Joint Response from Action on Salt & Action on Sugar to the Prevention Green Paper – *Advancing our health: prevention in the 2020s*

Action on Salt
Action on Salt (formerly Consensus Action on Salt & Health, CASH) is an organisation supported by 24 expert members and working to reduce 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
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, type 2 diabetes and tooth decay.

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

Reformulation
We urgently need robust and transparent reformulation programmes, which benefit the health of the whole population but especially those from lower socioeconomic backgrounds. Salt, sugar and calorie consumption levels tend to be highest in the most deprived areas and levels of obesity are highest in children from lower income groups[1,2]. A high salt diet is linked to high blood pressure, cardiovascular disease, kidney disease and osteoporosis and a high sugar intake is linked to type 2 diabetes, tooth decay and obesity[3,4].

Current reformulation programmes have seen poor progress, with the sugar reduction programme achieving just a 2.9% reduction in average sugar (sales weighted) content of the main contributors to children's sugar intake between 2015 and 2018[5]. Similarly, an analysis of industry progress towards achieving the 2017 salt reduction targets found that almost half (48%) of average targets had not been met[6]. We have responded separately regarding plans to set new salt reduction targets in 2020.

Strong leadership is also required. With regards to the sugar reduction programme, we predicted that giving the industry free reign to reduce sugar however they please – rather than with gradual and undetectable decreases – would likely result in new highly marketable '30% less sugar' products. We also predicted that these products would be heavily promoted alongside the full-sugar product lines to bring consumers to the category and imply a misleading 'healthiness'. A 30% reduction is very noticeable by any customer, especially when dramatically signposted, and creates customer expectation of a healthier, lower calorie and less sweet product. This impacts on their decision making about how much to consume and how frequently, their perception of how much they will enjoy that product, and will only have limited appeal in a population not overly concerned with their health. Furthermore, companies are unwilling to reformulate their full-sugar products, as the '30% less sugar' products would then lose their apparently appealing '30% less' status.

Our predications were proven to be correct. The 2019 progress report found the SWA/100g sugar in the chocolate confectionary category decreased by only 0.3% and we saw an influx of 'healthier' products to the market, including Dairy Milk '30% less sugar'. Mondelez said they did not want to reformulate their main product due to 'business risk'. However, if provided with leadership and

guidance, Mondelez could have successfully reduced the sugar content of many of their products by using the 30% reduced version in their Freddo, Roses, Crunchie and Fudge products, in addition to seasonal lines such as Easter eggs, Halloween and Christmas products, without advertising this to customers. This could have been accompanied by a slower, gradual reduction in sugar in the full-sugar Dairy Milk. This gradual process of reformulation over several years was the basis of the UK's initially successful salt reduction programme, and Nestlé adopted this process in reducing the sugar content of their leading lines.

A calorie reduction plan was announced as part of Chapter 1 of the Childhood Obesity Plan, aiming to reduce calories in foods that contribute significantly to children's calorie intakes. Target setting meetings were held in October 2018 but the plan has still not been implemented. If we are to be truly effective in tackling obesity, calories must be reduced alongside sugar and salt. DHSC must release the targets immediately.

More resources are required for Public Health England (PHE) to adequately and transparently monitor companies in their reformulation efforts, especially companies in the out of home sector. Currently PHE are focused on larger chains but with 167,520 small and medium companies in the UK's accommodation and food services sector[7], the approach must be scaled up.

If the food industry continues to make poor progress with voluntary measures, a mandatory approach should be considered. Such a mandatory approach would have support from many food companies - the British Retail Consortium (BRC) has called for mandatory reformulation targets, as its members want a level playing field where all companies are expected to comply, not just the responsible few[8]. Feedback from manufacturers and companies in the out of home sector, such as The Breakfast Club, Costa and Whitbread, also reflects that mandatory targets are the preferred option. Mandatory policies would also have an effect on reducing inequalities, particularly with salt reduction.

Comprehensive reformulation programmes also have the support of the public. The majority of the public think the food industry should do more to reduce sugar, saturated fat and salt from processed foods - 76 per cent, 70 per cent and 72 per cent respectively[9].

<u>Taxes</u>

Given the demonstrated success of the Soft Drinks Industry Levy (SDIL), we recommend the extension of the levy to milk-based drinks as originally intended. Milk-based drinks currently enjoy a 'health halo' despite posing a risk to oral health due to high sugar content. Revenue from the SDIL must be ring-fenced and directed towards improving children's health. The SDIL was launched as a hypothecated tax and it is unacceptable that this promise has been revoked[10]. Transparency from the Treasury and the Department of Education in their spending of this revenue is vital.

We strongly recommend that the SDIL be expanded to cover other high-sugar categories, given poor progress with voluntary measures. The threshold should be decreased as the majority of companies have reformulated soft drinks to sit just below the 5g/100g threshold, and the rate of tax applied is raised to reflect inflation increases each year, similar to tobacco taxation, to further incentivise sugar reduction across sugar-sweetened beverages.

We also recommend the introduction of an energy density levy on all calorie dense processed foods that meet an agreed criteria set by government. This would encourage product reformulation to reduce both fat, in particular saturated fat as recommended in the new guidance from the Scientific

Advisory Committee on Nutrition (SACN)[11], as well as sugar in unhealthy products. Fat is a bigger contributor to calories in unhealthy products than sugar and therefore essential that manufacturers are encouraged to reduce both in order to tackle the UK's obesity crisis. The levy would ensure companies are held to account if they make processed unhealthy food with excessive calories as part of a comprehensive set of measures to encourage them to develop healthier, lower calorie products. This can help reduce the excessive calorie intake at a population level, which is currently contributing to the rise in childhood obesity. Compared to those with ideal body weights, overweight and obese children consume between approximately 140 and 500 excess kcals per day[12]. Funds raised from the levy must permanently be ring-fenced to go towards improving children's health by investing in the reduction of childhood obesity and the Treasury should be transparent about the spending of such funds.

Following our exit from the European Union, we strongly support Professor Dame Sally Davies' call for an urgent review of VAT rates on food and drink[13]. Healthy food must not be more expensive than unhealthy food and therefore VAT should not be applied to healthy food, but be consistently applied to unhealthy food and free from confusing, inconsistent and meaningless caveats such as a gingerbread man with chocolate trousers having 20% tax applied compared to a gingerbread man with no chocolate trousers but chocolate eyes being charged 0%. A tiered approach should be considered, with the higher rate of VAT on the unhealthiest products subsidising healthy food.

<u>Labelling</u>

Front of pack colour coded labelling must be made mandatory if we are to have transparency, scrutiny and enable consumer choice across all income levels. We recommend that alongside this the Department of Health and Social Care invest in an education programme to increase public understanding of nutrition labelling.

Packaging, particularly for children's products, must be honest and factual and must not mislead consumers. We have highlighted some examples of misleading packaging but these claims and statements are prevalent across the board:

- Nesquick – 'Nutri-start' graphic is used on front of pack to highlight the mineral and vitamin content of the product, and a cartoon rabbit to highlight that the product is suitable for children. However, one serving - as prepared, adhering to the manufacturers instructions - would contain 20g of sugar which is more than the maximum daily intake for a 4-6 year old.
- Organix Goodies Raspberry & Apple Soft Oaty Bars – packaging states 'organic' and a 'no junk promise' but this product contains 25.9g of sugar per 100g, with 7.8g per bar
- Fruit Bowl Strawberry Peelers – packaging states '1 of your 5 a day' and 'made with real fruit' but as this is a processed product the fruit sugars are classed as free sugars, with 9.3g per peeler which is around half of the recommended maximum daily intake for a 4-6 year old

<u>Price promotions</u>

DHSC has previously consulted on restrictions on price and location promotions of unhealthy products but we are yet to see the outcome of this consultation. The consultation only aimed to cover categories included in the sugar and calorie reduction programmes. The omission of categories covered by the salt reduction programme is concerning, given the impact of salt on population health.

As stated in our consultation response, we strongly support the mandatory restriction of all price and location promotions on ALL HFSS products in all outlets where food and beverages are sold. If

price promotions were shifted to healthy products, social care savings of £410 million and an additional £80 million of economic output would be generated due to reduced mortality[14].

Frustrated by the lack of action from DHSC, the Scottish government have since announced they will be restricting price and location promotions. Likewise, some retailers have taken matters into their own hands and ceased multi-buy offers, and now feel they are at a competitive disadvantage should others not follow suit.

Marketing and advertising

DHSC has previously consulted on advertising and marketing restrictions of HFSS products but we are yet to see the outcome of this consultation. Advertising manufactures choice and the storytelling employed by brands to market HFSS products to the public, including children, creates an environment where HFSS products are desirable and more nutritious food is relegated to lower status.

The consultation on these plans was delayed until March 2019, and suggested several options which did not include a comprehensive 9pm watershed, which in itself would not go far enough to protect both adults and children from the ubiquitous advertising and marketing of HFSS products. Government should be prepared to put the health of the nation above industry profit, and implement a ban on HFSS advertising and marketing. Again, the consultation suggested that only categories included in the sugar and calorie reduction programmes would be included. The omission of categories covered by the salt reduction programme is concerning, given the impact of salt on population health, and we called for all HFSS products to be covered.

Sponsorship by HFSS products/brands is a major issue. The new England and Wales Cricket Board format The Hundred is sponsored by eight different brands of KP Snacks – salty and calorific products that are contributing to the current obesity epidemic in the UK. Cadburys has formed a partnership with the National Trust, which involves sponsorship of the Trust's annual Easter Egg hunt. Cadburys have also formed a partnership with Age UK to raise awareness of loneliness, promoting Dairy Milk as a solution to loneliness in the process.

The London Mayor Sadiq Khan demonstrated bold leadership in banning all HFSS advertisements from the Transport for London network[15]. City mayors across the country should be encouraged to follow the London Mayor's example and implement similar bans across their transport networks, but with stricter guidelines to prevent loopholes. Coca-Cola is still able to advertise extensively across TfL by using recycling as a theme to bypass the restrictions on using brand value adverts.

In June 2018 the consultation for the revised Nutrient Profiling Model (NPM) closed and over a year later there has been no action. The revised NPM would introduce up to date figures for fibre, calories, saturated fat and salt, as well as the introduction of free sugars to replace total sugars. This revised model would influence the number of products allowed to be marketed to children, including fruit based gummy snacks that are advertised as healthy with 'naturally occurring sugars' despite being all free sugars, deceiving parents looking for a healthy choice.

Healthy Start welfare food scheme

The Healthy Start Scheme offers vouchers which can be used on milk, fresh or frozen fruit and vegetables and first infant formula for the benefit of pregnant under-18s, low-income pregnant women and families with children under 4 years old. Despite this, in recent years the scheme has

struggled for a number of reasons: Government spending on the scheme has decreased, it is not adequately promoted, the value of the food voucher has not been adjusted to keep up with food price inflation and the application process is flawed. Crucially, the scheme also offers no support for breastfeeding. We recommend that DHSC review the First Steps Nutrition Trust's recommendations on how the Healthy Start Scheme could be improved and made fit for purpose[16].

Town planning

Unhealthy food is more readily available and accessible than healthy food. Fast food outlets have been increasing over the years, with more fast food outlets being available in areas with a higher level of deprivation. There is a growing body of evidence on the association between exposure to fast food outlets and obesity[17-20].

Those who are less mobile, either due to age, physical disability or lack of transport, whilst also living in 'food deserts' (areas without many food stores), may find it more difficult to access healthy, affordable food, with local stores often supplying more expensive products and not fresh fruit and vegetables[21].

We strongly recommend restrictions on takeaway outlets allowed in an area, incorporating measures suggested by the Royal Society of Public Health (RSPH)[22]:

- Planning restrictions within 400m of all primary and secondary schools
- A ban on unhealthy fast food discounts for children
- Improvements to green spaces
- Improved accessibility to active travel to and from school, including cycle storage at schools

We also strongly support all measures put forward in the independent report from CMO Professor Dame Sally Davies – *Time to Solve Childhood Obesity*[13].

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Do you have any ideas for how the NHS Health Checks programme could be improved?

We strongly recommend that resource and funding be directed to preventive programmes, such as salt reduction. The UK's salt reduction programme achieved a 15% reduction in population salt intake between 2003 and 2011, a corresponding reduction in average population blood pressure and a drop in stroke and heart attack deaths[1].

NHS Health Checks should have a stronger focus on prevention, offering recommendations to prevent high blood pressure or high cholesterol regardless of outcome of the health check. Recommendations to all women of childbearing age should highlight the importance of folic acid and the need to take a folic acid supplement to prevent neural tube defects. While official advice on folic acid supplementation exists, supplements may not be taken early enough, particularly if the pregnancy is unplanned. This increases the risk of an NTD-affected pregnancy. The problem is more prevalent amongst adolescent women, less well-off families and in deprived areas[2].

To enable healthcare professionals to offer evidence-based advice on nutrition, we recommend better nutrition education for doctors and other non-nutrition allied health professionals. It has been well documented that nutrition training for doctors is inadequate – currently, just a maximum of 25 hours of a medical degree is focused on evidence-based nutrition[3]. There is also a huge disparity in the quality of this nutrition education. For example, the University of Dundee ensure that a team of Registered Dietitians and Registered Nutritionists deliver evidence-based nutrition to medical students but this is an exception, not the rule. While we recognise the medical curriculum has to cover a range of subjects, given the impact of nutrition and the current diet on health in the UK, and that doctors are the first port of call for many people, doctors must have more exposure to nutrition science. This would enable doctors and nurses to offer better advice but also recognise their scope of practice and better understand when patients should be referred to a Registered Dietitian (disease management) or a UKVRN Registered Nutritionist (healthy eating advice and disease prevention).

The UK has an ageing population and to better manage the cost to society and the NHS, Health Checks should not stop at 74 years. Everyone should be encouraged and advised on how to live a healthier life.

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How can we do more to support mothers to breastfeed?

The UK has one of the lowest breastfeeding rates in the world[1]. Breastfeeding is important for ensuring children have a healthy start in life. It is known to reduce the risk of a range of infectious and non-communicable diseases and breastfeeding is associated with a 13% reduction in child overweight or obesity[2-4]. However, if we are to increase breastfeeding rates, societal change is required.

Recommendations:

- Develop a National Infant Feeding Strategy/implementation plan to increase initiation and continuation of breastfeeding that sets and monitors breastfeeding targets and ensures local breastfeeding support is delivered to mothers.
- Implement the Unicef UK Baby Friendly Initiative across all maternity, health visiting, neonatal and children's centre services.
- Protect babies and their families from harmful commercial interests by enforcing the International Code of Marketing of Breastmilk Substitutes.
- Develop education programmes for schools to be delivered to both boys and girls, to normalise breastfeeding in our society

We welcome Government's commitment to reinstate the Infant Feeding Survey, to measure breastfeeding rates and infant feeding habits and assess the impact of the actions taken on infant feeding. We recommend that this survey takes place at suitable intervals for a minimum of 6 months in line with the WHO recommendation that children are breastfed for a minimum of 6 months.

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

<u>Reformulation Programmes</u>

The health of children is fundamental to short- and long-term population health. Robust and transparent reformulation programmes are required to reduce salt and sugar intakes in the UK. Dietary habits in childhood and adolescence influence eating patterns in later life. Liking salty and sugary foods is a learned taste preference and the recommendation that the adult population reduce their salt and sugar intake will be more successful if children do not develop a preference for

salt and sugar in the first place. This can only be achieved if children are given a diet which is low in salt and sugar[1,2].

This is crucial for future health, as defined by the Barker hypothesis, which states that poor nutrition in early life and even prenatally increases risk of obesity, diabetes, hypertension and associated complications such as coronary heart disease and stroke[3].

The out of home sector (OOH) needs closer scrutiny and strict guidelines, particularly for children's food. Food and beverages sold in OOH are higher in calories, sugar and salt than food purchased in the retail sector and, although there are voluntary targets for children's meals served in OOH (which are difficult to monitor) there are currently no mandatory guidelines. The 2017 Food and You Survey revealed that 82% of households with children want more information on healthy options available for children when eating out[4].

Given the demonstrated success of the Soft Drinks Industry Levy (SDIL) we recommend the extension of the levy to milk-based drinks, which currently enjoy a 'health halo' despite their high sugar content, and the ring-fencing of money for local authorities to use on a set criteria for improving children's health. Transparency from the Treasury and the Department of Education in their spending of this revenue is vital. We also recommend extension of the tax to other high-sugar categories and the escalation of the tax, with a lowered threshold and increases to the tax rate, at least in line with inflation.

The Change4Life programme is a useful public health awareness raising platform that has encouraged the UK public to 'eat well, move more and live longer' since 2009. While the messages in recent years are primarily focused on reducing childhood obesity, it is important to highlight other important areas of public health concern. A high salt intake in childhood raises blood pressure, just as it does in adults, which increases the risk of developing cardiovascular disease later in life. Public concern of salt levels in food are falling[5], therefore salt reduction messaging must be included within PHE's public awareness programmes to raise awareness of salt, be it through the Change4Life campaign or through a new public awareness campaign on the need for salt reduction
PHE must have more flexibility and agility in their approach to baby and infant foods to spot emerging trends that have the potential to become the norm – for example pouches with nozzles that are detrimental to oral development or vegan foods that contain high levels of salt and fat.

<u>Labelling, Advertising and Marketing</u>
Labelling on children's food is misleading. Health claims and statements on pack imply products are healthier than they are which is giving parents a false sense of security. Many weaning products claim to be suitable for babies aged four months and above, despite clear guidance that babies should not be introduced to complimentary food until six months[6].

We have highlighted the following examples, although there are many more products which employ similar methods of marketing:

- Ella's Kitchen Brocolli, Pears and Peas. The product also has a nozzle but the packaging does not display a warning that babies and infants should not be left with the product unattended and that using the nozzle to eat the product is detrimental to oral development
- Kiddylicious Strawberry and Smoothie Melts claim to be '1 of 5 a day', yet contains 70% free sugars
- Marmite Toddler Rice Cakes claim to have 'no nasties' but contains added salt and has 1.1g/100g

– Heinz Apple and Blackcurrant Juice 500ml, which claims to be suitable for babies 6 months+ is made of fruit juice from concentrate and contains 4.7g sugars/100ml. NHS guidelines however state that babies under 12 months do not need fruit juice or smoothies and their main source of hydration should come from water or milk.

Many products claim to be low in sugar but are in fact using other forms of sugar – for example, Kellogg's No Added Sugar Granola has date sugar. Replacing sugar i.e. sucrose with sugar alternatives such as honey, date syrups, molasses and sugar replacers is **one way** the food and drink industry can appear to have reduced the 'sugar' content of some products by removing sugar from the ingredients list. However, these often misleading alternatives are mostly just 'sugar in disguise' and often won't reduce the sweetness of the product, or even the calorie content. These sugar alternatives are often used to imply other health benefits, albeit misleadingly. Honey, for example, is typically thought of as a healthier sugar alternative, and has 8 proposed claims listed on the European Union Register of nutrition and health claims register, such as 'Helps support and maintain a healthy digestive system' and 'Flavonoids contained within the honey contribute to the microbial balance in the body organs and tissues'. None of these claims have been approved, due to lack of scientific evidence[7].

Ultimately, honey and syrups are still a free sugar and can contribute to tooth decay, particularly when widely used in processed foods. Our recent survey of honey and syrups found honey can be up to 86% free sugars while maple syrup can be made of 88% free sugars[8].

All out of home food and beverages should be required, at a minimum, to display the nutritional content of their products online, but ideally at the point of sale. This will create accountability and necessary transparency. Grants and bursaries should be made available to small and medium companies to enable nutritional analysis.

Products that are high in fat, salt and sugar (HFSS) should not be allowed to be marketed or advertised to children with the use of cartoon characters or illustrations. Our recent survey of all products which use cartoon animations on pack to appeal to children found that half (51%) were HFSS. Cartoon animations signal to parents that the product is suitable for their child but in reality, brands are manufacturing choice, encouraging pester power and excessive consumption[9]. We recommend the removal of brand, TV and licensed characters from ALL HFSS products.

Sponsorship by HFSS products/brands is a major issue. The new England and Wales Cricket Board format The Hundred is sponsored by eight different brands of KP Snacks – salty and calorific products that are contributing to the current obesity epidemic in the UK. Cadburys has formed a partnership with the National Trust, which involves sponsorship of the Trust's annual Easter Egg hunt. Cadburys have also formed a partnership with Age UK to raise awareness of loneliness, promoting Dairy Milk as a solution to loneliness in the process.

The London Mayor Sadiq Khan demonstrated bold leadership in banning all HFSS advertisements from the Transport for London network[10]. City mayors across the country should be encouraged to follow the London Mayor's example and implement similar bans across their transport networks but with stricter guidelines to prevent loopholes. Coca-Cola is still able to advertise extensively across TfL by using recycling as a theme to bypass the restrictions on using brand value adverts. Mr Khan also introduced free water drinking fountains across the country, which similarly should be introduced across the country to allow children access to water.

In June 2018 the consultation for the revised Nutrient Profiling Model (NPM) closed and over a year later there has been no action. The revised NPM would introduce up to date figures for fibre, calories, saturated fat and salt, as well as the introduction of free sugars to replace total sugars. This revised model would influence the number of products allowed to be marketed to children, including fruit based gummy snacks that are advertised as healthy with 'naturally occurring sugars' despite being all free sugars, deceiving parents looking for a healthy choice.

More Guidance Required

The nutritional quality of all foods marketed to children must be strictly regulated and should be a priority for all, especially food companies and the Government. To ensure products marketed to children are suitable, they should require pre-approval from a registered nutrition professional before they come on to market.

Evidence-based guidance in the form of accessible resources for parents on healthy eating practices for children should be made available via pharmacies, health visitors and GP surgeries to help parents ensure their child's diet is healthy. Currently, parents are misled by marketing and advertising - particularly children's characters and misleading statements and claims on packaging. Furthermore, Children's energy requirements are high, and they often need to eat regularly to fulfil this whilst taking into account their small stomachs, but the food industry have exploited this and created an unhealthy snacking environment, creating foods which are heavily marketed to parents and typically high in sugar and often salt.

Our approach to 'treats' has also reached a stage where treat-style foods are offered on a daily basis. The Government must provide clear definitions of treats and acceptable snacks and disseminate this to food companies and nurseries. Treats should be redefined to include trips to parks, which would help ensure adequate physical activity levels.

Nurseries should be provided with guidance and targets to improve the quality of their overall menus, not just snacks. While we acknowledge PHE have developed sample menus to guide nurseries, these have not been promoted widely[11]. We support Professor Dame Sally Davies' call that food, drink and activity standards should be set and adhered to in all nurseries and schools, which should be supported by Ofsted monitoring[12].

Portion size guidance for both children and adults is confusing and not communicated to the public. Resources and funding must be directed towards public awareness campaigns, which raise awareness of portion sizes. Clear guidance on portion sizes must be provided to OOH and factored in to chef training schemes.

Free school meals

As highlighted in the independent report from Professor Dame Sally Davies, children have the right to a healthy life but the gap between the most and least deprived groups has widened over the past ten years. Currently more than half of all primary school children miss out on a healthy school meal, many for reasons of poverty. Free school meals have been shown to improve health and tackle health inequalities[13]. We strongly recommend that government require all schools to provide every primary school child a free and healthy school meal each day. In addition, nurseries should provide healthy breakfasts to pre-school children.

Encourage Industry Initiatives

Alongside increased guidelines for the food industry, we would like to see more encouragement of industry initiatives to help their customers live healthier lives, as part of their corporate social responsibility programmes. A national catering company with around 750 sites recently implemented an initiative to provide fresh and nutritionally balanced meals to children in inner-city schools and increase their knowledge of where food comes from and how to cook. This was delivered via kitchen gardens, educational assemblies, tasting tables, family cookery classes and educational marketing campaigns. This led to a large increase in uptake of school meals.

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

Calorie Reduction Plan

The Calorie Reduction Programme, announced in the Childhood Obesity Plan in 2016, must be implemented and the entire food industry must be engaged in these reformulation efforts. Current plans indicate the Programme will only cover savoury contributors of calories to the diet but the Sugar Reduction Programme, which specifies 'sugar reduction should be achieved without increasing the level of saturated fat within a product and, where possible, be accompanied by calorie reduction' does not go far enough in reducing the calorie content of sweet products. Our recent study showed that when compared to sugar reformulation alone, fat and sugar reformulation could result in a much larger reduction in excess calories to reduce obesity[1]. Therefore, categories covered by the reformulation programmes should be re-assessed and expanded. Industry targets must be closely monitored and include yearly reports to assess progress.

Implement Plans to Restrict Price/Location Promotions, Marketing and Advertising

The Government has previously consulted on plans to restrict price and location promotions for HFSS products along with the restriction of marketing and advertising of HFSS products, and must now commit to comprehensive restrictions to protect both children and adults from our current obesogenic environment.

Evidence suggests that calorie labelling in the out of home sector can help reduce the number of calories that people consume[2]. Calorie labelling in the out of home sector would bring food eaten in pubs, cafes, takeaways and restaurants more in line with food labelling in the retail sector, supporting people to make an informed choice about all the food they eat. We want to see the Government fully implement this policy with no exemptions.

In June 2018 the consultation for the revised Nutrient Profiling Model (NPM) closed and over a year later there has been no action. The revised NPM would introduce up to date figures for fibre, calories, saturated fat and salt, as well as the introduction of free sugars to replace total sugars. This revised model would influence the number of products allowed to be marketed to children, including fruit based gummy snacks that are advertised as healthy with 'naturally occurring sugars' despite being all free sugars, deceiving parents looking for a healthy choice.

Public health funding

Local authorities need sustainable funding to address obesity in their area. Cuts and lack of investment mean the current public health grant is £850 million lower in real terms than initial allocation in 2015/16, leading to vital services being cut or reduced. The annual total funding gap for local authorities is £5 billion and growing[3-7].

We welcome the real terms increase to the Public Health Grant budget in the September 2019 Spending Round, which will ensure local authorities can continue to provide prevention and public health interventions. This is a positive step in the right direction, although further detail is needed on what that entails.

Education

Nutrition education – covering everything from breast-feeding to maintaining a healthy weight – must be delivered to all schoolchildren, to normalise and instil healthy practices. On a population level, public awareness campaigns must be prioritised to increase awareness and understanding of healthy choices and nutrition labelling.

However, it's not just children who need more education on healthy diets and healthy weight. 'Obesity denial' is on the rise, with not only parents but also many healthcare professionals and non-nutrition professionals denying there is a problem. We must highlight the lived experience of obesity and continue to highlight the evidence around the causes of obesity, without stigma or over-simplification. Obesity must continue to be addressed as a population issue, reinforcing the link between psychology, the food and built environment and body weight[8].

Delivery companies

Delivery services such as Deliveroo and Uber Eats also have a role to play. They influence consumer choice by making it easier for consumers to eat unhealthy food and increasing the amount of HFSS advertised to children, particularly to those in the most deprived communities.

An investigation by the Panorama programme showed that disruptor businesses such as Deliveroo often subvert planning laws and seem to operate outside of the legislative barriers of other food companies. Deliveroo was found to promote party buckets to poorer postcodes with higher levels of obesity, compared to sushi and noodles being promoted to more affluent areas with lower levels of obesity, further limiting the access to nutritious foods at affordable prices to those in the poorer postcodes[9]. These delivery services undermine the work done by local authorities to reduce the amount of fast food outlets being opened by allowing easy access to unhealthy food.

Aggregators such as Just Eat should anonymously share purchasing data with Public Health England and researchers to analyse purchasing behaviour and typical intakes of salt, sugar and fat from meals ordered through delivery companies.

Town Planning

Unhealthy food is more readily available and accessible than healthy food. Fast food outlets have been increasing over the years, with more fast food outlets being available in areas with a higher level of deprivation. There is a growing body of evidence on the association between exposure to fast food outlets and obesity[10-13].

Those who are less mobile, either due to age, physical disability or lack of transport, whilst also living in 'food deserts' (areas without many food stores), may find it more difficult to access healthy, affordable food, with local stores often supplying more expensive products without a lot of fresh fruit and vegetables on offer[14].

We strongly recommend restrictions on takeaway outlets allowed in an area, incorporating measures suggested by the Royal Society of Public Health (RSPH)[15]:

- Planning restrictions within 400m of all primary and secondary schools
- A ban on unhealthy fast food discounts for children
- Improvements to green spaces
- Improved accessibility to active travel to and from school, including cycle storage at schools

Physical Activity

Physical activity must be promoted, in line with the CMO report[16]. Workplaces can encourage active lunch breaks and walking meetings while larger companies can go a step further and offer free blood pressure and weight checks. Workplaces with on-site canteens must adhere to Government Buying Standards.

Communities

Community spaces should be used more for exercise classes and further funding should be provided to community garden projects to enable them to host cooking sessions and vegetable growing clubs. Cities should also be encouraged to participate in projects such as Sustainable Food Cities and Veg Cities.

Encourage Industry Initiatives

Alongside increased guidelines for the food industry, we would like to see more encouragement of industry initiatives to help their customers live healthier lives, as part of their corporate social responsibility programmes. A national pub chain with more than 850 outlets recently implemented an initiative to reduce overconsumption by introducing smaller portions at lower prices. This took place alongside work to reduce salt and sugar content across their menus. As a result, overall sales increased, and salt and sugar content was reduced by more than 20% in two years.

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There are many factors affecting people's mental health. How can we support the things that are good for mental health and prevent the things that are bad for mental health, in addition to the mental health actions in the green paper? Have you got examples or ideas about using technology to prevent mental ill-health, and promote good mental health and wellbeing?

Obesity is a leading risk factor for several diseases including type 2 diabetes, cardiovascular disease and cancer but obesity can also lead to bias and stigma from educators, employers, health professionals, the media, friends and family[1-5]. Obesity stigma is associated with increased depression, anxiety and decreased self-esteem. It can also lead to disordered eating, avoidance of physical activity and avoidance of medical care[6]. Studies indicate that school-aged children with obesity experience a 63% higher chance of being bullied which can lead to depression, low self-esteem, poor body image and even suicide[7].

Over-simplifying the causes of obesity and implying that easy solutions will lead to quick and sustainable results – for example, "eat less, be more active" – contribute to weight bias and can set unrealistic expectations, masking the challenges people with obesity can face in changing behaviour. Current policies must be strengthened, accelerated and made transparent, for the benefit of both physical and mental health. GPs must be trained on how to sensitively raise issues about obesity and overweight when communicating to their patients and refer them to the appropriate weight management service.

The Breastfeeding Network suggest that up to 20% of women are affected by mental illness either during pregnancy or in the 12 months after giving birth[8]. A woman's risk of postnatal depression can be lowered by successful breastfeeding and being born in a Unicef UK Baby Friendly accredited hospital is linked to improvement in child emotional development and maternal mental health. All hospitals should be encouraged to gain this accreditation.

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We recognise that sleep deprivation (not getting enough sleep) is bad for your health in several ways. What would help people get 7 to 9 hours of sleep a night?

Obesity is a leading risk factor for obstructive sleep apnoea in adults and children[1]. Current policies must be strengthened, accelerated and made transparent for public health benefit.

Restricting intake of stimulants such as energy drinks and alcohol will affect sleep quality. We were pleased to see the announcement of the ban on sales of energy drinks to children aged under 16 years in the Green Paper but we recommend that this be extended to cover everyone aged under 18. The Government has previously consulted on plans to restrict price and location promotions for HFSS products along with the restriction of marketing and advertising of HFSS products. 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 another leading factor for ill health in the UK and those from more deprived backgrounds are more likely to suffer from alcohol-related harm. We would therefore encourage restrictions on promotions and advertising of alcoholic beverages.

Most parents of babies will not get 7-9 hours of unbroken sleep a night and an expectation of doing so is unrealistic. Parents must understand normal infant sleeping patterns and be able to access advice and support for coping with lack of sleep, e.g. from health visitors through an adequately funded universal health visiting service.

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Have you got examples or ideas for services or advice that could be delivered by community pharmacies to promote health?

We are concerned about the capacity of local pharmacies to undertake health promotion work, and if funding and training will be made available to enable them to take on this role. Pharmacists receive little nutrition education and so a long-term solution could involve the improvement of nutrition education to all non-nutrition allied health professionals. Training courses on nutrition for pharmacists exist and we recommend signposting to those courses that have been quality-assured by the Association for Nutrition[1]. In the short term, we have concerns around the quality of nutrition advice they would provide to the public. Consulting rooms could be used to host Registered Nutritionists who could deliver evidence-based nutrition advice sessions. Pharmacists should be aware of local weight management services and be able to signpost accordingly.

Furthermore, there are many policies that must be implemented at a national level to improve our environment e.g. advertising and marketing restrictions, price promotion restrictions, calorie

labelling, reformulation programmes. The burden cannot simply be passed to communities - national prevention policies must continue to be a priority.

Pharmacists do have a key role to play in promoting breastfeeding. Pharmacy staff should have sufficient knowledge and understanding of infant feeding to be able to offer sound advice to parents on breastfeeding and how to maintain breastfeeding through illness of mother or baby, as well as being able to advise on safe and appropriate formula feeding. Pharmacists should also be aware of local breastfeeding support services and be able to signpost accordingly.

Currently many pharmacists receive information about breastmilk substitutes from sponsored materials provided by industry. This is a clear conflict of interest and means that advice provided by a pharmacist may be inconsistent with advice from other health workers. All pharmacists should be encouraged to work within the WHO Code of Marketing of Breastmilk Substitutes. Pharmacists should also be trained to support families on the Healthy Start scheme with the provision of Healthy Start vitamins.

References

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Children's oral health - What should the role of water companies be in water fluoridation schemes?

We support water fluoridation but ultimately, the main cause of tooth decay in children is too much sugar in the diet. A robust and transparent sugar reduction programme is a strong preventive measure. Resources and funding must be spent on ensuring that the entire food industry is actively reducing sugar levels in their products.

We support the London Mayor's commitment to increasing water fountains across the city[1]. We encourage the installation of water fountains across the country to give the public access to water and reduce their reliance on sugar-sweetened soft drinks.

References

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

<u>In homes and neighbourhoods</u>

- Robust and transparent reformulation programmes
- Advertising and marketing restrictions on HFSS products
- Public awareness campaigns, covering salt, sugar, calories, mental health and exercise
- Raise profile of registered, evidence-based healthcare professionals and increase access to these professionals in GP surgeries, pharmacies and community centres
- Harness the power of aggregates such as Just Eat who can encourage takeaways to procure healthier ingredients by bulk/economies of scale

In workplaces

- All canteen and vending machine food and drinks must adhere to Government Buying Standards
- Encourage active lunch breaks and walking meetings
- Increase access to healthy food options for those on shift work
- Participate in public awareness campaigns covering salt, sugar, calories, mental health and exercise
- Help mothers return to work with places to express milk and encourage flexible working
- Access to drinking water – install water fountains/machines

In communities

- Robust and transparent reformulation programmes
- Advertising and marketing restrictions on HFSS products
- Participate in public awareness campaigns covering salt, sugar, calories, mental health and exercise
- Raise profile of registered, evidence-based healthcare professionals and increase access to these professionals in GP surgeries and community centres
- Safer walking and cycle routes
- Access to drinking water

When going somewhere

- Robust and transparent reformulation programmes
- Advertising and marketing restrictions on HFSS products
- Public awareness campaigns, covering salt, sugar, calories, mental health and exercise
- Safer walking and cycle routes
- No takeaways allowed within 400m of a primary or secondary school and a restriction on cheap meal deals for fast food aimed at children
- Access to drinking water

What is your priority for making England the best country in the world to grow old in, alongside the work of Public Health England and national partner organisations?

Food in ALL policies

Poor diet is a leading cause of premature death worldwide. Food policy must be a priority for all and we should take a systems approach to form integrated food policies. We must make connections between policy areas, different levels of government and the public, private and third sectors[1].
Our current food system encourages consumption, advertising and promotion of HFSS products while ignoring environmentally friendly agricultural practices, availability and affordability of fresh products and necessary skills to cook and prepare food. We hope the National Food Strategy will address this area but all government departments have a part to play in the success of the Strategy.

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What government policies (outside of health and social care) do you think have the biggest impact on people's mental and physical health? Please describe a top 3.

Poverty and disadvantage affect maternal and child health from conception but reduction in austerity, access to the living wage, greatly expanding eligibility for Healthy Start and free school meals are just some of the policies required to reduce the impact of poverty.

In the 2018-2019 financial year, the Trussell Trust provided 1.6 million three-day emergency food supplies in the UK, a 19% increase on the previous year. More than half a million of these went to children. In fact, in the past five years, food bank usage has increased by 73%[1]. Nobody in the UK should be forced to use a food bank because they simply cannot afford to buy food. The benefits system must be re-addressed as an urgent priority.

References

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How can we make better use of existing assets - across both the public and private sectors - to promote the prevention agenda? Existing assets could be buildings, community groups, businesses and other people living in the community

We encourage all pharmacies to offer blood pressure checks and all should be required to have blood pressure monitors on site.

Registered and evidence-based nutrition professionals such as UKVRN Registered Nutritionists are currently a valuable and untapped source for prevention programmes. GP surgeries should be encouraged to employ Registered Nutritionists to offer nutrition advice for all age groups. This would greatly increase access to evidence-based nutrition which would have an impact on NCD prevention and raise the profile of credible sources of nutrition information. GPs do refer patients to Registered Dietitians, but we strongly recommend that valuable dietetic intervention be reserved for clinical management of disease and that community dietitians be reserved for patients unable to travel to hospital

The UK's 50,000 convenience stores account for one fifth of the UK grocery market[1]. Convenience stores must be encouraged to stock fresh produce and should be subject to price and location promotion restrictions when implemented.

Food banks are a crucial source of food for many families in the UK, which is a shocking and clear impact of austerity policies. Due to storage and safety restrictions, food banks are unable to offer fresh food. More could be done to direct unsold fresh food from restaurants and shops to those in need of it. There should be no need for anyone to have to visit a food bank which will undoubtedly make eating a healthy balanced diet more challenging even for those who have the skills, knowledge and basic food preparation space to plan and create healthy meals. More support should be given to the community-based projects such as community gardens, with funding available for expansion and the provision of growing clubs and cooking sessions.

Community-based projects such as community gardens should be encouraged, with funding available for expansion and the provision of growing clubs and cooking sessions.

References

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What are the top 3 things you'd like to see covered in a future strategy on sexual and reproductive health?

1. Healthy weight in pregnancy

Gestational diabetes is a predictor of future type 2 diabetes[1], as is high blood pressure during pregnancy[2].

2. Education

Nutrition education sessions in schools should cover the link between obesity and fertility[3] in addition to covering the importance of a balanced diet, how to make healthy choices and the importance of breastfeeding.

3. More emphasis on importance of folic acid.

Since the 1991 report of the MRC Vitamin Study, guidance has existed for pregnant women to take folic acid[4]. Despite this, data from the National Diet and Nutrition Survey (years 7&8) suggests an estimated 90% of women aged 16-49 years have a folate status below the level recommended to reduce the risk of an NTD-affected pregnancy and in addition, an estimated 28% of girls aged 11-18 years, 15% of boys aged 11-18 years and 7% of adults have low blood folate levels, putting them at risk of anaemia[5].

While official advice on folic acid supplementation exists, supplements may not be taken early enough, particularly if the pregnancy is unplanned. This increases the risk of an NTD-affected pregnancy. The problem is more prevalent amongst adolescent women, less well-off families and in deprived areas[6].

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

- Robust and transparent reformulation programmes for salt, sugar and calories

We want comprehensive sugar, salt and calorie reduction targets across a range of product categories, with annual and transparent monitoring reports, as had been done under FSA management, to properly track food industry progress, inform policy and maintain momentum.

- Mandated salt targets for key contributors of salt to UK diet, namely bread and meat products

Mandated targets would ensure compliance with reformulation. In the case of bread, a mandated target would help bring OOH in line with retailers, who have successfully managed to reduce the salt content of their sliced, packaged bread below 1.13g/100g. We recommend a mandated target of 1g/100g for all bread products.

Just 43% of meat products met their 2017 target, but contribute more than 25% to daily salt intake[1,2]. We have seen a variation in the salt content of ham and bacon – from 1.3g/100g to 2.8g/100g and from 1.98g to 5g per 100g respectively. This clearly demonstrates that it is possible to produce ham and bacon with less salt and if some responsible companies are able to lower salt in products with no health and safety issues, then all should be encouraged to follow their example. If companies refuse to comply with voluntary measures, then additional levers such as mandated targets for meat or fiscal measures should be applied.

- Mandatory front of pack colour coded labelling on all food and drink

Front of pack colour coded labelling must be made mandatory if we are to have transparency, scrutiny and enable consumer choice across all income levels.

- Plain packaging on HFSS products

As an additional lever to encourage the food industry to engage in reformulation, government should consider plain, tobacco-style packaging for products such as confectionary. The confectionary category saw a minimal decrease in sugar content between 2015 and 2018. In addition, drinks categories such as pre-mixed alcohol drinks are not covered by PHE's sugar reduction programme or the Soft Drinks Industry Levy but can be very high in sugar. The Institute for Public Policy Research (IPPR) suggest this would level the playing field between confectionary products and fruit and vegetables, which do not benefit from the same level of branding and product recognition[3].

- Energy density levy on the main contributors of calories to the UK diet

We also recommend the introduction of an energy density levy on all calorie dense processed foods that meet an agreed criteria set by government. This would encourage product reformulation to reduce both fat, in particular saturated fat as recommended in the new guidance from the Scientific Advisory Committee on Nutrition (SACN)[4], as well as sugar in unhealthy products. Fat is a bigger contributor to calories in the diet than sugar and therefore essential that manufacturers are encouraged to reduce both in order to tackle the UK's obesity crisis.

The levy would ensure companies are held to account if they make processed unhealthy food with excessive calories as part of a comprehensive set of measures to encourage them to develop healthier, lower calorie products. This can help reduce the excessive calorie intake at a population level, which is currently contributing to the rise in childhood obesity.

Compared to those with ideal body weights, overweight and obese children consume between approximately 140 and 500 excess kcals per day[5]. Funds raised from the levy must be ring-fenced to go towards improving children's health by investing in tackling childhood obesity.

- Much stricter regulation of the out of home (OOH) sector

Companies must provide information on the nutritional quality of their food. Such a measure would have public support: a recent Food and You survey found 75% of people want more info on what's in their food bought OOH[6].

- Public awareness campaigns to increase awareness of salt levels in food and the impact this has on health

Around 75% of salt intake in the UK diet comes from salt already added to processed, packaged foods of from food consumed outside the home. Many people are unwittingly eating more salt than necessary and they deserve to know the impact this is having on their health. According to the DHSC's own calculation, a 1g reduction in average population salt intake could help prevent 4,147 premature deaths[7]. The Change4Life campaign should focus more on salt and DHSC should recommend the implementation of a separate public awareness campaign for the whole population, to focus on salt and its effect on health.

- Climate change

Radical action required if we are to prevent further damage to our environment. Climate change impacts on weather, water safety and quality, conflict, food production, health and mental health. It is vital that a comprehensive and ambitious plan to tackle climate change is formed as a priority.

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