



**The Food Foundation response to the Advancing our health: prevention in the 2020s
October 2019**

About the Food Foundation

The Food Foundation is a young, dynamic, impactful and independent think tank working to influence food policy to support healthy and sustainable diets. Working at the interface between academia and policy makers (parliamentarians, civil servants, local authorities, business leaders) we use a wide range of approaches to make change happen including events, publications, media stories, social media campaigns and multi-stakeholder partnerships. We also now work directly with citizens to ensure their lived experience is reflected in our policy proposals. We work with many partners on a range of different thematic areas, working closely with academics to generate evidence and campaigners who can drive change. We are independent of all political parties and business, and we are not limited by a single issue or special interest. We work with others who believe there is a problem with the system and want to change it.

1. Which health and social care policies should be reviewed to improve the health of: people living in poorer communities, or excluded groups?

For every child born in 2019, 23% will be overweight or obese by the time they start school; 61% will be overweight or obese by the time they are 21 (1). In the last eight years, the number of diabetes related amputations has risen by 25% resulting in 9000 amputations last year (2). And we know the situation is generally worse if you are in a lower socioeconomic group. The Healthy Start scheme is a policy to support parents with children under the age of 4, in a low-income household. The beneficiaries can use the vouchers on plain, fresh or frozen fruit and vegetables, infant formula and cow's milk and are offered free vitamin supplements (3). The value of the voucher has remained £3.10 per week since 2009 and it is not index linked nor aligned with the government's own estimates of the cost of fruit and vegetables (4). Less than half of children in poverty are eligible for Healthy Start and of these a third are not registered to the scheme (5).

The Healthy Start programme should be reviewed, with a view to:

- Expanding the scheme to include a larger group of pregnant women and mothers, starting with all those on Universal Credit.
- Expanding the food voucher value to at least £6 per week (to match the weekly cost of fruit and vegetables) and ensure it is index linked (6).
- Learning from experiences in the US and leverage investment from retailers and the private sector in the provision of fruit and vegetables.

- Evaluate the scheme and open a long overdue consultation of the scheme. This consultation was promised in the 2018 Childhood Obesity Plan chapter 2 but hasn't been actioned.

2. How can we do more to support mothers to breastfeed?

The UK has one of the lowest rates of exclusive breastfeeding in the world (7). Breastfeeding protects both short-term and long-term health of both mother and baby. Many women who want to breastfeed do not get the support they need and the impact of this is felt most on lower income households who struggle to afford costly formula milks (5). Breastfed babies have been shown to have lower rates of obesity and a number of other conditions (8), therefore supporting mothers to breastfeed should be a key priority for prevention with bold action, including:

- Reducing the inappropriate promotion of breastmilk substitutes to families in the UK by bringing UK law in line with the World Health Organisation's Code of Marketing of Breastmilk substitutes.
- Supporting breastfeeding at work by enshrining in legislation a woman's right to have appropriate facilities and paid time to breastfeed and/or express milk.
- Increasing investment in breastfeeding specialist and peer support services and NHS services to support women to continue breastfeeding for the first three months of a baby's life. Breastfeeding rates drop off significantly in the first six weeks, and again between six weeks and three months. Existing support systems vary widely by council/NHS trust and typically only cover the immediate postpartum period.
- Initiating creative campaigns to normalise breastfeeding.
- Implementing the UNICEF UK Baby Friendly Initiative across all maternity, neonatal and children's centre services (9).

3. How can we better support families with children aged 0 to 5 years to eat well?

The food children eat during their early years can develop healthy eating habits that last a lifetime and contribute to obesity prevention (5). To better support families with young children, the food environment where children and families spend time must be improved.

- As a first priority, the government should set mandatory nutrition standards for meals provided in all early years settings.
- Protect children and families with strengthened legislation and regulations on the marketing of food, including restricting the use of brand and licensed characters, and legislate compositional standards for foods targeted to young children.
- Young children from low income families would benefit from additional targeted support to enable healthy eating. For example, the free childcare allowance should be expanded to include healthy meals while children benefit from free childcare. The Healthy Start scheme must be improved and expanded, as stated in the answer to question one.

To accelerate these policy changes, ensure existing policies are being effectively implemented and the policy gaps are addressed, [The Children's Future Food Inquiry](#) recommended that a statutory Children's Food Watchdog is established. The Inquiry found that food policy is not protecting children, including in the early years, from food insecurity and its devastating consequences. It showed a number of implementation failures of existing policy, including how policies such as free school meals are not reaching many children who need it, and showed critical policy gaps. It also found considerable differences in provision between the four UK nations on issues of basic entitlement (5).

4. How else can we help people reach and stay at a healthier weight?

When it comes to healthy eating and obesity, the government needs to take responsibility and put policies in place that facilitate people to be able to have a healthy diet. The language in the Green Paper leans towards the personal responsibility approach, which whilst important, does not take into consideration the environment and people's situations which pose significant barriers to living a healthy lifestyle. The Government has a critical role in incentivising the food system so that the food environments which it creates make healthy choices the easiest option.

The food environment affects children from the poorest families the worst (10). They are more exposed to fast food outlets and more affected by the relatively higher cost of healthy food. The number of fast food outlets especially within deprived areas must be restricted and the government should incentivise existing food businesses to provide low-cost, healthy options through planning and licensing policy (11).

Advertising and marketing of unhealthy foods is a key issue. There are a number of policy measures in place to restrict the marketing of junk food to children, but children's exposure remains high because of policy gaps. Food and drink advertising disproportionately promote unhealthy food and bold action needs to be taken, including instating a 9pm watershed on broadcast advertising of HFSS, banning advertisements of high HFSS products schools and bus stops, and prohibiting unhealthy food sponsorship of sporting events. Stronger policies must be implemented to restrict junk food advertising to children online, social media, apps, in-game, cinemas and digital outdoor advertising (12).

Additional relevant recommendations can be found in the answer to question five.

5. What could the government do to help people live more healthily:

In homes and neighbourhoods

The Green Paper acknowledges that there is a social gradient to healthy life expectancy but generally lacks solutions on how to tackle this inequality. Prevention, "personalised" or not, will be more equitable if it doesn't require time, money, effort and good access to information to make it happen. In England, 41.5% of year 6 children in the most deprived decile are overweight or obese compared to 24.1% in the least deprived decile. This gap between the least and most deprived areas has increased from 2006/07 to 2018/19 by 2.0% in reception and 5.4% in year 6 (13). The discrepancies in cost between healthy and unhealthy food are stark (with healthy calories being three times as expensive as unhealthy calories (2)) and affect what people living in poverty can afford. The poorest 10% of UK households would need to spend 74% of their disposable income on food to meet the Eatwell Guide cost (14). The Government has at its disposal important programmes which could do more to reduce dietary inequalities – for example school meal standards should be monitored and fully implemented and free school meals should be expanded to all those who need them to avoid children relying on cheaper, less healthy alternatives.

When going somewhere

The policy options on junk food marketing, discussed in the '*Eating a healthy diet*' section, are also relevant here.

The Food Foundation's first report set out that individuals are 'force fed' unhealthy diets by an unhealthy food system (10). The situation hasn't changed. Evidence shows that unhealthy options are widely available, attractive and affordable; and people's choices are restricted and manipulated. Food and drink advertising disproportionately promote unhealthy foods, and we strongly urge the Government to take bold action on banning promotions of foods and drinks high in fat, salt and sugar (HFSS) and introducing a 9pm watershed on TV advertising of these HFSS products.

Current obesity policy is placing a larger emphasis on reformulation and harm reduction around healthy food rather than making healthy foods more accessible. While the mandatory calorie labelling in the out-of-home sector consultation response is yet to be released, this still places the responsibility on the consumer and does not change the availability of unhealthy food. Given one in four places selling food is a fast food outlet, we urge the government to take bolder action.

For example, there are large discrepancies in cost between healthy and unhealthy food as healthy calories are three times as expensive as unhealthy foods. Rectifying this could be achieved by examining the benefits of further expanding the sugar tax to other unhealthy categories, re-designing VAT on food to favour healthier choices and/or stopping price and location promotions on unhealthy food (15).

In workplaces

As with all environments, workplaces should promote health by serving healthy food and providing space and facilities for employees to integrate healthy behaviours into their workday. In particular, workplace canteens should adhere to the government buying standards, but also go beyond these to provide two portions of vegetables with every meal. The [Peas Please](#) initiative is working with businesses from across the food system, including contract caterers who service workplaces, and many are serving more veg as a result. Vegetables are the cornerstone of the Eatwell Guide, yet 80% of adults do not eat enough veg. Every meal served at work should help individuals to increase their vegetable intake.

The policy recommendation described in answer to question two regarding breastfeeding at work is also applicable here.

In communities

A quarter of all food outlets in England sell fast food and their concentration is linked to deprivation (2). While planning regulations to restrict hot food takeaways are increasing, more can be done to improve the healthfulness of community food environments. For example, mobile vans selling junk food should be stopped from parking near schools, and fast food outlets could be supported to provide healthier affordable options.

We are encouraged to see social prescribing included in the Green Paper. This idea could be applied to support healthy eating, which would have cross-cutting prevention impacts. GPs and others could prescribe cooking classes or community garden programmes. Taking this one step

further, fruit and vegetable prescriptions could be explored. Driving up fruit and vegetable consumption could save 30,000 deaths per year, and if set up in an efficient way these prescriptions could also provide a boost in business to UK growers and our local economies. The 'More than Medicine' project from the Kindling Trust in Greater Manchester provides a good example for how these ideas can be enacted. GPs refer patients to a scheme that provides a veg box and vegetable growing and cooking lessons. Preliminary evaluation of their programme shows that most, if not all, participants report increased vegetable consumption, improved well-being, an increased sense of community and decreased feelings of isolation. The concept of fruit and vegetable prescriptions could also be linked to the Healthy Start programme, and the [Eating Better for Less report](#) explores how these concepts are being used in the US and we could learn from that experience in the UK (11).

6. How can we make better use of existing assets – across both the public and private sectors – to promote the prevention agenda?

A key mechanism for ensuring better use of existing assets is to assess policy coherence. The government spends huge sums of money on food through their various institutions and programmes, including school meals, and to ensure value for money all of that food should be supporting health. Making the government buying standards mandatory beyond central government would help in achieving this, as would implementing the Children's Food Watchdog described in the answer to question two. Likewise, improving consumption of fruit and vegetables would provide multiple benefits to health and the environment, and is the area of the diet with the largest inequalities in consumption. The [Peas Please](#) initiative demonstrates that taking a food systems approach to improving vegetable consumption works. We describe our vision for a 20 year campaign on fruit and vegetable consumption in answer to 'Next Steps'.

Lastly, investing in the early years, as described in the answer to question two, will help set up those children for a lifetime of improved health, providing substantial potential return on investment. For example, a recent evaluation of the Sure Start children centres' impact on health found that Sure Start reduced the likelihood of hospitalisation among children aged 10-11. During the peak of Sure Start in 2009-10, the rate difference of hospitalisation between the affluent and deprived areas was reduced by half, amounting to a savings of about £5 million per cohort for the NHS. Despite providing substantial benefits for children's health, the funding for Sure Start has fallen by two-thirds since the launch of the programme (16).

7. What other areas (in addition to those set out in this green paper) would you like future government policy on prevention to cover?

We would like the government to invest in a 20-year fruit and vegetable campaign. Eating fruit and vegetables brings benefits to health and the environment and is the area of the diet where we have the largest inequalities. This fruit and vegetable campaign should have multiple elements including:

- Establishing a vision for a UK produced seasonal fruit and veg basket which inspires people to try new varieties at different times of the year.
- Ensures all publicly procured food is oriented around provision of this fruit and veg basket and includes two portions of veg as standard in every main meal.
- Invest in fruit and vegetable advertising to drive aspiration and to normalise consumption. This could build on the work of Veg Power.

- Invest in a nationwide early years programme for teaching children to develop healthy taste preferences and a lifelong preference for fruit and vegetables. This could build on Finland's experience and the nascent work of Flavour School in the UK.
- Set and monitor mandatory reformulation targets for baby foods, ready meals and takeaway meals for levels of vegetables.
- Develop a scheme with wholesalers aimed at increasing the fruit and veg offer in convenience stores in areas of high deprivation.
- Give powers to local authorities to discount business rates for businesses which offer the fruit and veg basket.

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