The Childhood Obesity Plan

The government's long delayed Childhood Obesity Plan was finally published in mid-August – and immediately ran into a barrage of criticism.

• Jamie Oliver, the TV chef and food campaigner, said he was 'in shock' at the 'disappointing plan.'
• Conservative MP Dr Sarah Wollaston, who chairs the House of Commons Health Committee, said it was 'really disappointing' that whole sections from the original draft strategy had been dropped.
• Mike Coupe, Chief Executive of Sainsbury's, said there should be a tougher regime than that proposed in the strategy, including compulsory targets for reducing sugar.

So what is the strategy – and what is our verdict?

Missed opportunities

Let's start by looking at what **isn't** in the strategy, as that is what many health professionals are focusing on. There are:

• No curbs on the advertising of food high in sugar, salt and fat during family viewing times.
• No curbs on supermarket promotions of this kind of food, like BOGOF (Buy one get one free).
• No legal requirements for companies to reduce the sugar levels in food.
• No action proposed on the 'hidden sugars' in many ready meals and in foods like tomato ketchup, baked beans and pasta sauces.
• No mandatory traffic light contents labelling on processed food.

Measures like these could have made a very useful contribution to tackling childhood obesity – so their omission is clearly a significant missed opportunity.

So what IS in the strategy?

Here are the main points:

• A soft drinks industry levy across the UK, with the revenue used to support anti-obesity initiatives for school age children (as already announced by the former Chancellor, George Osborne).
• The food and drink industry will be challenged to reduce overall sugar by at least 20% over the next four years, across a range of products children are likely to consume (like breakfast cereals, cakes, puddings, ice cream and pastries).
• This challenge will apply to companies that manufacture food and drink and also to those that sell food and drink – including restaurants, cafes and takeaways.
• Progress will be assessed by Public Health England, who will report back in September 2018 and March 2020. If there hasn't been sufficient progress by 2020 the government will use 'other levers' to achieve the same aims.
• Every public sector setting, from leisure centres to hospitals, should work to make healthy food choices the easy food choices.
• Every primary school child should get at least 30 minutes of moderate to vigorous physical activity a day while they are at school (through active break times, PE, extra-curricular clubs, active lessons or other sport and physical activity).
• From 2017 physical activity will be a key part of a new, voluntary healthy schools rating scheme.
• Food labelling will be reviewed – and this might include clearer visual labelling, such as teaspoons of sugar, to show the sugar content in packaged food and drink.
• Health care professionals will be asked to always talk to parents about their family's diet, with the aim of it becoming the norm to weigh everyone and refer

people to local weight management services, clubs and websites if they ask for more advice.
• Resources will be developed to help health professionals with this, including training on influencing behaviour change and initiating difficult conversations about health and wellbeing.

You can read the full Childhood Obesity Strategy here.

Is a voluntary approach the best way forward?

Apart from the soft drinks levy (which had already been announced) the government has consciously chosen a voluntary approach.

For instance the food and drink industry will be 'challenged' (but not required) to reduce sugar levels; local authorities will be 'encouraged' (but not required) to adopt the Government Buying Standards for Food and Catering Services; the new health rating scheme for schools will be 'voluntary'; academies will be 'encouraged' (but not required) to adopt the School Food Standards; and health care professionals will be 'asked' (but not required) to always talk to parents about the family's diet.

The previous government's initiative to make mass produced food healthier was called the Public Health Responsibility Deal and this too 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 and Public Health England will review the progress companies are making.

The government has also said that, if there hasn't been sufficient progress by 2020, 'other levers will be used' to achieve its aims. It also says, 'the launch of this plan represents the start of a conversation, rather than the final word. Over the coming year, we will monitor action and assess progress, and take further action where it is needed. '

One interpretation is that (with Brexit negotiations likely to consume significant government time over the next couple of years) businesses are being given one last chance to voluntarily produce healthier food – but that if they haven't achieved this by 2020 the government will consider 'other levers' (including, presumably, regulation).

Just two weeks before the Childhood Obesity Strategy was announced the Food and Drink Federation published its Sugar Reformulation Guide for Small to Medium Sized Companies. Unlike the British Retail Consortium, which now backs compulsory sugar reduction targets, the Food and Drink Federation has consistently opposed compulsory targets. The fact that it is now actively advising businesses on how to reduce sugar levels suggests that it recognises the need to make real progress to avoid the regulation a growing body of opinion is pushing for (from health professionals to leading supermarkets).

On balance then, with all its limitations, the voluntary approach proposed probably does represent a step forward. This time there are targets for sugar, there will be independent review and the government has made clear it will consider other approaches if the voluntary route doesn't work – providing a strong incentive for businesses to achieve the sugar reduction targets.

Is the strategy 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 were portion control, reformulation and calorie rich availability.
• As consumers becoming increasingly health conscious and increasingly 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 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.

If our assessment is correct then:

• The government's soft drinks levy and the target of reducing sugar content in specific foods by 20% over the next four years are positive steps forward.
• The encouragement for exercise at primary school is welcome on health grounds but probably won't have much impact on childhood obesity.
• A focus on the first thousand days from conception would probably have had more impact – for example by focusing on mothers to be, identifying which new-borns are at greatest risk of obesity and encouraging baby food manufacturers to include bitter as well as sweet tasting ingredients.
• We welcome the government's aim of encouraging health professionals to 'Make Every Contact Count.' However, addressing the problem at source, by improving the quality of food available, is likely to be the single most effective strategy.

Our Verdict

The government has missed important opportunities (in particular to focus on the first thousand days of life as a crucial period in children's development and to curb the advertising and promotion of unhealthy food).

Its reliance on a voluntary approach may be politically expedient but raises questions as to what will be achieved in practice.

However, we welcome the soft drinks levy, we welcome the target to reduce the sugar content of specific foods by 20% over the next four years and (on general health grounds) we welcome the encouragement of more exercise in primary schools and more action by and support for health professionals.

The government says its proposals represent the start of a conversation rather than the final word. On that basis we welcome its proposals as an initial move and look forward to contributing to the conversation, to help achieve a sustained, long term reduction in childhood obesity.

In her first speech as Prime Minister, Theresa May highlighted the need to tackle health inequalities. If the Childhood Obesity Strategy is an initial indicator, then some initial steps have been taken but much more remains to be done.