

2017 Childhood Obesity Manifesto

Action on Sugar – calling for action on obesity and type 2 diabetes

- One of the biggest threats to the health and wellbeing of the UK population is the high levels of obesity and type 2 diabetes
- Each Party urged to put childhood obesity at the top of their political manifesto in order to curb the escalating costs of obesity (£5.1 billionⁱ) and diabetes (£10 billionⁱⁱ) to the NHS and the huge wider costs of obesity to society (£27 billion a yearⁱⁱⁱ).
- The government's current obesity plan will only have a small effect on preventing childhood obesity, nowhere near the 100 calories per person per day required to correct energy imbalance and prevent obesity^{iv}. It's therefore vital that the next government produces a much stronger obesity plan.
- Obesity is much more common in the socially deprived^v and it's crucial that we tackle this health inequality.

Action on Sugar: an evidence based plan

1. Reformulation of sugar and fat in foods and drinks

a. Sugar reduction

We now have a government-led Sugar Reduction Programme whereby companies have been asked to remove 20% of sugar in the nine food categories that contribute the most sugar to the diets of children by 2020^{vi}. However, there are get-out clauses for the food industry and so far, there appears to be very weak enforcement. Currently, there are no plans to set further sugar reduction targets (assuming that they are achieved by 2020). These must be reset in two or three years' time and eventually apply to all food categories. The programme must be transparently monitored and enforced, if the food industry do not comply, by mandating the targets – as the supermarkets and many branded companies have asked for.

b. Fat reduction (focused on saturated fat)

Fat is a bigger contributor to calories in the diet than sugar. The government must launch a fat and calorie reduction programme in 2017 to remove 20% of the fat in food by 2020 and should focus on saturated fat, particularly palm oil, as this will have the additional benefit of reducing cholesterol levels.

NB this is in addition to the salt reduction campaign, and with the aim of reducing overall calories.

2. Sugar Levy

Parliament approved the soft drinks industry levy just before the election and it is now vital that this is fully monitored and enforced. The soft drinks industry should be strongly encouraged to reformulate all of their drinks including those not covered by the levy, such as flavoured milkshakes, in order to achieve the biggest reduction in sugar intake. At the same time, for companies that refuse to reformulate, the sugar levy should escalate over time similar to tobacco, and incremental reduction should continue to be encouraged by gradually reducing the levy threshold. The levy should also be extended to sweet and chocolate confectionery as they are in the top nine contributors of sugar to the diets of children yet contain little or no nutritional value.

3. Marketing and price promotions

The current UK obesity plan has given the food and soft drink industry free rein to market, and put price promotions on, foods and drinks high in fat, salt and sugar (HFSS)^{vii} to both children and adults. It is vital that only non-HFSS foods and drinks can be marketed and promoted, including in-store price promotions. Cigarette advertising is banned in the UK yet unhealthy foods (HFSS) are now a much bigger cause of death and disability.

4. Public sector food

The UK obesity plan did not set strict, regulated guidelines for public sector food to ensure that they are lower in fat, sugar and salt. It is essential that guidelines are set and that the implementation is closely monitored. The public sector must lead by example, particularly in schools and in the NHS.

5. Hybrid colour-coded labelling

The current obesity plan has no requirement for manufacturers to adopt consistent use of hybrid labelling, as recommended by Public Health England (PHE) across foods and drinks, which is vital for consumers to make more informed, healthier choices^{viii}. This must be introduced across all products produced by manufacturers and retailers, and must be publically available on the packaging or menus for foods available in restaurants, coffee shops and other out-of-home eateries and catering companies. Ideally this should be made mandatory.

6. Independent agency

All actions should be regulated and carried out by an independent agency that is provided with sufficient resources to have a major impact on preventing obesity and type 2 diabetes, which in itself will save the NHS billions of pounds each year, similar to the salt reduction programme^{ix}.

Graham MacGregor, Professor of Cardiovascular Medicine at Queen Mary University of London and Chairman of Action on Sugar, says:

"Whichever government is elected on 8th June 2017 has a unique opportunity to make the UK the first country in the world to prevent obesity and type 2 diabetes by implementing our evidence-based plan. Doing nothing is simply not an option. We need tough measures to ensure compliance and put public health first before the profits of the food industry. There is no doubt that the UK has a very entrepreneurial food industry and can achieve the same profits from selling healthier food. The cost savings to the government would be immense (for example, it would save the NHS, alone, £15 billion per year)."

Full details of Action on Sugar's evidenced based plan can be found at www.actiononsugar.org

ⁱ Scarborough P, Bhatnagar P, Wickramasinghe KK et al. The economic burden of ill health due to diet, physical inactivity, smoking, alcohol and obesity in the UK: an update to 2006/07 NHS costs. J Public Health (Oxon) 2011;33(4):527-35.

ⁱⁱ Diabetes UK (2014). The cost of diabetes report. <https://www.diabetes.org.uk/Documents/Diabetes%20UK%20Cost%20of%20Diabetes%20Report.pdf>

ⁱⁱⁱ McKinsey Global Institute (2014). Overcoming Obesity: an initial economic analysis.

^{iv} Department of Health (2011). Healthy Lives, Healthy People: A call to action on obesity in England. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213720/dh_130487.pdf

^v NHS (2016). Statistics on Obesity, Physical Activity and Diet – England 2016 <http://content.digital.nhs.uk/catalogue/PUB20562>

^{vi} Public Health England (2017). Sugar Reduction: achieving the 20% https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/604336/Sugar_reduction_achieving_the_20_.pdf

^{vii} Department of Health (2011). The Nutrient Profiling Model <https://www.gov.uk/government/publications/the-nutrient-profiling-model>

^{viii} Department of Health (2013). Final design of consistent nutritional labelling system given green light <https://www.gov.uk/government/news/final-design-of-consistent-nutritional-labelling-system-given-green-light>

^{ix} National Institute for Health Care and Excellence (2010). Guidance on the prevention of cardiovascular disease at the population level <http://guidance.nice.org.uk/PH25>