



***Written Evidence Submitted by the Food Foundation to the Health and Social Care Committee's
Inquiry on Childhood Obesity***

April 2018

About the Food Foundation

The Food Foundation is an independent think tank working to address challenges in the food system in the interests of the UK public. We provide clear analysis of the problems caused by the food system and the role of policy and practice in addressing these. We develop and articulate food policies that support and guide the UK public to make choices that improve their health and well-being and we inform and generate demand for new and better public and private sector policy and practice.

We fully support the submission of the Obesity Health Alliance, of which we are a member.

Introduction

The government's childhood obesity plan, released in August 2016, aims to “significantly reduce England’s rate of childhood obesity within the next ten years.” Since the plan was published, the prevalence of childhood obesity in the UK has remained stable or increased slightly. The situation is particularly stark for children in low income areas; 40.9% of children in the most deprived areas are overweight or obese compared to 24.2% in the least deprived areas. This gap between the least and most deprived areas has increased from 2006 to 2017 by 1.5% in reception and 4.9% in year 6 (National Child Measurement Programme, 2016/17).

Our assessment of the 2016 Child Obesity Plan in this document follows from a programme of work in 2016, together with UK Health Forum, World Obesity Federation, Food Research Collaboration and Informas, to conduct the Food Environment Policy Index. The process involves identifying and analysing government policies on food environments and prioritising future policy options. 71 experts from more than 40 organisations participated, resulting in 10 priorities for policy action.¹ The table below compares these recommendations (in order of priority) to those included in the 2016 Child Obesity Plan. It demonstrates that the majority of policies identified as a priority by over 70 experts were not included in the Plan.

¹ <https://foodfoundation.org.uk/wp-content/uploads/2016/11/Food-Environment-policy-brief.pdf>

Policy Priority from Food-EPI	Included in 2016 Childhood Obesity Strategy?
Control the advertising of unhealthy food to children, including on broadcast media before 9pm, on all non-broadcast media with an above-average child audience, and the sponsorship of cultural and sporting events that appeal to children	No
Implement the levy on sugary drinks	Yes
Reduce sugar, fat and salt content in processed foods	Yes
Monitor school and nursery food standards	Partially
Prioritise health and the environment in the 25-year Food and Farming Plan	No
Adopt a national food action plan	No
Monitor the food environment	No
Apply buying standards to all public sector institutions	No
Strengthen planning laws to discourage unhealthy fast food	No
Evaluate food-related programmes and policies	No

What progress has been made with the measures contained in the plan published by the Government in August 2016?

Sugary Drink Levy and Reformulation

Significant progress has been made on the soft drinks industry levy, which came into effect on 5 April 2018. The sugar reduction plan aims to reduce sugar in products by 20% by 2020, and the initial progress report will be released this month (April 2018). PHE recently launched its plans for a 20% reduction of calories in products from 13 categories by 2024. However, though the calorie reduction plans have been launched, they are voluntary in nature, category specific targets have not yet been determined, interim targets have not been set, and the timeline for calorie reduction is less ambitious than for the sugar reduction programme.

Nutrient Profile

The Government has recently launched a consultation on the nutrient profile model to bring them in line with current UK dietary recommendations, which will run until 15 June 2018.

School Meals, Early Years and Public Procurement

The government has made some progress on “supporting early years settings.” In 2017, they released a set of new guidance documents for early years providers on nutrition. However, these guidance documents are voluntary, and their use is not being monitored or evaluated. The lack of mandatory standards for nursery school food is a glaring policy gap. In a situation where many families are struggling to put healthy food on the table, this lack of policy is creating growing opportunities for widening inequalities.

The government has taken steps to fulfil their pledge on breakfast clubs, as they have announced £26m of investment in breakfast clubs over three years. In addition, they have launched a £2m tender for pilot holiday hunger programmes in the summer of 2018. However, the type of food served at holiday hunger programmes is currently not monitored and may not be nutritionally balanced.

However, there has been little to no progress on the plan's approach to "creating a new healthy rating scheme for primary producers" and "making school food healthier." In particular, the school food standards have not yet been updated to reflect the 2015 SACN report, which includes recommendations on sugar.²

Furthermore, under universal credit the eligibility criteria for free school meals – a vital means of nutritious food for children from low income households – are being revised to set an eligibility income cap of £7400. The Government estimates that 50,000 more students will benefit from free school meals under their proposed changes.³ However analysis from the Institute for Fiscal Studies has found that up to 100,000 children from low income families will lose their eligibility for a free school meal as a result of the changes.⁴ These changes may have an impact on childhood obesity as compared to having a packed lunch, children who eat school meals have a healthier diet overall.⁵ School meals are an important part of the government's strategy for addressing childhood obesity, and is an important strategy for reducing dietary inequalities. At a time when childhood obesity is at record levels, eligibility for free school meals should be expanded as broadly as possible, not restricted via an earnings threshold.

What should be the priorities for further action by the Government, given its commitment that the August 2016 plan was "the start of a conversation, rather than the final word"?

The following recommendations build on the priority recommendations that emerged from the Food-EPI process described above.

Level the Playing Field

One of the government's aims in the childhood obesity plan was to "reduce childhood obesity while respecting consumer choice..." While we recognize that citizens have agency and choice in the food system, the government's perspective does not recognize that the food system also constructs consumer choice. The set of choices that a citizen is able to make has been limited or defined by the food system and the actors within. The present system encourages unhealthy choices through price promotions and ubiquitous availability and marketing of unhealthy foods. Previous Food Foundation analysis has found:⁶

- Calories from healthier foods are three times more expensive than those high in fat, salt, or sugar (HFSS)
- Only 5% of items in four product lines (ready meals, breakfast cereals, bread and yoghurts) have low levels of fat, saturated fat, sugar and salt. Some products have quantities of nutrients which, in a single portion, exceed daily allowances
- 60% of food advertising spend goes toward confectionary and prepared convenience foods
- The number of places to eat out has increased by more than 50% in the last 10 years and the single biggest category is quick service restaurants (QSRs) which typically sell less-healthy meals.

² <https://www.gov.uk/government/publications/sacn-carbohydrates-and-health-report>

³ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/692644/Government_response_FSM_and_EY_entitlements_under_Universal_Credit.pdf

⁴ <https://www.ifs.org.uk/publications/12892>

⁵ <http://eprints.leedsbeckett.ac.uk/3308/1/impact-of-school-lunch-type-on-nutritional-quality-of-english-children-s-diets.pdf>

⁶ <https://foodfoundation.org.uk/wp-content/uploads/2016/07/The-Food-Foundation-64pp-A4-Landscape-Brochure-AW-V32.pdf>

Based on this assessment of the food environment, the 2016 plan was not ambitious enough in seeking to 'level the playing field' for UK citizens. It largely focused on reformulating or developing processed products to be less unhealthy, rather than increasing the affordability and accessibility of healthy foods like fruit and vegetables. Further action is needed on reducing the negative health impacts of unhealthy takeaways and promotions. This is very important as Public Health England's analysis shows that the food we buy on promotion causes us to buy 20% more calories than we otherwise would.⁷ Likewise, action is needed to reduce the use of on-pack licensed and unlicensed characters which promote unhealthy foods to children. We would recommend these are included within scope of a future childhood obesity plan. It will be important to ensure that restrictions on promotions apply to both the retail and food service / out of home sectors.

In addition to promotions, we recommend the government also consider the relative price of unhealthy versus healthy foods and beverages. The promotions on HFSS foods go some way towards making these products relatively less expensive than healthier options, however there are also baseline price differences that are important influencers on consumer behaviour. For sugary drinks, the sugary drink industry levy will help to address some these price differences, however we would recommend monitoring the relative prices of HFSS foods more broadly as a way of tracking the effect of restriction on price promotions.

Restrictions on advertising HFSS products to children

A restriction on advertising of HFSS products to children up to a 9pm watershed emerged as the number one priority for the Food Environment Policy Index we developed for England. There is also parliamentary support for restricting unhealthy food advertising to children, as demonstrated by a Westminster Hall Debate on January 16 this year, in which 14 parliamentarians spoke. Restricting advertising on TV is a highly recommended strategy for reducing children's exposure to advertising for unhealthy products, which is important as a recent report from Cancer Research UK found that teens who watch more than three hours of TV a day are more likely to eat unhealthy snacks.⁸

We would recommend our recent review of the UK's current restrictions on the advertising of junk food to children, which highlights a number of loopholes in the current UK Code of Broadcast Advertising and the UK Code of Non-Broadcast Advertising and Direct & Promotional Marketing.⁹

We would also recommend consideration of the potential beneficial force of advertising in promoting healthy foods. The Food Foundation as part of its Peas Please initiative is helping to catalyse the creation of an advertising fund for vegetables. The Government could support this process and consider exploring the potential of a levy on HFSS advertising to finance fruit and veg advertising in the long term.

Improving Food Labelling

Front-of-pack labelling is an important consumer tool for accessing knowledge about their nutritional intake. Yet the traffic light system is currently based only on macronutrients (calories, salt, fat, total sugar etc), which represents just one part of a food or beverage's nutritional composition. It is also important to consider the food groups and the healthfulness of ingredients contained with a product. For example, diet beverages earn a green for every traffic light indicator,

⁷https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/470175/Annexe_4._Analysis_of_price_promotions.pdf

⁸https://www.cancerresearchuk.org/sites/default/files/10_years_on_full_report.pdf?_ga=2.33520374.935447316.1517334372-1199072146.1485973554

⁹ https://foodfoundation.org.uk/wp-content/uploads/2017/07/3-Briefing-UK-Junk-Food_vF.pdf

and yet they contain nothing of nutrient or health value. One way of indicating the overall healthfulness of a product would be to add information on the front of pack about portions of fruit and veg, grams of fibre, and teaspoons of sugar (added sugar, rather than total sugar) – ideally in a visual and easy to understand manner (e.g. a picture of a tsp). As it stands, information on the ingredients and food groups contained in a product can only be partially gleaned by the ingredient list – which is not required to list a percentage for each ingredient. There is some voluntary labelling around the ‘five a day’, but it is not applied consistently across manufacturers or retailers. Finally, the lack of standardization of portions in the application of FOP labelling means that it is difficult to compare products in the same category, undermining the value of the label. This is an area that the Government could strengthen.

Ensuring coherence between the child obesity plan and the Agriculture Bill

As the Government considers its next steps on the childhood obesity plan, this should be put in the context of broader food policy discussions taking place. This Parliament, Ministers will develop a new policy for British agriculture and thus have an opportunity to align agriculture and food production goals with public health goals. Prioritising fruit and vegetable production – and demand – in the agriculture bill would form a clear link between the aims of the childhood obesity strategy and those of the agriculture bill. Fruit and vegetables are the cornerstone of a healthy diet and yet they remain unaffordable for many in the UK. There is a clear inequality gradient in fruit and veg consumption; families in the highest income groups consume 25% more fruit and veg than those in the lowest income groups.¹⁰

This type of policy coherence could also be reflected in the childhood obesity strategy, by recognising that food production policy is a key driver of the food environment and risk for childhood obesity. Specific actions and incentives to stimulate demand for fruit and veg, particularly those targeted at low-income families, such as an expansion of the healthy start programme or a fruit and vegetable prescription scheme, would be to the mutual benefit of public health and the horticulture sector in the UK.

Strengthening the Government Buying Standards and Balanced Scorecard

The 2016 childhood obesity plan laid out its ambition to make “healthy options available in the public sector,” including by working with local authorities and the NHS to adopt the Government Buying Standards for Food and Catering Services. As far as we are aware, there is no information available as to how many local authorities are currently using the Buying Standards or the government’s Balanced Scorecard for procurement, nor how many local authorities the Government has engaged in fulfilment of this ambition. This level of monitoring is strongly recommended to be able to evaluate the Government's progress on this aim.

That being said, the Government Buying Standards and Balanced Scorecard themselves are in need of strengthening and updating, and this was not included in the 2016 obesity plan. Since the 2015 SACN report was released, the Balanced Scorecard has not been updated to reflect the recommendations on sugar. Furthermore, given the scale of childhood obesity and poor dietary intake in the UK, the Scorecard could also go further to prevent obesity and improve nutrition by moving from stipulating meals to provide one starch, one fruit and one veg, to providing at least two portions of veg and one portion of fruit.

¹⁰ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4351901/>

Improving Uptake of the Healthy Start Programme

It was important and commendable that the 2016 childhood obesity plan announced the Government's intention to "re-commit to the Healthy Start scheme." Healthy Start is a key for improving the nutritional intake of mothers and young children, addressing dietary inequalities and preventing obesity and noncommunicable diseases. The vouchers can be used on milk, infant formula and fruit and vegetables. The Government is currently undertaking a programme of work to modernise the scheme, primarily by testing a move from the current paper vouchers to a card-based system.

Yet, despite this progress, the uptake for Healthy Start has been falling and is currently only at 65%.¹¹ This means that 35% of women and young children who are eligible for healthy start are not benefiting from it. There are a number of reasons as to why this might be the case, but significant barriers include the need for pregnant women to re-register with the programme after they have given birth and that the registration process requires the signature of a health care professional. Furthermore, there is a drop-off in participation when children are 2-4 years old, an age at which lifelong habits for consuming fruit and vegetables can be established. Therefore, the Government's commitment to the Healthy Start scheme is very welcome, but more needs to be done in order to increase the percentage uptake of the programme and prevent a drop-off in use from the age of 2.

Broadening the approach to reformulation

Reformulation as it is currently structured in the childhood obesity plan encompasses reducing less healthy nutrients in processed and packaged products. However, a single focus on nutrients within a product – such as reducing sugar or calories - can overshadow the need to evaluate the healthfulness of the product as a whole. A biscuit with less sugar is slightly less unhealthy than a regular biscuit, but it remains a long way from the healthfulness of an apple.

With this in mind, it is right to encourage reformulation, but there must be careful consideration of how that product will be presented and marketed to the public. If a reformulated product is allowed to market itself as the 'healthy' option, this may mislead the public into believing that it is healthier than it really is – for just because one nutrient has been reduced in a product doesn't mean the overall health profile has significantly improved. Secondly, and relatedly, reformulation does not need to be restricted to reductions in less healthy nutrients, but can be a mechanism for improving the overall health profile of a product – for example by the addition of fruits and vegetables. This wider view of reformulation should be encouraged.

¹¹ Department of Health - Healthy Start Issuing Unit, Cycle MI Pack - Cycle No. 191, Covering Period: 11th December 2017 - 07th January 2018