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.

Summary of our proposals

- Complete overhaul of nutrition training across the board – chefs, GPs, Healthcare, journalists, teachers, even marketers – anyone that can be expected to have an influence on our food systems at any level
- A complete ban on the use of marketing and health claims other than (mandatory) colour-coded nutritional information, out of home calorie labelling and a government agreed criteria for environment/welfare
- A new 'Child Health Plan' (expansion of Childhood obesity plan) to incorporate all elements of a child's health and welfare where it touches the food system, from breastfeeding and weaning through to school food incl restrictions on marketing and takeaways
- Becoming a more self-sufficient country – using growing food to reconnect with food and actually eat better food – as a policy across all government departments
- Maximising the effectiveness of technology – using technology to support and connect people in all areas of society and help make healthier, ethical choices the easier choice
- An energy density (calorie) tax
- A comprehensive salt reduction plan

Nutrition and Sustainability Training

Background

As a nation we are cooking less and eating out more[1]. In 2019 there were nearly 120,000 licensed food and drink premises in Great Britain[2]. No matter the area, there are places to eat out, and this number will continue to grow over the years[3].

Meals eaten out of home usually have larger portions and are higher in salt, sugar and calories than homemade food, however packaged food made by manufacturers and retailers are still laden with unnecessary high levels of salt, sugar and calories[4,5]. Despite poor diets being the main risk factor for death and disability, there has been a lack of urgency in improving the nutritional quality of foods sold to us[6].

Nutrition information in the out of home sector is hidden, marketing and promotions continue to favour higher fat, sugar and salt products and yet we are told its individual responsibility. How can consumers know what is in the food they eat when the nutritional information is hidden and marketing ploys make food seem healthier than it is?

Chefs

At the start of a chefs training, in apprenticeships or in culinary courses, there must be compulsory training in sustainability, such as choosing local, seasonable ingredients, and also the importance of nutrition[7,8,9]. We need to retrain their palates in order for them to understand that flavour does not come from salt and sugar, but from herbs, spices and other ingredients such as citrus instead[10]. However not all chefs have official training, and many establishments such as in cafes or takeaway outlets wouldn't classify their staff as chefs so there needs to be another way to reach out to everyone who serves food.

A new law needs to ensure food handlers must hold a food hygiene certificate to prepare or sell food, to be renewed annually. The food hygiene certificate should be expanded to contain training on nutrition and sustainability. Including, for example, the use of seasonable local food, cooking

[1] Kantar, New report out: How at-home consumption is changing. https://www.kantarworldpanel.com/global/News/New-report-out-How-at-home-consumption-is-changing#downloadThankyou

[2] Statista, Number of food and drink venues in Great Britain 2019, by type https://www.statista.com/statistics/911294/number-of-food-drink-venues-in-great-britain-uk-by-type/

[3] Statista, Number of restaurants and mobile food businesses in the UK 2008-2017. https://www.statista.com/statistics/298871/number-of-restaurants-in-the-united-kingdom/

[4] Action on Salt Surveys http://www.actiononsalt.org.uk/salt-surveys/

[5] Action on Sugar Surveys http://www.actiononsugar.org/news-centre/surveys/

[6] The Lancet, 2019 https://www.thelancet.com/article/S0140-6736(19)30041-8/fulltext

[7] Chefs' Manifesto http://sdg2advocacyhub.org/chefmanifesto

[8] Chef's Network https://eatforum.org/initiatives/chefs/

[9] Nourish Scotland http://www.nourishscotland.org/projects/scottish-manifesto-of-chefs-and-cooks/

[10] Action on Salt, Salt Awareness Week Survey 'Less Salt Please' Chef support http://www.actiononsalt.org.uk/awareness/less-salt-please-2013/chefs/

efficiently to use less energy, how to use less salt and sugar in food and why, and how to calculate the nutritional content of a meal.

In addition to this, to encourage chefs to use their training, the food safety rating needs to be extended to include sustainability and nutrition. The Sustainability Restaurant Association (SRA) have a framework to create a sustainable foodservice industry which could be used as the scoring framework for sustainability, with a new framework similar to the front of pack traffic light labelling to be used for nutrition (so for example a rating of 1 would be over 50% of meals high fat, salt and sugar, 3 would be 20-30% meals high in fat, salt and sugar, 5 would be less than 10% of meals high in fat, salt and sugar)[11].

We hope to see nutritional content being mandatory for menus in the Out of Home sector, and for this, the government would also need to create a free database for all food establishments to calculate the nutritional information of a meal, so SMEs are given the same opportunities and aren't negatively financially impacted. There are already databases out there that analyse the nutritional content of foods so the government could potentially partner with one of these companies, after assessing which is the most accurate.

Manufacturers, Retailers and Suppliers

Everyone who deals with the development of food and drink products, such as food technologists, new product developers and wholesalers should also have to hold this qualification. They provide the food that we eat every day and so they need to understand the importance in how it affects their consumers and the environment.

Wholesalers must be included as if the supply of sustainable, nutritional food isn't there then the food industry will not be able to make changes. Therefore wholesalers must have stricter policies to follow, including where they source their food from and sugar, salt and calories limits for the ingredients they sell (for example, wholesalers must not sell stocks with XX or more grams of salt per 100g).

This strategy would impact the public without asking them to change their behaviours.

Who better to take a leading role in addressing the environmental and health problems caused by our food system than those who cook for us and provide us with food every day?

Healthcare Nutrition Training and Access to Dietitians and Nutritionists

Misinformation causes so much confusion, and whilst the media has a major role to play in this, GPs and nurses often give out minor nutritional advice without any nutritional qualifications.

Nutrition is integral to a healthy life. Dietitians and nutritionists must be part of GP surgeries so GPs and nurses can refer patients in need of nutritional advice straight away or patients can book in themselves like they would a nurse, rather than give out advice they are not trained to be giving out

[11] https://thesra.org/about-us/

with the risk of fuelling myths, and to ease pressure on hospital waiting times for more complex cases. However, for instances that only require minor nutritional information, there needs to be a complete overhaul of nutrition training across the board – GPs, healthcare assistants, nurses etc, must have nutrition training as part of their continuous professional development, certified by the British Dietetic Association.

Help us make healthier choices – be honest about your food and drink

Problem: Current freedoms in product packaging make it impossible to distinguish between food that is good for us, our children and the planet, and food that isn't.

Answer: Mandatory government approved schemes for food labelling – including nutrient profiling, allergen, environmental impact and welfare profiling scores, and a complete and absolute ban on all manufacturer self-reported health, nutritional and environmental and welfare claims (including all claims currently approved by EFSA) including the use of cartoons and images that either appeal to children, or imply a healthfulness or environmental benefit to the product that isn't there.

This must start with infant and children's foods.

The Government has an ambition to halve childhood obesity by 2030, which simply can not be done with the existing plans. Mandatory food labels help to stimulate product reformulation, public awareness, consumer choice and the market for more nutritious, environmentally friendly higher welfare food. There is an urgent need for honesty and clarity on food packaging, and the National Food Strategy (and the exit from the European Union) gives us a very real opportunity to do this. Regulation about labelling and claims must be radically reformed and strictly enforced, or it will inevitable extend beyond the current dishonest and misleading nutrition labelling, to dishonest and misleading environmental labelling.

Consumers want clearer labelling. A survey by Diabetes UK found that nine out of ten people said that traffic-light food labelling helps them make healthier choices, and less than a third of people felt they had enough information about what's in their food.[12] Yet Public Health England has recently concluded "Messaging and marketing associated with some products conflicts with national recommendations on infant and young child feeding and causes confusion"[13].

Children and their parents are constantly being mis-educated by the food industry. Claims such as '30% less sugar' (on high sugar products), 'low salt' (when much lower salt products exist), 'added fibre' (on high sugar products) and 'flushable' (on baby wipes that aren't flushable) and '1 of your 5 a day' (on salty, fatty, sugary products) and 'contains broccoli' (where there is negligible broccoli,), 'high in potassium' (for eg fruit juice, when the fruit is unable to carry such a 'claim') along with images of 'children's cartoons' (which absolutely imply they have been approved for children) and 'fake farms', also schemes such as 'red tractor' and 'sugar wise' which are paid for and all serve no other purpose than for marketing, are completely unhelpful for customers and are almost exclusively used to mask negative traits in products and to sell more product by using said claims in

[12] Diabetes UK. 2018. People with diabetes say all companies should use the same food labelling. Available at: https://www.diabetes.org.uk/about_us/news/consistent-food-labelling-for-all [Accessed 6/2/2019]

[13] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/812204/Foods_and_drinks_aimed_at_infants_and_young_children_June_2019.pdf

marketing campaigns. I cannot think of one marketing claim that is genuinely helpful for a consumer.

Over £300million was spent just last year on advertising in the UK on different types of food products, compared to just £16million on fruits and vegetables. This, along with the information provided on packaging is the education, and the 'norm', that children and their parents are receiving. No one sees the 'Eatwell plate', and the Change4Life campaign is both dwarfed by the media spend of the big companies, and is in itself greatly compromised by promoting processed foods rather than whole foods. In the absence of a complete ban on all marketing and promotion of High sat salt and sugar (HFSS) products, due to the enormous lobbying efforts of said companies, honest packaging places no economic burden on manufacturers other than packaging redesign, does not affect customers being able to make informed decisions, and gives a much needed level playing field.

We must develop and mandate standards for the packaging and labelling of food and drink aimed at children under five years old to ensure this is consistent with scientific advice, a piece of work that can be led by DHSC with support from PHE, with support on environmental standards from DEFRA.

The only researched and approved method for displaying information are the ingredients panel, the nutritional information panel, the allergens information, and the colour-coded nutrition label, which is based on scientific research and sound criteria. This is due to be reviewed and we are likely to support the outcome of that review. Our research has found that the colour-coded labelling scheme very closely correlates with the current UK nutrient profile score, and is thus an excellent proxy for the healthfulness of a product. Should a similar government-backed scheme for environment and welfare be developed and approved, that is the only additional environmental information that would be required. If companies wish to use the '5-a-day' logo, 'vegetarian' 'vegan' and free from ranges such as 'gluten free', they must apply to the Food Standards Agency for nutrition profiling prior to coming to market, where they can be approved for inclusion, however they cannot be used to infer a healthfulness of a product, merely state the fact.

Colour coded nutrition information is currently voluntary, and the out of home sector is completely off the hook. Following deaths due to undeclared allergens, the out-of-home sector responded well to providing allergen information on labelling. However, despite the evidence that excessive calories in a vast array of products is causing death and disability in huge numbers of people, the same sector has been slow to act - as for allergens - calorie labelling and ideally, full nutrition labelling should be mandatory in the out-of-home sector.

Nutrition information provided to the consumer should be consistent to aid consumer understanding. There should be no exclusions for specific businesses such as out of home. This will provide a level playing field and guarantee that all customers of food businesses have equal access to the information needed to make an informed choice, otherwise it will undoubtedly fail.

When government sets targets or legislates, business innovates and can still make a profit, for example when it develops better and healthier foods. But currently the playing field is not level – it is

too easy to make money from selling unhealthy food and using dishonest packaging and too hard to make money from selling healthy food.

We cannot make a healthy choice unless we know what's in our food, and any National Food Strategy must include honest food packaging.

The UK's Child Health Plan - Re-shaping the nation's relationship with food

We are failing our children. More than 1 in 5 children are overweight or obese when they begin school, and 1 in 3 children are overweight or obese by the time they leave primary school, with obesity rates highest in the most deprived 10% of the population. Our food environment shapes what we eat, and it is currently saturated with misinformation and marketing to steer us towards unhealthy, processed food, fuelling our obesity crisis. Our relationship with food is now dictated by marketing, convenience, affordability and propaganda, for profit, and with no consideration to the potential damage this might pose. As a national priority, we should be looking to shift our current food culture, moving away from unhealthy processed convenient foodstuffs that provide minimal nutrition and empty calories, to a healthier nutritious lifestyle, enjoying better quality, seasonal and local produce.

This could be done in a number of ways:

<u>Education</u>

Knowledge is power and appreciating where food comes from and how they grow, from a young age, can help establish a healthier relationship with food. Also, understanding the negative impact poor nutrition has on our health and the environment can help drive change. As such we should be looking to make food and nutrition a core part of the education syllabus, right from early years.

Early Years/Weaning - Not enough is being done to support parents in those crucial early years. The UK has one of the lowest breastfeeding rates in the world[14]. Breastfeeding is important for ensuring children have a healthy start in life and is known to reduce the risk of a range of infectious and non-communicable diseases[15,16]. Weaning is also a completely new concept for new parents, and they are given very little support. Instead they are influenced by misleading marketing tactics from the food industry, including weaning foods supposedly suitable from 4 months, even though current NHS guidelines state weaning should start at around 6 months[17]. The earlier that parents learn and appreciate the importance of nutrition on children's health, the better. This will also help establish early eating habits[18], with a preference for foods lower in salt, fat and sugar. Weaning workshops for new families should therefore be incorporated nationwide as part of children's health visiting services, benefiting all sociodemographic groups, including the more deprived.

Food Growing in Schools - In school-aged children, many will recognise a Freddo chocolate bar, but not a turnip. Many children also don't know that bacon comes from pigs, how cheese is made, or how tomatoes grow. Getting children to appreciate the beauty and simplicity of how food grows and where it comes from, as well as encouraging them to grow it themselves and eat it, will help

[14] WHO Global Data Bank on Infant and Young Child Feeding
[15] Victora et al. 2016. Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. Lancet 387 10017: 475–490.
[16] Renfrew et al. 2012. Preventing disease and saving resources: the potential contribution of increasing breastfeeding rates in the UK, UNICEF UK.
[17] NHS: Your baby's first solid foods https://www.nhs.uk/conditions/pregnancy-and-baby/solid-foods-weaning/
[18] C Schwartz, P Scholtens, A Lalanne, H Weenen, S Nicklaus, Development of healthy eating habits early in life. Review of recent evidence and selected guidelines. Appetite. 57(3), 2011:796-807.

establish a healthier relationship with food. Food growing in schools has been shown to result in children eating more fruit and vegetables, achieve new skills and grow to be more confident. It also helps tackle obesity, mental health and wellbeing and addresses our current environmental crisis[19].

School Food

Nutrition Standards – Eating habits and behavioural patterns are developed in childhood and are likely to persist throughout adulthood. Schools can therefore provide an opportunity for setting good standards and practices, and thus prevent prevent adverse health effects of overweight and obesity. Healthy food and improved nutrition should be a high priority on every school agenda because of the positive affect on child well-being, and subsequent enhanced learning ability and academic performance. Not only should this include educating children through the curriculum, but through the food provided at lunch time and in breakfast clubs. All school meals should be healthy, balanced and nutritious, with low levels of fat, sugar and salt. Chefs providing food to children in schools should be trained appropriately, and informed of the importance of providing meals low in salt, as well as sugar and fat. For example, Leyf nurseries in London[20] are providing tailored training to their chefs on early years nutrition, to ensure the children in their daycare settings are getting the healthy nutritious food they need to grow and learn, and setting habits early on.

Free school meals for all - 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[21]. 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.

Takeaways near school settings – Streets across England are saturated with fast food outlets selling HFSS foods (fried chicken, chips, pizza, burgers, kebabs) and analysis from PHE[22] provides evidence highlighting the availability of fast food outlets in some of the country's most disadvantaged areas. This consistent exposure of HFSS foods near schools can have a substantial impact on a child's consumption. A recent report by the Royal Society for Public Health has called on a review of planning laws to ban junk food outlets within 400m of schools, and a ban of delivery services to schools[23]. A recent study found good evidence of more hot food takeaways in deprived areas and children who spend time in deprived neighbourhoods tend to eat more fast food and have higher BMIs[24].

Marketing

Marketing and advertising have significantly altered our relationship with food. At any given

[19] https://www.foodgrowingschools.org/why_grow
[20] https://www.leyf.org.uk/articles/chef-academy/
[21] Children's Food Campaign https://www.sustainweb.org/childrensfoodcampaign/free_school_meals/
[22] PHE: Obesity & the environment https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/741555/Fast_Food_map.pdf
[23] RSPH: Routing out Childhood Obesity https://www.rsph.org.uk/uploads/assets/uploaded/5194975e-89a1-4dff-9e8aa68da4836231.pdf
[24] C Turbutt, J Richardson, C Pettinger. The impact of hot food takeaways near schools in the UK on childhood obesity: a systematic review of the evidence. J Public Health (Oxf) 2018. doi: 10.1093/pubmed/fdy048

opportunity, companies compete for our attention and our custom, tipping the scales for unhealthy food advertising. In 2017, over £300 million was spent on advertising HFSS foods, compared to a meagre £16 million on fruit and vegetables[25]. Government should be prepared to put the health of the nation above industry profit, and implement a ban on advertising and marketing of foods high in fat, salt and sugar (HFSS). Polling by YouGov found 69% of people felt children seeing junk food marketing contributes to childhood obesity, and 72% support a 9pm watershed on junk food advertising during popular family TV shows. 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. Many companies employ the use of cartoon animations on pack to entice and encourage consumption from children. These are often HFSS products that would otherwise not be allowed to be advertised in children's media. A recent survey by Action on Salt and Action on Sugar showed that 51% of 526 products surveyed were high in fat, salt and/or sugar. Further restrictions on marketing and advertising should be imposed on all forms of media, for all HFSS foods.

[25] The Food Foundation. The Broken Plate. 2019.

Becoming self-sufficient

The UK imports around half of its food, in particular fruit and vegetables, which total £11.1 billion in imports each year[26]. This makes us susceptible to issues such as climate shocks around the world and should a no-deal Brexit become reality, food prices may rise due to tariff increases[27]. Given 30% of our food imports come from the EU, Brexit presents a real chance for us to redefine our food system and educate the public on British produce, the effort that goes into producing it and the true value of food.

We must increase our self-sufficiency and commit to a drastic reordering of our food production system. Our current system is failing us: poor diets are now the main risk factor death and disability[28]. Processed food high in salt, sugar and fat is cheap, heavily marketed and given a higher status than homemade food and fresh produce, which is typically more expensive. We now have an increased availability of food products than at any point in history, but this has come at the expense of our environment. Our prevalent convenience culture means we have unrealistic expectations of normal procurement processes.

There would be significant costs associated with the redesign of our food system but by increasing access to and availability of seasonal, locally sourced food and promote home cooking and healthy diets, those costs would be repaid in healthcare savings.

Improving the system for the benefit of child health

Levels of overweight and obesity in children and young people are continuing to rise, increasingly in those from lower socioeconomic backgrounds. National food systems must put children's nutrition at their heart as meeting the unique nutritional needs of children is critical for sustainable development. It is important to set taste preferences in early childhood as dietary habits in childhood and adolescence influence eating patterns in later life. Liking salt and salty foods, for example, is a learned taste preference and the recommendation that the adult population reduce their salt intake will be more successful if children do not develop a preference for salt in the first place[29,30].

Schools should be required to teach children how to cook and grow food, plus educate on sustainable and healthy diets. In the same way children are given access to books via schools, they could also be given access to seeds and gardening tools. Charlton Manor Primary School is a useful case study, where children are taught maths, English, science and geography via the kitchen and garden. For example, children are taught about measuring units by measuring out plots in their garden, where they then calculate how many onions can be planted in a specific area. The school keeps chickens, to teach the children about life cycles, and apiaries to educate on the importance of

[26] DEFRA, 2018 https://www.gov.uk/government/publications/food-statistics-pocketbook-2017/food-statistics-in-your-pocket-2017-global-and-uk-supply
[27] BBC News, 2019 https://www.bbc.co.uk/news/uk-politics-49541942
[28] The Lancet, 2019 https://www.thelancet.com/article/S0140-6736(19)30041-8/fulltext
[29] Hofman, A., A. Hazebroek, and H.A. Valkenburg, A randomized trial of sodium intake and blood pressure in newborn infants. Jama, 1983. 250(3): p. 370-3.
[30] Geleijnse, J.M., et al., Long-term effects of neonatal sodium restriction on blood pressure. Hypertension, 1997. 29(4): p. 913-7.

pollinators. Children grow food in the school garden and then sell that food to the local community at the school's shop after school and on the weekends.

Currently, children are being educated by the marketing and advertising of high fat, sugar and salt (HFSS) products. Advertising manufactures choice and the storytelling employed by brands to market HFSS products to the public creates an environment where HFSS products are desirable and more nutritious food is relegated to lower status. The HFSS advertising market was worth at least £300 million in the UK in 2017.

If the government implement all the measures proposed in their childhood obesity plan, restrictions on advertising and marketing of HFSS products would be introduced. The food strategy should support this and continue to build upon it. If we ban HFSS advertising and marketing to protect both children and adults from ubiquitous and spurious claims, we can use this opportunity to raise awareness of how vegetables are grown, the resource required and the importance of growing our own vegetables not just for health reasons but to reduce transport costs.

Food in ALL policies

The food we eat is relevant to all government departments and in particular the Department of Health and Social Care (DHSC) and the Department for Environment, Food and Rural Affairs (DEFRA). We must overcome current silos and make connections between policy areas, different levels of government and the public, private and third sectors[31].

Our current food system does not support national dietary guidelines[32], which were put in place by DHSC to improve population health. We are recommended to eat at least five portions of vegetables and fruit per day but we import up to 60% of the fruit and vegetables sold in the UK. We are also recommended to eat rice, despite it not being grown in the UK, and at least two portions of oily fish a week, even though fish stocks are in crisis. Government departments should work together to create collaborative guidelines e.g. DEFRA should advise DHSC if it is viable to recommend fish as part of a healthy diet or put resource into public awareness campaigns that raise awareness of plentiful and native fish and how to cook these.

Environmental labelling

Given the impact of food systems on the environment, all food products sold in the UK should be required to display a label indicating environmental impact. The label should include an environmental impact score, which takes into account production methods, where individual ingredients are sourced, processing/packaging and transport methods. Policy makers should consult with stakeholders to produce a matrix to score products based on the above elements and develop a public awareness programme to accompany this.

Environmental labelling should be government agreed and a licensed to help the public find the healthier option for the environment. The health of people and the health of the environment should not be separated but moving forward must be considered in tandem.

[31] Centre for Food Policy, 2019 https://www.city.ac.uk/__data/assets/pdf_file/0011/493625/7643_Brief-4_Embedding_food_in_all_policies_WEB_SP.pdf
[32] Public Health England, 2016 https://www.gov.uk/government/publications/the-eatwell-guide

Technology and Marketing

The National Food Strategy is an opportunity to join up the food system in a way that is supportive of all people from all backgrounds. One of the ways which could help this process is by reviewing the array of digital technology available and optimising how it is used by the population.

The use of apps to access digital content and services is a social norm - we see apps and digital tools used in all areas of society. To help us make healthy food and drink choices when we shop there are apps such as Public Health England's Change4Life, FoodSwitch and more traditional food tracking apps such as My Fitness Pal to track calories and other nutrients. We use apps to count alcohol units and to remind us to drink water, there are apps to help us determine our own carbon footprint, connect locals or businesses with leftovers from restaurants and shops to neighbours in need and to help find the nearest food bank. There are food delivery apps in every form - supermarkets, take away delivery, menu boxes, fruit and vegetables boxes, farm delivery services and apps to ensure ethical purchases when you shop.

Many health initiatives use digital currency as an incentive to behaviour change. The Amsterdam healthy weight programme[33] used the idea of digital health currency to earn credit towards healthy foods and evaluated how all areas of society can access digital content, especially those in hard to reach groups. Digital health coins can be used as currency to buy healthy foods or donated to charity which considers the difficulties with needs testing.

Marketing through technology has a huge influence on the choices we make, the good and the not so. A recent study by the Obesity Health Alliance[34] found that during one episode of Britain's Got Talent, watched by 673,000 children:

- Nearly 30% of adverts were unhealthy
- 4 mins and 38 secs worth of junk food ads were shown
- One single vegetable advert was shown

The Jamie Oliver Bite Back 2030 campaign launched with a powerful video[35] that shows how we are influenced by advertising techniques, many through our use of technology and social media. Eight teenagers were asked to come to a restaurant for what they believed was the start of a social experiment, they were unaware that this was the end of the experiment. Throughout the week they had been targeted with advertising techniques, including social media influencers, posters and radio ads, to highlight the power the food marketing industry has over their choices. There were over 50

[33] Amsterdam Healthy Weight Programme: https://www.amsterdam.nl/sociaaldomein/blijven-wij-gezond/amsterdam-healthy/

[34] Obesity Health Alliance. Just one TV show can lead to children eating more calories than they need. October 23rd 2019: http://obesityhealthalliance.org.uk/2019/10/23/just-one-tv-show-can-lead-to-children-eating-more-calories-than-they-need/

[35] BiteBack 2030. It's not your fault you can't resist. 17th October 2019: https://biteback2030.com/real-story/watch-our-launch-film-here

items on the menu and researchers were able to predict correctly in every instance what they were going to choose.

The Secretary of State for Health, Matt Hancock, announced a 'technology vision' for the NHS which aims to be a foundation for a new generation of digital services to meet the needs of clinicians, patients and managers. He sees this as an opportunity to be world leading in health technology but there's a danger of this expansion in the use of technology having an unexpected outcome of discouraging those that could most benefit from using it.

Joining up digital resources for good

Within the food strategy there needs to be consideration placed on these factors and exploration of ways of linking and maximising the effectiveness of apps and digital marketing. There is an opportunity to join up services and connect people to ensure everyone has access to technology that will help them live healthier happier lives. For example, there may be people that use an app to find vouchers to reduce the cost of their weekly shop and have limited knowledge of environmental issues. A marketing nudge may encourage them to choose the product that's more sustainable or ethically sourced and the nudge could suggest vouchers for discounts on products that are more sustainable or have a lesser carbon footprint. Shoppers that are environmentally aware, but have type 2 diabetes may benefit from a nudge to choose healthier products. We know that marketing nudges influence us to make purchases and it is time this is used for good rather than encouraging unhealthy purchases. We are bombarded with ads and marketing that does nothing for our health and wellbeing or the health and wellbeing of the planet. This could help educate the nation to consider all aspects of the food system in their day to day lives.

An Energy Density Tax

Action on Sugar and Action on Salt, based at Queen Mary University of London is calling on the government to introduce a calorie (energy density) levy on all calorie dense processed foods that meet an agreed criteria set by government, similar to the successful Soft Drinks Industry Levy[36] (SDIL, widely known as the 'Sugar Tax'), whereby manufacturers are forced to pay a levy to the government if they fail to reduce excessive calories, i.e. energy, in their processed unhealthy foods.[37]

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)[38], 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.[39]

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.[40] Funds raised from the levy must be ringfenced to go towards improving children's health by investing in tackling childhood obesity.

Despite PHE's Sugar Reduction Programme referencing that 'sugar reduction should be achieved without increasing the level of saturated fat within a product and, where possible, be accompanied by calorie reduction',[41] both Action on Sugar and Action on Salt say it does not go far enough to reduce calories and are calling on the government body and the DHSC to actively encourage companies to also reduce fat as well as sugar. Reducing calories from saturated fat could, according to SACN's 2019 review of the totality of evidence, reduce the risk of cardiovascular disease (CVD) and Coronary Heart Disease (CHD) and lower cholesterol.

A study published in nutrition journal Nutrients[42] by researchers at Queen Mary University London, 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. In the study, which analysed more than 850 cakes and biscuits, the researchers found that fat contributes significantly more to the calorie content of cakes and biscuits than sugar i.e. the more fat they contain, the more calories they contain, regardless of their sugar content. There is a huge variation of fat within the same categories of cakes and biscuits indicating that reformulation is easily achievable.

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[36] The 'Sugar Tax will help to reduce sugar in soft drinks and tackle childhood obesity

[37] Nutrient Profiling Technical Guidance.

[38] SACN. Saturated fats and health.

[39] Public Health England and Food Standards Agency. NDNS: Years 7 and 8 (combined). Results of the National Diet and Nutrition Survey (NDNS) Rolling Programme for 2014 to 2015 and 2015 to 2016. 2018.

[40] Calorie reduction: The scope and ambition for action.

[41] Sugar Reduction: Achieving the 20%.

[42] Alessandrini, R.; He, F.J.; Hashem, K.M.; Tan, M.; MacGregor, G.A. Reformulation and Priorities for Reducing Energy Density; Results from a Cross-Sectional Survey on Fat Content in Pre-Packed Cakes and Biscuits Sold in British Supermarkets. *Nutrients* **2019**, *11*, 1216.

For example:

- Fat in chocolate cakes varied two-fold, from 12.2g to 27.5g per 100g
- Fat in Victoria sponges varied three-fold, from 8.5g to 24.7g per 100g
- Saturated fat in Rich Tea biscuits varied six-fold, from 1.2g to 7.2g per 100g

PHE currently has two separate reformulation programmes to tackle the obesity epidemic – the Sugar Reduction Programme and the yet-to be detailed Calorie Reduction Programme, which is illogical. For example, cakes and biscuits are included in the Sugar Reduction Programme but not in the Calorie Reduction Programme, despite them being categories that contribute to excess calorie intake from sugar as well as fat. Action on Salt and Action on Sugar is urging these widely consumed unhealthy foods, along with other sweet and fatty categories such as chocolate confectionery, ice creams, puddings, chocolate spreads, morning goods and milk-based drinks, to be included in the long-awaited Calorie Reduction Programme.

A Comprehensive Salt Reduction Plan

Reducing salt is by far the most simple and cost effective public health measure to improve health and reduce incidence of cardiovascular disease, as evidenced on a global scale[43,44,45,46]. Chronic excess salt intake is related to numerous negative health outcomes and in the UK average salt intake is a third higher (8.1g/day) than the recommended maximum intake of 6g[47]. Despite this, awareness of salt and concern of salt levels in food is falling, as demonstrated by the latest Food Standards Agency (FSA) Public Attitudes Tracker[48]. The health effects of salt are frequently forgotten in healthy diet messaging but a high salt intake affects the health of the whole population and it is vital that the overwhelming evidence linking salt to health is considered when developing salt reduction policies.

With strong leadership, reformulation has the potential to be the most effective public health programme available, to tackle the huge burden of diet-related disease and ill-health. To be effective, a salt reduction programme is gradual, has a level-playing field and is independently and transparently monitored and evaluated, with targets reviewed and reset regularly. The impact on population salt intake measured as a priority.

International examples of innovative programmes to deal with high salt intake could be adapted for the UK setting to help drive reformulation, including mandatory targets and clear, mandatory labelling. The Out of Home sector (OOH) must be brought on board, and make their nutritional information available for more scrutiny due to contribution of OOH food to daily salt intake. The health effects of salt must be communicated to the public and overwhelming evidence considered when setting policies.

Salt reduction is cost-effective, benefits all health and should have a higher priority in health policy

Our recommendations:

- Previous salt targets should be maintained and expanded to all processed food with added salt
- Change4Life must highlight salt and an additional public awareness campaign must be implemented
- Urinary sodium measurements must take place at regular intervals (every 2-3 years) to track progress and inform policy

[43] Shoaibi A, Ghandour R, Khatib R, Mason H, O'Flaherty M, Capewell S, et al. Salt reduction as a population-based intervention for the prevention of coronary heart diseases: an economic assessment. Lancet. 2013;382:33-.
[44] Schorling E, Niebuhr D, Kroke A. Cost-effectiveness of salt reduction to prevent hypertension and CVD: a systematic review. Public Health Nutrition. 2017;20(11):1993-2003.
[45] Hyseni L, Elliot-Green A, Lloyd-Williams F, Kypridemos C, O'Flaherty M, McGill R, et al. Systematic review of dietary salt reduction policies: Evidence for an effectiveness hierarchy? PLoS One. 2017;12(5):e0177535.
[46] Webb M, Fahimi S, Singh GM, Khatibzadeh S, Micha R, Powles J, et al. Cost effectiveness of a government supported policy strategy to decrease sodium intake: global analysis across 183 nations. BMJ. 2017;356:i6699.
[47] Public Health England. National Diet and Nutrition Survey. Assessment of dietary sodium, Adults (19 to 64 years) in England, 2014. 2016.
[48] Food Standards Agency. Biannual public attitudes tracker

- Annual, transparent monitoring reports are required
- Mandated targets, including a target of 1g/100g for all bread products could help bring OOH in line with retail sector
- Fiscal measures such as levies on industry could be applied to the main contributors of salt to the UK diet, including categories such as processed meat
- Front of pack, traffic light labelling should be made mandatory
- An information sharing platform must be developed to allow SME's to access necessary information to engage with reformulation programmes
- DHSC must release guidelines on the use of potassium salt
- Strict targets must be set for OOH, aligning them with retail targets, which are thoroughly disseminated to the sector. We recommend progress monitoring be taken on by local authorities, potentially as part of the trailblazer programme
- All OOH companies should at a minimum be required to provide nutrition information online, with a phased approach to providing that information at the point of sale
- If OOH sector does not engage with voluntary salt reduction measures, we recommend that DHSC review menu labelling and implement high salt warning labels on all dishes with more than 5g per portion, and lower thresholds for children's meals.