



Consultation on Restricting Promotions of products high in fat, sugar and salt by location and by price

Response from Consensus Action on Salt, Sugar & Health

20. Do you think that the restrictions suggested in this consultation should apply to all retail businesses in England that sell food and drink products, including franchises?

Yes.

We believe that the restrictions should apply to **all** retail businesses that sell food and drink products to ensure the greatest health benefits, and more importantly, create a level playing field. Franchises and convenience stores form an integral part of local communities, with the UK's 50,000 convenience stores accounting for one fifth of the UK grocery market (£38bn in sales)¹. Many fast food brands e.g. McDonalds, Subway and Domino's operate on a franchise model. Furthermore, there are 2,400 branches of Spar in the UK², with a turnover of £3bn+, and The Co-operative Group bought Nisa's 2,500 branches in 2018^{3,4}.

The number of franchisee-owned businesses has increased by 14% in two years, to 48,600⁵.

¹ https://www.acs.org.uk/sites/default/files/lobbying/acs_submission_-_nisa_co-op_2018.pdf

² <https://www.spar.co.uk/about-spar>

³ <http://www.nisalocally.co.uk/stores>

⁴ <https://www.co-operative.coop/media/news-releases/co-op-completes-acquisition-of-nisa-retail-limited>

⁵ NatWest and the British Franchise Association (2018). 2018 Franchise Landscape <https://www.business.natwest.com/business/business-banking/services/franchising.html>

21. Do you think there are any other retailers that the restrictions suggested in this consultation should apply to?

Yes.

We believe that the restrictions should apply to any business where food and drink is sold, even if their main market is not primarily food e.g. newsagents (e.g. WHSmith) and clothing stores (e.g. Primark, TKMaxx), as well as pharmacies, toy stores, bookshops and transport hubs such as airports. This will help consumers to avoid impulse purchases of food and drink products high in fat, salt and sugar (HFSS) when shopping for other items, and will help parents avoid pester power from children.

22. Do you think there are any retailers that the restrictions suggested in this consultation should not apply to?

No.

Restrictions should be applied to all retailers selling food and drink to create an essential level playing field and ensure maximum benefit to public health. HFSS products are increasingly sold in non-food businesses and without restrictions these businesses would have an unfair competitive advantage.

23. Do you think the restrictions should also apply to retailers that do not primarily sell food and drink, for example, clothes retailers and newsagents?

Yes.



Food and drink is increasingly being sold in businesses where it is not their main source of business. The majority of these products tend to be HFSS and are predominantly displayed at checkouts, encouraging impulse buying and feeding into pester power from young family members. Including them in these restrictions will allow a level playing field, ensuring everyone's health benefits.

A study of 330 non-food retail outlets by the UK Health Forum and Food Active in 2018 found that more than a quarter of stores sold sweets or chocolate confectionery¹. 42% of food and drink sold in these stores were displayed at checkouts, and half of these products were sweet or chocolate confectionery. Furthermore, more than half of promotions available at the checkout were on sweets or chocolate confectionery.

The study also collected consumer data and found that 42% of respondents had bought food or drink from a non-food retailer in the last month. 66% of products bought were 'less healthy', including sugary drinks.

A study by Food Standards Scotland looking at the food environment around secondary schools found that more than three quarters (77%) of the 651 children in the study bought food outside school at least twice a week for lunch. A quarter of the children bought food from newsagents or sweet shops². Creating a level playing field will also allow a clear evaluation of the impact of restrictions on promotions.

A 2019 survey by the Children's Food Campaign³ found of the 347 parents who answered questions relating to the consultation, 71.5% thought restrictions should apply to non-food shops like clothes retailers and pharmacies, 70% agreed restrictions should cover petrol stations and 63% agreed that restrictions should cover newsagents and corner shops.

¹ UK Health Forum and Health Equalities Group (2018) Availability, placement, marketing & promotions of HFSS content foods in traditional non-food retail environments. Strand 1 <http://ukhealthforum.org.uk/wp-content/uploads/2019/03/Strand-1-High-Street-Food-Placement-Project-Strand-One-Final-Report-March-2019.pdf> Accessed 28th March 2019.

² Wills WJ, Kapetanaki A, Rennie K, et al. (2015). The influence of deprivation and food environment on food and drink purchased by secondary school pupils beyond the school gate. Research Project FS411002

³ Research conducted via SurveyMonkey, open 4 Feb-15 March 2019. Parents recruited via membership networks of Children's Food Campaign and Parents' Jury. Not weighted to be demographically representative, but done on purely voluntary opt-in basis. Full results available on request from the Children's Food Campaign.

24. Do you think that the restrictions should also apply to imported products within the specified product categories in scope?

Yes.

Again, it is important we remain consistent and include all food and drink sold in all businesses, to create a level playing field.

25. Do you think that the restrictions should also apply to online shopping?

Yes.

It is important to apply the restrictions to online shopping to be consistent and to ensure a level playing field. All should benefit from restrictions to promotions, regardless of where they do their shopping. For consistency, this should also include retailers online that do not primarily sell food and drink e.g. Boots.



Whilst the majority of overall spend takes place in store, increasing numbers are shopping online with a report by the Office for National Statistics showing online grocery spend has increased from 1.9% in 2008 to 5.5% in 2018¹.

Another report by Mintel in 2017 looking specifically at grocery shopping found 29% of respondents observing an increase in online grocery shopping over 12 months². The report showed an increase in the number of respondents doing at least some of their shopping online (48% compared to 43% in 2014). The online grocery market is predicted to continue to grow over the next few years, forecast to reach £16.7 billion in 2021, accounting for a 9% share of the total grocery market¹.

The Obesity Health Alliance found Tesco's online grocery site offered 266 'Buy 1 Get One Free' and 'Multibuy' offers for all food and non-alcoholic drink products on 7th February 2019³. 42% of these offers were applied to products covered by the sugar or calorie reduction programmes and classed as less healthy by the NPM.

¹ Comparing 'bricks and mortar' store sales with online retail sales: August 2018. Office for national statistics. 20th September 2018. <https://www.ons.gov.uk/businessindustryandtrade/retailindustry/articles/comparingbricksandmortarstorestoonlineetailsales/august2018>

² Online grocery clicks in the UK: Sales set to surpass £11 billion in 2017. 14th June 2017. <http://www.mintel.com/press-centre/retail-press-centre/online-grocery-clicks-in-the-uk>

³ Obesity Health Alliance Data. See Annex 1

26. If the restrictions applied to online retailers, how could this work in practice?

The restrictions to online retailers should be applied in the same way as in-store. Any website selling food and drink should be restricted from applying multi-buy or other price promotions to HFSS products. Retailers should also be restricted in offering suggestions or last minute impulse purchases, as is often seen in many grocery store websites.

The restrictions should prevent online retailers from suggesting the purchase of any HFSS products at any point during the online shopping experience.

27. Who should be responsible for making sure the price restrictions are followed: the retailer that sells the products or the manufacturer that makes them?

Both.

In most instances, the retailer has control over which products have promotional offers applied to them and the value of these offers, therefore the retailer should be responsible for making sure the price restrictions are followed. Manufacturers can assist retailers by clearly stating whether their product is HFSS so that restrictions are adhered to.

Where a promotion is built into a product packaging e.g. 25% extra free printed on a larger sized packet of biscuits or cereal, then the restrictions apply directly to the manufacturer, as the retailer has no control.

Where restrictions are not adhered to, local authorities should have powers to impose penalties (i.e. fines) for non-compliance.

28. Who should be responsible for making sure the location restrictions are followed: the retailer that sells the products or the manufacturer that makes them?



The retailers have ultimate control over the location of products and therefore should be responsible for making sure location restrictions are followed. Manufacturers can assist by clearly defining whether their product is HFSS.

Where restrictions are not adhered to, local authorities should have powers to impose penalties (i.e. fines) for non-compliance.

Price promotion restrictions

29 . Which of the following options do you think is the most appropriate for achieving the aims of this policy?

Option 1 – Require retailers to ensure that all their volume based price promotions on food and drink are on healthier products.

We strongly support introducing mandatory measures to restrict all volume based price promotions that encourage consumers to buy more.

The main benefit of option 1 is the influence it will have on product reformulation. Improving the nutritional profile of popular processed foods through reformulation provides an opportunity to improve the nation's health in its entirety. The whole population will benefit, not just the health conscious few, and reformulation can help tackle health inequalities, with disadvantaged groups likely to benefit proportionately more than the general population¹.

As well as being an effective strategy to reduce cardiovascular risk (through reduction in salt, saturated fat and overall calorie intake) and childhood obesity, reformulation programmes have been shown to be one of the most cost effective public health policy interventions that Government can introduce. The UK's salt reduction programme serves as a good example², with every 1g reduction in salt preventing over 4,000 premature deaths and saving the NHS £288million every year³. Restricting promotions on all HFSS food and drink will therefore provide a strong incentive to manufacturers to reformulate their products, including their most popular products. If option 2 were to be passed, then manufacturers could create reformulated versions of existing products, which then have to compete with the original higher fat, salt and/or sugar version.

Ensuring all volume based price promotions on food and drink are on healthier products will provide the greatest health benefits to the public. As shown in the impact assessment published alongside this consultation, the expected health benefits of lower calorie consumption among people with excess weight is equivalent to £3.1 billion with £2.1 billion reinvested back into the NHS, benefiting the health of wider society⁴. If all price promotions were on non-HFSS, this would also result in social care savings of £410 million and an additional £80 million of economic output due to reduced mortality. Option 1 will help create a healthier environment without loopholes or products slipping through the gaps, giving consumers a clear message of what is and is not a healthier product.

However, the scheme must be carefully monitored to ensure that retailers and manufacturers do not simply shift price promotions to temporary price reductions on larger size formats of products, such as 'grab bags' or 'sharing' size bags. Sainsbury's no longer offer multi-buy or buy-one-get-one-free offers⁵ and research by the Obesity Health Alliance in 2018 found that in Tesco just 16% of price promotions were multi-buy compared to 66% price reduction⁶.



Option 2 would also present problems in enforcement. Effective monitoring and enforcement would be reliant on retail businesses sharing their sales data to enable calculations to be made retrospectively. This would be burdensome for both business and enforcement officials.

¹ Capewell S, Graham H. Will cardiovascular disease prevention widen health inequalities? PLoS Med 2012; 7(8):e1000320

² Feng J He et al (2014). Salt reduction in England from 2003 to 2011: its relationship to blood pressure, stroke and ischaemic heart disease mortality. *BMJ Open* February 2014

³ 'Salt Reduction: Onwards and Downwards' Department of health Report

<https://webarchive.nationalarchives.gov.uk/20180201175801/https://responsibilitydeal.dh.gov.uk/salt-reduction-onwards-and-downwards/>

⁴ Restricting volume promotions for HFSS products: impact assessment

⁵ <https://www.independent.co.uk/news/business/news/sainsburys-first-supermarket-to-say-bogof-to-multi-buy-deals-a6867696.html>

⁶ Obesity Health Alliance (2018). Out of Place

30. Do you think that the price restrictions should apply to 'multi-buy' promotions and 'extra free' promotions of pre-packaged products that are high in fat, sugar and salt?

Yes.

We believe the proposed restrictions should also apply to 'multi-buy' and 'extra free' promotions of all pre-packaged and unpackaged HFSS products. A 2014 Which? Survey found that more than half of all promotions were on less healthy food and drink products, and more than half of confectionery was sold on offer¹. These measures would likely have the support of the public, as a recent survey by the Children's Food Campaign found that 65% of parents surveyed supported restrictions on multi-buy deals on unhealthy foods, while 63% supported restrictions to 'extra for the same price' offers².

It has been argued that multi-buy and bulk purchasing helps customers save money by stock piling products to use at a later date. However, evidence has shown that promotions such as these can lead to people buying more in the short term³ and not necessarily reducing purchases on subsequent trips, potentially resulting in increased consumption⁴. Multi-buy promotions help normalise buying and mislead customers into thinking these promotions will help them save money when in fact they are most likely spending and eating more¹. Restricting multi-buy promotions on unhealthy food and drinks associated with excess salt, sugar and calorie intakes will help reduce consumption of these foods.

An analysis of Kantar WorldPanel purchasing data from 2017 by Cancer Research UK⁵, found that people who buy a high proportion of food and drink on promotion buy a significantly higher percentage of HFSS products and less fruit and vegetables compared to people who buy little on promotion. The research also found that higher income families purchase the most on promotion as a proportion of their overall basket, contrary to some claims that low-income families will suffer if food is not promoted.

A survey by Food Active⁶ of recent supermarket purchases of 379 people in the North West of England found that 71% of respondents had bought a food or drink item on promotion during their last shopping trip. The survey highlighted how promotions can drive purchases of less healthy food, with more than half (57%) of promotional purchases being unplanned impulse buys.

We believe the proposed restrictions should also apply to unpackaged HFSS products. HFSS products such as cakes, biscuits and pastries are often sold loose in retailers and with increasing consumer interest in reducing plastic waste, we could soon see an increase in packaging free products. To create a level playing field and ensure the policy's efficacy, the restrictions should apply regardless of how products are packaged.



¹ <https://inews.co.uk/news/health/supermarkets-discounts-unhealthy-food-obesity-which/>

² Research conducted via SurveyMonkey, open 4 Feb-15 March 2019. Parents recruited via membership networks of Children's Food Campaign and Parents' Jury. Not weighted to be demographically representative, but done on purely voluntary opt-in basis. Full results available from the Children's Food Campaign

³ Hawkes C. Sales promotions and food consumption. *Nutrition Reviews* 2009. 67(6):333–342.

⁴ Sunstein C.R. (1996) Social Norms and Social Roles. Chicago Law & Economics Working Paper No.36: 903-968 ([pdf](#)).

⁵ Cancer Research UK. "Paying the price: New evidence on the link between price promotions, purchasing of less healthy food and drink, and overweight and obesity in Great Britain". Timothy Coker, Harriet Rungay, Emily Whiteside, Gillian Rosenberg, Jyotsna Vohra. 2019.

⁶ Food Active (2019). Purchases of Price Promotions on Less Healthy Food and Drinks in the North West.

31. Do you currently use or do you know about any official definitions of these types of volume price promotions?

No. For clarity, we would like to see official definitions fully described in the legislation to avoid loopholes that would allow for alternative price promotions.

32. Do you think there are any other types of price promotion that should be restricted that we have not mentioned?

We believe there are a number of price promotions that play a role in consumer purchasing habits and consumption of HFSS products, e.g. price reduction promotions (where something is promoted at a lower price to a previous price), everyday low prices (EDLP), and non-food incentives i.e. free gifts upon purchase (toy in a McDonald's happy meal, free newspaper in WHSmith). However, there is not enough evidence to support this yet. Although 'end of life' reductions in price are needed to reduce waste, if these promotions are applied to HFSS products, this has the potential to undermine the proposed restrictions. More research is needed to understand the prevalence and impact of these price reduction promotions.

Increasingly, HFSS products, such as confectionery, are sold in larger 'sharing bags' for £1. However, a Grocer poll found that a quarter of adults and a third of 16-24 year olds admit to eating one of these bags on their own in one go¹. A survey by Action on Sugar on sharing bags of chocolate confectionery found them to be heavily promoted, so much so that they were comparatively better value for money than smaller pack sizes [2].

Lunchtime meal deals available in major retailers have also been shown to provide excessive amounts of fat, salt and sugar [3], with certain meal combinations containing a staggering 119g sugar (equivalent of 30 teaspoons) at a very affordable price. Many meal deals include sugary drinks and confectionery; in 2017, 72% of meal deal drinks sold at Morrisons for example, were high in sugar. We strongly recommend HFSS products be restricted from meal deal promotions.

We advise that the Government commission research into price reduction promotions and EDLP. This research should cover the extent of these types of promotions on HFSS food and drinks, the impact on purchasing behaviour and consumption. If evidence shows they lead to increased purchasing and consumption of HFSS food and drinks, then they should also be included in the restrictions.

¹ <https://www.telegraph.co.uk/news/2018/01/26/calls-sharing-bags-sweets-banned-people-eat-one-go/>

[2] Action on Sugar: Call for a complete ban on all confectionery price promotions after new survey reveals shocking amounts of sugar <http://www.actiononsugar.org/news-centre/press-releases/2018/call-for-a-complete-ban-on-all-confectionery-price-promotions-after-new-survey-reveals-shocking-amounts-of-sugar.html> Accessed 03/04/2019.



[3] Action on Sugar: What's The Deal? NEW Findings Reveal Lunchtime Meal Deals Serve Up FOUR Full Days' Worth of Sugar in Just One Meal. <http://www.actiononsugar.org/news-centre/surveys/2017/sugar-awareness-week-whats-the-deal-new-findings-reveal-lunchtime-meal-deals-serve-up-four-full-days-worth-of-sugar-in-just-one-meal.html> Accessed 03/04/2019.

33. Do you think that the price restrictions should apply to pre-packaged products which fall into the categories included in Public Health England's (PHE) sugar and calorie reduction programmes and in the Soft Drinks Industry Levy (SDIL), and are classed as high in fat, sugar or salt (HFSS)?

Applying the restrictions only to food and drink categories currently falling under PHE's sugar and calorie reduction programmes and the SDIL would allow a number of categories to be void of the restrictions, despite potentially being HFSS. We appreciate that the food and drink categories in question contribute the most sugar and calories to children's diets, and based on robust evidence from the National Diet and Nutrition Survey, but they do not take into account other categories that would have a negative impact on public health, particularly products that are high in salt and saturated fat. Examples include cheese and salted butter (high in both salt and saturated fat), baked beans, deli meats, stocks and gravies, all of which are major contributors of salt to children's diets. We know that an individual's preference to salt and salty foods is a learned behaviour that we acquire in childhood, therefore it is imperative that we reduce promotion of these foods to ensure children eat as little salt as possible. Salt reduction has been acknowledged by many health professionals, Public Health England and the World Health Organisation as one of the most cost effective measures a country can take to improve population health outcomes¹. A global study estimated that a 10% reduction in salt over 10 years would save 5.8 million disability adjusted life years each year that would otherwise be lost due to cardiovascular disease, at an average cost of \$204 per life year saved². Salt reduction was also mentioned in the Department of Health and Social Care's 'Prevention is better than cure'³ report as a key area of importance.

It is therefore of the view of both Action on Salt and Action on Sugar that the restrictions are put in place for all categories of food and drink currently within PHE's **entire** reformulation programme (sugar, calorie and salt reduction programmes, and the SDIL) to ensure that significant contributors of calories, fat, sugar and salt in children's diets are not excluded.

¹ Salt Reduction. World Health Organisation <https://www.who.int/news-room/fact-sheets/detail/salt-reduction> Accessed 28th March 2019.

² Mozaffarian et. al "Cost effectiveness of a government supported policy strategy to decrease sodium intake: global analysis across 183 nations" BMJ 2017;356:i6699

³Department of Health & Social Care. Prevention is better than Cure: Our vision to help you live well for longer. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/753688/Prevention_is_better_than_cure_5-11.pdf. Accessed 28th March 2019.

34. Do you think any other product categories should be included in these restrictions?

Yes.

We believe that all categories of food currently listed within PHE's reformulation programme (sugar, calories and salt reduction programmes, and the SDIL) should be included in these restrictions. We also believe that price/location promotions should be restricted on energy drinks, following proposals to ban sales of these products to under-16s.

35. Do you think any of these categories should not be included?

No.



36. Do you think that the price restrictions should also apply to free refills of sugar-sweetened beverages in the out-of-home sector, if they are in scope of the SDIL, including where they could be a part of a meal deal?

Yes. The main purpose of offering unlimited refills is to incentivise larger portions and suggest good value for money. Yet there is strong evidence to suggest people are more likely to overconsume when there is more on offer. This is known as the Portion Size Effect (PSE), and is seen consistently in different ages, genders and across cultures^{1,2}. This type of overconsumption has been associated with population level weight gain^{3,4}. A systematic review suggests that a sustained reduction in exposure to large portion sizes could reduce energy intake by 16%¹.

Sugar sweetened beverages are the main source of sugar for children aged 11-18⁵. Unlimited refills clearly encourage over-consumption of sugary drinks, contributing to excess sugar consumption associated with obesity and poor dental health. Dietary habits are established in childhood and adolescence, and become very difficult to change in adulthood, therefore it is vitally important we encourage the normalisation of smaller portion sizes.

This view is also supported by the public. A recent survey by Food Active of 379 people in the North West of England found a majority of support, with 64% agreeing or strongly agreeing with restricted unlimited refills of sugary soft drinks⁶.

¹ Hollands GJ, Shemilt I, Marteau T *et al.* Portion, package or tableware size for changing selection and consumption of food, alcohol and tobacco. *Cochrane Database Syst Rev.* 2015 Sep 14;(9)

² Zlatevska N, Dubelaar C, Holden SS. Sizing up the effect of portion size on consumption: a meta-analytic review. *Journal of Marketing* 2014;78:140–54.

³ Livingstone MB, Pourshahidi LK. Portion size and obesity. *Adv Nutr* 2014;5:829–34.

⁴ French SA, Mitchell NR *et al.* Portion size effects on weight gain in a free living setting. *Obesity* 2014;22(6):1400-1405.

⁵ National Diet and Nutrition Survey

⁶ Food Active (2019). Purchases of Price Promotions on Less Healthy Food and Drinks in the North West.

37. For food and drink consumed outside of the home, are there other types of price promotion that should be restricted?

Yes.

Free or unlimited refills promote overconsumption and larger portions (as incentivised by free refills) are shown to increase consumption¹ and contribute to population level weight gain². Some family-friendly restaurants offer unlimited ice cream³ or frozen yogurt⁴ as part of their children's menu for a low price. We want to see restrictions across all free/unlimited refills of any HFSS products, to prevent companies switching from ice cream or frozen yogurt to another HFSS product.

Meal deals targeted at children should also be restricted, in both retail and the out of home sector. Action on Salt recently surveyed salt levels in children's main meals⁵, available at popular chain restaurants and fast food outlets operating across the UK. We found that 41% of meals had more than 1.8g of salt per portion, which is the target level of salt for children's meals sold in the out of home sector, as set by Public Health England. Many of these meals were sold as part of a meal deal, with 18 of the 26 outlets (69%) surveyed offering a low cost meal deal to children, typically consisting of a main, side, dessert and drink. This incentivises the purchase of more food and therefore increases the total level of salt, calories and sugar sold to children.



The Obesity Health Alliance analysed children's menus from 25 popular family restaurant chains and found 64% (16) offered a dessert as part of a fixed price meal deal, with 87% of the desserts offered being sugary⁶. Five of the 25 chains included in the analysis offered unlimited HFSS products, including unlimited refills of fizzy drinks, or unlimited/'Build your own Breakfast' with unlimited sausages, bacon, and fruit juice.

¹ Zlatevska N, Dubelaar C, Holden SS. Sizing up the effect of portion size on consumption: a meta-analytic review. *Journal of Marketing* 2014;78:140–54.

² Livingstone MB, Pourshahidi LK. Portion size and obesity. *Adv Nutr* 2014;5:829–34.

³ <https://www.pizzahut.co.uk/restaurants/food/desserts/Ice-cream-factory/>

⁴ <https://www.nandos.co.uk/food/menu>

⁵ Action on Salt (2019). Salt Awareness Week 2019 Report: Salt levels in children's meals sold in the out of home sector

⁶ Obesity Health Alliance Data. See Annex 1

Location restrictions

38. Which of the following options do you think is the most appropriate for achieving the aims of this policy?

We strongly support the mandatory restriction of non-monetary promotion of unhealthy food and drink by location. We support restricting placement of HFSS products at key selling locations in store, as outlined in option 1.

The positioning of products - e.g. at end of aisle, window or entrance displays, displays at eye level or checkout displays – can 'nudge' shoppers and influence the products they buy^{1,2}. One study found that placing carbonated soft drinks at end-of-aisle displays increased their sales by 51.7%³.

A recent study by the Obesity Health Alliance found that 70% of all products in key shopping locations, as defined by option 1, were food products included in PHE's calorie reduction programme or sugar reduction programme, in addition to drinks that are eligible for the SDIL⁴. Placing HFSS foods in locations they can't avoid seeing them, including checkouts and end-of-aisle displays encourages impulse buys and excess consumption⁵. Restrictions on location promotions should encourage the redesign of shopping environments to change behaviour and help protect health in the long term.

This is particularly true of checkout areas: a survey by the British Dietetic Association⁶ found 83% of shoppers across the country reported being 'pestered' by their children to buy junk food at checkouts, with 75% giving in. However, the University of Cambridge found that supermarkets adhering to a voluntary policy of removing crisps and confectionery from checkout areas saw 76% fewer purchases of these products in comparison to supermarkets without the voluntary policy⁷.

According to the impact analysis published alongside this consultation, option 1 would result in significant positive health benefits – equivalent to £4.5bn over the 25-year assessment period. Expected benefits are the health benefits that would accrue because of lower calorie consumption amongst overweight and obese people. There would be additional health benefits to the population from reinvesting cost savings back into the NHS, these are estimated to be worth around £3bn.

Furthermore, these restrictions would be supported by the public. A recent survey by the Children's Food Campaign found more than three quarters (76.7%) of parents surveyed supported restrictions on location promotions of HFSS products and less healthy food and drink⁸.

¹ Wilson A, Buckley E, Buckley J and Bogomolva S. Nudging healthier food and beverage choices through salience and priming: Evidence from a systematic review. *Food Quality and Preference* 2016. 51:47–64.



² Thornton L, Cameron A, McNaughton S et al. The availability of snack food displays that may trigger impulse purchases in Melbourne supermarkets. BMC Public Health 2012. 12:194

³ Martin L, Bauld L and Angus K. *Rapid evidence review: The impact of promotions on high fat, sugar and salt (HFSS) food and drink on consumer purchasing and consumption behaviour and the effectiveness of retail environment interventions*. Edinburgh: NHS Health Scotland; 2017.

⁴ Obesity Health Alliance (2018). Out of Place

⁵ Cohen D and Lesser L. Obesity prevention at the point of purchase. Obesity Reviews 2016. 17:389–396

⁶ British Dietetic Association and Children's Food Campaign, 2013. Available at: <https://www.foodingredientsfirst.com/news/bda-calls-for-uk-government-action-to-chuck-junk-food-off-the-checkout.html>

⁷ <https://www.cedar.iph.cam.ac.uk/removing-sweets-and-crisps-from-supermarket-checkouts-linked-to-dramatic-fall-in-unhealthy-snack-purchases/>

⁸ Research conducted via SurveyMonkey, open 4 Feb-15 March 2019. Parents recruited via membership networks of Children's Food Campaign and Parents' Jury. Not weighted to be demographically representative, but done on purely voluntary opt-in basis. Full results available from the Children's Food Campaign

39. Do you think that the location restrictions should apply to all of the following locations: store entrances, ends of aisles and checkout areas?

Yes.

The locations specified are all locations that customers must pass through when doing their shopping, meaning that consumers are exposed to these non-monetary promotions on every trip.

A recent study by the Obesity Health Alliance found that in the five supermarkets with the largest market share, 86% of food and drink products displayed at store entrances and 67% of products displayed at aisle ends were products that contribute significantly to children's sugar and calorie intake¹. In addition, 67% of products displayed in checkout areas contribute significantly to children's sugar and calorie intake, despite many retailers voluntarily pledging to remove unhealthy food from checkout areas².

However, voluntary policies to make checkouts healthier were found to positively influence consumer purchases. A 2018 study, which used data on the food bought between 2013 and 2017 from more than 30,000 UK households, found a 17% reduction in purchases of confectionary, chocolate and potato crisps from supermarkets immediately after that supermarket announced a checkout policy².

Furthermore, consumers support the restriction of location promotions. A survey by Food Active³ found that 75% of 379 respondents in the North West of England 'Agree' or 'Strongly Agree' with restrictions on placement promotions.

¹ Obesity Health Alliance (2018). Out of Place

² Ejlerskov K, Sharp S, Stead S et al. *Supermarket policies on less-healthy food at checkouts: Natural experimental evaluation using interrupted time series analyses of purchases*. 2018. PLOS

³ Food Active (2019). Purchases of Price Promotions on Less Healthy Food and Drinks in the North West.

40. Do you currently use or do you know about any official definitions for these locations?

No.

For clarity, we would like to see official definitions fully described in the legislation to avoid loopholes that would allow for alternative location promotions. Ideally, we would like to see the policy also set restrictions of the location of HFSS products in store. In order to steer customers away from making impulse purchase decisions, all biscuits for example should only be available in the biscuit aisle, all confectionery in the confectionery aisle etc. In doing so, customers are making a purposeful decision to find and buy the product, therefore reducing the likelihood of unplanned purchases. Currently,



queue areas for self-checkout areas tend to be lined by HFSS products even if the manned checkouts are lined by healthier products.

41. Do you think there are other locations inside stores that the restrictions should apply to?

Yes.

Freestanding display units (FSDU) or equivalent should also be included in the policy. FSDUs include ladder racks, bin or basket-style units and bespoke branded point of sale units. A recent survey of five different supermarket chains with the biggest UK market share, by the Obesity Health Alliance, found that FSDUs are frequently used in supermarkets with Asda having 81 FSDUs on the day of the survey¹. 79% of the products in these FSDUs were products that contribute significantly to children's sugar intake. On average, 83% of the products in FSDUs present in all five supermarkets were products that contribute to children's sugar and calorie intake.

1. Obesity Health Alliance (2018). Out of Place

42. Do you think that the location restrictions should apply to all products (whether pre-packaged or non pre-packaged) which fall into the categories included in Public Health England's (PHE) sugar and calorie reduction programmes and in the Soft Drinks Industry Levy (SDIL), and are classed as high in fat, sugar or salt (HFSS)?

Applying the restrictions to food and drink categories currently falling under PHE's sugar and calorie reduction programmes and the SDIL would allow a number of categories to be void of the restrictions, despite potentially being HFSS. We appreciate that the food and drink categories in question contribute the most sugar and calories to children's diets, and based on robust evidence from the National Diet and Nutrition Survey, but they do not take into account other categories that would have a negative impact on public health, particularly products that are high in salt and saturated fat. Examples include cheese and butter (high in both salt and saturated fat) baked beans, stocks and gravies, all of which are major contributors of salt to children's diets. We know that an individual's preference to salt and salty foods is a learned behaviour that we acquire in childhood; therefore, it is imperative that we reduce promotion of these foods to ensure children eat as little salt as possible. Population-level salt reduction has been acknowledged by many health professionals, Public Health England and the World Health Organisation as one of the most cost effective measures countries can take to improve population health outcomes¹. A global study estimated that a 10% reduction in salt over 10 years would save 5.8 million disability adjusted life years each year that would otherwise be lost due to cardiovascular disease, at an average cost of \$204 per life year saved². Salt reduction was also mentioned in the Department of Health and Social Care³ report as a key area of importance.

It is therefore of the view of both Action on Salt and Action on Sugar that the restrictions are put in place for all categories of food currently within PHE's reformulation programme (sugar, calorie and salt reduction programmes, and the SDIL) to ensure that significant contributors of calories, fat, sugar and salt in children's diets are not excluded.

43. Do you think any other product categories should be included in these restrictions?

Yes.

We believe that all categories of food currently listed within PHE's reformulation programme (sugar, calories and salt reduction programmes, and the SDIL) should be included in these restrictions.



44. Do you think any of these product categories should not be included?

No.

The food and drink categories included in PHE's salt, sugar and calorie reduction programmes are products that contribute to children's excess salt, sugar and calorie intake.

Definitions

45. Do you think that the 2004/5 Nutrient profiling model (NPM) provides an appropriate way of defining HFSS products within the food and drink categories proposed for inclusion in this policy?

Yes.

The Nutrient Profile Model (NPM) used to class food and drinks as HFSS is an established and evidence based tool, which is understood, accepted and currently in use by the food industry for advertising purposes across the UK. With this in mind, using an existing tool that the food industry are already familiar with would make the restrictions easier to follow and adopt. Using a consistent approach across advertising and promotions would provide a greater incentive to manufacturers to reformulate their products to reduce overall calories, salt, sugar and saturated fat, enabling them to both advertise and promote their products without restrictions.

The NPM has undergone numerous reviews, the latest one taking place in 2018 with the recommendations published in a consultation to stakeholders and updates to be confirmed by Government. We strongly call on the Government to review this programme in due course with a view to extending it cover all products classed as HFSS and enable the latest version of the NPM to be used to ensure the restrictions reflect current UK dietary requirements.

46. Do you think that micro, small, medium and large businesses should be defined by how many employees they have, as defined in the EU recommendation 2003/361?

Yes.

47. Do you think we should consider other ways to define businesses apart from the number of employees, such as floor space/size or turnover?

No. The definition must consider employee numbers rather than floor space. Increasingly large supermarket brands are investing in smaller urban retail units and therefore have adequate resources to redesign store layouts to encourage healthier choices.

Businesses and products out of scope

Should the price restrictions apply to the business and products below?

48. Microbusinesses

In order to create a level playing field and ensure that the majority of the population benefits from this policy, we believe the restrictions should apply to all businesses regardless of size. Local authorities have highlighted that families on low incomes tend to shop at local, smaller outlets. If microbusinesses were excluded then the inequality gap in childhood obesity prevalence could be widened, as childhood obesity is associated with deprivation.

49. Specialist Retailers



We appreciate the price restrictions may be impractical for businesses that only sell products subject to the restrictions. The price promotions restrictions however should still apply to these types of businesses, to create a level playing field and ensure the majority of the population benefit from this policy.

50. Non-pre-packaged products

We believe the restrictions should apply to all packaged and non-packaged foods. HFSS products such as cakes, biscuits and pastries are often sold loose in retailers and with increasing consumer interest in reducing plastic waste, we could soon see an increase in packaging free products. To create a level playing field and ensure the policy's efficacy, the restrictions should apply regardless of how products are packaged.

51. Meal deals

We believe the restrictions should apply to meal deals targeted at children, in both retail and the out of home. Action on Salt recently surveyed salt levels in children's main meals¹, available at popular chain restaurants and fast food outlets operating across the UK. We found that 41% of meals had more than 1.8g of salt per portion which is the target level of salt for children's meals sold in the out of home sector, as set by Public Health England. Many of these meals were sold as part of a meal deal, with 18 of the 26 outlets (69%) surveyed offering a low cost meal deal to children, typically consisting of a main, side, dessert and drink. This incentivises the purchase of more food and therefore increases the total level of salt, calories and sugar sold to children.

¹ Action on Salt (2019). Salt Awareness Week 2019 Report: Salt levels in children's meals sold in the out of home sector

52. Price promotions in the out of home sector

We understand the Government's desire to avoid making it more expensive for families to eat out. However, we believe that excluding the out of home sector will create an unequal situation between retailers and the out-of-home sector (which typically has larger portion sizes and more energy dense food). This was seen with the salt reduction programme, whereby the out of home sector was typically left during its infancy, and as a result progress in salt reduction within this area was extremely slow, with salt levels now generally higher compared to in home¹. Given the increasingly large number of meals eaten out of the home, we encourage the Government to research the extent of price promotions in the out of home sector and their effect on calorie intake.

¹ Public Health England Salt Targets 2017: Progress Report. A report on the food industry's progress towards meeting the 2017 targets. December 2018

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/765571/Salt_targets_2017_progress_report.pdf

. Should the location restrictions apply to businesses and products below?

53. Very small stores

In order to create a level playing field and ensure that the majority of the population benefits from this policy, we believe the restrictions should apply to all businesses regardless of size. Local authorities have highlighted that families on low incomes tend to shop at local, smaller outlets. If these very small outlets were excluded then the inequality gap in childhood obesity prevalence could be widened, as childhood obesity is associated with deprivation.

54. Specialist retailers



We appreciate the location restrictions may be impractical for businesses that only sell products subject to the restrictions. The price promotions restrictions however should still apply to these types of businesses, to create a level playing field and ensure the majority of the population benefit from this policy.

55. Price promotions in the out of home sector

We understand the Government's desire to avoid making it more expensive for families to eat out. However, we believe that excluding the out of home sector will create an unequal situation between retailers and the out-of-home sector (which typically has larger portion sizes and more energy dense food). This was seen with the salt reduction programme, whereby the out of home sector was typically left during its infancy, and as a result progress in salt reduction within this area was extremely slow, with salt levels now generally higher compared to in home [1]. Given the increasingly large number of meals eaten out of the home, we encourage the Government to research the extent of location promotions in the out of home sector and their effect on calorie intake.

56. Are there any other businesses and/or products that should be out of scope of the price and location restrictions?

No.

Policy implementation

57. How much time would businesses need to prepare for implementation?

We support a 6-month timeframe for implementation, with up to a year for micro-businesses.

58. DHSC will provide guidance and methodology that will help businesses to know which products can or cannot be promoted. What additional support is needed to put this policy into practice?

Sufficient guidance and training to Local Authorities should be provided to help with enforcement and monitoring of these restrictions. Guidance should be provided to smaller businesses regarding the reconfiguration of store layouts to comply with the proposed restrictions.

59. Would these restrictions cause any implementation or other practical issues for particular businesses that we have not considered in this consultation?

n/a

60. Do you have any suggestions for how we can enforce the restrictions in a way that is fair to businesses?

Businesses adherence to the policy should be enforced by Local Authority enforcement teams. Local Authorities should be appropriately funded and trained for this role. The policy should include details of the penalties that would result as a result of non-compliance.

Funding should be made available to NGOs or universities to conduct surveys in order to monitor compliance, with monitoring reports provided to local authorities.



Equalities assessment questions

To assess the potential impact of the policies proposed in chapter 2 of the government's childhood obesity plan against the government's duties under the Equality Act 2010 a separate equality analysis has been produced. You can access this on the main consultation page on GOV.UK

76. Do you think that the proposed policy to restrict promotions of HFSS products by location and by price is likely to have an impact on people on the basis of their age, sex, race, religion, sexual orientation, pregnancy and maternity, disability, gender reassignment and marriage/civil partnership?

No

77. Do you think that any of the proposals in this consultation would help achieve any of the following aims: - Eliminating discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010 - Advancing equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it? - Fostering good relations between persons who share a relevant protected characteristic and persons who do not share it?

No.

78. If you answered no to the previous question, could the proposals be changed so that they are more effective?

No.

79. Do you think that the proposed policy to restrict promotions of HFSS products by location and by price would be likely to have an impact on people from lower socio-economic backgrounds?

These regulations will benefit people from lower socioeconomic backgrounds. Evidence shows that higher income groups purchase more on promotion as a proportion of their overall food basket than lower income groups¹. Promotions generally cause people with less money to spend more, due to triggering impulse purchasing, while promoting overconsumption.

The restrictions proposed in this consultation target the unhealthiest foods and drinks that are associated with excess sugar and calorie consumption. The restrictions will not apply to healthier staple foods.

Those living in more deprived areas are more likely to be obese than those living in less deprived areas, and this gap is widening². A fifth of children enter primary school overweight or obese, and a third leave primary school overweight or obese³. Obese children are five times more likely to become obese as adults⁴, increasing their risk of ill health. Therefore, failing to implement restrictions on promotions will impact those from lower socio-economic backgrounds the hardest.

¹ Cancer Research UK. "Paying the price: New evidence on the link between price promotions, purchasing of less healthy food and drink, and overweight and obesity in Great Britain". Timothy Coker, Harriet Rumgay, Emily Whiteside, Gillian Rosenberg, Jyotsna Vohra. 2019.

² National Statistics. Health Survey for England 2017. Available from: <https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2017-2018>.

³ National Statistics. National Child Measurement Programme, England - 2017/18 School Year. Available from: <https://digital.nhs.uk/data-and-information/publications/statistical/national-child-measurement-programme/2017-18-school-year-2018>.



⁴ Simmonds, Llewellyn, Owen, Woolacott. Predicting adult obesity from childhood obesity: a systematic review and meta-analysis. *Obesity Reviews*. 2016;17(2): 95-107.

Further points

80. Is there anything else that you would like to tell us or any more information that you would like to provide for this consultation?

Consensus Action on Salt, Sugar & Health is the collective charity for Action groups Action on Salt & Action on Sugar.

Action on Salt is an organisation interested in reducing the salt intake of the UK population to prevent deaths, and suffering, from heart disease, stroke, kidney disease, osteoporosis, stomach cancer and obesity.

Action on Sugar is a group of experts concerned with sugar and obesity and its effects on health. It is working to reach a consensus with the food industry and Government over the harmful effects of a high calorie diet and bring about a reduction in the amount of sugar and fat in processed foods to prevent obesity and type 2 diabetes.

Action on Salt and Action on Sugar campaign to encourage food manufacturers to slowly and gradually remove salt and sugar from their products to improve their nutritional profile, in turn enabling consumers to buy healthier products without having to change their purchasing behaviour. However, until this is done in all products, we must look towards creating an environment that educates and encourages healthier eating behaviours among the public, including consistent and transparent front of pack labelling and restrictions on marketing, promotions and advertising of foods high in fat, salt and sugars (HFSS).

We welcome the Department of Health and Social Care's consultation on restricting the promotion of unhealthy food and drink and strongly support mandatory measures to restrict promotions. Previous voluntary initiatives, under the Public Health Responsibility Deal, have failed and so legislation is now required.

The food and drink we now consume is the biggest cause of premature death and disability in the UK and represents a huge burden on the NHS. Poor diets contribute significantly to the onset of heart disease, stroke, type 2 diabetes and some types of cancer. Diets high in salt, fat and sugar and low in fruit and vegetables account for around 30% of all coronary heart disease, while 5.5% of all cancers in the UK are linked to excess bodyweight. High blood pressure in particular is linked to heart disease, the biggest risk factor for which is a high salt intake. In addition, the very large amounts of calories from fat and sugar in foods that only give a transient feeling of fullness or satiation are responsible for the worldwide obesity and type 2 diabetes pandemic. In the UK, 67% of men and 57% of women are either overweight or obese. More than one in three (34.2%) children aged 10 to 11 have a weight status classified as overweight or obese. Sugar also causes tooth decay.

The UK's current obesity crisis is complex and the result of several factors. While a single intervention cannot be effective, restriction on promotions of unhealthy food and drink would be an important step in addressing the obesogenic environment. Creating healthier environments, which enable the public to locate healthier options easily, can contribute to reduction in the UK's obesity rate, improvement of health outcomes and a reduction in the incidence of preventable cancers. It is therefore extremely important that such proposals to restrict promotions on HFSS food and drink be



applied to all of the Governments current reduction and reformulation programmes, including salt reduction, calorie reduction, sugar reduction and the SDIL.

An important factor to bear in mind when placing these restrictions is considering what retailers will be promoting instead. While not related to childhood obesity, alcohol consumption is a leading factor for ill health in the UK and those from more deprived backgrounds are more likely to suffer from alcohol-related harm [1]. We would therefore not want to see an increase in the promotion of alcohol in stores as a result of the proposed restrictions. Minimum Unit Pricing has been introduced in Scotland, and is still under review for implementation across England and Wales [2]. It's too early to assess the impact of minimum unit pricing in Scotland, as it was only introduced in May 2018. Alcohol sales are increasing across the UK, but NHS Scotland found that between May and December 2018, the increase in sales in Scotland was lower than the increased sales in England and Wales [3].

There are currently no restrictions on where in store alcohol can be sold. Some retailers do display alcohol in store entrance areas, particularly at specific times of year (Christmas, Valentines, Mother's Day etc) and so the policy must be closely monitored to ensure that HFSS products are not replaced with alcohol products in the key selling locations.

[1] Public Health England (2016). The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies An evidence review

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/733108/alcohol_public_health_burden_evidence_review_update_2018.pdf

[2] House of Commons Library (2018). Briefing paper – Alcohol: minimum pricing
<https://researchbriefings.parliament.uk/ResearchBriefing/Summary/SN05021>

[3] NHS Health Scotland (2018). Six months on from the implementation of MUP, what can we say about changes in alcohol sales in Scotland?
http://www.healthscotland.scot/media/2289/mupevaluation_alcoholsales6months.pdf

One additional note for question 46 - we believe micro, small, medium and large businesses should be defined by how many employees they have. However the policy should define franchised business size by the number of staff across all franchised outlets. Many fast food businesses, in addition to retailers based at travel hubs, operate under a franchise business model and without this definition they could be exempt.