

HEALTH ACTION CAMPAIGN

because prevention is better than cure

The Government's Childhood Obesity Plan Chapter 2 - Our Verdict

Childhood obesity is one of our greatest health challenges. Already one in ten children aged 4-5 years are obese, increasing to one in five children at age 10-11 years.

This means they are at higher risk of developing Type 2 diabetes at a young age, becoming overweight/obese into adulthood and at higher risk of developing chronic diseases.

What is the updated Childhood Obesity Plan?

There was much disappointment with the government's initial childhood obesity plan, published in 2016, as it appeared reluctant to seriously tackle the underlying causes of obesity. However, chapter 2 of the plan, published in 2018, goes further. It aims to halve childhood obesity by 2030. The plan also commits to significantly reduce the gap in childhood obesity between the most and least deprived areas.

Key areas outlined in the strategy are:

- Challenging the food industry to achieve a 20% reduction in sugar by 2020 and a 20% reduction in calories by 2024 in food and drinks most consumed by children (such as breakfast cereals, ice-cream and confectionary).
- Plans to end the sale of energy drinks to children.
- Plans to introduce a 9pm watershed on television and online advertising for high fat, salt and sugary foods.
- Plans to ban price promotions for unhealthy food and drinks in retail and out-of-home sectors, such as buy one get one free offers.
- Plans to ban placement of unhealthy food and drinks at checkouts, end of aisles and store entrances.
- Providing resources to support local authorities to help improve and create healthier food environments.
- Supporting schools in providing healthier food and greater opportunity for physical activity by updating the School Food Standards to reduce sugar consumption, increasing the number of

schools participating in the daily active mile initiative, strengthening the nutrition standards in the Government's Buying Standards for Food and Catering Services (GBSF), greater investment in supporting cycling and walking to school and use of Healthy Start vouchers to support low-income families.

Has there been any progress so far?

The first year's target was a 5% reduction in sugar and calories from the food categories that children eat most. In practice, the most recent report showed there's been only a 2% reduction in total sugar (in 5 out of 8 categories) and a 2% reduction in calories (in 4 out of 6 categories) from manufacturers private and retailers own label products.

The Soft Drinks Industry Levy introduced in April 2018 has shown more progress, with an 11% sugar and 6% calorie reduction in drinks so far. More than half of drinks liable for tax had the sugar content reduced before the levy came into force. Sales are now greater for products not subject to the levy (drinks with less than 5g of sugar per 100g).

In products from the out-of-home sector (restaurants, takeaways, cafés, pubs etc.), there has been no change in the average sugar content, with calorie content higher than retailers' own brand and manufacturer branded products. However, collection of data from out-of-home food and drinks has been more difficult than from retailers and manufacturer-branded producers.

The consultation to end energy drink sale to children ended in November 2018, with results currently pending. Almost 70% of children aged 10-17yrs and nearly 25% aged 6-9yrs drink energy drinks in the UK. Energy drinks are high in caffeine and sugar, and drinking too much is associated with headaches, poor concentration, sleeping problems and contributes to dental problems and obesity in children. Though some large retailers have voluntarily banned the sale of energy drinks to under 16s, many local convenience stores still sell cheap energy drinks to children.

With evidence that price promotions for high fat, salt and sugar foods encourage children and adults to buy more and eat more, the banning of unhealthy food promotions and placement of promotions in stores is currently the subject of consultation, open until April.

Targeting the placement of unhealthy food in stores will also help to reduce peer power from children and help make the healthier choice easier for parents.

The UK has strict laws banning the advertising of high fat, salt and sugary foods in children's media. However, in practice most children spend more time view non-children's media (such as prime time reality shows

between 6pm and 9pm). The consultation to reduce exposure to unhealthy food marketing by introducing a 9pm watershed on TV and online adverts is currently under way, with the hope of encouraging reformulation from the food industry.

Missed opportunities

There are still missed opportunities in the plan, particularly in addressing the early years of children's lives. This includes the importance of breastfeeding, the need to avoid added sugar in baby foods and the first thousand days of life, which are a crucial period in children's development.

The plan states Ofsted school inspectors "will research into a curriculum that supports good physical development in early years". However, it fails to recognise that childcare and early year settings have a significant formative role in influencing children's diets. The diets of children under 5 still contain high levels of sugar and salt. The socioeconomic differences in overweight and obesity in children from the most and least deprived areas are also evident from as early as three years of age.

Though there is some reassurance in the use of Healthy Start vouchers targeting families on lower incomes to improve access and intake of healthier food, there are no specific targets for reducing inequality between the most and least deprived areas.

The need to move beyond a voluntary approach?

The coalition government's initiative to make mass produced food healthier was called the Public Health Responsibility Deal. This was a voluntary scheme. It was argued that a voluntary approach would enable a quicker start than legislation, as legislation would take time to formulate, get through Parliament and withstand possible legal challenge.

The Public Health Responsibility Deal did achieve a reduction in salt levels in mass produced food and this was a very positive step forward. However, the Deal was criticised on at least three grounds i.e.

- Not all companies participated
- There were no targets for sugar reduction
- There was no independent assessment of the claims made by companies

The government has now addressed two of these concerns. There is a clear target for sugar reduction. The government has also stated that, if there hasn't been sufficient progress by 2020, they will "consider further action" to achieve its aims.

Is the plan focusing on what really matters?

In our report *Healthy and Wealthy?* published in November 2015 our review of the evidence suggested that:

- Exercise has many health benefits and should be strongly encouraged – but has limited long term value for tackling obesity. This is partly because our bodies self-regulate to compensate for exercise (and also dieting).
- What we eat and how much is far more important for controlling weight. Food high in sugar, salt and fat tends to increase weight. For example, sugar sweetened drinks add calories but not nutrition, without reducing appetite. Conversely, a diet high in vegetables, pulses, fruit and wholegrains helps control weight, with the effect on our gut microbiota one potentially significant factor here.
- What we (and our pregnant mothers) eat in the first thousand days of life, from conception onwards, is particularly important. It can affect our long-term health and weight.
- Changing human behaviour is difficult, particularly if the healthy choices are the difficult choices in an 'obesogenic environment.'
- Making mass produced food healthier should prove more effective than health information when it comes to tackling obesity, as it addresses the problem at source.
- The food industry is key here. As McKinsey identified in their November 2014 report the three interventions likely to prove most effective in tackling obesity are portion control, reformulation and calorie rich availability.
- As consumers are becoming increasingly health conscious and well informed about healthy eating, companies that continue to produce unhealthy food are likely to see their businesses suffer.
- The food industry has expertise in reformulating food, new options available to reduce sugar, salt and fat without using artificial alternatives and without affecting taste, and access to corporation tax relief for Research and Development. So, the building blocks are already in place for a successful transition to healthier food.

As also identified, in written evidence submitted to the House of Commons Health and Social Care Committee in April 2018, which the Committee referred to in its May 2018 report:

- We need to adopt 'whole systems' approaches, along the lines that other countries in Europe have successfully implemented to reduce childhood obesity levels, particularly France, the Netherlands and Denmark. By getting everyone working together to tackle childhood obesity – including schools, parents, communities, local authorities, health professionals, central government and businesses the chances of success are significantly improved.

Our Verdict

- The 2018 update of the Childhood Obesity Plan is a positive development, provided its proposals to limit the promotion of foods high in sugar, salt and fat aren't watered down by business lobbyists during the consultation period.
- The government's soft drinks levy and the target of reducing sugar and calorie content in specific foods by 20% over the next five years are particularly positive steps forward.
- We support proposals to strengthen nutrition standards in the NHS and elsewhere in the public sector through the Government Buying Standards for Food and Catering services.
- The encouragement of exercise at primary school is welcome on overall health grounds, although it probably won't have a significant impact on childhood obesity.
- A greater focus is needed on the first thousand days from conception – for example by focusing on mothers to be, identifying which new-borns are at greatest risk of obesity and encouraging baby food manufacturers to avoid added sugar and also include bitter as well as sweet tasting ingredients to avoid 'hooking' children on sweet tasting foods.
- Addressing the problem at source, by improving the quality of food available, is likely to be the single most effective strategy.
- As there are many factors encouraging obesity in the modern world, we need a powerful coordinated response to push back against these forces – hence the value of a 'whole systems' approach.

Nicole Musowo March 2019