



Joint Response from Action on Salt & Action on Sugar to the Health and Social Care Committee's childhood obesity follow-up inquiry

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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We welcome the opportunity to respond to the Health and Social Care Committee inquiry on child obesity. We have serious concerns about the number of evidence-based measures that have been announced by the Government in the three chapters of its Childhood Obesity Plan that have either been weakened at implementation, or simply not executed. Measures proposed must be robustly implemented if we are to see any progress in reducing childhood obesity.

Our assessment of the Government's progress in introducing measures to tackle childhood obesity

- **Soft Drinks Industry Levy (SDIL) – measure delivered, successful**

Chapter 1 of the childhood obesity plan stated: "We will be introducing a soft drinks industry levy across the UK". We welcomed legislation with a primary purpose of driving reformulation in sugar-sweetened soft drinks and were pleased to see the success of the SDIL which has led to a 28.8% decrease in sugar content since April 2018. We hope this has allayed the concerns of the Prime Minister who suggested earlier this year that the SDIL should be scrapped pending a review of effectiveness.

Key to the popularity of this measure is increasing revenue for children's health services. Worryingly, it seems that this hypothecation is no longer in place, which is a terrible waste of an opportunity to support poorly resourced services, and would be perceived very negatively by the general public if they were made aware.

The SDIL has contributed to significant reductions in the energy drink category but as there is no place for these drinks in children's diets, we are pleased to see that sales will be restricted to under-16s. We are concerned by the lack of timeline for this ban however, as a recent study by Safe Food¹ found that the sugar content of some leading energy drinks has fallen but the size of many bottles and cans has doubled, offsetting the benefits of the reductions. New product development (NPD) in this area shows no sign of slowing, as evidenced by Coca-Cola's new product 'Coke Energy' which contains 26g of sugar and high caffeine levels in a 250ml can.

¹ <https://www.safefood.eu/Publications/Research-reports/A-survey-of-energy-drinks-on-the-island-of-Ireland.aspx>



Actions required:

- **Revenue from the SDIL needs to be hypothecated** and invested into improving child health as promised.
 - **SDIL should be extended** - the SDIL should be extended to sugary milk-based drinks.
 - **SDIL threshold should be lowered** to incentivise sugar reduction below 4.9g/100ml and **the rate of tax applied is raised** (as a minimum) to reflect inflation.
 - Government should immediately **ban sales of energy drinks to under 18 year olds** and enforce it.
- **Sugar Reduction Programme – measure delivered, unsuccessful**

The Sugar Reduction Programme was announced in Chapter 1 of the Childhood Obesity Plan. We made the following recommendations:

- Mandate the programme to ensure compliance and avoid a repetition of the disastrous Public Health Responsibility Deal
- Include fat reformulation to ensure sufficient calorie reduction with an impact on obesity
- Slow, incremental reductions, as per the successful salt reduction strategy, towards an overall 20% reduction by 2020 and introduce a maximum sugar target for each category
- Include a new product development maximum target
- That interim targets were not achievable, given many reformulation cycles are 2-3 years long.
- Reduce overall sweetness of products, even when sugar is replaced with sweeteners, as per the successful salt reduction strategy
- Transparent monitoring reports to highlight progress by category, by business, and on portion size
- Strong and effective leadership of the programme, including well-funded resource available

Despite our feedback, the sugar reduction programme is voluntary, has not been gradual, sweetness has not been reduced due to the pervasive use of sweeteners, the programme has not been led effectively and new products, especially new product variants, have not been captured. Overall, there has been a pitiful 2.9% reduction per 100g (sales-weighted average (SWA)) since 2015 in retail and manufacturer branded products. This is compared to a 2% SWA reduction between 2015 and 2017, highlighting slowed progress. As participation is not mandatory and there has been widespread misinterpretation of what a structured reformulation programme should look like, it was unsurprising to see 66% of brands showed either an increase in SWA total sugar content per 100g of more than 2% or no change/a change of less than 2%.

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’ (the only permitted health claim) products, 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, especially when dramatically signposted, and creates customer expectation of a healthier, lower calorie and less sweet product. This impacts decision making about how much to consume and how frequently, as well as perception of enjoyment and satiation. Furthermore, companies are unwilling to reformulate their main full-sugar products at all, as the new ‘30% less sugar’ variants would then lose their ‘30% less’ status, despite this being, in our view, the only way to result in meaningful long term success.



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 by Mondelez, who invested heavily in research and marketing for Dairy Milk ‘30% less sugar’. Mondelez said they did not want to reformulate their main product due to business risks. However, if provided with motivation, leadership and guidance throughout the process, Mondelez could have successfully reduced the sugar content of many of their products by using the 30% reduced version in their (child-targeted) Freddo, Roses, Crunchie and Fudge products, 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 using their new technology. Other examples of 30% reduced sugar products include:

- Boost ‘Protein’
- Mars ‘Protein’
- Yorkie ‘Protein’
- Milky Bar wowsomes

The Sweet confectionary category sugar SWA/100g increased by 0.6% and we saw a number of ‘healthier’ products aimed at children and full of artificial sweeteners, which were heavily marketed. Examples include:

- Rowntrees Wine Gums ‘30% less sugar’
- Fruitella ‘30% less sugar’
- Haribo Fruitilicious ‘30% less sugar’
- M&S Percy Pigs with ‘36% less sugar’

We also observed an increase in NPD that seemed to show no regard for the sugar or calorie reduction programmes. Cadburys have just released ‘Oreo Cadbury Coated’ - Oreos dipped in full-sugar Dairy Milk chocolate - with nearly double the calories of regular Oreos. This is a flagrant disregard of the programme, and is an insult to Public Health England. Other examples include:

- M&S Giant Chocolate Éclair, a festive product
- Ice Cream covered cookie dough and pretzels with ice cream and sugary sauces
- Baileys ‘Freakshake’ cake

Crucially, the sugar reduction programme has so far had little effect on calorie content.

Actions required:

- **Department of Health & Social Care (DHSC) need to support the sugar reduction** and place sanctions on businesses that do not engage
- **Mandatory** targets should be investigated
- As stated in the childhood obesity plan, **additional fiscal measures similar to the SDIL should be applied**
- There should be **agility within the programme** to allow PHE to target new product categories and ranges



- **Increase resources for PHE** and ensure the programme is supported at the highest levels
- **More transparent monitoring** - all data and correspondence with the food industry should be published for independent scrutiny
- Sharing of **best and worst practice**, and advances in food technology, to allow for successful business transformation

- **Calorie Reduction Programme – measure not delivered**

A Calorie Reduction Plan was announced in Chapter 1 of the Childhood Obesity Plan. Calorie reduction plans were released in March 2018, and we attended target-setting meetings held in October 2018. However, in the year since, the targets have still not been released by DHSC.

Furthermore, we have concerns that the plans only cover savoury categories, despite the contribution of sweet products to calorie intake and in light of the failure of the sugar reduction programme to address calorie content. Our research, involving 850 cakes and biscuits, found that fat contributes significantly more to the calorie content of cakes and biscuits than sugar and so fat and sugar reduction in parallel would have a much bigger impact on childhood obesity. We have spoken to ingredients companies, retailers and manufacturers, who are in agreement with this and feel they are either being penalised, or hindered, by not being able to reduce calories in other ways than reducing sugar.

The latest sugar reduction programme progress report found no change in the calories SWA since 2015 and for the OOH, the simple average has increased by 1.8% since 2017.

Actions required:

- DHSC must **launch the calorie reduction programme and issue targets to industry immediately**
- The programme should be structured in line with the successful salt reduction programme
- DHSC should consider **including a wider range of product categories** in the programme
- We **recommend the government introduces an energy density levy** on all calorie-dense processed foods
- **Companies should be held to account** if they make processed food with excessive calories
- **Increase resources for PHE** and ensure the programme is supported at the highest levels
- **More transparency in monitoring**, all data and correspondence should be published for independent scrutiny
- Sharing of **best and worst practice**, and advances in food technology, to allow for successful business transformation

- **Mandatory calorie labelling in the out-of-home (OOH) sector – measure not delivered**

Mandated calorie labelling was announced in Chapter 2 of the childhood obesity plan. The consultation on this proposal, which closed 10 months ago, outlined that legislation would be applied to any outlet where food and drink is sold, with an exemption for micro-businesses (i.e. with less than ten employees).



We have serious concerns over the implementation of this plan as leaked proposals suggest the policy will be significantly weakened with all businesses with fewer than 250 employees exempt. This means that mandatory calorie labelling would apply to just 0.3% of OOH businesses in England.

Retailers and manufacturers are expected to display nutritional information clearly on pack. We have seen progress from companies such as Pret, who now display nutritional information on touch screens in store, but there needs to be a level playing field across the industry. We have met with many OOH companies who have expressed concerns over the financial burden of implementing calorie labelling, such as The Breakfast Club and the aggregator Just Eat, but with the right support and guidance this would be easily circumvented.

Actions required:

- **OOH mandatory nutrition labelling at point of choice should be made mandatory** for all businesses - At a minimum all outlets should display this online, in addition to calorie labelling in all outlets with more than 10 employees, as initially proposed.
- Increase regulation of the **OOH sector**
- Government should issue **mandated targets for all children's food** in OOH
- **Restrictions on price and location promotions of unhealthy food and drink – measure not delivered**

A ban on price and location promotions of 'unhealthy' food and drinks were announced in Chapter 2 of the childhood obesity plan. The consultation on these plans closed in April 2019 and 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, and we called for all HFSS products to be covered.

The Scottish government have since announced they will be restricting price and location promotions. Likewise, some retailers like Sainsbury's have taken matters into their own hands and ceased multi-buy offers, and are now at a competitive disadvantage should others not follow suit.

Actions required:

- DHSC should implement comprehensive **restrictions on promotions of HFSS products including new product development and loop holes**
- **Restrictions on advertising and marketing of unhealthy food and drink – measure not delivered**

Restrictions on advertising and marketing of unhealthy food and drink were announced in Chapter 2 of the childhood obesity plan. The consultation was delayed until March 2019, and suggested several options that did not include a comprehensive 9pm watershed, which in itself would not go far enough to protect adults and children. Again, the consultation suggested that only categories included in the sugar and calorie reduction programmes, not salt, would be included and to introduce a ladder approach to allow some HFSS products with a lower NPM score (but still classed



as HFSS) to have advertising freedoms - we called for all HFSS products to be banned between 5.30am and 9pm, no exemptions.

In addition, we have seen many companies flouting current restrictions. For example:

- Coca-cola advertising on Transport for London (TFL) by using recycling as a theme to bypass the restrictions on using brand value adverts
- The England and Wales Cricket Board format The Hundred is sponsored by eight different brands of KP Snacks
- The National Trust formed a partnership with Cadburys, involving their sponsorship of the Trust's annual Easter Egg hunt
- Cadburys have also formed a partnership with Age UK to raise awareness of loneliness, as a way to promote full sugar Dairy Milk

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 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.

Actions required:

- Government must **introduce a comprehensive 9pm watershed** on the advertising of HFSS food and drink across both TV and digital platforms.
- Government should move to **close loopholes in current Committees of Advertising Practice (CAP) regulations** for non-broadcast advertising
- **Explore more effective sanctions and penalties** to be imposed
- Government should **restrict the use of child-friendly characters** on all HFSS packaging, especially those with appeal to very young children.
- Government should consider introducing a **ban on unhealthy food and drink sports sponsorship and partnerships**

Government must swiftly implement proposed measures in Chapters 1 and 2 of the childhood obesity plan, and ensure that they are not weakened. The measures proposed each have their own impact, but must be implemented in unison to have a significant impact on childhood obesity, as highlighted in the independent report from Professor Dame Sally Davies, of which we are in full support.

We look forward to responding to measures proposed in Chapter 3 (Advancing our health: prevention in the 2020s) and request government provide a schedule of delivery.