary recommendations which are consistent with England.

NORTHERN IRELAND

- Public Health Agency Northern Ireland has adopted dietary recommendations in line with England.

8.3 Clear, interpretive, evidence-informed food-based dietary guidelines have been established and implemented.

Evidence:

- The FSA established nutrient and food based guidelines nearly 10 years ago (FSA, 2007b). Responsibility for these were transferred to the Department of Health in 2010 and then to PHE who set out food-based dietary guidelines in Healthier and More Sustainable Catering: Nutrition principles published in 2014 (PHE, 2014a). PHE recently published updated food based guidelines (Eatwell plate) in the form of the Eatwell Guide (UK Gov, 2016) which shows the proportions of the main food groups that form a healthy, balanced diet.
- The Eatwell Guide is a visual representation of how different foods contribute towards a healthier balanced diet. It is based on the five food groups and shows how much of what you eat should come from each food group. The segment sizes of the food groups have been adjusted to reflect current government advice on a healthy balanced diet. HFSS products, which previously featured within the Eatwell Plate, have now been placed outside of the main image to emphasize that these products to be consumed infrequently and in small amounts. Additional messages that are included relate to hydration, energy requirements and front of pack labelling. The Eatwell Guide recommends:
 - Eat at least 5 portions of a variety of fruit and vegetables every day
 - Base meals on potatoes, bread, rice, pasta or other starchy carbohydrates; choosing wholegrain versions where possible
 - Have some dairy or dairy alternatives (such as soya drinks); choosing lower fat and lower sugar options
 - Eat some beans, pulses, fish, eggs, meat and other proteins (including 2 portions of fish every week, one of which should be oily)
 - Choose unsaturated oils and spreads and eat in small amounts
 - Drink 6-8 cups/glasses of fluid a day
 - If consuming foods and drinks high in fat, salt or sugar have these less often and in small amounts.

8.4 There is a comprehensive, transparent, up-to-date implementation plan (including priority policy and program strategies, social marketing for public awareness and threat of legislation for voluntary approaches) linked to national needs and priorities, to improve food environments, reduce the intake of the nutrients of concern to meet WHO and national recommended dietary intake levels, and reduce diet-related NCDs.

Evidence:

- Responsibility for the food environment is scattered among different government departments and independent bodies, however, and currently there is no comprehensive, transparent, up-to-date implementation plan which cuts across departments.

- The Foresight Report published in 2007 (Government’s Foresight Programme, 2007) set out what needs to happen in order to tackle obesity, including changes to the food environment. Obesity is the first of eight priorities for PHE set out in the report *‘From evidence into action’* (PHE, 2014b). In July 2015, the government reiterated its willingness *“to tackle obesity, improve people’s diets and increase physical activity, creating appropriate and supportive environments and ensuring health and care professionals also play their part”* and repeated its intention to create a national strategy to combat the nation’s levels of childhood overweight and obesity (UK Gov, July 2015). PHE’s current obesity work plan is summarised by the five pillars framework, which was produced by building on input from directors of Public Health, local and national government, the voluntary sector and those involved in service delivery, including community practitioners and commissioners (PHE, 2015c). The framework is based on five pillars: systems leadership; community engagement, monitoring and evidence base; supporting delivery; and obesogenic environment. Key deliverables include:
 - Commissioning a three year programme of work to support local authorities in implementing whole systems approaches to tackling obesity.
 - Publication of the PHE sugar evidence package.
 - PHE’s on-going role in ensuring that the NHS Diabetes Prevention Programme continues to be grounded in evidence, and can contribute to the evidence base around implementation of diabetes prevention programmes. Alongside this, PHE will continue working on mechanisms for evaluating the programme in the short, medium and longer term.
 - Leading embedding of the Everybody Active Every Day domains to build collaborations, the evidence base, and increasing the pace and scale of cross-sectoral action at national, local and community levels to increase physical activity and reduce inactivity.
 - Working with PHE centres and local authorities, and utilising the mapping of weight management services, develop blueprint weight management specifications to better support local commissioning of services to facilitate increasing uptake, access, provision and equity of services.
 - Plans in place to further enhance the role of the National Child Measurement programme focusing on three main priorities; to enhance support to local schools, proactively engage with parents in National Child Measurement programme and Change4Life throughout the school journey and to improve the breadth and depth of National Child Measurement programme data which is provided to local areas.
 - Supporting the government’s commitment to a childhood obesity strategy, including through the Change4Life January 2016 campaign.
 - ‘One You’ which will launch in March 2016 and will target the 7 million 40 to 60 year old C2DE’s in England. The campaign will promote healthy behaviours through a range of digital products, partner activity and local services.
- There are multiple strategies and guidance documents with respect to the food environment. Public health is now the responsibility of local authorities and the Local Government Association has produced a guidance document that include *“ideas for success”*. The first of these is to *“develop a locally tailored strategy for obesity – ensure it is a priority at strategic and delivery levels and that council led services and external partners such as local employers, schools, charities and the NHS are working together to integrate support and provide preventative services”* (Local Government Association , 2013).
- Different government departments have responsibility for different parts of the food environment. This splintering of responsibility increased in 2010, when the government took the decision to transfer responsibility for nutrition and food labelling and standards in England from the FSA to the PHE and the Department for Environment, Food and Rural Affairs (DEFRA). This can be illustrated by documenting government bodies with responsibility for different policy domains in England:

→ Food composition	Department of Health
→ Food labelling	Department for Environment, Food & Rural Affairs and Department of Health
→ Food promotion	Advertising Standards Authority
→ Food prices	Treasury
→ Food provision	Department of Education Department of Health Department for Environment, Food & Rural Affairs Local Authorities
→ Food retail	Department of Communities & Local Government Food Standards Agency Local Authorities
→ Food trade & investment	Department for Environment, Food & Rural Affairs

- The Parliamentary Select Committee for Health in its report on the impact of physical activity and diet on health (House of Commons Health Committee, 2015) *“called on the next government to introduce a coordinated government-wide programme to tackle poor diet and physical inactivity; this programme should be given the resources and authority necessary to secure collaboration with all relevant Departments and bodies, and should report at regular intervals on health improvements to the Prime Minister, and to Parliament”*. In the government response, there was no specific commitment to introduce a coordinated, government-wide programme, but rather a reiteration of current cross-ministerial cooperation dealing with specific parts of the food system. The government concluded that *“going forward it will be crucial that government departments continue to work together, at official and Ministerial levels, to identify new opportunities to support healthy lifestyles”* (UK Gov, July 2015).

8.5 Government priorities have been established to reduce inequalities or protect vulnerable populations in relation to diet, nutrition, obesity and NCDs.

- A Public Health Outcomes Framework 2013 to 2016 (UK Gov, 2012 b) was adopted, which emphasised the commitment by government to increase life expectancy and reduce health inequalities. Two overarching outcomes are specified: (1) increased healthy life expectancy and (2) reduced differences in life expectancy and healthy life expectancy between communities. Four domains of outcomes are set out: improving the wider determinants of health; health improvement; health protection; healthcare, public health and preventing premature mortality. Nutrition and diet-related NCD outcomes largely fall under the second domain, with the objective to ensure that *“people are helped to live healthy lifestyles, make healthy choices and reduce health inequalities”*. Relevant indicators include excess weight in children and adults.
- PHE has published a number of evidence based briefing papers with implications for policy. These include papers that relate to inequalities and vulnerable groups. They include:
 - Social and economic inequalities in diet and physical activity
 - Obesity and disability - adults
 - Obesity and ethnicity

9 GOVERNANCE: Governments have structures in place to ensure transparency and accountability, and encourage broad community participation and inclusion when formulating and implementing policies and actions to create healthy food environments, improve population nutrition, and reduce diet-related inequalities.

Summary:

- There are strict standards that regulate the behaviour of Members of Parliament (MPs) by the Office of the Parliamentary Commissioner for Standards. The Transparency of Lobbying Act became law in 2014 and introduced a statutory register of consultant lobbyists.
- Industry has been invited by the government to develop the 25 year Food and Farming Plan.
- The government uses evidence analysed by independent experts to develop policy in areas such as nutrient intake targets through SACN. PHE publishes briefing papers on obesity and health-related areas that review the evidence and implications for policy.
- The Freedom of Information (FOI) Act 2000 and the Environmental Information Regulations 2004 (EIRs) provide the general right of access to information held by public authorities.
- Up-to-date information on a range of indicators including nutrition and diet-related indicators is made available to the public via the government websites: www.gov.uk for England.

9.1 There are robust procedures to restrict commercial influences on the development of policies related to food environments where they have conflicts of interest with improving population nutrition.

Evidence:

- There are strict standards that regulate the behaviour of MPs. The Office of the Parliamentary Commissioner for Standards deals with the application of the Code of Conduct and related Rules that apply to MPs. This includes the registration of financial interests held by MPs and the investigation of allegations that MPs have breached the rules set out in the House of Commons Code of Conduct. MPs are required to register any interest which someone might reasonably consider to be an influence on their actions or words as an MP within 28 days. The detailed rules, which explain exactly which interests are to be registered, are set out in the Guide to the Rules relating to the conduct of Members. These rules have been revised for the 2015 Parliament.
- The Transparency of Lobbying, Non-Party Campaigning and Trade Union Administration Act became law in 2014 (UK Gov, 2014c). The Act introduced a statutory register of consultant lobbyists and established a Registrar to enforce the registration requirements. It regulated more closely election campaign spending by those not standing for election or registered as political parties and strengthened the legal requirements placed on trade unions in relation to their obligation to keep their list of members up to date.
- There are a number of trade associations linked to food manufacturing and retail. These include the British Retail Consortium and British Hospitality Association. The Food and Drink Federation (FDF) acts as the voice of the UK food and drink industry, the largest manufacturing sector in the country (Food and Drink Federation, 2016) and one of its aims is to communicate industry's values and concerns to government, regulators, consumers and the media. The current government has been keen to work with food and drink companies in a joint effort to improve health through voluntary actions. The Public Health Responsibility Deal is a major example of this and according to the FDF provides *“an effective framework within which government, industry, NGOs and health professionals can debate issues honestly and work together effectively to tackle public health challenges”*.
- Industry has been invited by government to develop the 25 year Food and Farming Plan. Eighty leading representatives from the UK food and farming industry are helping to develop a long-term plan for the future of food and farming, setting out how to grow and sell more British food. The National Farmers

Union (NFU) has strong commercial interests and explicitly sets out to influence government policy (National Farmers Union, 2016). The NFU's Government and Parliamentary Affairs operation represents and promotes the views of the NFU in London to a wide range of stakeholders. It aims to:

- Monitor political developments which affect the farming and growing industries
- Influence the political agenda through meetings, briefings and legislative amendments
- Lobby Parliament in line with the NFU's communications strategy.

SCOTLAND

- A register of lobbying has been proposed to the Scottish Parliament in a report by the Standards, Procedures and Public Appointments Committee (Standards, Procedures and Public Appointments Committee, 2015). The Committee Convener noted that *“a Parliament founded on openness must seek to make clear who is lobbying, on what issues, and why.”*
- The Scottish Food and Drink Federation (Scottish Food and Drink Federation, 2016) represents the food and drink manufacturing industry in Scotland. It works in partnership with the government on the *Supporting Healthy Choices* framework.
- The Food Commission for Scotland, which reports directly to the Scottish Government, has a number of people from the private sector as members, including the Chairperson.

WALES

- The Welsh Assembly's Standards Committee examined how lobbyists from external organizations access politicians. As a result, Guidance for Assembly Members on the registration, declaration and recording of financial and other interests was published (Welsh Government, 2015b). A revised Code of Conduct was also published.
- One of the actions in *Towards Sustainable Growth: An Action Plan for the Food and Drink Industry 2014-2020* committed the Welsh Government to establish a Food and Drink Wales Industry Board. The Board has been at full complement since September 2015 when it had its first meeting.

NORTHERN IRELAND

- The Northern Ireland Assembly has a Register of Members' Interests *“to provide information of any financial interest or other material benefit which a Member receives which might reasonably be thought by others to influence his or her actions speeches, votes in the Assembly, or actions taken in his or her capacity as a Member of the Northern Ireland Assembly.”* (Northern Ireland Government, Updated 2014).
- The Northern Ireland Food and Drink Association is the equivalent of the FDF in Northern Ireland (Northern Ireland Food and Drink Federation, 2016). Part of its mission is to *“be the 'voice' of our members that is respected and listened to by government and other key stakeholders.”*

9.2 Policies and procedures are implemented for using evidence in the development of food policies.

Evidence:

- The government has used evidence analysed by independent experts to develop policy in areas such as dietary guidance. This specific area is carried out through SACN which analyse and interpret the data on the basis of which policy is determined.
- PHE has published a series of briefing papers that assess the evidence on a particular subject and the implications for policy.
- In the area of food and agricultural policy, the government is inviting partners who have strong commercial interests to take part in developing policy.

9.3 Policies and procedures are implemented for ensuring transparency in the development of food policies.

- The Transparency of Lobbying, Non-Party Campaigning and Trade Union Administration Act, became law in 2014. The purpose of the Act was to increase the transparency of Parliamentary affairs.

9.4 The government ensures access to comprehensive nutrition information and key documents (e.g. budget documents, annual performance reviews and health indicators) to the public.

Evidence:

- The Freedom of Information (FOI) Act 2000 (UK Gov, 2000) and the Environmental Information Regulations 2004 (EIRs) (UK Gov, 2004) provide the general right of access to information held by public authorities. Under the FOIA and EIRs the public has the right to request any recorded information held by public authorities. This includes information held on computers, in emails, datasets, printed or handwritten documents, images, videos and sound recordings.
- Up-to-date information on a range of indicators including nutrition and diet-related indicators is made available to the public via the government websites: www.gov.uk for England, www.gov.wales for Wales, www.gov.scot for Scotland, and www.northernireland.gov.uk for Northern Ireland. Various sources of data are available including survey data, annual reports and budget information. See DOMAIN 10: MONITORING & INTELLIGENCE for more details.

10. MONITORING AND INTELLIGENCE: The government's monitoring and intelligence systems (surveillance, evaluation, research and reporting) are comprehensive and regular enough to assess the status of food environments, population nutrition and diet-related NCDs and their inequalities, and to measure progress on achieving the goals of nutrition and health plans.

Summary:

- There is regular monitoring of adult and childhood nutrition status and population intakes against recommended daily intake levels but 26% of 80 indicators for the UK are not reported in the Global Nutrition Report 2015.
- The government is currently reporting against two of six global nutrition targets that it endorsed at the World Health Assembly and the Sustainable Development Goal Summit.
- There are some data gaps for the UK notably on exclusive breastfeeding (one of the global nutrition targets) and food security of low-income families.
- There is no comprehensive monitoring of indicators of the food environment by the government.
- There have been few independent evaluations of major programmes and policies to assess effectiveness and contribution to achieving the goals of the nutrition and health plans. This is partly because some programmes are still in their infancy.

10.1 Monitoring systems implemented by the government are in place to regularly monitor food environments (especially of food composition for nutrients of concern, food promotion to children, and nutritional quality of food in schools and other public sector settings), against codes/guidelines/standards/targets.

Evidence:

- Currently, there is no comprehensive system in place to monitor the food environment. Only some aspects of the food system are regularly monitored and the emphasis is on health, nutrition and diet-related outcomes as set out in the Public Health Outcomes Framework (2013-2016) (Department of Health, 2012).
- The UK Government has endorsed the Sustainable Development Goals (SDGs) which were formally adopted by the UN general assembly in 2015. It has committed to meeting and monitoring the goals. Goal 2 covers some aspects of the food environment.
 - Goal 2: end hunger, achieve food security and improved nutrition, and promote sustainable agriculture.
 - 2.1: by 2030 end hunger and ensure access by all people, in particular the poor and people in vulnerable situations including infants, to safe, nutritious and sufficient food all year round.
- Data to measure access to food in low income families in the UK was last published in 2007 (Nelson, 2007) and currently there are no measures of food security – especially for poor families – in the UK.
- There is no regular monitoring of food composition for nutrients of concern. Companies making pledges through the Public Health Responsibility Deal are asked to provide a delivery plan in which they must confirm when they will meet the pledge. All delivery plans are published on the website along with annual updates <https://responsibilitydeal.dh.gov.uk/pledges/pledge>. Updates are not always posted on the website. The pledges (with the exception of food composition of salt) do not specifically include composition standards.

- While an annual census is carried out on the take up of school meals in England, Scotland, Wales and Northern Ireland, the surveys do not monitor the nutritional quality of food in schools and data are poor for secondary schools. Under the new Common Inspection Framework (Ofsted, June 2015) from September 2015, Ofsted will inspect how “*children and learners keep themselves healthy, including through healthy eating*” but are not required to visit canteens.
- The ASA proactively monitor food promotion to children in “*ads on TV, radio and on the internet, across both national and local media, to make sure standards are being maintained*” (ASA, 2016).

10.2 There is regular monitoring of adult and childhood nutrition status and population intakes against specified intake targets or recommended daily intake levels.

Evidence:

- The UK has signed up to the World Health Assembly (WHA) nutrition targets set for 2025 (WHO, 2014) which are:
 - 40% reduction in the number of children under-5 who are stunted
 - 50% reduction of anaemia in women of reproductive age
 - 30% reduction in low birth weight
 - no increase in childhood overweight
 - increase the rate of exclusive breastfeeding in the first 6 months up to at least 50%
 - reduce and maintain childhood wasting to less than 5%
- The targets are incorporated into the SDGs:
 - 2.2: by 2030 end all forms of malnutrition, including achieving by 2025 the internationally agreed targets on stunting and wasting in children under five years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women, and older persons.
- The WHA goals are monitored in the Global Nutrition Report (GNR) which aims to track progress, strengthen accountability and reduce malnutrition by reporting on over 80 indicators (Independent Expert Group, 2015). The Country Profile for the UK presented in the 2015 report includes data for only two (anaemia in women and low birth weight) out of six of the WHA targets. Furthermore, data for 26% of all indicators were missing for the UK (GNR, 2015). The UK Government is currently not reporting against global targets that it has officially endorsed.
- The National Diet and Nutrition Survey (NDNS) is designed to assess the diet, nutrient intake and nutritional status of the general population aged 1.5 years and over living in private households in the UK (National Diet and Nutrition Survey, 2014). Since 2008, the NDNS has been a rolling programme, taking a nationally representative sample of adults and children. It collects data on the types and quantities of foods consumed by individuals, from which estimates of nutrient intake for the population are derived. Some years also include blood indices of nutritional status and salt intakes from 24-hour urinary sodium analyses. In 2011, a Diet and Nutrition Survey of Infants and Young Children was undertaken (Department of Health, 2013b). This survey collected information on the diet, nutrient intake and nutritional status of children aged 4-18 months old, who are not covered by the NDNS. The Infant Feeding Survey was conducted every five years from 1975 to 2010, after which it was discontinued. This survey provided estimates on the incidence, prevalence, and duration of breastfeeding and other feeding practices adopted by mothers in the first eight to ten months after their baby was born.
- A Low Income Diet and Nutrition Survey (FSA, 2007c) was carried out between 2003 and 2005 to assess the diets and nutrition of the bottom 15% of the population in terms of deprivation. This survey has not been repeated since.

- The Family Food Survey provides detailed statistics on food and drink purchases, expenditure and the derived nutrient content of those purchases from a large household survey covering the UK (DEFRA, 2013). It reports statistics taken from the Living Costs and Food Survey, which covers about 6,000 households across the UK each year. Due to the small sample size, data have to be aggregated across years for Scotland, Wales and Northern Ireland.

10.3 There is regular monitoring of adult and childhood overweight and obesity prevalence using anthropometric measurements.

Evidence:

- The Health Survey for England is a series of annual surveys designed to measure health and health-related behaviours in adults and children (Health & Social Care Information Centre, 2016a). It has been running since 1991. All editions of the survey have covered the adult population aged 16 and over living in private households in England. Since 1995, the surveys have also included children aged 2-15 and since 2001, infants aged under two years old. Each year the survey provides data on core topics such as general health, social care, smoking and drinking, and objective measures including height, weight and blood pressure. Modules of questions are also asked on specific health issues such as cardiovascular disease, physical activity or respiratory conditions. These modules vary from year to year depending on the survey focus.
- The National Child Measurement Programme (NCMP) was established in 2006 and measures the weight and height of children in reception class (aged 4 to 5 years) and year 6 (aged 10 to 11 years) to assess overweight children and obesity levels within primary schools (Health & Social Care Information Centre, 2016b.).

SCOTLAND

- The Scottish Health Survey provides a detailed picture of the health of the Scottish population in private households and is designed to make a major contribution to the monitoring of health in Scotland (ScotCen Social Research, 2014). It captures similar data to the Health Survey for England.
- In Scotland, annual childhood Body Mass Index (BMI) statistics are derived from height and weight measurements collected at routine child health reviews for children in Primary 1 (aged 4 to 6 years) by ten NHS boards, covering around 52% of these children across the country.

WALES

- The Welsh Health Survey provides information on health status, illnesses, lifestyle, health service use and children similar to the Health Survey for England (NatCen, 2016).
- Public Health Wales delivers a national child measurement surveillance programme for all children in reception year. It is now in its third year.

NORTHERN IRELAND

- The Health Survey for Northern Ireland includes information on general health, mental health and wellbeing, diet and nutrition, physical activity, obesity, smoking, drinking and sexual health (Department of Health, Social Services and Public Safety, 2016).
- The Department of Health, Social Services and Public Safety in Northern Ireland extracts height and weight data provided by the Health and Social Services Boards for children aged four to five years on the date of their measurements.

10.4 There is regular monitoring of the prevalence of NCD risk factors and occurrence rates (e.g. prevalence, incidence, mortality) for the main diet-related NCDs.

Evidence:

- The Health Survey for England collects information on the prevalence of NCD risk factors including general health, social care, smoking and drinking, height, weight and blood pressure. Modules of questions are also asked on specific health issues such as cardiovascular disease, physical activity or respiratory conditions are also included. There is sufficient evaluation of major programs and policies to assess effectiveness and contribution to achieving the goals of the nutrition and health plans.
- The present government has taken a three pronged approach to combatting obesity and improving public health:
 - The Change4Life programme
 - The Responsibility Deal
 - Devolution of responsibility to LAs.
- The Change4Life programme was launched in January 2009 as the social marketing component of the *Healthy Weight, Healthy Lives* cross-governmental strategy for England. In its first year, Change4Life focused on families with children aged 5 to 11 who were at greatest risk of becoming overweight or obese. The *'One Year On'* report published in 2010 examined Change4Life performance against the targets set out in the Change4Life marketing strategy, together with what had been learned about using marketing to influence behaviour (UK Gov, 2010). The report shows that year one targets were all exceeded. This included:
 - Reach (% of all mothers of children under 11 who had an opportunity to see the advertising campaign)
 - Awareness (% of all mothers with children under 11 who recalled seeing the Change4Life advertising)
 - Logo recognition (% of all mothers with children under 11 who recognised the Change4Life logo)
 - Response to 'How are the Kids?' (total number of questionnaires returned electronically, by post or from face-to-face marketing)
 - Total responses (including website visits, telephone calls, returned questionnaires)
 - Sign-up (total number of families who joined Change4Life)
 - Sustained interest (total number of families who were proven to still be interacting with Change4Life six months after joining)

These targets do not, however, reflect whether the programme has successfully translated into reduced obesity and improved public health outcomes.

- Evaluations of different aspects of the programme, including the Change4Life Convenience Stores Programme and the Change4Life Sports Club Programme, have also been undertaken (UK Gov, 2016b). Again, these measure progress in implementation rather than outcomes.
- There has been an evaluation of food pledges under the Responsibility Deal conducted by the independent, academic research unit (The Policy Innovation Research Unit) at the London School of Hygiene (Durand MA, Petticrew M, Goulding L, Eastmure E, Knai C, Mays N., 2015). The evaluation found that *"the majority of the Responsibility Deal pledges favour information provision, awareness raising and communication with consumers which may have a limited effect but the pledges which propose structural changes like reformulation of menus and products themselves could contribute to improving diets..."*
- One of the pillars of PHE's current obesity work plan is 'monitoring and evidence base' (PHE, 2015c). This pillar includes effective commissioning and evaluation.

- A review of the effectiveness of restrictions on advertising for products that are HFSS was undertaken by Ofcom in 2010 (Ofcom, 2010a). It compares the way in which the balance of television advertising of food and drink seen by children has changed, by looking at their exposure to advertisements for HFSS products in 2005 (before advertising restrictions were introduced) and in 2009 (after the restrictions had been fully implemented).
- Other major government programmes such as School Food Regulations 2014, the School Milk Scheme 2015 and the Food Quality Standards for Hospitals 2015 are very new and have not yet been evaluated.
- An evaluation of the effectiveness of food labels has not been carried out. Evidence from research on the use of food labels suggests that labelling has little influence on food choices (see Knai. C. et al, 2015 for list of reviews), although there is some evidence that industry has been encouraged to reformulate products to reduce those high in fat, sugar and salt. Research on the impact of CAP and BCAP codes to limit exposure of children to advertising of HFSS has generally shown a minimal impact in reducing exposure (Adams, 2012).
- An evaluation in 2014 has shown that Healthy Start meets its aim to be a nutritional safety net for low income families by providing a small amount of regular financial support for the purchase of fruit, vegetables, cows' milk and infant formula (Healthy Start: Understanding the use of vouchers and vitamins Summary for practitioners, 2014)
- There has been no recent evaluation of the impact of Common Agriculture Policies (CAP) and reforms on public health in the UK.
- The Health Select Committee report on the impact of physical activity and diet on health published in March 2014 noted that the NICE report of 2010 had produced a comprehensive raft of guidance on cost-effective interventions that can be introduced to improve diet and physical activity (House of Commons Health Committee, 2015). The Committee further noted that it was disappointing that there has been little assessment of how far these guidelines are being implemented.

10.5 Progress towards reducing health inequalities or health impacts in vulnerable populations and societal and economic determinants of health are regularly monitored.

Evidence:

- PHE, local authorities, NHS England and CCGs have a statutory duty to tackle health inequalities. Health, nutrition and diet-related outcomes as set out in the Public Health Outcomes Framework (2013-2016) are monitored through various surveys which highlight inequalities.
- A Low Income Diet and Nutrition Survey (FSA, 2007c) was carried out between 2003 and 2005 to assess the diets and nutrition of the bottom 15% of the population in terms of deprivation.

11 FUNDING AND RESOURCES: Sufficient funding is invested in ‘Population Nutrition Promotion’ (estimated from the investments in population promotion of healthier eating and healthy food environments for the prevention of obesity and diet-related NCDs, excluding all one-on-one promotion (primary care, antenatal services, maternal and child nursing services etc.), food safety, micronutrient deficiencies (e.g. folate fortification) and undernutrition) to create healthy food environments, improved population nutrition, reductions in obesity, diet-related NCDs and their related inequalities.

Summary:

- It is not possible to easily establish the level of government expenditure on nutrition in the UK through government documents accessible via the internet.
- Government does fund food, diet and health research largely through the MRC and BBSRC but it is a tiny proportion of the overall government science and research budget allocation.

11.1 The ‘Population Nutrition Promotion’ budget as a proportion of total health spending and/or in relation to the diet-related NCD burden is sufficient to reduce diet-related NCDs.

Evidence:

- It is not easy to establish the level of government spending on nutrition in England. In July 2015, HM Treasury published the Public Expenditure Statistical Analyses (PESA) for the fiscal year 2015 (HM Treasury, 2015). According to ukpublicspending.co.uk, which analyses how funds are spent, total spending in the UK was £748.1 billion, of which £134.1 billion or 18% was spent on health care. Of this, the vast percentage was spent on medical services. Only £4.2 billion was spent on public health. This equates to 3.1% of the total health care budget or approximately £65.3 per capita for the year.
- For the year 2015-16 the public health budget for local authorities in England was £3.2 billion. The percentage breakdown of this budget according to budget lines which could have a direct or indirect role in improving diets or preventing obesity were as follows (UK Gov, 2014d):

Nutrition-related budget lines within local authority public health spending 2015-16	% of local authority public health budget
368 National child measurement programme (prescribed functions)	0.88
370 Public health advice (prescribed functions)	2.21
371 Obesity - adults	2.16
372 Obesity - children	1.19
373 Physical activity - adults	2.14
374 Physical activity - children	0.75
383 Children 5–19 public health programmes	8.32
384 Misc. public health services – children’s 0-5 services (prescribed functions)	11.39
385 Miscellaneous public health services	3.00

- To give an indication of levels of spending, using the assumption that 1.5 million children under the age of 16 are obese in England (15% of all children), the spending on “obesity in children” amounts to £25 per obese child.
- The Change4Life marketing plan for the financial year 2013/14 was £10.9 million (PHE, 2013c).

- The estimated annual costs for the Healthy Start scheme for 205/16 were £81.6 million (Parliamentary question answered by Lord O’Neill of Gatley on 28 July 2015, 2015).
- The FSA provides public access to minutes of its Business Committee meetings including discussions and agreements in relation to the budget. In March 2015, it published the FSA budget and priorities 2015/16 (FSA, March 2015). The gross expenditure forecast for FSA England, Wales & Northern Ireland was £133.6m in 2014/15. The equivalent budget for 2015/16 was £138.4m.

11.2 Government funded research is targeted for improving food environments, reducing obesity, NCDs and their related inequalities.

- The government has published its science and research budget allocations for 2016/17 to 2019/20 (Department for Business, Innovation & Skills, 2016). The total investment is £26.3 billion. Of this, £2.4 billion went to the Medical Research Council (MRC), which is the UK’s leading publicly funded medical research organization (MRC, 2016). In 2013/14, the MRC spent about £47.4 million on research related to diet, nutrition and obesity (27.5% of total budget) (MRC, 2015). A further £1.4 billion of government science and research budget allocations went to the Biotechnology and Biological Sciences Research Council (BBSRC). In 2014/15 a total of £8.7 million was spent on research related to diet and health. This was about 2.6% of the BBSRC total expenditure for the period (Biotechnology and Biological Sciences Research Council, 2014-2015).
- The UK’s main public funders of food-related research are working together through the Global Food Security programme (Global Food Security, 2016). It brings together the interests of the Research Councils, Executive Agencies and Government Departments in the UK. The Global Food Security programme has undertaken a six month project to determine the priority research questions for the UK food system within a global context. The project addressed food consumed in the UK and included:
 - all the activities encompassed by the food chain
 - food security outcomes relating to the availability, access and utilisation of food.

Priority questions identified were grouped under food production, processing, logistics, packaging and safety, retailing, affordability and consumption, nutrition, waste, whole system (environmental and policy context).

11.3 There is a statutory health promotion agency in place that includes an objective to improve population nutrition, with a secure funding stream.

- The Health and Wellbeing Directorate of PHE has responsibility for diet, nutrition and obesity. Work areas include the National Diet and Nutrition Survey, nutrient composition of foods, scientific advice on nutrition (including the Scientific Advisory Committee on Nutrition), and messaging on nutrition and health issues. The Directorate also coordinates across PHE programmes of work aimed at tackling the nation’s obesity problem and which support national and local level delivery, including actions aimed at improving systems leadership and addressing the environmental causes of obesity.

12 PLATFORMS FOR INTERACTION: there are coordination platforms and opportunities for synergies across government departments, levels of government, and other sectors (NGOs, private sector, and academia) such that policies and actions in food and nutrition are coherent, efficient and effective in improving food environments, population nutrition, diet-related NCDs and their related inequalities.

Summary:

- Policy coherence, alignment, and integration of food, obesity and diet-related NCD prevention policies across government have been reduced since the splintering of the functions of the FSA in England between DEFRA, Department of Health and the FSA.
- The Public Health Responsibility Deal is the main platform for government and the commercial food sector. There are also commercial bodies that regularly communicate with different sections of the government.
- There is no formal platform shared by the government and civil society with a focus on the food environment.
- There is currently no broad, effective and sustainable systems-based approach to improve the healthiness of the food environment at a national level. Decentralisation has led to localised approaches.

12.1 There are robust coordination mechanisms (across departments and levels of government) to ensure policy coherence, alignment, and integration of food, obesity and diet-related NCD prevention policies across governments.

Evidence:

- The FSA was originally set up in 2001 with responsibility for food policy. It is a non-ministerial government department originally responsible for protecting public health in the UK. While the FSA initially had a broad remit encompassing nutrition policy as well as food hygiene and labelling, the government restructured the FSA in 2010, splintering its functions between an FSA with fewer responsibilities, the Department of Health and DEFRA. The majority of the nutrition function is now fulfilled by PHE. This has eroded the power of the FSA to coordinate across different levels and departments within government, in order to ensure policy coherence, alignment, and integration of food, obesity and diet-related NCD prevention policies.
- The Select Committee for Health report on the impact of physical activity and diet on health published in March 2014 noted that: *“While there now is widespread recognition of the health impacts of diet, obesity and physical activity, and the scale of the problems we now face in these areas, these problems are not “owned” by a single Department or agency. A successful strategy for tackling these problems needs to mirror the successful strategy on tobacco, and be multi-level, spanning national and local government down to every citizen. A successful strategy may need to incorporate elements as diverse as public education, regulation, fiscal measures, legislation, messaging and campaigns, evidence based behaviour change, changes to the school curriculum, and changes to planning arrangements.”* (House of Commons Health Committee, 2015). The government response to the Committee was to provide existing examples of cross ministerial working.

SCOTLAND

- In Scotland, responsibility for food and nutrition has been maintained under one umbrella. Food Standards Scotland (FSS) was established by the Food Act 2015 as a non-ministerial office, part of the Scottish Administration, alongside, but separate from, the Scottish Government (Scottish Government, 2015c). The FSS is mainly funded by government but also charges fees to recover costs for regulatory functions. FSS is responsible for information and advice on food safety and standards, nutrition and labelling.

WALES

- In 1999, the food safety and standards powers were devolved to the National Assembly for Wales.
- FSA Wales is accountable to both the National Assembly and, via Health Ministers, to Parliament. FSA Wales has four areas of work:
 - Protecting consumers
 - Reducing food borne disease
 - Ensuring food safety
 - Supporting consumer choice (through labelling)
- As of October 2010, responsibility for nutrition policy transferred from the FSA to the Welsh Government (similar to the transfer in England).

NORTHERN IRELAND

- The FSA in Northern Ireland is responsible for devolved matters relating to food safety, standards, nutrition and dietary health in Northern Ireland. Responsibilities include:
 - Advising ministers on food safety and standards issues
 - Developing policy and proposing legislation
 - Providing timely and effective responses to food and feed incidents
 - Setting standards and auditing district councils' food enforcement activities
 - Setting standards and auditing meat hygiene, feeding stuffs, eggs and milk enforcement by DARD
 - Encouraging food producers and caterers to reduce the levels of saturated fat, salt and calories in food products
 - Giving the public advice on diet and nutrition and food safety issues
- FSA Ireland has a strategic plan for 2015-2020, which sets out the key areas of work (FSA Northern Ireland, 2015-2020).

12.2 There are formal platforms between government and the commercial food sector to implement healthier food policies.

Evidence:

- The Public Health Responsibility Deal is the major platform through which the government has engaged with the commercial food sector to encourage implementation of healthier food policies.
- There are also commercial bodies that regularly communicate with different sections of the government. The Food and Drinks Federation (FDF) represents and advises UK food and drinks

manufacturers. It is responsible for communicating to and from a range of audiences including the UK Government (particularly the Department of Health; the Department for Environment, Food and Rural Affairs; and the Department for Business, Innovation and Skills), regulators, consumers and the media. The Federation tackles a range of issues on behalf of its members under the three core areas of health and wellbeing; food safety and science; and sustainability and competitiveness; it also aims to highlight the work industry conducts under these areas.

- The National Farmers Union (NFU) represents 55,000 farmers and growers across England and Wales, and regularly communicates with sections of the government.
- The government is currently actively working with the commercial food sector to develop the 25 year food and farming plan. Family businesses, supermarkets, multinational companies, farming bodies and trade associations are all involved in developing the plan and come together at a series of meetings across England.
- In Scotland, Wales and Northern Ireland there are similarly close ties between industry and government.

12.3 There are formal platforms for regular interactions between government and civil society on food policies and other strategies to improve population nutrition.

Evidence:

- There are a number of civil society groups that campaign to influence the government food and public health policies but no formal platforms for interaction with the government.

12.4 The government leads a broad, coherent, effective, integrated and sustainable systems-based approach with local organizations to improve the healthiness of food environments at a national level.

Evidence:

In October 2015 Leeds Beckett University was commissioned by PHE, the Local Government Association and the Association of Directors of Public Health to lead a programme in collaboration with colleagues in Local Government, to identify ways in which local authorities can create a whole systems approach in tackling obesity (Leeds Beckett University, October 2015). The three-year programme, funded by PHE, is aiming to enable local authorities to make a major step change in their ability to tackle obesity through a more coordinated approach.

13 HEALTH IN ALL POLICIES: Processes are in place to ensure policy coherence and alignment, and that population health impacts are explicitly considered in the development of government policies.

Summary:

- Health in all Policies is a required approach by the EU. The extent to which it is practiced in England is difficult to assess.
- Health and nutrition impact assessments are regularly carried out. Changes in health and nutrition status are not routinely analysed in relation to changes in policy, however.

13.1 There are processes in place to ensure that population nutrition, health outcomes and reducing health inequalities or health impacts to vulnerable populations are considered and prioritized in the development of all government policies relating to food.

Evidence:

- Health in all policies is widely advocated by WHO and the EU. All EU policies are required by EU treaty to follow the health in all policies approach. This is set out under Principle 3 of the EU White Paper Together for Health (EU, 2006). The NHS is based on seven principles, one of which is supportive of the health in all policies approach: *“The NHS works across organizational boundaries and in partnership with other organizations in the interest of patients, local communities and the wider population. The NHS is an integrated system of organizations and services bound together by the principles and values reflected in the Constitution. The NHS is committed to working jointly with other local authority services, other public sector organizations and a wide range of private and voluntary sector organizations to provide and deliver improvements in health and wellbeing.”* (NHS, 2016).
- Whilst the principle of health in all policies is implicitly government policy, it is not necessarily clearly reflected in all government policies, in particular agricultural policies

13.2 There are processes (e.g. health impact assessments) to assess and consider health impacts during the development of other non-food policies.

Evidence:

- The *Healthy lives, healthy people* White Paper of 2010 set out the government’s strategy for adopting a life-course framework for tackling the wider social determinants of health, as well as empowering individuals to make healthy choices. With its aim to put local community at the heart of public health, the white paper outlined cross-government strategies that enable local communities to reduce inequalities and improve health. The framework laid out in the white paper was enshrined in law through the Health and Social Care Act 2012. The Public Health Outcomes Framework for England, 2013-2016 set out the outcomes that would be measured as a result of health reform. It was noted in the introduction to the framework that *“there are many factors that influence public health over the course of a lifetime. They all need to be understood and acted upon. Integrating public health into local government will allow that to happen – services will be planned and delivered in the context of the broader social determinants of health, like poverty, education, housing, employment, crime and pollution. The NHS, social care, the voluntary sector and communities will all work together to make this happen”* (Department of Health, 2012).
- The Public Health Outcomes Framework (2013-2016) measures health and nutrition outcomes through specific indicators. Changes in health and nutrition status however are not routinely analysed in relation to changes in policy.

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