

Consensus Action on Salt, Sugar and Health Submission to the Lords Food, Diet and Obesity Select Committee Call for Evidence

Consensus Action on Salt, Sugar and Health (CASSH) is a registered charity based at Queen Mary University of London. CASSH is formed of three research and advocacy groups:

- Action on Salt is concerned with salt and its effects on health, supported by 22 expert scientific members. Action on Salt is successfully working to reach a consensus with the food industry and Government over the harmful effects of a high salt diet and bring about a reduction in the amount of salt in processed foods as well as salt added to cooking, and at the table.
- Action on Sugar is concerned with sugar and obesity and their 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.
- World Action on Salt, Sugar and Health (WASSH) works globally to improve the health of populations throughout the world by achieving a gradual reduction in salt and sugar intakes. WASSH has expert members in 100 countries, all of whom are committed to salt and sugar reduction.

We welcome the Food, Diet and Obesity Committee's scrutiny of foods high in fat, sugar and salt (HFSS) and their impact on health outcomes.

For more information on our submission to the Committee's Call for Evidence, please contact Mhairi Brown RNutr, Policy and Public Affairs Lead mhairi.brown@qmul.ac.uk

Summary

- Poor diet is the biggest cause of premature death and disability globally, yet individuals lack control of what they eat. Strong policies are required to improve the food system
- Mandatory reformulation programmes would improve the nutritional quality of food and drinks, protecting health and the NHS
- Fiscal measures, such as the Soft Drinks Industry Levy, are required to incentivise the food industry to improve their products
- Mandatory guidelines that align with international benchmarks are needed to improve the nutritional quality of commercial baby food and drinks
- Mandatory front of pack nutrition labels will support the public to find healthier choices
- Comprehensive marketing and promotion restrictions will improve access and availability of healthier foods, and restrict exposure to less healthy products
- Regulation is required to level the playing field between the retail and the out-of-home sectors
- Public health must be kept independent of politics, with independent oversight and enforcement

Context for Action

Poor diet is the biggest cause of premature death and disability worldwideⁱ. Excess salt intake has a direct, linear relationship between salt intake and blood pressureⁱⁱ. Raised blood pressure (the 'silent killer') is the leading risk factor for cardiovascular disease, estimated to be responsible for one in four deaths in the UKⁱⁱⁱ. Excess salt intake is also linked with chronic kidney disease, osteoporosis and stomach cancer^{iv}. Excess calorie intake is associated with

obesity, cardiovascular disease, type 2 diabetes and 13 different cancers^v. Excess sugar intake has a causal relationship between sugar intake and tooth decay, with tooth extraction due to tooth decay being the leading reason young children are admitted to hospital^{vi}. There is evidence of a link between sugars and obesity, with the strongest evidence for a relationship between sugar-sweetened beverages and type 2 diabetes^{vii}.

Most people are eating more salt, calories and sugar than they realise, with around 80% of the salt we eat coming from processed (i.e. manufactured, packaged food) and prepared food (i.e. food prepared for consumption outside the home in restaurants, takeaways or cafes). Just three product categories – biscuits, confectionery and desserts – are responsible for 60% of the added sugar we eat at home^{viii}. Processed and prepared foods that are HFSS make up two thirds of the calories consumed by UK families and 47% of calories consumed by primary school children^{ix}.

Calorie for calorie, healthy food is two times more expensive than HFSS products^x. The most deprived fifth of the population would need to spend 50% of their disposable income on food to meet the cost of the Government-recommended healthy diet, compared to just 11% for the least deprived fifth. Half of UK adults state that financial pressures have made them cut back on the quality of food they eat^{xi}. Less healthy food is also more readily available and accessible; fast food outlets are common place on UK high streets and cluster in areas with a higher level of deprivation^{xii}. 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 HFSS products.

Childhood is a crucial time to shape food preference. A diet high in nutrient-dense, minimally processed foods helps children develop a healthy relationship with food, grow to their full potential and thrive in school. Such a diet can also help to prevent tooth decay, overweight, obesity and related illnesses (e.g. hypertension, type 2 diabetes) later in life. Despite public health guidelines stating that babies and infants should consume no free sugars, and a maximum intake of 5% of energy intake from free sugars in children aged 2 and over, the most recent National Diet and Nutrition Survey (2018/2019) revealed these guidelines are not being achieved, with children aged 1.5-3 years had a mean energy intake of 9.7% free sugars^{xiii}. The main contributor for free sugars for children aged 4-9 months is commercial processed baby and toddler foods, particularly fruit-based and cereal based foods. One in ten reception aged children are living with obesity in England, rising to one in five children by Year 6^{xiv}. Previously thought to be adult health conditions, increasing numbers of children are now developing type 2 diabetes and high blood pressure^{xv}.

Our broken food system is having a huge impact on population health and the NHS. Individual action alone will not solve this issue, the government must implement regulations and initiatives to ensure healthier options are available to all.

There are effective initiatives available, particularly upstream initiatives that benefit the whole population and reduce inequalities. Reformulation is one such initiative; it is the process of gradually changing product recipes. The food industry are constantly reformulating product lines to reduce cost, update ingredients or address consumer complaints. Robust and comprehensive government-led reformulation programmes can ensure that the food industry gradually remove excess and unnecessary sugar, salt and calories from their products without impacting taste or sales. Consumers can continue to buy the same products they always have, but over time the products are healthier and population salt, sugar and calorie intake will be

reduced. This is a cost-effective and impactful intervention to improve population health. The World Health Organisation recommends salt reduction in this manner as a ‘best buy’ public health intervention due to its low cost and huge benefit to health^{xvi}.

The UK has reformulation programmes in place:

- The voluntary salt reduction programme was implemented in 2006 by the Food Standards Agency. Salt targets have been set for more than 80 categories of processed and prepared food. The targets have been reset to be incrementally lower several times over the past two decades, with the most recent set due to be achieved by the food industry this year
- In 2016, the Government’s Childhood Obesity Plan announced a voluntary sugar reduction programme to reduce sales-weighted average sugar content in a limited range of categories contributing the most sugar to children’s diets by 20% by 2020. The programme was structured to enable food and drink manufacturers to reduce sugar content through reformulation, reducing portion size, or shifting sales to lower sugar products in the portfolio.
- A voluntary calorie reduction programme was later added to the Childhood Obesity Plan, in recognition that obesity is linked to more than just sugar, and that children living with obesity consume up to 500 extra calories per day. The programme was consulted on in 2018, and implemented in 2020 with a much reduced scope.
- Draft voluntary guidelines for commercial baby food were released by OHID for feedback in 2020. After years of inaction and mounting pressure from Action on Sugar and other health organisations, updated draft guidelines were released again for feedback in March 2024. There is currently no date for implementation.
- A fiscal incentive – the soft drinks industry levy (SDIL) – was implemented in 2018 to reduce levels of sugar added to soft drinks. The SDIL is implemented by HMRC and HMT, and monitored by OHID

To date, the voluntary programmes have achieved mixed and overall poor progress. An analysis of progress made towards salt targets that were due to be met in 2017 highlighted that only half (52%) of all the average salt reduction targets were met, despite the targets being set in 2014^{xvii}. The sugar reduction programme achieved a meagre 3.5% reduction by 2020 against the expected 20%^{xviii}. A 2024 report from the Office for Health Disparities and Improvement found that progress towards the guidelines is not happening anywhere near fast enough, with many product categories increasing in calorie content^{xix}.

Despite such poor progress, there are indications that if the programmes were more comprehensive, transparently monitored and enforced, there would be more success. When the salt reduction programme was managed by the quasi-independent Food Standards Agency, the food industry were held to account through strict monitoring and engagement, and as such were able to achieve consistent reductions in the salt content of their products. When responsibility for the programme was transferred to the Department of Health and again to Public Health England, progress stalled due in part to increased Ministerial oversight and politics overtaking the need for robust public health measures. Our research^{xx} found that whilst average salt intake, blood pressure and deaths in the adult population of England initially decreased as a result of the FSA’s programme, the declines have since stopped:

- A decline in salt intake from 9.38g/day to 7.58g/day between 2003 and 2014, followed by an increase to 8.39g/day in 2018
- A decline in population blood pressure from 125.3/74.5 mmHg to 122.6/73.3 mmHg between 2003 and 2014, following by a plateau 122.0/73.8 mmHg in 2018

- A fall in stroke and heart disease mortality rates from 12.2 and 43.4 deaths per 100,000 to 8.2 and 27.2 deaths per 100,000 between 2003 and 2014, followed by a plateau afterwards.

Although the sugar reduction programme's 20% reduction was not achieved, manufacturers who did commit to the voluntary programme demonstrated the feasibility of sugar reduction even in the most challenging categories, suggesting a mandatory approach would have led to more success, e.g. Co-op achieved a 15% reduction in chocolate confectionery (category average = -0.9%), Tesco achieved a 15% reduction in sweet confectionery (category average = -2.8%)^{xxi}.

Conversely, the SDIL has demonstrated the progress possible with a mandatory initiative. Between 2015 and 2020, the SDIL achieved a 34% reduction in total sugar sales from soft drinks^{xxii}. Despite concerns from the soft drinks industry, sales have increased by 21% and research indicates there has been an impact on obesity in year 6 girls, and a greater impact in girls from deprived areas^{xxiii}.

Other measures could improve the food system and incentivise reformulation, including front of pack nutrition labelling, and restrictions on marketing and promotion. Since 1992, Government have proposed 14 strategies to address the food system, containing more than 600 policies, but few have been implemented and many have focused on pushing responsibility for individual action^{xxiv}. We now need a strong commitment to improving public health, with mandatory initiatives that hold the food industry to account.

Recommendations

Mandatory reformulation

The current reformulation programmes must be reviewed and combined to give a coherent reformulation framework for the food industry. The current governance of the voluntary reformulation programmes requires investigation, as partnership with industry has been prioritised over accountability mechanisms that could have ensured continued progress. Voluntary agreements have many risks, including promoting undeserved 'trust' among consumers and governments that corporations have public interest at heart and are willing to make the required changes permanently, and undermining the resolve of governments to bring in the legislation that is needed to protect health in the long term. Mandating reformulation programmes would create a level playing field for companies and indeed many businesses have expressed their preference for regulatory approach, including retailers represented by the British Retail Consortium^{xxv}. Without government leadership, the food industry are unlikely to actively improve the nutritional profile of their product portfolios. CEO's of major retailers in the UK told the National Food Strategy team that they wouldn't take action without legislation for fear of being undercut by competitors who don't commit to reformulation^{xxvi}.

There is international precedent for mandatory reformulation. In 2013, Argentina introduced a 'sodium reduction law' which came into effect in December 2014. The law mandated salt reduction targets with expected reductions in salt content of 5-18%, across meat, bread, soups, dressings and preserves^{xxvii}. Between 2011 and 2016 the average daily consumption of salt fell from 11.2g/day to 9.2g/day, an impressive 18% reduction^{xxviii}. In 2018, a joint resolution ensured that the targets were reset to lower targets and a 2019 analysis found that 90% of products complied with their targets^{xxix}.

In 2013, South Africa’s Minister of Health introduced legislation to make salt reduction in the food industry mandatory. The first set of mandatory targets were due to be met by 2016, with a second set of targets due to be met by 2019^{xxx}. The targets cover a wide range of food categories including bread, breakfast cereals, meat products and snacks. A 2017 analysis found that when the 2016 targets were implemented, two-thirds of products already met their targets (as the food industry were proactively reducing salt ahead of schedule)^{xxxi}. A further 17 countries have mandated reformulation programmes in place^{xxxii}.

Furthermore, the sugar and calorie reduction programmes have not been based on the successful salt reduction programme, with comprehensive, specific and data-driven targets for each category - many categories containing excess sugar and calories are not covered by the current programmes. Due to the programme structure, some companies developed ‘30% less sugar’ products to apply an approved nutrition claim to packaging, and marketed this product alongside full-sugar product to bring consumers to the category^{xxxiii}. If the Government had provided strong leadership and guidance, companies could have used this technology across their product portfolio, leading to greater reductions in sugar consumption at a population level.

This is not just a health issue – there are associated environmental issues too. The process of harvesting sugar beet, the UK’s domestic source of sugar, is causing irreversible damage to our soils, lifting an estimated 489,000 tonnes of topsoil from UK fields every year, and relies on harmful neonicotinoid pesticides to maintain productivity^{xxxiv}. Sugar cane cultivation is similarly problematic due to high levels of chemical and water use.

Mandatory and comprehensive reformulation programmes are needed now to reduce burden on individuals, the economy, the environment and the NHS.

Fiscal Incentives

The UK’s world-leading SDIL has successfully removed the equivalent of over 46,000 tonnes of sugar from our shelves since 2015, raising over £1.5 billion in revenues between 2018/19 and 2022/23, with the Office for Budget Responsibility forecasting a further £1.6 billion by 2026/27^{xxxv}. However, this is not the full potential of the levy and it should be strengthened to maximise its impact:

- The levy charges should be uprated. The SDIL has been in existence for six years, but unlike other excise duties, has never been uprated with inflation;
- Levy thresholds should also be lowered. The threshold structure of the SDIL has led to manufacturers reformulating their drinks to avoid the lower, entry threshold, but these drinks still contain a significant amount of sugar. Lowering the thresholds would trigger further product reformulation, provide a consistent policy approach between the SDIL and the Nutrient Profile Model, and maintain revenue flows from the SDIL into the Exchequer
- The scope of the levy should be extended. Milk and milk-alternative based drinks remain out of scope, but the threat of future expansion of SDIL has supported some successful voluntary reformulation of milk-based drinks in the retail sector (a 24.5% reduction in sugar levels). However, this voluntary action has not extended to the out of home sector.

The levy could also be extended to food categories as well as drinks. Other countries have implemented such taxes on food, including Mexico and Hungary. In 2014, the Mexican Ministry of Health implemented an 8% tax on nonessential food items with more than 285kcal per 100g.

Such taxes led to a reduction in purchases of taxed foods by an average 6% over two years post-implementation^{xxxvi}. Hungary introduced a Public Health Product Tax in 2011 to reduce intake of unhealthy foods and drinks and raise revenue for health care services. The fixed-rate tax is applied to sugar-sweetened beverages, energy drinks, confectionery, salted snacks, condiments, stock cubes, flavoured alcohol and jams. Evaluations found approximately 40% of food companies reformulated their products to avoid the tax and household consumption of all taxed products fell by up to 35%^{xxxvii}.

The National Food Strategy has already proposed a tax that could improve the nutritional content of food and drinks in the UK by applying an upstream reformulation tax of £3/kg on sugar (and other ingredients used for sweetening) and £6/kg on salt^{xxxviii}. This could reduce average salt intake by up to 0.9g per day and average sugar intake by up to 15g. Research commissioned by Recipe for Change found that an industry-wide levy on salt and sugar could prevent up to two million cases of disease over 25 years, including over 1 million cases of cardiovascular disease (CVD), 571,000 cases of type 2 diabetes, 11,000 cases of cancer and 249,000 cases of respiratory disease^{xxxix}. This could provide gains of around 3.7 million quality adjusted life years, with an economic value worth £77.9 billion over 25 years.

Given the positive impact of the Soft Drinks Industry Levy (SDIL) in accelerating product reformulation while voluntary reformulation programmes have lagged behind, the SDIL must be strengthened and expanded and other levies must be investigated.

Early Years

The Government's 2019 review of the commercial baby food and drink market found that many products contain added sugar and salt – or salty/sugary ingredients, displayed inappropriate age guidance or misleading health and nutrition claims, and product names did not accurately reflect the balance of ingredients^{xl}.

Despite NHS guidelines stating that young children should not consume any added sugar, our research has found that baby and toddler sweet snacks (e.g. biscuits, rusks) contain up to 2 teaspoons of sugar/serving, and all products had a healthy-sounding claim on pack e.g. 'made with real fruit' despite containing free sugars^{xli}. These products do not have to display 'traffic light' front of pack nutrition labels, as these labels are based on adult recommendations, but if they did then all products surveyed would have a red label for sugar. Baby snack sales are rising and our research has found that snacks are marketed to children less than 12 months of age, despite NHS guidance stating that snacks are not required in this age group. Our research has also found that baby and toddler breakfast foods, such as flavoured baby rice and porridge, can contain up to 4 teaspoons of sugar/serving and more than 75% featured 'healthy' claims despite containing free sugars^{xlii}.

Our polling has found the majority (77%) of parents offer their child commercial baby and toddler food and drinks several times a week, highlighting convenience and the perception that they contain no added sugar as key reasons for offering them^{xliii}. 91% of parents would support the government in ensuring all food and drinks available in the baby aisle are nutritionally appropriate according to NHS recommendations.

The WHO Europe Nutrient Profiling and Promotion Model (WHO NPPM) provides a gold-standard approach to addressing the nutrition and marketing of commercial baby food products^{xliv}. We were pleased to see some alignment with the WHO NPPM in the recent OHID consultation on guidelines for commercial baby foods, but when implemented these guidelines will be voluntary and weaker than the WHO NPPM benchmark. Strict and mandatory guidelines

are required to fully protect and support the health of young children. In 2023, we coordinated two letters to the Secretary of State for Health - one was co-signed by 16 leading infant, child and health organisations; the other was co-signed by three baby food companies who, together, represent a significant proportion of the baby food market – to demonstrate strong support for guidelines for these commercial products. There is also a need for a consultation on measures to address the marketing and labelling of commercial baby food products, which was promised in Chapter 3 of the Childhood Obesity Plan (published in 2019).

Front of pack labelling

Clear and simple front of pack nutrition labels can help consumers find healthier options while incentivising the food industry to improve the nutritional content of their products. The UK has used ‘traffic light’ labels for more than a decade that display high (red), moderate (amber) or low (green) levels of total fat, saturated fat, sugars and salt per 100g or 100ml of food or drink products, alongside percentage reference intakes for each of the nutrients plus calories. Many companies now display these labels on their products, but around one in four packaged products do not, including freshly made delicatessen products and food available in the out of home sector.

In 2020, the Government launched a consultation to assess public views on how clear and useful front of pack labels are. They invited views on the current traffic light system alongside views of the Nutri-Score label, which is predominately used in Europe, and nutrient warning labels, which are used in many countries across Latin America. We found that all three label types are able to direct consumers to choosing and purchasing healthier products, meaning that they all helped to reduce the energy, salt, fat, sugar or saturated fat content of processed foods and drinks chosen or purchased^{xlv}. Interestingly, colour-coded labels (traffic light labels and Nutri-Score) perform better in highlighting positive aspects and encourage consumers to purchase healthier products. In contrast, warning labels highlight the negative aspects which discourages the purchase of less healthy products.

The UK’s exit from the EU should allow the Government to introduce mandatory requirements for food labelling and given that so many companies currently display them, its time to create a level playing field to bring the remaining companies in line. However, to date we have not had an outcome of the 2020 consultation.

Comprehensive marketing and promotion restrictions

Marketing and promotion restrictions will improve access and availability of healthier foods, and restrict exposure to less healthy products. A third of food and soft drink advertising spend goes towards confectionery, snacks, desserts and soft drinks compared to just 1% for fruit and vegetables^{xlvi}. The Government were due to implement advertising restrictions for HFSS products in 2022, but this has been delayed to 2025. Evidence clearly shows that exposure to advertising impacts what we eat and shapes food preferences^{xlvii}.

The Government have also delayed restrictions on price promotions of HFSS products. Multi-buy promotions help normalise buying and mislead customers into thinking these promotions will help them save money when in fact they are most likely spending and eating more^{xlviii}. Evidence has shown that promotions such as multi-buys cause people to spend more by triggering impulse purchasing, while promoting overconsumption.

Once implemented, these restrictions will likely not be strong enough and may lead to unintended consequences. Our research has found that, as a result of the restrictions only

applying to products if they fall in scope of the sugar and calorie reduction programmes and the SDIL; many key contributors to salt intake are exempt of the restrictions^{xlix}.

Further marketing restrictions are also required. Research shows that children as young as three show a preference for branded foods over identical unbranded products^l. Cartoon animation on packaging is one of the most frequently used ways of marketing to children. Animation ranges from the use of licensed TV, book and film characters such as Peppa Pig and Roald Dahl characters, through to unlicensed characters created by the manufacturers themselves. Currently, these characters are not being used responsibly, nor are they monitored or regulated. Our research has found that over half of over 500 food and drink products which use cartoon animation on pack were HFSS - products that wouldn't be able to be advertised on TV during children's programmes, were able to use cartoons on packaging to advertise to children in stores^{li}.

Comprehensive and strict restrictions on marketing and promotion are required to reduce the dominance of HFSS products in the UK diet and help encourage reformulation of HFSS products and promotion of healthier products.

Levelling the playing field between the retail and out-of-home sectors

Meals eaten in the out of home sector (OOH e.g. restaurants, fast food outlets and takeaways) tend to be larger portion sizes, and higher in salt, sugar and fat than food cooked at home. Our research has found:

- A drink and cake from high street coffee chains can contain as much as 156g of sugar, equivalent to 39 teaspoons^{lii}
- Pizzas served in fast food outlets contain as much as 21g of salt, equivalent to three times an adult's recommended daily limit (6g/day)^{liii}
- Children's meals can contain 7g of salt per portion, more than double a child's recommended daily limit^{liv}

The out of home food and drink market (food prepared or cooked away from home but may be consumed at home or away from home and it includes all food to go and takeaways fast-food restaurants, full-service restaurants, coffee shops, and bakery or sandwich shops) in Great Britain has a value of £43.8 billion and has grown 23.1% since 2020^{lv}. On average, adults in Great Britain purchased food and drink out of home around 182 times a year, which when spread out to the entire year is approximately more than once every two days. It is clear that OOH is a key part of the food system and cannot be excused as a 'treat'. Comprehensive policies are required to improve the nutritional quality of food and drinks served in this sector and level the playing field with the retail sector.

Reformulation programmes must address food served in OOH; currently there are targets in place but they are weak and not enforced. Calorie labelling is mandatory in the OOH sector but only for large outlets - without nutrition labelling, consumers are unable to find the healthier options and the food industry are not incentivised to make their meals healthier for consumers. Broader issues include a lack of reporting mechanisms on nutrition and health in the OOH sector which lead to a lack of enforcement and monitoring or evaluation of any ongoing nutrition policy/programme; a lack of agreed definition of 'healthfulness' for the OOH sector; and established nutrient profiling models do not account for portion size, which is a problem for the OOH sector as it tends to serve larger portion sizes.

Government must commit to legislation that would level the playing field in the food industry and open a call for evidence on the best methods to do this, given the breadth of research taking place in the UK that focuses on addressing the OOH sector.

Monitoring, Evaluation, Learning

Earlier this year, the Health Service Journal reported that there have been large staffing cuts in OHID, 'effectively dismantling' the unit less than three years after it was established^{vi}. This follows the closure of Public Health England in 2021 due to supposed concerns over their response to the covid pandemic, and a trend of responsibility for food and nutrition being pushed from pillar to post for two decades^{vii}.

Public health must be kept independent of politics and the whims of Ministers. Policy must be cross-department and cross-party, developed in line with purpose-driven values that all parties agree to, and with clear roles and responsibilities across all government departments to ensure those values are achieved. An independent authority must be established to oversee and measure progress, with the freedom to speak without influence and accountability to Parliament.

Strong and independent enforcement at a national level is vital for success, which would protect health and the workforce, reduce the burden on the NHS and ensure the growth of our economy.

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