



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

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

Introduction

Since the last Health and Social Care Committee inquiry, the Government's Childhood Obesity Plan Chapters 2 and 3 have been released. Yet, since the first chapter was published in 2016, the prevalence of childhood obesity in the UK has remained stable at a very high prevalence. The situation is particularly stark for children in low income areas – 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 decile¹. 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. More action is needed to address these inequalities.

Our assessment of the Government's Childhood Obesity Plan follows from a programme of work in 2016, together with UK Health Forum, World Obesity Federation, Food Research Collaboration and Informas, to develop the Food Environment Policy Index (Food-EPI)². The process involved 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. The table below assesses the extent to which these Food-EPI recommendations (in order of priority) are addressed in the Childhood Obesity Plan. It demonstrates that many policies identified as a priority by over 70 experts have not been satisfactorily included in the Plan.

Policy Priority from the Food-EPI	Inclusion in the Childhood Obesity Plan (Chapters 1, 2 or 3)
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,	Partially - being consulted on.

and the sponsorship of cultural and sporting events that appeal to children	
Implement the levy on sugary drinks	Yes
Reduce sugar, fat and salt content in processed foods	Partially – the 2019 progress report showed minimal progress.
Monitor school and nursery food standards	No
Prioritise health and the environment in the 25-year Food and Farming Plan	No. The 25-year Food and Farming plan never came to fruition. Health has not included in the Agriculture Bill.
Adopt a national food action plan	In progress – the National Food Strategy is currently being written, due to be published in Summer of 2020.
Monitor the food environment	No
Apply buying standards to all public sector institutions	No
Strengthen planning laws to discourage unhealthy fast food	Not universally but has been done in some local authorities.
Evaluate food-related programmes and policies	No

Assessments of the Government’s progress in introducing measures to tackle childhood obesity

Sugary Drink Industry Levy and Reformulation

Significant progress has been made on the Soft Drinks Industry Levy (SDIL), which came into effect in April 2018. The progress update published in September 2019 reported that the average sugar content of drinks subject to the SDIL decreased by 28.8% between 2015 and 2018³. However, the reduction in sugar purchased per household from drinks subject to the levy was much smaller in the lowest socioeconomic group (9% compared with 24% overall). The Childhood Obesity Plan Chapter 3 considers the possibility of extending the SDIL to sugary milk drinks if industry has not made enough progress on reducing sugar. The ban on selling energy drinks to children has also been a positive development in this area.

The progress update also reported on Public Health England’s (PHE) voluntary sugar reduction initiative. After the first year, on average only a 2% reduction in calories and sugar was seen, falling short of the 5% aim³. This has only increased to 2.9% in 2018. There has been an increase or no change in the sugar content of biscuits, chocolate confectionery and puddings. This committee previously recommended that the government must signal that there will be further fiscal measures if voluntary targets are not met but they have failed to do so, despite falling short of the interim targets.

Nutrient Profile

The Government is yet to release its response to the 2018 consultation on developing the existing UK Nutrient Profile Model to bring it in line with current UK dietary recommendations.

School Meals, Early Years and Public Procurement

The government has made no further progress on supporting early years settings since releasing a set of nutrition guidance documents for early years providers in 2017. These guidance documents are still voluntary, and their use is not being monitored or evaluated. The lack of mandatory standards for early years settings and nurseries is a glaring policy gap.

The government invested £26 million in the National School Breakfast Programme which runs breakfast clubs in schools that have high deprivation and has reached 280,000 pupils across England⁴.

However, funding is only until 2020 and needs to be supported with ongoing funds from the revenue generated from the SDIL.

The Department for Education invested £2 million to pilot a holiday provision programme reaching 18,000 children in 2018. In 2019, a further £9 million was committed which aimed to reach 50,000 children over the summer holidays⁵. While this is a positive step, it falls far short of the 1.1 million children entitled to Free School Meals (FSM) in England who are at risk of holiday hunger. It is also important to note that the type of food served at holiday hunger programmes is currently not monitored and may not be nutritionally balanced.

The Childhood Obesity Plan Chapter 1 set out plans to create a new healthy rating scheme for primary schools, which has been launched but is entirely voluntary and doesn't go far enough. The school food standards are still being updated to reflect SACN recommendations on sugar and fibre, four years after Chapter 1 was published⁶. Additionally, there need to be broader updates including ensuring all school meals contain two portions of vegetables and a portion of fruit as Scotland's standards are being amended to include. In Scotland, school food is independently monitored to assess compliance with standards. However, in England there is no similar practice – the Children's Future Food Inquiry's (CFFI)⁷ Right2Food Charter calls for a Children's Food Watchdog that will provide crucial leadership for children's food, including scoping how to monitor and inspect school and nursery meals.

FSM are an important part of the government's strategy for addressing childhood obesity and is an important strategy for reducing dietary inequalities. Under Universal Credit the eligibility criteria for FSM was revised to set an eligibility income cap of £7400. In England, only 50% of KS2 pupils in poverty and 42% of secondary school pupils in poverty are eligible for FSM⁷. A nationally representative poll conducted as part of the CFFI found that 23% of secondary school pupils who did not qualify for FSM had gone without lunch because they were unable to afford it⁷. The limited eligibility for FSM may have an impact on childhood obesity as compared to having a packed lunch, children who eat school meals have a healthier diet overall⁸. At a time when childhood obesity is at record levels, eligibility for FSM should be expanded as broadly as possible, not restricted via an earnings threshold. Furthermore, the allowance of £2.30 is often insufficient to allow pupils to buy sufficient nutritious food and can lead pupils to be reliant on energy-dense filling foods that are nutrient deficient.

Restrictions on Advertising HFSS Products to Children

The government has run a consultation on restrictions for advertising HFSS products to children, but has yet to release its response. An advertising restriction up to a 9pm watershed emerged as the number one priority for the Food Environment Policy Index we developed for England². There is parliamentary support for this, as demonstrated by a Westminster Hall Debate in January 2018, in which 14 parliamentarians spoke. Restricting advertising on TV is a highly recommended strategy for reducing children's exposure to advertising for unhealthy products, especially given that teens who watch more than three hours of TV a day are more likely to eat unhealthy snacks⁹.

For further information, we would recommend our 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 Marketing¹⁰.

We would also recommend consideration of the potential beneficial force of advertising in promoting healthy foods. Currently 46% of food and drink advertising spend goes on confectionary, sweet and savoury snacks and soft drinks, while only 2.5% goes on fruit and vegetables. Veg Power's Eat Them To Defeat Them¹¹ campaign featured an advert promoting vegetable consumption which reached an

audience of 37.5 million (44% of whom were children). The Government could support this by considering the potential of a levy on HFSS advertising to finance fruit and vegetable advertising in the long term.

Strengthening the Government Buying Standards and Balanced Scorecard

As set out in the Childhood Obesity Plan Chapter 2, the Government has consulted on strengthening nutrition standards in the Government Buying Standards to bring them in line with latest scientific dietary advice. Feedback on this is currently being analysed. Given the scale of childhood obesity and poor dietary intake in the UK, the Buying Standards could also go further to prevent obesity and improve nutrition by stipulating meals should provide at least two portions of vegetables and one portion of fruit. We also strongly recommend monitoring of the number of local authorities using Government Buying Standards for Food and Catering Services and the Balanced Scorecard for Procurement to evaluate the Childhood Obesity Plan Chapter 1 aim to make healthy options available in the public sector.

The Food Environment: Promotions and Takeaways

The set of choices that a citizen is able to make about their food 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^{12,13}:

- Calories from healthier foods are three times more expensive than those high in fat, salt, or sugar (HFSS).
- One in four places to buy food are fast food outlets.
- Half of breakfast cereals with packaging that may appeal to children are high in sugar.

Based on this assessment of the food environment, action so far has not been ambitious enough in seeking to level the playing field for UK citizens. Further action is needed on reducing the negative health impacts of unhealthy takeaways and promotions. This is very important as PHE's analysis shows that the food we buy on promotion causes us to buy 20% more calories than we otherwise would¹⁴. It will be important to ensure that restrictions on promotions apply to both the retail and food service/out-of-home sectors. The government has consulted on banning promotions of HFSS foods and drinks by price and by location, and responses are being analysed. There has still been no action to reduce the use of licensed and unlicensed characters on packaging of unhealthy foods aimed at children.

For the last 10 years, the mean price of healthy food has consistently been greater than the mean price of HFSS food – peaking at £7.80 per 1,000kcal for healthy food, and £2.43 per 1,000kcal for HFSS food in 2013. Between 2007 and 2013, the price differential between healthy and HFSS food grew. While this difference declined somewhat in the subsequent three years, it is now rising again. The levy on sugary drinks may start to affect this - which would be welcome news - and the Government's proposals to consider restriction on the promotion of HFSS food could also positively affect relative prices. We also recommend the Government:

- Put in place a range of fiscal and incentive measures which tip the balance of costs in favour of healthy food, including further expanding the sugar tax.
- Re-design VAT on food to favour healthier and more sustainable choices.
- Ensure that retailers (and fast food chains) commit to make healthier products always cheaper than unhealthy products within specific food and drink categories.

Improving Food Labelling

Front-of-pack (FOP) labelling is an important tool for accessing information on nutritional content. The Childhood Obesity Plan Chapter 3 laid out the Government's plans to consult on how to build on current FOP traffic light labelling once we have left the EU. The traffic light system is currently based only on macronutrients but it is also important to consider the healthfulness of ingredients contained with a product. For example, diet beverages earn a green for every traffic light indicator, 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 FOP about portions of fruit and vegetables, grams of fibre, and teaspoons of added sugar – ideally in a visual and easy to understand manner. There is some voluntary labelling around the 'five-a-day', but it is not applied consistently across manufacturers or retailers. Finally, the lack of standardisation 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.

Infant Feeding

Although not identified in our Food-EPI, another important area is infant feeding, which was finally taken into consideration in Chapter 3 of the Childhood Obesity Plan - including challenging businesses to improve the nutritional content of baby food and drinks; committing to publish guidelines for industry, albeit voluntary ones; and exploring how marketing and labelling of infant food can be improved upon. An infant feeding survey is also being commissioned to provide information on breastfeeding. However, it is already known that breastfed babies have been shown to have lower rates of obesity^{15,16} and there are several known barriers to breastfeeding that the government could act on now, as set out in the CFFI⁷. To name just a few: legal protection for breast feeding mothers at work including having facilities and paid time to express milk; greater support from hospitals and NHS services to support women to continue breastfeeding, especially after the initial few weeks at home; and reducing the promotion of breastmilk substitutes.

Improving Uptake of the Healthy Start Programme

Healthy Start is a key initiative for improving the nutritional intake of mothers and young children, addressing dietary inequalities and preventing obesity and non-communicable diseases. The programme needs a major refresh in order to have its intended impact. Chapter 1 of the Childhood Obesity Plan announced the Government's intention to recommit to the scheme, Chapter 2 committed to consult on it, but there was no mention of it in Chapter 3 - the government has yet to consult on it and the programme is yet to have the changes needed made. The total number of people eligible for Healthy Start has reduced 30% since 2011¹⁷ with less than half of children living in poverty meeting eligibility criteria.⁷ Over a 4 week period earlier this year only 54% of people who were eligible to apply were successfully registered.¹⁸ The value of the voucher has not been increased since 2009 and has thus failed to keep pace with rising household costs. In order to make progress the Government would need to take significant steps to improve the Healthy Start including: expanding eligibility criteria, starting with those on Universal Credit; increasing the value of the voucher; and introducing a programme to ensure all those who are eligible receive the scheme's benefits.

Views on the next steps that the Government should take

Establish a Children's Food Watchdog

The Children's Future Food Inquiry showed that children's food policy is not protecting children from food insecurity and its devastating consequences. It identified a number of implementation failures of

existing policy, how existing policy is not reaching many children who need it and critical policy gaps (such as holiday provision for children entitled to free school meals). It also showed considerable differences in provision between the four UK nations on issues of basic entitlement. We therefore recommend that a statutory Children's Food Watchdog is established to specifically ensure existing policies are implemented well and to ensure that policy gaps are addressed. It should report to Ministers in Health & Social Care, and Education Departments, as well as to Parliament.

Adopt Legal Targets and Metrics

Currently there is no agreed vision for how our food system needs to change and no mechanism for judging whether we are going in the right direction. This can result in incoherence in policies developed by government departments and critical policy gaps. Part of this problem is that there is no mechanism which enshrines in law the principle that children (and adults) in Britain should have access to a healthy diet. We recommend the introduction of a mechanism which would give the Government's dietary guidelines, and the cost of this healthy diet, a legal status and which would require other areas of legislation and government programmes to take them into account – e.g. school meal provision, minimum wage legislation and legislation on benefits. This same legislation should set a number of metrics and targets which government and businesses operating in the food system should report on to parliament on a periodic basis. These could include levels of childhood obesity, levels of household food insecurity etc. The process of reporting would help to drive cross government action in a multitude of areas.

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 – just because one nutrient has been reduced in a product doesn't mean the overall health profile has significantly improved. 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 fruit and vegetables. This wider view of reformulation should be encouraged. It is also important that reformulation of products to be less unhealthy is done in conjunction with increasing the affordability and accessibility of healthy foods like fruit and vegetables.

Invest in a 20-year Fruit and Vegetable Campaign

Plans to combat childhood obesity should be put in the context of broader food policy discussions taking place. Food production policy is a key driver of the food environment and risk for childhood obesity. There is a need 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 Plan and those of the Agriculture Bill. Fruit and vegetables are the cornerstone of a healthy diet and there is evidence that consumption decreases the risk of obesity¹⁹. However, they remain unaffordable for many in the UK and there is a clear inequality gradient in fruit and vegetable consumption: families in the highest income groups consume 25% more fruit and vegetables than those in the lowest income groups²⁰. Specific actions and incentives to stimulate demand for fruit and vegetables, particularly those targeted at low-income families, would be mutually beneficial to public health and the horticulture sector in the UK.

We recommend investing in a 20-year fruit and vegetable campaign that should have multiple elements including:

- a) Establishing a vision for a UK produced seasonal fruit and vegetable basket which inspires people to try new varieties at different times of the year.
- b) Ensuring all publicly procured food including school meals is oriented around provision of this fruit and vegetable basket and includes two portions of vegetables as standard in every main meal.
- c) Aligning farming subsidies to support farmers to grow this basket of products – this will include support for new entrants and smaller and younger growers, R&D support on agroecological growing methods, stronger farmer extension support, support for cooperatives etc.
- d) Investing in fruit and vegetable advertising to parents and children to drive aspiration and to normalise consumption. This could build on the work of Veg Power.
- e) Investing 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.
- f) Set and monitor mandatory reformulation targets for ready meals and takeaway meals for levels of vegetables.
- g) Develop a scheme with wholesalers aimed at increasing the fruit and vegetables on offer in convenience stores in areas of high deprivation.
- h) Expand the entitlement to and value of Healthy Start vouchers to ensure all those living in poverty have access to fruit and vegetable vouchers, and work with retailers to add further value to this scheme.
- i) Give powers to local authorities to discount business rates for businesses which offer the fruit and vegetable basket.

References

1. NHS Digital. National Child Measurement Programme, England - 2017/18 School Year. <https://digital.nhs.uk/data-and-information/publications/statistical/national-child-measurement-programme/2017-18-school-year>. Published 2018. Accessed October 5, 2019.
2. The Food Foundation. *Priorities for Tackling the Obesity Crisis in England Expert Agreement on What Needs to Be Done.*; 2016. www.foodfoundation.org.uk. Accessed October 5, 2019.
3. Public Health England. Sugar reduction : Report on progress between 2015 and 2018. 2019;(September).
4. National School Breakfast Programme. *Food for Thought.*; 2019.
5. Free meals and activities for 50,000 children over 2019 summer holidays - GOV.UK. <https://www.gov.uk/government/news/free-meals-and-activities-for-50000-children-over-2019-summer-holidays>. Accessed October 5, 2019.
6. SACN. *Carbohydrates and Health.*; 2015. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/445503/SACN_Carbohydrates_and_Health.pdf. Accessed September 13, 2019.
7. The Food Foundation. *Children's Future Food Inquiry.*; 2019.
8. Evans, C; Mandl VCMCJ. Impact of School Lunch Type on Nutritional Quality of English children's diets. *Public Health Nutr.* 2015;19(1):36-45.
9. Cancer Research UK. *10 Years on: New Evidence on TV Marketing and Junk Food Consumption amongst 11-19 Year Olds 10 Years after Broadcast Regulations.*; 2018.
10. The Food Foundation. *UK's Restrictions on Junk Food Advertising to Children.*; 2017.
11. Eat Them To Defeat Them | VegPower & ITV. <https://vegpower.org.uk/>. Accessed October 14, 2019.
12. The Food Foundation. *Force-Fed: Does the Food System Constrict Healthy Choices for Typical British Families?*; 2015.
13. The Food Foundation. *The Broken Plate.*; 2019.
14. Public Health England. *Sugar Reduction: The Evidence for Action. Annexe 4: An Analysis of the Role of Price Promotions on the Household Purchases of Food and Drinks High in Sugar.*; 2015. www.facebook.com/PublicHealthEngland. Accessed October 5, 2019.
15. PAHO/WHO. Breastfeeding and Non-Communicable Diseases (NCDs). https://www.paho.org/hq/index.php?option=com_content&view=article&id=9977:2014-breastfeeding-and-non-communicable-diseases-ncds&Itemid=40721&lang=en. Accessed July 25, 2019.
16. WHO. Exclusive breastfeeding to reduce the risk of childhood overweight and obesity. *WHO.* 2019.
17. Crawley H, Dodds R. The UK Healthy Start scheme. What happened? What next? *First Steps Nutr.* 2018.
18. Healthy Start Scheme:Written question - 264743 - UK Parliament. <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2019-06-14/264743/>. Accessed June 27, 2019.
19. World Health Organisation. Promoting fruit and vegetable consumption around the world.
20. Maguire ER, Monsivais P. Socio-economic dietary inequalities in UK adults: An updated picture of key food groups and nutrients from national surveillance data. *Br J Nutr.* 2014;57(2). doi:10.1017/S0007114514002621