Consultation to the UK Nutrient Profiling Model 2018 review: Individual responses C-H

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11. Committee of Advertising Practice

1. Background and Introduction

1.1. This submission is provided by the Committee of Advertising Practice (CAP) and the Broadcast Committee of Advertising Practice (BCAP).

1.2. CAP and BCAP write and maintain the non-broadcast Advertising Code and the broadcast Advertising Code respectively. The ASA as the independent advertising regulator are responsible for administering the Codes.

1.3. The 'ASA system', comprised of CAP, BCAP and the ASA is responsible for ensuring that advertising is legal, decent, honest and truthful. Our work includes undertaking proactive projects and acting on complaints to take action against misleading, harmful or offensive advertisements. We are committed to evidence-based regulation and we continually review new evidence to ensure the rules remain fit-for-purpose.

1.4. In addition to investigating ads, we also provide a wealth of training and advice services (most of which are free) for advertisers, agencies and media to help them understand their responsibilities under the Codes and to ensure that fewer problem ads appear in the first place. CAP and BCAP provided over 389,000 pieces of advice and training in 2017.

1.5. The Committees of Advertising Practice are providing this written submission in response to Public Health England's consultation on the UK Nutrient Profiling Model 2018 review.

2. Consultation question: What are your views on the modifications made to the UK Nutrient Profiling Model?

2.1. CAP adopted the Nutrient Profiling Model in 2016 as a method of identifying HFSS products for the purposes of the new and amended rules restricting the advertising of HFSS products in non-broadcast media. BCAP has employed the model since HFSS restrictions were introduced in 2007 for TV advertising.

2.2. The Committees acknowledge the need to update the model due to the findings of the Scientific Advisory Committee on Nutrition (SACN) report, Carbohydrates and Health (2015), most notably on the need to reduce sugar intake.

2.3. CAP and BCAP have respective duties to assess the regulatory impact of the revised model to ensure the rules remain proportionate and in line with their regulatory aims to impose appropriate restrictions on the marketing of HFSS products to under-16s.

2.4. CAP has previously committed to consider any revised model against the criteria of proportionality, usability and credibility. While PHE's review has focused on the scientific and public health perspectives, it is CAP and BCAP's role to ensure that the revised version remains appropriate for the purposes of advertising regulation.

2.5. The Committees will develop their approaches once the outcome of the Public Heath England process is known. It is likely that this will involve processes of public consultation. They will announce publicly the terms of reference for this work at an appropriate point

Contact

Committees of Advertising Practice

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12. Dairy UK

Dairy UK is a trade body representing the interests of producer co-operatives, processors, manufacturers and distributors of dairy products within the UK. Between them, Dairy UK's membership collect and process approximately 85% of UK milk.

Dairy UK welcomes constructive policies which can be effective and appropriate for tackling the obesity problem amongst children in the UK. For this reason, Dairy UK believes it is appropriate to review aspects of the current UK nutrient profiling model (NPM) used to identify foods high in fat, sugar and salt (HFSS) in the context of advertisement to children, as this could be improved to better address unhealthy eating habits in the younger population.

Our main observation is based on the consequences that the new model has on the advertisement of nutrient-rich dairy products.

We believe that the model's scoring system does not adequately take into account levels of beneficial nutrients within a food, and instead is heavily biased towards levels of nutrients of concern. As a result, the model ends up restricting advertisement of whole milk and hard cheese in the same way as it restricts it for confectionery and fizzy drinks.

Amending the NPM presents a real opportunity to reinforce positive dietary behaviour amongst children and to promote the consumption of nutrient-rich and healthy foods which can provide the nutrients needed during critical periods of growth and development.

It is crucial to remember that significant proportions of the younger population (particularly teenagers) do not meet recommended intakes for a number of essential nutrients from the food they eat. According to the latest National Diet and Nutrition Survey (NDNS) figures¹:

- 22% of girls (11-18 years) and 11% of boys (11-18 years) do not meet their recommended dietary intake for calcium;
- 26% of girls (11-18 years) and 13% of boys (11-18 years) do not meet their recommended dietary intake for riboflavin;
- 38% of girls (11-18 years) and 18% of boys (11-18 years) do not meet their recommended dietary intake for potassium;
- 27% of girls (11-18 years) and 14% of boys (11-18 years) do not meet their recommended dietary intake for iodine;
- 14% of girls (4-10 years) and 9% of boys (4-10 years) do not meet their recommended dietary intake for zinc;
- 27% of girls (11-18 years) and 18% of boys (11-18 years) do not meet their recommended dietary intake for zinc.

This is worrying – calcium in particular is established as being essential during the critical phases of growth of childhood and adolescence², as it helps achieve peak bone mass and reduce risk of osteoporosis later in life³.

Dairy products provide a vast array of important nutrients (including those listed above) and can deliver great health benefits to children.

For this reason, we strongly believe that the new NPM should align with the main basic principle of the Soft Drinks Industry Levy: any dairy product containing over 75% milk, cheese or yogurt should be excluded from the NPM.

This solution recognises the essential benefits that dairy provides to children's diets in the UK, and sets a sufficient threshold which allows exempted dairy products to reflect the nutrient-richness of dairy. Products with a minimum 75% dairy content would still provide significant amounts of much needed essential vitamins and minerals to younger age groups. It is a solution which gives due consideration to the need to protect the health of children in the UK and to deliver solutions which are targeted, meaningful and appropriate.

Below we illustrate the nutritional benefits which arise from exempting these products from the NPM.

Cheese

94% of cheeses do not pass the new NPM requirements regardless of whether they have been reformulated or not. A hard cheese, even with the lowest achievable fat content, does not qualify under the new NPM, owing also to the fact that the model is based on 100g rather than on portion size.

However, cheese is a nutrient-rich food which contains a number of essential minerals and vitamins. For example, a 30g portion of cheddar cheese provides the 4-10 and 11-18 year-old population groups with the following:

Table 1: Contribution of 30g Cheddar Cheese to recommended nutrient intake ^{4,5}						
	4-10 year-olds	11-18 year-olds				
Protein	27-39%	14-18%				
Calcium	40-49%	22-28%				
Phosphorus	34-43%	20-24%				
Zinc	18-19%	13-18%				
Riboflavin	12-15%	9-11%				
Vitamin B ₁₂	72-90%	48-60%				
Kcal		6%				
Saturated fat	27%					
Sodium		9%				

Recommended intakes for calories, saturated fat and free sugars are taken from the NPM consultation document (i.e. 2000kcal, 11% energy and 5% energy).

Research also points to the beneficial effects of cheese on oral health, which is crucial considering that so many children in the UK suffer from poor dental health: almost 25% of five-year-old children in England has experience of dental decay with one or more teeth that are decayed to dentinal level, extracted or filled because of caries⁶. In 2003, WHO and FAO reported that a number of scientific studies point to the fact that hard cheese decreases the risk of dental caries and of dental erosion. The anti-cariogenic properties of dairy products have been attributed to components such as calcium, phosphate and casein³. This position is supported by the Oral Health Foundation.

It is easy to see how a product containing 75% of cheese has the potential to deliver significant amounts of essential nutrients and make a fundamental contribution to a child's healthy balanced diet.

Of course excessive amounts of cheese are not recommended (as with any food), but the latest NDNS data¹ shows that **cheese contributes the following amounts to children's** (4-18 years old) nutrient intake in the UK:

- 2% of calories
- 8% of saturated fat
- 4% of sodium

It is because of its nutrient richness and the key role it plays in helping children achieve a healthy balanced diet that cheese is recommended for inclusion in school meals worldwide. For example, the English School Food Standards acknowledge that a significant proportion of children do not consume enough zinc and calcium to support their rapid growth, and identify cheese as an important source of both these nutrients⁷.

In Europe, the EU School Milk Scheme allows a wide variety of cheeses to be eligible for EU aid when provided to children in schools, in recognition of their crucial role in delivering key nutrients to this age group⁸.

It is for these same reasons that the cheese category is exempt from the Irish nutrient profiling model adopted for restricting advertising of food to children⁹.

Other examples of nutrient profiles which recognise the nutritional value of cheese are:

- The model implemented by Australia and New Zealand for the purpose of allowing claims on food, in which cheese or processed cheese with over 320mg calcium/100g is considered a Category 3 food rather than Category 2, therefore facilitating use of claims on these products¹⁰;
- The Norwegian model, in which cheese is excluded from the list of products which are prohibited from featuring in marketing practices aimed at children¹¹.

With regards to the definition of "cheese", we refer back to the UK definition quoted in the Food Information Regulations 2014¹².

Yogurts and fromage frais

Using the new NPM, only 31% of yogurts and fromage frais would be allowed to be advertised to children.

As is the case with most dairy products, yogurts and fromage frais are rich in nutrients and

Table 2: Contribution of 150g pot low-fat fruit yogurt to recommended nutrient intake ^{4,5}						
	4-10 year-olds	11-18 year-olds				
Protein	22-32%	11-15%				
Calcium	38-47%	21-26%				
Phosphorus	40-51%	23-29%				
Iodine	65-72%	51-55%				
Potassium	15-28%	9-10%				
Thiamin	26%	16-26%				
Riboflavin	32-39%	24-29%				
Vitamin B ₁₂	45-56%	30-38%				
Kcal	6%					
Saturated fat	5%					
Free sugars	50%					

have an important role to play in delivering those nutrients to children. Even flavoured products have an overall positive nutritional value and Table 2 illustrates the contribution that an average low-fat fruit yogurt makes to a child's intake of nutrients.

Recommended intakes for calories, saturated fat and free sugars are taken from the NPM consultation document (i.e. 2000kcal, 11% energy and 5% energy).

McCance and Widdowson's values for low-fat fruit yogurt are decades old and do not take into account the significant sugar reformulation of yogurts and fromage frais which has been carried out over the years, particularly recently (driven partly by PHE's reformulation programme). Therefore, we expect the free sugar content of these products to be considerably lower (by at least 20%) compared to what is reported in Table 2.

According to the latest NDNS data¹, **yogurts and fromage frais contribute the following to children's nutrient intakes in the UK**:

- 1-3% of calories
- 2-4% of saturated fat
- 3-6% of free sugars

NDNS data, however, reports results for "yogurts and fromage frais" and "other dairy desserts" together, so the values for yogurts and fromage frais are likely to be even lower.

Although it is difficult to determine the composition of the yogurts analysed for the purposes of the McCance and Widdowson's table, current market information suggests that the yogurt content of a low-fat fruit yogurt is consistently higher than 75%. This confirms the nutritional benefits of yogurts with at least 75% yogurt content, and – given their small contribution to free sugar, saturated fat and calorie intake – we strongly believe they deserve an exclusion from the scope of the new NPM.

Yogurts and fromage frais are tasty products which can cater to any child's preference whilst also delivering a vast array of nutrients important for growth and development.

It is in recognition of their nutritional value that the NPM used for the Health Star Rating Scheme in Australia awards preferential points to all dairy products, including yogurts and fromage frais¹³.

With regards to the definition of a "yogurt", we refer back to the definition set out in the Dairy UK/PTF Code of Practice for the Composition and Labelling of Yogurt¹⁴.

Milk-based drinks

According to analyses conducted by PHE, milk-based drinks are negatively affected by the new NPM: no yogurt drink would pass the new model, and only 55% of flavoured milks would pass it. However, milk-based drinks are sources of protein, calcium, potassium, phosphorus, iodine, riboflavin and vitamin B_{12} .

Due to the lack of targeted information on this particular category in official UK statistics, Dairy UK has collected nutritional information on flavoured milks and yogurt drinks sold by its members, including their portion size, milk content, sugar content and macro- and micronutrient composition. Results are reported in Table 3.

Table 3: Contribution to recommended nutrient intake of average milk-based drink (per single serve portion size)						
	4-10 year-olds	11-18 year-olds				
Protein	32-46%	16-22%				
Calcium	57-69%	31-39%				
Phosphorus	54-70%	31-39%				
Potassium	20-37%	12-13.%				
lodine	71-78%	56-60%				
Riboflavin	62-78%	48-57%				
Vitamin B ₁₂	234-292%	156-195%				
Kcal		9%				
Saturated fat	9%					
Added sugars	34%					

Recommended intakes for calories, saturated fat and free sugars are taken from the NPM consultation document (i.e. 2000kcal, 11% energy and 5% energy).

It is clear that milk-based drinks have a significant role to play in contributing to the intake of many essential nutrients, including vitamins and minerals. They also contain free sugars, but dairy companies have been reformulating their products over the years to meet consumer choice for lower-calorie and lower-sugar products and, in view of Public Health England's reformulation programme, we expect the free sugar content to decrease by a further 20% in the coming years.

It is important to bear in mind that, at the moment, **milk-based drinks contribute 1-2% to the free sugar intake of the children and teenage population in the UK**, according to the latest NDNS figures. The main contributors to added sugar intake in these age groups are cereals and cereal products (29-33%) non-milk-based soft drinks (22-33%) and sugars and confectionary (21-23%)¹.

Milk-based drinks also contribute the following to the nutrient intakes of children aged 4-18 years¹:

- 1% of calories
- 1-2% of saturated fat.

NDNS data, however, reports results for "cream" and "other milk" together, so the values for milk-based drinks are likely to be even lower.

Given the information provided, Dairy UK believes that the nutritional benefits of milk-based drinks with at least 75% milk content, and their small contribution to the current free sugar, calorie and saturated fat consumption of children and teenagers in the UK, warrants an exclusion of these from the scope of the new NPM. For children who do not consume plain

milk, these products can be an important source of essential nutrients in their diets and it is important for national regulation to recognise this.

It is in recognition of their nutritional value that the NPM used for the Health Star Rating Scheme in Australia awards preferential points to all dairy products, including milk-based drinks¹³.

We regards to the definition of "milk", we refer back to the definition set out in The Soft Drinks Industry Levy Regulations 2018¹⁵.

Technical comments

Dairy UK believes there may be an error on page 43 in which free sugars and total sugars have been swapped around, as the footnotes do not match Table 8. Additionally, footnotes t and u on page 43 refer to grams of sugar per 100ml and grams of sugar per 100g, respectively.

With regards to product density, we understand that a specific gravity value of 1 was used for milk-based drinks - this is not in line with PHE's sugar reduction programme, for which a value of 1.06 is used. In practical terms, this means that the actual sugar levels of these products are higher than what would be assumed by using a specific gravity value of 1. We would ask for this to be looked into, so a fair and proportional approach can be applied.

With regards to the calculation of free sugars, this will be time consuming and there will need to be clear guidance for industry to ensure a harmonised approach.

Conclusions

Dairy products are heavily penalised by the both the current and new NPMs due to their levels of calories, saturated fat, sodium and/or free sugars. We would argue that dairy products should be allowed to contribute to these nutrient intakes, as these come within a natural package comprised also of beneficial minerals and nutrients, many of which are under-consumed by the younger population in the UK. We strongly believe that nutrient-poor discretionary HFSS foods should be targeted, not nutrient-rich dairy products.

For this reason, we ask for the new NPM to exclude any product containing over 75% milk, cheese or yogurt, on the basis of the contributions they make to children's nutrient intakes and the health benefits they provide.

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12) Food Information Regulations 2014. http://www.legislation.gov.uk/uksi/2014/1855/contents/made [accessed June 2018]

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http://dairyuk.org/images/Code_of_Practice_for_the_Composition_and_Labelling_of_Yogurt. pdf

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13. Danone

Introduction

Dedicated to bringing health through food to as many people as possible, Danone is a leading global food company built on four business lines: Essential Dairy and plant-based products, Early Life Nutrition, Waters and Medical Nutrition. Through its mission and dual commitment to business success and social progress, the company aims to build a healthier future, thanks to better health, better lives and a better world, for all its stakeholders—its 100,000 employees, consumers, customers, suppliers, shareholders and all the communities with which it engages.

In the UK and Ireland Danone employees more than 1700 people, and serves an estimated 17 million consumers with leading brands including Evian, Activia, Aptamil and Cow and Gate

Danone fully understands the need for and supports efforts to reduce obesity, particularly in children. It is a huge societal challenge and we agree that action must be taken. However, we do have some concerns about the nutrient profiling model as currently proposed. These are related to potential consumer confusion and lack of consistency with other government initiatives, the impact on the national diet and the suitability of the model for all ages.

(a) Consumer confusion and inconsistency of messages

It is generally acknowledged that there is a need to improve general public knowledge and understanding of basic nutrition. Consumers are often confused by information they receive which can seem to be contradictory. We believe all sides have a role to play in improving this situation, industry included. Our concern with the proposed model is that it will increase existing confusion. Some of the products that are recommended in the recent sugar swaps Change 4 Life programme would be classed as HFSS under the new model. In the case of soft drinks, a product could be categorised as HFSS or less healthy, but be under the SDIL threshold, and be labelled as low sugar/low calorie according to nutrition and health claims regulations. Much of the yogurt category would be considered HFSS even though it has a sugar content below the target level set as part of the Sugar Reformulation programme. It also limits one of the methods of reducing sugars products over higher sugars counterparts.

Inconsistency of approach makes it difficult for industry to innovate. Under the proposed model it is very likely that companies who have invested to improve the nutritional content of their product will find themselves in the same position as those who did not, neither will be able to advertise their products on TV or

digitally. In a purely narrow commercial respect it could be argued that those who did invest are in a worse position, they have spent the money and may not be able to get a return on that investment.

(b) Impact on the national diet

The UK NPM does not reflect the total nutritional contribution of the product. The focus on sugar means that the contribution to dietary intake of essential vitamins and minerals is not taken into account. We believe that dairy products and yogurt in particular will be severely impacted by the proposed model. Dairy is a key contributor of high value protein in the diet as well as a valuable source of calcium, vitamin B12 and zinc, which is recognised in the Eat Well Plate.

Yoghurts are low contributors to free sugars intakes of the population, are good sources of Vitamin D and calcium respectively and are often consumes as a dessert in place of some higher calorie, higher sugars alternative. The fact that many yoghurts will now fail means that there may be unintended consequences of the proposed NPM. We know that consumers often eat yogurt as a snack, they may conclude that is no better for them than other less nutritionally valuable snacks.

(c) Fitness of the model for all

We are concerned that neither the 2004/5 NP model nor the new model have been validated in infants and young children. The test dataset used in the new model rationale does not contain any specific infant foods. The nutritional needs of infants and young children are very different from those of adults or older children.

Suggestions

We believe that the following measures would help the model to provide consumers with information to make better nutritional choices.

- (1) Develop a mechanism to clearly and consistently differentiate between foods which bring a significant and valuable nutritional benefit to those which do not. This could be done through the points system.
- (2) Consider developing a specific model to control the marketing infant foods.
- (3) Consider using total sugar rather than free sugar. We believe total sugar is much easier to measure and police, as well as being much clearer for consumers.

14. European Specialist Sport Nutrition Alliance

Introduction

The European Specialist Sports Nutrition Alliance (ESSNA) would like to thank Public Health England for providing the opportunity to submit comments on the review of the UK Nutrient Profiling Model (NPM). We hope that PHE will be able to fully take the points presented in this submission into account when drafting the final version of the NPM.

About Essna

ESSNA is a pan-European trade association with more than 50 members representing the interests of the sports nutrition sector across the EU. Our members are large global businesses, smaller specialist brands, suppliers of ingredients, sports nutrition retailers, companies representing multi sports nutrition brands, as well as national associations. ESSNA's main aim is to campaign for appropriate policy and regulation for sports nutrition products in Europe, as well as to improve the reputation of the sector with regulators and the public. We do so by working to improve consumer knowledge of sports nutrition products and the industry.

Our Position

ESSNA very much welcomes PHE's aim to bring the NPM in line with current UK dietary recommendations. It also supports the objective of ensuring that unhealthy foods and drinks are not advertised during children's television programming as one of the key elements of the government's strategy "Childhood Obesity, A Plan for Action".

ESSNA would like to highlight its position in the context of the broader debate around nutrient profiles. In the event consideration is given to introduce nutrient profiles beyond the scope of advertising during children's programming and in non-broadcast media including print, cinema, online, and in social media, ESSNA wishes to emphasise the following points:

- There is a need to consider the different dietary needs within the population in particular that of sports people as well as the substantial range in products on the market, including food supplements, sports nutrition products, meal replacement products and total diet replacements that cater to those needs.
- It is important that the modelling system takes into account the specific nutritional needs of sportspeople and that appropriate adjustments are made to reflect these needs - in particular should the scope of the NPM expand to beyond advertising during children's programming and on non-broadcast media. This has already been acknowledged to a certain extent at the European level in the European Commission report on food intended for sports people, which recognises that the regulatory framework should take into account the unique needs of sports people, including through specific provisions.
- Without adjustments for certain products, imposing nutrient profiles will have a devastating impact on specialist sectors, such as the sports nutrition industry, whose products are formulated with high levels of certain nutrients, such as sodium and sugar, on purpose, to cater to the specific dietary needs of people performing exercise.

• It is also important to take into account the regulatory framework applicable to food including specific food categories which provides for clear information and labelling requirements to ensure that consumers have access to safe products and can make informed choices.

For More Information, Please Contact:

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15. Food Active – Cheshire West and Chester Council and Halton Borough Council

Organisation:	Food Active (Heart of Mersey)
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About Food Active

Food Active is a North West healthy weight programme supported by North West Directors of Public Health.

The aim of Food Active is to tackle the social, environmental, economic and legislative factors which influence people's lifestyle choices and behaviours. You can find out more at <u>www.foodactive.org.uk</u>,

Our key objectives are:

- 1. To advocate for healthy weight in all policies and support measures to tackle obesity at local, regional and national levels
- 2. Continue to advocate for the use of fiscal measure and supply restrictions to change consumption behaviour of sugar-sweetened beverages
- 3. Advocate for stronger national regulatory controls on the advertising of junk food to children
- 4. Advocate for measures to increase active travel, specifically walking and cycling, and improved spatial planning measures e.g. 20mph zones

Introduction

Across the UK, obesity levels are rising. Nearly a quarter (22.6%) of 4-5-year olds and over a third (34.2%) of children aged 10-11 year olds carry excess weight. In the North West this rises to 23.9% and 35.2% respectively. ⁱ This trend continues into adulthood with 63.3% of North West adults identified as being overweight or obese. Those living in the most deprived areas are at greater risk of being overweight or obese.ⁱⁱ Health problems associated with being overweight or obese cost the NHS more than £5 billion every yearⁱⁱⁱ.

Please note: Food Active (Heart of Mersey) are members of the Obesity Health Alliance, we have utilised the response written by the alliance on which to base this document.

Junk Food Marketing

Junk Food Marketing (JFM), which is the marketing of foods that are high in fat, salt and sugar (HFSS), is a major contributor to the obesogenic environment in the UK. Unsurprisingly, food advertising in the UK is dominated by unhealthy foods^{iv}, with the top spending HFSS brands investing over £143million on advertising their products each year^v. A recent study found that half of all food and drink advertisements seen by children on television are relating to products high in fat, sugar and salt ^{vi}.

As a result, JFM is hard for children to avoid, and children are also often considered a primary target for JFM, however research has shown that children are unable to critically assess viewing content and therefore to not appreciate and understand that they are being marketed to^{vii}.

A growing body of evidence shows that JFM directly results in children consuming more HFSS foods^{viii} and obese and overweight children consume even more HFSS foods after seeing HFSS adverts than normal weight children do^{ix}. Research has also shown that the diets of children as young as three are negatively impacted by watching TV programmes and the adverts around them^x. In addition, another study suggests teenagers are more than twice as likely to be obese if they can remember seeing a junk food advert every day, compared to those who could not recall any over a month^{xi}. Furthermore, it is estimated that watching one extra junk food advertisement per week may result in addition 18,000 calories consumed by children every year, which could amount to 5lb of weight gain annually^{xii}

The World Health Organisation has recommended that authorities should reduce children's exposure to JFM^{xiii} and the UK Government insists that the UK have some of the strictest regulations across the globe.

The Advertising Standards Authority, the UK's independent advertising regulator and the Committee for Advertising Practice (CAP), has created regulations to restrict JFM to children, on both broadcast and non-broadcast media, where children make up 25% or more of the audience online and TV programmes that have a 'particular appeal' to children^{xiv}. However, children still see a significant amount of JFM when watching family TV^{xv}. In fact the Obesity Health Alliance (OHA) recently reported that 59% of adverts around family programmes would be banned if they were shown on children's TV^{xvi}. The OHA also reported that in the worst-case scenario children saw nine HFSS advertisements in a 30-minute period.

Furthermore, despite CAP's recent introduction of advertising codes on non-broadcast media in July 2017, researchers have raised concerns that these codes do not go far enough to protect children from JFM. They echo the existing loopholes in broadcast media that children do not solely watch or visit child-orientated media. Furthermore, these codes operate on a voluntary and reactive basis whereby a complaint must be issued for an advert online to be investigated. By which time, the advert has been shown to thousands of children. Therefore, health charities, campaign groups and medical colleges would argue that there are significant gaps in current advertising restrictions that mean children are still exposed to the marketing of unhealthy food and drink across their media environment.

As part of the Food Active work programme we have compiled a local evidence base in support of restriction on JFM to children. The work is based on parents' perceptions of JFM to children, highlights include:

- 85% of parents said JFM encourages their child to ask for the advertised foods and drinks
- 75% said it increases their child's preference for the types of food advertised
- 63% of parents said it creates unhealthy eating habits that may stick with their child for life.

• When asked where the top three places or platforms are where JFM has the most impact on their children, parents answered television (74%), promotions on unhealthy food (69%) and popular TV and characters on food packaging (48%).

Food Active position

Protecting children from exposure to JFM across all media is one of Food Active's agreed policy priorities. We support the use of the Nutrient Profile Model as an established and evidence-based tool to identify 'less healthy' food and drink that should have marketing restrictions applied.

We support that the existing Nutrient Profile Model is outdated and should align with current UK dietary guidance, and therefore be regularly reviewed and updated. Although not part of this consultation, we are keen to ensure that UK advertising regulators are able to quickly adopt the new model in order to reduce the number of 'less healthy' products being advertised to children. In line with the response with the Obesity Health Alliance, we also note that the Nutrient Profile Model has scope to be used more widely, such as to aid product reformulation by industry, to guide retailer behaviour on promotions and by public institutions such as schools, hospitals etc.

The test data

It is worth noting that the items tested were those consumed in the home and did not include out of home foods. Nowadays, out of home foods represent a large proportion of a family's dietary intake and a recent study found that over 60% of teenagers purchase a takeaway at lunchtime or after school at least once a week^{xvii} – in addition to any meals out they have with families or at the weekends .meals tend to comprise higher energy intake; higher levels of fat, sugar, and salt, and lower levels of micronutrients.^{xviii} Furthermore, evidence reported by the Obesity Health Alliance suggests that fast food is the most heavily advertised food and drink category, during the TV programmes most popular with children.^{xix}

Whilst we appreciate that it is likely the majority of out of home items would not pass the Nutrient Profile Model, we suggest it would be appropriate to carry out testing to ensure young people are adequately protected from HFSS products primarily offered by out of home food outlets.

Specific modifications

1. Free Sugars

We support the alignment of the Nutrient Profile Model with the recommendations made by SACN in their Carbohydrates and Health Report^{xx} in 2016, replacing the total sugars component of the existing Nutrient Profile Model by 5% of total dietary energy for free sugars.

The latest National Diet and Nutrition Data shows that children of all ages are exceeding the recommendation of free sugars providing no more than 5% of daily total energy intake, with girls aged 11-18 consuming just under three times the recommended daily limit of free sugars^{xxi}.

We strongly support the performance measure that the draft 2018 Nutrient Profile Model should allow fewer foods that are high in free sugars to pass the modified Nutrient Profile Model, as these foods are not recommended to be consumed frequently owing to an increased risk of weight gain and dental decay. We are pleased to see that during testing, the revised Nutrient Profile Model allowed fewer foods and drinks higher in free sugars to pass than the 2004/5 model. We are pleased that the revised model allows fewer cereal and yoghurt products to pass, as these are generally high in free sugars and importantly sweetened cereals and cereal products represent the largest source of free sugars intake in children aged 1.5-10 years.

It is presently not a requirement for free sugars to be detailed on product packaging, therefore advertising regulators will be reliant on manufacturers' own calculation of free sugars content to assess whether a product passes the revised Nutrient Profile Model. As proposed by Obesity Health Alliance in their response, we encourage PHE to develop and make public standard tools that can be used by industry and all interested stakeholders to calculate free sugars content of food and drink products using information that is available on pack. We also encourage the Government to explore options on how to communicate free sugars content of foods as part of the commitment made in their Childhood Obesity Plan^{xxii} to review additional opportunities to go further and ensure we are using the most effective ways to communicate information to families on packaged food labels. At present, it is currently very difficult for consumers to identify whether a product in high in added sugars, as the value referred to on packaging refers to total sugars, of which is a far greater value than the revised SACN free sugar recommendations.

2. Saturated fat

We support the recommendation to retain the current reference value for saturated fat. This aligns with the 2018 draft SACN recommendation on saturated fat intake and current UK DRV.

3. Fibre

We support the principle of updating the Nutrient Profile Model to take into account the revised UK dietary fibre recommendations. We understand that the impact of the changes to the free sugar element of the model has resulted in fewer foods with 'high fibre' passing the model. However, as the saturated fat component of the model has not changed, we have concerns that the reviewed fibre level could mean that products higher in saturated fat could pass the model, for example meat products high in both fibre and saturated fat. While we note that children and adults are not meeting daily fibre recommendations, it is our view that they should not be encouraged, via advertising, to increase fibre intake via consumption of high fat, salt or sugar products. Increasing fibre intakes should instead be encouraged through consumption of healthier foods, such as fruits, vegetables and wholegrain varieties of staple carbohydrates.

ⁱ Public Health Outcomes Framework (2015) http://www.phoutcomes.info

ⁱⁱ Newton, J. N. et al. (2015). Changes in health in England, with analysis by English regions and areas of deprivation, 1990-2013: a systematic analysis for the Global Burden of Disease Study 2013 ^{III} PHE (2010). The Economics of Obesity

^{iv} Boyland, E.J., Whalen, R. (2015). Food advertising to children and its effects on diet: review of recent prevalence and impact data. Pediatric Diabetes. (16) pp.331–7.

^v The Grocer. (N.D.). Top 100 advertising spend: FMCG brands [online]. Available at: https://www.thegrocer.co.uk/attachment?storycode=550799&attype=T&atcode=113157 [Accessed 16th May 2018].

^{vi} Institute of Fiscal Studies. (2018). Children's exposure to TV advertising of food and drink [online]. Available at: https://www.ifs.org.uk/publications/13020 [Accessed: 12th May 2018].

^{vii} Boyland, E.J., Nolan, S., Kelly, B. et al. (2016). Advertising as a cue to consume: a systematic review and meta-analysis of the effects of acute exposure to unhealthy food and non-alcoholic beverage advertising on intake in children and adults. The American Journal of Clinical Nutrition. (103/2) pp.519-33.

^{viii} Andreyeva, T., Kelly, I.R. and Harris, J.L. (2011). Exposure to food advertising on television: Associations with children's fast food and soft drink consumption and obesity. Economics and Human Biology. (9/3) pp.221-33.

^{ix} Halford, J.C.G., Boyland E.J., Hughes G.M. et al. (2009). Beyond-brand effect of television food advertisements on food choice in children: the effects of weight status. Public Health Nutrition. (11) pp.897-904.

^x Miller, S.A., Taveras, E.M. Rifas-Shiman, S.L. et al. (2008). Association between television viewing and poor diet quality in young children. International Journal of Pediatric Obesity. (3/3) pp.168–76.

^{xi} Cancer Research UK. (2018). Under Pressure: New evidence on young people's broadcast marketing exposure in the UK [online] Available at: http://www.cancerresearchuk.org/sites/default/files/under_pressure_-_a_study_of_junk_food_marketing_and_young_peoples_diets_0.pdf

^{xii} https://www.telegraph.co.uk/news/2018/05/22/watching-one-extra-junk-food-week-means-18000-calories-year/

^{xiii} World Health Organization (2010). Set of recommendations on the marketing of foods and non-alcoholic beverages to children. Geneva: WHO.

^{xiv} Committee for Advertising Practice. (2017). Tougher new food and drink rules come into effect with children's media [online]. Available at: https://www.asa.org.uk/news/tougher-new-food-and-drink-rules-come-into-effect-in-children-s-media.html [Accessed: 16th May 2018].

^{xv} Ofcom. (2007). Television advertising of food and drink products to children: The final statement [online]. Available at:

https://www.ofcom.org.uk/__data/assets/pdf_file/0028/47746/Television-Advertising-of-Food-and-Drink-Products-to-Children-Final-statement-.pdf [Accessed 16th May 2018].

^{xvi} Obesity Health Alliance. (2017). A 'watershed' moment: Why it's prime time to protect children from junk food adverts [online]. Available at: http://obesityhealthalliance.org.uk/wp-content/uploads/2017/11/A-Watershed-Moment-report.pdf [Accessed 16th May 2018].

^{xvii} British Nutrition Foundation (2018). Young people buying takeaways and energy drinks at least once a week reveals new BNF research [online]. Available at: https://www.nutrition.org.uk/press-office/pressreleases/1155-takeaways.html [Accessed: 12th June 2018].

^{xviii} Public Health England (2017). Strategies for Encouraging Healthier 'Out of Home' Food Provision A toolkit for local councils working with small food businesses

^{xix} Obesity Health Alliance (2017). A watershed moment: why it's prime time to protect children from junk food adverts.

^{xx} SACN. Carbohydrates and Health.

^{xxi} Public Health England (2018). NDNS: results from years 7 and 8 (combined)

^{xxii} Gov.uk (2016). Childhood Obesity: A Plan for Action

16. Food and Drink Federation

This submission is made by the Food and Drink Federation (FDF), the trade association for food and drink manufacturing. Food and drink is the largest manufacturing sector in the UK (accounting for 19% of the total manufacturing sector) turning over £95.5bn per annum; creating GVA of £28.2bn and employing around 400,000 people.

FDF is grateful to have been an observer of the discussions of the Nutrient Profiling Model Expert Group (Expert Group). This has greatly facilitated our understanding of the review process, and why certain decisions were taken.

We recognise the need to review the nutrient profile model (NP model) in light of changing dietary advice, particularly the large changes arising from the SACN Carbohydrate and Health Report. However, we do have significant concerns on the proposed NP model. We consider that by focusing specifically on changing two individual nutrients, the end result is skewed and demonises many foods that are nutrient dense and a healthy component of a child's diet. In addition, within some food categories, the proposal will mean it will be difficult to reformulate to pass the NP model, and therefore it will no longer be seen as an incentive to reformulate. Although this is not the primary purpose of the NP model, given the current emphasis on reformulation in Government policy it would be disappointing if this incentive was removed.

We therefore ask that further modelling work is undertaken to enable the Expert Group to further consider the wider dietary impacts of the proposed new classification.

We have four broad areas of concerns, where we would ask for further considerations and have focused our response on these issues:

1. Wider dietary aspects including fibre and micronutrient intakes. When considering consistency with dietary advice, we believe there are many aspects that the NP model in its current iteration neither evaluates, nor accommodates. A greater number of products high in fibre fail the NP model, compared to the 2004/5 model. In addition, wider dietary impacts beyond sugars and fibre were not considered by the Expert Group; in particular that the three main categories impacted by these changes (high fibre breakfast cereals, yogurts/fromage frais, fruit juices and smoothies) are nutrient dense and important contributors to children's micronutrient intakes, but are predominantly failing the NP model.

- 2. The appropriateness of the NP model as applied to products for infants and young children¹.
- 3. Broader implications to Government policy. We appreciate this review was undertaken specifically to consider the NP model as it relates to the current rules on advertising to children. However, the NP model forms part of the Government's overall policy response to obesity, and therefore we would have serious concerns if the NP model's purpose was extended beyond that originally intended within the scope of restricting advertising to children. This may form part of PHE's overall health impact assessment due later in the year, as opposed to being within the remit of the Expert Group, in which case we would welcome being able to input or comment on this impact assessment. We would also request that in all communications about the NP model, PHE is very clear that this has only been considered with respect to the current advertising codes, and any extension of its use would require a separate review and impact assessment.
- 4. Practical implications of a free sugars criterion for both food companies and the advertising regulator

1. Wider Dietary Implications

We appreciate modelling work has already been undertaken by the PHE secretariat to inform the Expert Group. However, we have concerns that by looking at free sugars and fibre in isolation, the wider dietary contribution of some products has not been considered, resulting in an NP model which is skewed towards failing on free sugars content.

1.1. Fibre

Fibre intakes in children (and indeed adults) are around a third lower than SACN recommendations. Mean intakes in children aged 4-10 years and 11-18 years have also fallen, being significantly lower in <u>NDNS years 7 & 8</u> than in <u>years 1 & 2</u>. Only 4% of teenagers and 10% of younger children are achieving the recommended AOAC fibre intakes²².

The SACN Carbohydrates and Health Report³ published in 2015 states: "Overall the evidence from prospective cohort studies indicates that diets rich in dietary fibre are associated with a lower incidence of cardiovascular diseases, coronary events, stroke and type 2 diabetes mellitus, colo-rectal cancer, colon and rectal cancer."

¹ As legislated for by European Regulation 609/2013.

² NDNS years 7 and 8

³ SACN (2015). Carbohydrates and Heath

Although fibre was considered by the Expert Group and the scoring amended, the net effect of this change is that across all product sectors only 54% of high fibre products now pass the NP model, compared to 70% passing the 2004/5 model⁴. We consider this means the proposed NP model does not meet the terms of reference for the review of the NP model to reflect the *'latest government dietary guidelines'*. FDF believes it is important for manufacturers to be able to advertise products higher in fibre. This will help raise consumer awareness, increase fibre consumption and help people gain the health benefits recognised by SACN.

a) High Fibre Breakfast Cereals

During development of the NP model, PHE has estimated the impact to each product sector⁵. Although sector data is not broken down for the proposed NP model, it is broken down for Modification 3 (without the fibre iteration M3n), which is largely similar in impact to the final NP model in terms of pass / fail rate of products. This table shows that only 18 of 53 (34%) high fibre breakfast cereals in the dataset would pass modification 3. However, the product dataset uses multiple entries of the same product (of 53 high fibre breakfast cereals listed in NPMEG-17-36, there are 9 entries of plain oats and 3 of plain wheat biscuits). When these products are combined (meaning there are only 43 different high fibre breakfast cereals in the dataset), the number of high fibre breakfast cereals passing is only 8 of 43 (18%).

In recent years, there has been an increasing trend for consumers to skip breakfast or seek "on the go" alternatives. We believe the new NP model has the potential to encourage consumers into less healthy alternatives. According to the NDNS years 7 and 8, high fibre breakfast cereals only contribute on average between 2% and 3% of total free sugars to children's diets, so a policy restricting their advertising would seem disproportionately strict. In addition, it may limit companies' ability to move consumers from higher sugar, lower fibre to lower sugar, higher fibre products.

b) Pure Fruit Smoothies

Pure fruit smoothies are also a good source of fibre and would all fail the new NP model. Recently published research from Leeds University shows that smoothies retain their fruit cell wall structures after production and that the dietary fibre naturally present has potential health benefits⁶.

1.2. Wider Dietary Impacts

The main categories impacted by the changes to the NP model are high fibre breakfast cereals, yogurts/fromage frais, fruit juices and smoothies. These

⁵ Table 9, page 45, Annex 1 of the NPM consultation package.

⁴ Table 10 page 53, Annex 1 of the NPM consultation package

⁶ Chu et al (2017). <u>Fibrous Cellular Structures are found in a commercial fruit smoothie and remain intact during simulated digestion</u>. Journal of Nutrition and Food Sciences 7:1.

categories all play a role in the positive nutrition of children, and we consider that by defining a very specific focus for the Expert Group of looking at the changes to free sugars and fibre, the potential wider impact of these changes has not been fully considered. This is particularly in light of low intakes in teenagers⁷ (11-18) of:

- Calcium 22% of girls and 11% of boys are below the lower recommended level.
- Iron 54% of girls have low iron intakes and there is evidence of both iron deficiency anaemia and low iron stores in 9% of older girls.
- Vitamin D 21% of teenagers are below the lower recommended level.
- Folate 9% of teenagers are below the lower recommended level.

a) High Fibre Breakfast Cereals

High fibre breakfast cereals provide a range of much needed micronutrients⁸ in the younger generation:

- Providing 11% of iron intakes across the 1.5 years to 18 years age groups.
- Providing primary school aged children and teenagers 4-5% of vitamin D, 2-4% of zinc, and 4-7% of fibre intakes. (To note: one major breakfast cereal manufacturer has recently increased its fortification of vitamin D, and so the category's contribution to vitamin D is likely to increase.)

We note high fibre breakfast cereals that do pass the NP model (effectively only plain wheat biscuits, shredded wheat pillows, plain oats and no added sugar muesli) are, with the exception of wheat biscuits, not fortified. Therefore, if the NP model meets its aims of encouraging consumption of these products compared to those that fail the NP model, children's micronutrient intakes would be expected to fall.

As a comparator, some breakfast cereal manufacturers have noted that their products would pass the WHO nutrient profiling model, but would fail the proposed NP model.

Case Study – Cheerio's Oats

Cheerio's Oats meets the conditions for both a 'high fibre' (9g/100g) and a 'low sugar' (4.7g/100g) claim, is green for sugars on the front of pack nutrition labelling, contains 97.8% whole grain, but still does not pass the proposed NP model.

b) Dairy Products

The proposed NP model now causes many yogurts to fail. In table 9 of Annex 1 of the PHE consultation package, Modification 3 shows that only 20 of 65 yogurts and fromage frais in the test dataset would pass the NP model (31%). This is from a

⁷ NDNS years 7 and 8

⁸ NDNS years 7 and 8

starting point of 82% and represents the largest change (51%) of products failing the system within the food groups.

We have concerns that (like the high fibre breakfast cereal data on NPMEG-017-36) there are multiple entries for natural yogurt in the test dataset, and as such, the impact of what passes the new NP model is overestimated. Modelling by a member company indicates it is likely that far less would pass if natural yogurts were excluded.

The fact that many yogurts now fail, coupled with the fact that most cheese fails the original 2004/5 model, means there may be an unintended consequence of labelling dairy products as 'junk', and thus a potential impact on children's intake of nutrients, particularly calcium.

Yogurts and fromage frais are very low contributors to free sugars intake of the population, are good sources of vitamin D and calcium respectively, and are often consumed as a dessert in place of some higher calorie, higher sugars alternatives. Latest dietary survey data shows that yogurt, fromage frais and other dairy desserts provide children with 6% of calcium intakes across the 1.5 years to 18 year old age group and less than 3% of energy in children aged 4-10⁹.

The increasing and ongoing demonisation of dairy products such as yogurt is negatively affecting a category that continues, for now, to provide valuable contributions to nutrient intakes of relevance in children's' diets. This was compounded by the reduction of the dairy segment of the Eatwell Guide – a matter raised by the Dairy All Party Parliamentary Group.

We remain concerned that classifying yogurts and fromage frais as 'junk foods', could lead to micronutrient shortfalls and fails to recognise the important role that dairy plays both within the Eatwell Guide and dietary recommendations, but also in terms of the wider consumer health benefits, such as bone health.

c) Fruit and Vegetables

We are unclear why in the 2004/5 model, the fruit and vegetable scoring is not uniformly spaced out, and why the threshold for scoring 1 point is set at >40% fruit and vegetables. We are aware that for some products, for example ready meals, this can be difficult to achieve, and a linear, more evenly spread scale may encourage reformulation to include further fruits and vegetables.

⁹ NDNS years 7 and 8

Case Study – Ready Meal Manufacturer

The company produces ready meals which typically range from a 350g - 400g portion size. Therefore, to provide at least 1 of 5 A Day (80g veg), a ready meal would need to only contain 20% (for 400g meals) to 23% (for 350g meals).

By having the threshold set at more than 40% to gain 1 'C' point for fruit/veg/nuts in the NP model, ready meals providing 1 of 5 A Day per portion are likely to not be able to gain a single C point for % fruit and veg. Similarly, a 400g ready meal could provide two 5 A Day portions (40% fruit and vegetables) but will still not gain a single point for fruit/vegetable/nut contribution in the NP model.

Fruit juices and smoothies are only consumed in small amounts (around 62g / day for 4-10 year olds and around 64g in 11-18 year olds) but can play a valuable role in helping to achieve 5 A Day recommendation. Latest dietary survey data¹⁰10 shows that in children from 18 months to 18 years, fruit juice and smoothies contribute:

- 4% of potassium recommendations
- 3% of magnesium recommendations.
- 5-6% folate recommendations.

Our Request

We appreciate that there is a need to balance the above positive nutrients with free sugars content, but would request that some additional modelling is undertaken to enable the Expert Group to consider some alternatives that factor in the wider dietary context and the contribution these foods can make. Specifically, we would request the following parallel amendments to the NP model are considered:

- Removing the protein cap for certain categories. We acknowledge past concerns of potentially unintended consequences if the cap was removed completely. However, we believe there is merit in removal of the protein cap in some product categories, limited to when certain criteria are fulfilled. For example, it could be linked to a minimum fibre content, similar to the current fruit/veg/nut rule, or to certain categories such as dairy and cereal foods (similar in principle to the Health Star Rating which split food into dairy / non-dairy, or the French Nutriscore model which enables cheese to score protein points). This should be designed to enable a proportionate, reasonable and credible number of nutrient dense high fibre breakfast cereals, yogurts and low-fat cheeses to pass.
- 2. Increasing the number of points fruit and vegetables can score to 10, in line with the 'A' nutrients.
- 3. Consider a scale of scoring for fruit and vegetables that is uniformly spaced out, to encourage increasing fruit and vegetables in products.

¹⁰ NDNS years 7 and 8

- 4. Increasing the number of points fibre can score up to 10, in line with the 'A' nutrients', which would provide a greater reformulation incentive for manufacturers.
- 5. Consider inclusion of a dairy ingredient component (e.g. milk %), to recognise the valuable contributions the dairy category makes to intakes of micronutrients of relevance in children's diets¹¹.

2. Appropriateness of NP model for Foods for Infants and Young Children¹²

We are concerned that neither the 2004/5 NP model nor the new NP model have been validated in infants and young children. The test dataset used in the new NP model rationale does not contain any specific infant foods.

The nutritional needs of infants and young children are very different from those of adults or older children. This was identified when the NP model was first developed in 2004/5¹³, and similarly the WHO nutrient profile model specifically exempts products for infants under 36 months. Infants and young children need more calories per unit body weight than older children, a greater proportion of calories coming from fat and, while protein is necessary for growth of muscle and bone tissue, it is important to avoid excessive intake during the first years of life. Therefore, the basic principles of this NP model do not apply in this age group and its adoption for this age group is inappropriate.

The SACN report on Carbohydrates and Health acknowledged a lack of evidence of the health effects of free sugars in children under the age of 2 years. While it is unlikely that these effects will be different from those in older children or adults, there should be an acknowledgement of the clear safety need to puree food, so that it is suitable for consumption by infants, and of the need to provide a wide range of appropriately textured fruits and vegetables to support a healthy weaning journey. Existing public health recommendations favour the use of simple purees of fruit and vegetables as appropriate first weaning foods.

In addition, many foods for infants and young children are heavily regulated by EU legislation, which already contains compositional requirements. Products within this category include infant and follow-on formula, which are strictly regulated by Commission Directive 2006/141/EC, and those defined in Commission Directive 2006/125/EC as 'processed cereal-based foods and baby foods for infants and young children', also known as complementary foods. Products covered by Regulation 609/2013 on Foods for Specific Groups and its delegated acts must also adhere to strict compositional requirements.

Our Request

¹¹ Clearly within the detail of any further work, consideration would have to be given to non-dairy alternatives that are fortified to the same level as milk – we would suggest PHE considers the definition used within the Soft Drinks Industry Levy.

 ¹² As legislated for by <u>European Regulation 609/2013</u> on Food Intended for Infants and Young Children, Food for Special Medical Purposes and Total Diet Replacement for Weight Control.
¹³ <u>Nutrient profiles: Applicability of currently proposed model for uses in relation to promotion of food</u> to children aged 5-10 and adults. M Raynor et al 2005.

We would propose an exemption for foods for infants and young children under 3 years old, as the current and new NP models are simply not validated or appropriate for use with this age group. While the NP model is intended for specific use in determining whether a product is suitable to be advertised to children, it is typically used more widely, e.g. in the media or by retailers to 'score' products as healthy or less healthy, which then has far wider implications. Additionally, it would be helpful to have an acknowledgement in the NP model that it has not been validated in infants who have very specific nutritional requirements.

3. Broader Implications to the Government's Childhood Obesity Plan and Healthy Eating Messages

The terms of reference of the Expert Group are very clear that the purpose of the NP model is for defining what can be advertised to children. This has been reflected in discussions within the Expert Group.

However, the current NP model is being used beyond this scope. For example, NHS England has used the 2004/5 model in <u>CQUIN 2016/17</u> to ban HFSS advertisements, price promotions, and placement of products at checkouts within hospitals. We are also aware that there are ongoing discussions in Westminster and Holyrood which may extend the NP model's use, including proposals in the recently published London Food Strategy by Sadiq Khan.

In addition to this, the NP model is used by media, health charities, and NGOs to be pejorative about food – it is routinely used to call food 'junk', including within the recommendations of the recently published <u>Health and Social Care Committee report into childhood obesity</u>. This means that, although the NP model is a technical one for food businesses, the results are known more widely by the general public and could result in contrary health messages.

Although PHE may not feel it is appropriate for the Expert Group to consider these wider policy implications, we do believe that it is important these are considered by PHE and DHSC before the finalisation of the NP model.

3.1. Sugars Reduction Programme

Many companies are reformulating their products, working closely and constructively with PHE on sugars reduction. This is a long and difficult process, with huge technical barriers and demanding consumers who will vote with their purses if they are not happy with a product's reformulated taste, thereby not achieving the public health goal.

Case Study – Ambrosia Reduced Sugar Custard

Under the new NP model, a 30% reduced sugar snack pot of custard would fail, scoring 5 points. The product contains less than 4% free sugars, and is already at the '20% by 2020' sugars reduction guideline advised in the PHE sugars programme, it is also a valuable source of protein, calcium and vitamin D.

Two of the three categories of products most impacted by changes to the NP model (breakfast cereals and yogurts) are categories within the PHE sugars reduction programme. Both categories achieved the initial stated ambition of reducing sugars by 5% within the first year of the programme. Theoretical modelling by FDF members has shown that even products with 20% sugars reduction would fail the NP model (for example yogurts achieving the sales weighted average guideline for 2020 would score 7 points before accounting for any other "A" nutrient points). It could be argued that the free sugars criterion is so strict it provides no reformulation incentive.

The proposed NP model also limits one of the methods of reducing sugars sold by a company that PHE is encouraging –to change the marketing mix by promoting lower sugars products over their higher sugars counterparts.

<u>Sugar reduction guidelines for the third category</u> – fruit juice, juice drinks and smoothies – have recently been announced. Given the sugars in juice are all naturally occurring, the only mechanism open to these companies is to try to encourage people to buy lower sugars brands or to encourage smaller portion size consumption. Again, limiting opportunities to do this seems counter-intuitive when considering the entire obesity plan, as opposed to one small element within it.

Case Study – Tropicana Little Glass Campaign

Tropicana recognised that there was a lot of misconception about the goodness of juice amidst a very one-sided sugar debate, and invested millions in a major advertising campaign. Entitled "Little Glass", the campaign was designed to educate on how a small glass (150ml portion) is one of your 5 A Day, giving consumers 60% of their recommended daily amount of vitamin C. The campaign ran across TV, national print and digital channels and was aimed at helping consumers to understand juice portion sizes better.

Whilst it can be argued that this only applies to current advertising restrictions and therefore will have minimal impact, the potential broader impact of the NP model must be considered to provide a realistic view of the impact of the changes. The NP model is often used internally by food manufacturers and retailers as a means to determine healthier products.

Scottish Government is currently considering limiting retail promotions using the NP model. In addition, the Westminster Government is considering an array of actions which may include extending marketing restrictions in both the broadcast and non-broadcast space.

3.2. '5 A Day' Message

Children's intake of fruit and vegetables are far from the recommended 5 A Day, with children aged 11-18 only achieving on average 2.7 portions a day, and only 8% of this age group achieving the full 5 A Day recommendation¹⁴. Fruit juice and smoothies can provide a valuable contribution to fruit and vegetable consumption. In addition, the modelling work which underpinned the new Eatwell Guide included a small glass of fruit juice, and yet, all no added sugar fruit/vegetable juices and smoothies fail the new NP model.

¹⁴ <u>NDNS years 7 and 8</u>. NB: NDNS data does not include contribution from juices and smoothies.

3.3. Change 4 Life Sugar Swaps and 100 Calorie Snack Swaps

A further demonstration of the seeming mismatch between the NP model and Government's healthy eating advice is the fact that some of the products that are recommended in the recent sugar swaps Change 4 Life programme would be classed as HFSS under the new NP model.

For example, plain bagel, fruited teacakes, malt loaf and lower fat, lower sugar fromage frais are widely accepted within Change 4 Life as healthy alternatives, but would all fail the new NP model.

Case Study – Petits Filous

Under the new NP model, Petits Filous fromage frais would fail, largely due to free sugars content. However, the range is already below the original 2020 sugars reduction guideline target of 11g, with 9.9g total sugars per 100g thanks to a 17% reduction since 2016. A further 40% reduction of free sugars would be required to pass.

PHE recently featured Petits Filous fromage frais in their recent smart snack <100kcal campaign. Petits Filous are designed for children, are portion controlled, nutrient dense pots bringing a source of calcium and 50% of the vitamin D daily recommendation per serving, whilst being low in fat and high in protein.

3.4. Soft Drinks Industry Levy

It is disappointing that the new NP model did not consider the Soft Drinks Industry Levy thresholds. The soft drinks industry has embraced a widespread sugar reduction programme – investing in a reformulation exercise long before the levy was announced. As a result, many soft drinks are well below the levy threshold and are classed as 'low energy' in the EU, but will fail the new NP model. Combined with wider advertising and sales restrictions, manufacturers will find it difficult to fulfil the original intent of the Levy in helping consumers choose these lower sugar brands.

Case Study – Lucozade Ribena Suntory (LRS)

Since 2017, LRS has reduced sugar by 50% on average across its core range of drinks and created zero/reduced calorie alternatives for every brand. In total, 25,500 tonnes of sugar and 98.1 billion calories have been removed from the portfolio.

All LRS core brands now contain less than 5g of sugar per 100ml, and all Lucozade Energy, Lucozade Sport and Orangina drinks contain less than 4.5g per 100ml, meaning they are classified as non-HFSS under the 2004/5 NP model.

If the new model is adopted, none of these reformulated drinks would pass, despite the significant pro-active effort and investment by the company to act responsibly.

Our Request

We would request that as part of the evaluation following this consultation and before a final NP model is announced, a review is undertaken which highlights the potential impacts, and this is factored into PHE's health assessment of the NP model before any recommendations are made.

We would also request that in all communications about the NP model, PHE is very clear that this has only been considered with respect to the current advertising codes, and any extension of its use would require a separate review and impact assessment.

4. Practicalities

In order for the NP model to meet its primary objective of defining which foods and drinks can be advertised in children's media, it must be useable – both for food companies applying it and for regulators seeking to ensure the advertising codes are being adhered to. This was also agreed by the Expert Group during its first meeting of 1 July 2016, where it was noted that 'both the practicality and science of the model is essential', and 'it would not be feasible in devising a model that is not practical'.

The practicality and ease of use is even more pertinent now the NP model is used within both broadcast and non-broadcast codes, as it will impact across a much larger number of products and across companies of all sizes, including those with no internal nutrition expertise.

4.1. Free Sugars

We shared our concerns on the practicalities of a free sugars criterion with the Expert Group, via a joint email with the BRC to PHE in June 2017, and our concerns remain. Free sugars cannot be analysed for, and will not appear within an ingredients declaration or recipe, meaning estimating free sugars is technically challenging and often requires detailed information from raw material specifications. This makes the calculation labour intensive and commercially sensitive.

In order to advertise on television, proof of passing the NP model is required to be submitted to Clearcast in advance of the advertising being allowed to proceed. Under the revised NP model, this process is not as simple, as it means free sugars will have to be estimated (rather than quoting total sugar data from nutrition labels) and there is therefore a greater burden of proof on companies advertising products that pass the NP model to demonstrate whether the sugars are free or not.

The declared value could be subject to challenge, as the level of free sugars is open to interpretation (examples given below), resulting in a potential situation where the regulator will have to determine which calculations are correct. This could also result in a request for companies to supply detailed, weighted ingredients information, which is not normally placed in the public domain and could be competitively detrimental to a company.

Company nutritionists are currently profiling their products using the new NP model, and are finding it difficult to determine the free sugars content of certain products where there is a mixture of free and intrinsic sugars such as yogurts with added fruit puree, or mashed texture products where there is a combination of solids and purees, for example in soups and vegetable based pasta sauces. Undertaking detailed and expensive microscopic work, Innocent Drinks in collaboration with Leatherhead Food Research found that the brand's fruit purees contain anywhere between 20% free sugars for banana puree and 70% free sugars for strawberry puree. This illustrates even where there is a straightforward rule to apply (purees are 100% free sugars) this is very much a simplification of the vast variations in free sugars content. Trying to determine an accurate calculation in a mixed texture product is proving to be impossible.

Other areas of difficulty encountered include:

- It is unclear what the level of mechanical processing required of fruit and vegetables is in order for them to be classified as free sugars. Is there a threshold size of piece or viscosity of final product for when a puree/paste is not classified as such because it contains some small whole pieces of fruits or vegetables (e.g. in a tomato pasta sauce)? Quantified definitions like minimum/maximum particle size would be useful additions that could be incorporated into technical guidance.
- To calculate a free sugars value in dairy products, the lactose level is needed to subtract from the total sugars value. Lactose from milk products is not routinely analysed for as it is not a requirement of the Food Information to Consumers Regulation nutrition labelling declaration. However, for a product that is close to the pass / fail threshold, an average value may change the result of whether a product can be advertised, and therefore either subject a company to additional cost or open it to an ASA challenge. One example of how close products can be to the border, was demonstrated during early PHE modelling of the test dataset using the 2004/5 NP model. When plain milks were tested as individual products, 3 of 7 products would fail. Milk only passed the NP model by using an average value across different processing treatments.
- There is inconsistency in PHE communications regarding how to treat the sugars in syrups. In both <u>Annex A</u> of the nutrient profiling consultation and the definition published in <u>Public Health Nutrition</u>, the body of text states that the total weight of the syrup should be counted as a free sugar, whereas the tables in these documents differ slightly, stating that only the '**sugars in** honey, syrups and nectars' are free. Depending on the water content of such syrup, this could potentially mean the difference between the pass or fail of a product. For example, a FDF member uses two glucose syrups in their recipes. One contains 12% mono and disaccharides, another one contains 73%. There is a wide variation, and as such, this is one method where sugars can be reduced in a product, so it is important that only the mono and disaccharides within any syrups are counted.
- There is inconsistency in the PHE definition of free sugars and that of milk in the Soft Drinks Industry Levy Statutory Instrument. In the SDIL, whey, reconstituted whey and recombined whey are all treated as milk. In the PHE definition of free sugars, sugar

in whey is counted as free sugars rather than as lactose in 'milk' which is not counted as free sugars. We would suggest that the description is changed to lactose in whey powder added as an ingredient and used for the purpose of sweetening.

Our Request

We understand and fully accept that free sugars is the basis of the dietary recommendation. However, we do not believe that free sugars is a workable criterion. We request PHE considers more fully than it has to date whether a proxy for free sugars content using total sugars can be developed, which whilst it may not have 100% alignment will be a practical and cost-effective solution. This would result in a total sugars criterion, based on the free sugars dietary recommendation, and would enable companies and regulators to use label data.

We note the regression analysis work already done by PHE (NPMEG-018-09) resulted in a coefficient of determination of 98.8%, which we feel is a good basis for continuing the work. We are aware that some additional work is required to address overly high free sugars estimates for morning goods, but believe this can be addressed by factoring in the proportion of sugars from dried fruits for this category.

A proxy would help smaller companies who do not have in house nutrition experts, and would be a helpful option to larger companies who could choose to either follow the proxy or do their own more detailed estimations based on recipe information.

Failing a move to total sugars, detailed technical guidance is required, developed in consultation with industry, to ensure a consistent understanding of how to calculate free sugars.

4.2. Fruit and Vegetable Calculations

Some manufacturers have struggled to estimate fruit and vegetable content when a product contains a mixture of dried and pureed fruits or vegetables and have found the <u>IGD guidance</u> a useful tool. Could PHE consider linking to this when developing its technical guidance to help calculate the NP model?

4.3. Trans Fats

We welcome that PHE and the Expert Group did not introduce a criterion for artificial trans fats into the new NP model. Although discussed during the review, we are grateful it was recognised that due to industry voluntarily reformulating its products many years ago, artificial trans fats are not a dietary concern in the UK food chain, with levels of total trans fats being similar to that which would be expected from ruminant meat and milk intake. It is also not practical to include them, as similarly to free sugars, these cannot be analysed for and would not form part of an ingredients declaration.

4.4. Technical Guidance

The current technical nutrient profile guidance only provides limited examples of products that need to be prepared in order to be consumed (squash, milkshake mix, cocoa powder,

powdered soup, rice, pasta). Any technical guidance should enable all foods and drinks that have to be prepared to be permitted to score nutrients for the food or drink on a per 100g or 100ml basis as consumed.

5. Conclusion

We welcome this opportunity to comment on the proposed revision to the NP model as used to define foods that can be advertised to children. We understand the rigorous process PHE has undertaken when revising the NP model. Nonetheless, we believe that due to the narrow focus of the review there are some unintended consequences. We therefore request that further modelling work is undertaken for the Expert Group to discuss, before PHE finalises the NP model. Specifically, additional modelling work that looks at:

- Options in relation to the impact of the protein cap.
- Changing the score for fruit / vegetables / nuts and fibre.
- Introducing a dairy ingredient component (e.g. % milk).

In addition, we request:

- Foods for infants and young children are specifically exempted from the NP model, as they are already heavily regulated by EU legislation, which contains compositional requirements.
- A wider impact assessment is undertaken on the implications of the NP model on government obesity policy. In particular, we have concerns that companies have devoted considerable resource, both time and cost, to reformulation programmes and yet the NP model as proposed sets the bar so high that it would not enable these products to be advertised, and may act as a disincentive to further engagement with the programme.
- Further consideration is given to the practicalities of implementing a free sugars criterion, both for food companies and for the regulator.

Consultation Annex

The UK Food and Drink Manufacturing Industry

The Food and Drink Federation (FDF) is the voice of the UK food and drink manufacturing industry, the largest manufacturing sector in the country. Our industry has a turnover of £97.3 billion, which is 19 per cent of total UK manufacturing, with Gross Value Added (GVA) of £28.8 billion. Food and drink manufacturers directly employ over 400,000 people in every corner of the country. Exports of food and drink make an increasingly important contribution to the economy, exceeding £20 billion in 2016 for the first time. The UK's 7,000 food and drink manufacturers sit at the heart of a food supply chain which is worth £112 billion to the economy and employs four million people.

The following Associations actively work with the Food and Drink Federation:

ABIM Association of Bakery Ingredient Manufacturers

ACFM Association of Cereal Food Manufacturers

BCA British Coffee Association BOBMA British Oats and Barley Millers Association BSIA British Starch Industry Association BSNA British Specialist Nutrition Association CIMA Cereal Ingredient Manufacturers' Association EMMA European Malt Product Manufacturers' Association FCPPA Frozen and Chilled Potato Processors Association FOB Federation of Bakers GFIA Gluten Free Industry Association PPA Potato Processors Association SA Salt Association SNACMA Snack, Nut and Crisp Manufacturers' Association SSA Seasoning and Spice Association UKAMBY UK Association of Manufacturers of Bakers' Yeast

FDF also delivers specialist sector groups for members: Biscuit, Cake, Chocolate and Confectionery Group (BCCC) Frozen Food Group Ice Cream Committee Meat Group Organic Group Seafood Industry Alliance

17. General Mills & Yoplait

Executive Summary

General Mills UK, and its affiliate Yoplait, are part of General Mills, one of the world's leading food companies, which operates in more than 100 countries and markets more than 100 consumer brands. Our purpose is to serve the world by making food people love and we are driven by a 'consumer first' mind-set in all that we do.

We have been making a place in the homes – and the lives – of UK shoppers since the 1960s; we market a range of foods including ice-cream, vegetables, cereal bars and pastry, as well as numerous other products. We are the leading manufacturer of kid's yogurt in the UK¹⁵ and are responsible for the iconic Petits Filous range of children's products as well as other brands including Liberté.

We are a responsible business and we acknowledge we have a role to play in addressing consumer health issues such as obesity, that are related to diet and health. We have been an active and engaged participant in the Government's ongoing sugar reformulation programme and our yogurt business was reported as reducing sugar by over 13% in the year one report released in May. We are appreciative that our work has been referenced and supported by Government.

GMI supports science-based nutrition information and labelling practices and accompanying nutrition policies and programs. We believe that any regulations or guidance must be supported by the most current scientific evidence and dietary recommendations, be based on robust methodology and research, and be transparent and useful in helping consumers achieve healthy dietary patterns that meet nutrient and food group recommendations.

We appreciate the opportunity to comment but we nevertheless have significant concerns about the proposed revisions to the UK Nutrient Profiling Model. Namely:

- 1. The broader policy environment: NPM proposals should be considered in a wider context, including their potential to contribute to consumer confusion
 - a. We are conscious that the NPM is frequently cited as the basis for future marketing restrictions and we believe this is important context for its development.
 - b. HFSS classification will disincentivise reformulation in the yogurt category (the only category to exceed year one targets for sugar reformulation).
 - c. We are concerned that majorly classifying nutrient-dense, flavoured yogurts as HFSS will further confuse consumers. For example, our Petits Filous brand was recently featured in PHE's Change4Life smart snacking campaign as a healthy alternative, although we understand such a recommendation would be unviable under the revised NPM. This is despite a -17% reduction in sugar in this brand, which already sits well below the Government's 2020 sugar targets.

¹⁵ Yoplait value share of kids yogurt category is 61.7% (IRI Data to 18th June 2016)

- 2. The model itself: the revised NPM does not reflect current dietary recommendations and we have some queries regards the scientific basis and data used in developing it
 - a. The revised NPM overly focuses on a limited number of nutrients; important micronutrients and other components are not appropriately integrated.
 - b. We are unclear on the scientific basis for using protein as a "proxy" for calcium.
 - c. We are concerned that modelling may have underestimated the impact on yogurt and cereal products due to the make-up of the test dataset.
- 3. Unintended consequences: application of the revised NPM would have unintended consequences including negative impacts on dietary intakes due to a disproportionate impact on nutrient dense foods such as dairy and wholegrain

General Mills Proposed Alternative:

As part of our response we have also made some suggestions to modify the NPM, namely: expanding the "Components to Encourage" to better recognise the nutrient contributions of dairy and wholegrain foods.

We believe this simple modification better aligns with PHE's Eatwell Guide and current dietary recommendations. This approach also builds on the fundamental approach and intent of the NPM but allows a more reasonable number of nutrient dense foods to score a "healthy" rating. Additionally, expanding the CTE to include dairy and wholegrain will better support PHE's performances indicators of increasing fibre rich foods by allowing more foods with fibre to achieve a "healthy" score while still incorporating the same free sugar criterion.

We hope that this is a constructive contribution to the consultation.

The broader policy environment:

NPM proposals should be considered in a wider context, including their potential to contribute to consumer confusion

- Although we note that the application of the NPM is not the focus of this consultation we encourage PHE to engage as necessary so it might ensure appreciation and consideration of the broader policy context, and consequently any unforeseen consequence. This is not least given our understanding that further regulation of food and drink advertising is actively under consideration.
- A key consideration that exists already is the potential impact on the ongoing sugar reformulation programme. As Yoplait, our yogurt business, was referenced in the May publication from Public Health England "Sugar reduction and wider reformulation: report on progress towards the first 5% reduction and next steps" as already below the Year 1 target, and demonstrating a -13.2% change in the Sales Weighted Average for sugar compared to baseline.

As we demonstrate in more detail below a typical yogurt meeting both the sugars and calorie targets for the PHE reformulation programme would still fail the 2018 NPM. Whilst they might not have been necessarily designed for the same end outcome, we believe a more joined-up approach and a revised NPM would better incentivise companies to reformulate to meet the model. However, models that are overly restrictive will not incentivise companies to reduce sugar, salt or saturated fat because the degree of reduction needed to change a product's score from "less healthy" to "healthy" is too large and often not technically feasible.

The 2018 NPM, if applied in its current form, would essentially set a new sugars target for yogurts at a level that is inconsistent with the reformulation targets that were the result of significant data assessment and stakeholder input into technical feasibility.

Petits Filous is an important example as Yoplait had put in place a reformulation program in advance of the publication of Public Health England's Sugar Reduction Strategy. As our business is designed around serving food consumers love, we fundamentally understand that if a product is reformulated too far and/or too fast that the product will not survive in the market place. Not only is it a frustration for our consumers to drastically change a beloved product, but it also represents a loss in not meeting the public health end goals of changing consumption behaviours or motivating reformulation.

Under the proposed NP model, Petits Filous fromage frais would fail the model largely due to its free sugar content. However, the free sugar amount is already 1.1g below the original 2020 target of 11.0g, with 9.9g total sugars per 100g. This is due to our earlier efforts to reduce total sugars by 17%. With the proposed 2018 NPM, an additional 40% reduction of free sugars would be required to pass.

We are also concerned that the revised NPM would contribute to consumer confusion by further demonizing the dairy industry, despite the inclusion of dairy in dietary guidance such as the Eatwell Guide.

As an example, Public Health England recently featured Petits Filous fromage frais in their recent smart snack <100 calorie campaign. This product is designed for children and is a versatile, portion controlled, nutrient dense yogurt. Petits Filous fromage frais provides a source of calcium and 50% of the Vitamin D daily recommendation per serving, whilst being low in fat and high in protein

We are concerned at the potential for consumer confusion in that products advertised as smart snacks within Change 4 Life, will in the future be classed as "less healthy" because of failing the current iteration of the 2018 NPM.

We are concerned at the impact this will have on the perception and consumption habits of yogurt: whilst food will continue to be consumed at the same general rate, yogurt appears to be losing its standing in the baskets of families. We would be supportive of affirmative support and encouragement for the promotion of nutrientdense foods that children find to be palatable

The model itself:

the revised NPM does not reflect current dietary recommendations and we have some queries regards the scientific basis and data used in developing it

• We believe that the revised NPM overly focuses on a limited number of nutrients; important micronutrients and other components are not appropriately integrated.

Current Dietary Recommendations and Guidance:

A concise summary of the government's recommendations for energy and nutrients for males and females aged 1 – 18 years and 19+ years, was published in August 2016¹⁶. These are based on recommendations from the Committee on Medical Aspects of Food Policy (COMA) and the Scientific Advisory Committee on Nutrition (SACN). Recent SACN recommendations related to Dietary Reference Value for Energy, Carbohydrates and Health, Salt and Health, Vitamin D and Health informed this update. The recommendations relate to the general population; the Governments healthy eating messages are based on the above and are communicated via the Eatwell Guide.¹⁷

PHE's Eatwell Guide provides practical food and drink recommendations to help UK consumers build a healthy balanced diet. Last updated in 2016, it divides foods and drinks into 5 main groups along with daily intake and some portion recommendations and is based on the Government Dietary Recommendations for Energy and Nutrients. Key consumer messages from the Eatwell Guide include:

¹⁶ Government Dietary Recommendations: Government recommendations for energy and nutrients for males and females aged 1 – 18 years and 19+ years. Public Health 2016

¹⁷ Eatwell Guide. Public Health England in association with the Welsh Government, Food Standards Scotland and the Food Standards Agency in Northern Ireland; 2016.

- Fruits and vegetables (39% of diet): Eat at least 5 portions of a variety of fruit and vegetables every day
- Potatoes, bread, rice, pasta and other starchy carbohydrates (37% of diet): Choose wholegrain or higher fibre versions with less added fat, salt and sugar
- Beans, pulses, fish, eggs, meat and other proteins (12% of diet): Eat more beans and pulses, 2 portions of sustainably source fish per week, one of which is oily. Eat less red and processed meat.
- Dairy and alternatives (8% of diet): Choose lower fat and lower sugar options.
- Oils and spreads (1% of diet): Choose unsaturated oils and use in small amounts.

The Eatwell Guide provides specific recommendations for dairy (and alternative) foods, including lower fat and sugar versions of milk, cheese, yogurt and fromage frais. The Guide acknowledges the important role dairy foods play in not only providing protein and vitamins, but also as an important source of calcium, to help keep bones strong. The Eatwell Guide also specifically recommends choosing whole grain foods because they contain, "…more fibre than white or refined starchy foods, and often more of other nutrients." Specific whole grain food recommendations include whole grain bread, pasta, brown rice, breakfast cereals and whole oats.

As PHE acknowledges, most foods include a balance of both nutrient components to encourage and nutrient components to limit.¹⁸ Focusing on a single nutrient or very limited number of nutrients does not create a true representation of foods and their overall contribution to the diet. We would request that if PHE moves forward with the 2018 NPM the construct of which currently allows a single nutrient (free sugars), to essentially eliminate the vast majority of food products in certain recommended food categories, that it carefully consider the potential for unintended consequences and address this by evaluating the impact across all macro and micronutrient intakes in the diets of children:

"In particular, foods and drinks in certain categories with the NPM test dataset, for example, sweetened yoghurts; juices; desserts; some breakfast cereals and cereal bars, which previously passed the UK NPM 2004/5, were more likely not to pass the draft NPM, largely due to their high content of free sugars."¹⁹

PHE's draft 2018 NPM includes additional conditions that further heighten the restrictive nature of the model for nutrient dense foods (see figure 3):

- A maximum of 10 points can be awarded for each nutrient/component (energy, sat fat, sugar and salt). Total 'A' points = [points for energy] + [points for sat fat] + [points for free sugars] + [points for salt].
- A maximum of 5 points can be awarded for protein and fruit, vegetables and nuts. A maximum of eight points can be awarded for fibre (AOAC or NSP). Total 'C' points are the sum of [points for fruit, vegetables and nut content] + [points for fibre (NSP or AOAC)] + [points for protein].
- The final Nutrient Profiling score is total 'A' minus total 'C' points

¹⁸ Public Health England. Annex A. The 2018 review of the UN Nutrient Profiling Model, p. 12. March 2018. Ref: PHE publications gateway number 2017829

¹⁹ Public Health England. Annex A. The 2018 review of the UN Nutrient Profiling Model, p. 11. March 2018. Ref: PHE publications gateway number 2017829.

• If a food or drink scores 11 or more 'A' points then it cannot score points for protein unless it also scores 5 points for fruit, vegetables and nuts (the "11-point rule").

The "11-point rule" is particularly restrictive and biased against dairy and wholegrain foods because the model does not include dairy or wholegrain as a CTE; most of these foods are not able to balance 'A' points with protein points. In contrast, fruit, vegetable and nut containing foods can balance 'A' points with protein points, because the model allows these foods to "count" towards their CTE. We recommend PHE to take the opportunity to include a wider array of food components in this condition, as all food components are important in building a healthy, balanced diet.

We understand that PHEs goal in updating the 2004/5 NPM is to ensure the new NPM reflect current UK dietary recommendations, particularly those for free sugars and fibre.²⁰ However, we have concerns that by looking at free sugars and fibre in isolation, the wider dietary contribution of some of the products has not been considered, resulting in a model which is skewed towards failing on free sugars content.

 PHE has indicated that protein is a "proxy" for calcium; we are unclear on the scientific basis underpinning this point as food composition and nutrition science does not support this thinking. While protein is found in varying degrees in many foods and food groups, dairy foods uniquely provide significant quantities of calcium in an absorbable form and there is significant inter- and intra-category variation in protein and calcium levels.

We also consider that the range of scoring afforded through protein does not sufficiently recognise the valuable contributions nutrients dense products from recommended food groups currently make in the diet. The yogurts group contributed to the intake of 11 vitamins and minerals in the most recent NDNS. In short, the presence of protein is not a reliable indicator of calcium.

- We have concerns that there are numerous entries for natural/no added sugar yogurt in the test dataset, and as such, the magnitude of the impact on "yogurts with additions" that we believe represents yogurts that are designed for and consumed by children may be underrepresented. Our estimation indicates that it may be only approximately 13% of yogurts would pass if natural/no added sugar yogurts were excluded. We recognise that such products should pass the NPM and be part of the dataset for modelling but are also mindful that the definition of yogurt and fromage frais within the Sugar reduction program excludes natural yogurt and unsweetened yogurt and fromage frais and that a representation of 20% within the dataset does not entirely convey the magnitude of impact between the old and new model on yogurts with additions. The magnitude of change was already reported as 82% to 31% and if the natural products were excluded the change in pass/fail rate is 69% which is far higher than any other food groups evaluated.
- We are also aware that the consumption of natural/ no added sugar yogurts can depend on the moment of consumption e.g. snacking/ cooking and the associated consumer behaviours. Consumers often buy plain yogurt which they sweeten

²⁰ Scientific Advisory Committee on Nutrition. Carbohydrates and Health. 2015. Online. Available from: www.gov.uk/government/publications/sacn-carbohydrates-and-health-report.

themselves with sugar, sweeteners and jam. Research conducted in France indicated that consumers greatly underestimated the amount of sugar they were adding, which was believed to be an average of 6.9g, whereas they were adding an average of 13.6g.²¹

Unintended consequences:

application of the revised NPM would have unintended consequences including negative impacts on dietary intakes due to a disproportionate impact on nutrient dense foods such as dairy and wholegrain

- There are inter-related aspects linked to the construct of the 2018 NPM that we consider result in a disproportionate impact to nutrient dense foods, particularly dairy and wholegrain foods:
 - The magnitude of change because of the move from Total Sugars to 5% Free Sugars
 - The validity of protein as a proxy for Calcium, and the nature of the scoring system
 - The Insufficient weight in the calculation of the NPM towards nutrient dense foods

The figure below highlights how a range of nutrient dense and/or child-friendly foods score if assessed using both the UK 2004/05 NPM and the proposed 2018 NPM. While not all of these foods are advertised to children, this chart serves to illustrate the restrictive nature of the model.

²¹ Appetite. 2016 Apr 1;99:277-284. doi: 10.1016/j.appet.2016.01.032. Epub 2016 Jan 27.How much sugar do consumers add to plain yogurts? Insights from a study examining French consumer behavior and self-reported habits.Saint-Eve A1, Leclercq H2, Berthelo S2, Saulnier B2, Oettgen W2, Delarue J3.

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Product	UK N Score	PM 2004/5	Draft UK 2018 NPM Score			
Dairy Foods						
Petits Filous Strawberry Fromage Frais	1	Healthy	7	Not Healthy		
Petits Filous Organic Strawberry Yogurt	-1	Healthy	4	Not Healthy		
Light Cheese Spread Triangles	12	Not Healthy	11	Not Healthy		
Low Sugar Oat Cereal	0	Healthy	6	Not Healthy		
Fromage Frais	1	Healthy	11	Not Healthy		
30% Less Sugar Fromage Frais	0	Healthy	4	Not Healthy		
Low Fat Plain Yogurt	-1	Healthy	-2	Healthy		
Whole Milk Plain Yogurt	-1	Healthy	0	Healthy		
Grain Foods						
Bran flakes	0	Healthy	8	Not Healthy		
Low Sugar Oat Cereal	0	Healthy	6	Not Healthy		
Original Flavor Ready to Eat Porridge	-5	Healthy	-6	Healthy		
Salted Popcorn	8	Not Healthy	5	Not Healthy		
Malt Lunchbox Loaves	1	Healthy	9	Not Healthy		

• Free sugars are the main driver for the clear majority of "yogurts with additions" failing the revised model. To put this in context a teaspoon of sugar is sufficient for a product to already reach the "fail" threshold of 4 points, before any other "A" and "C" scores are even taken into consideration.

Below is some modelling taking the typical nutrient composition of yogurts, either from the Composition of Dairy 2018, or a market average. In alignment with the PHE target of 11g/100g by 2020, we imputed this value in place of total sugars, assuming the lactose proxy and adjusted the energy accordingly. This modelling is technically not as straightforward in actual product development as usually something must replace an ingredient that is being removed; however, for this modelling we believe this helps demonstrate the scale of the challenge for yogurts to pass the 2018 NPM even with protein points being accounted.

Figure 2

	A points from free sugars	A points from other nutrients	C points from protein	Final NPM score	Level of protein required to pass the NPM [standard level]
Fruit-based fat free yogurt (Composition of Dairy 2018)	7*	0**	2	5	>6,4 [4,8%]
Fruit-based low-fat yogurt (Composition of Dairy 2018)	7*	0**	2	5	>6,4 [4,2%]
Average low-fat fruit yogurt from the market ***	9	2	2	11	A points = 11 so C points not applied, no possibility to pass the NPM
Fruit-based full fat yogurt (Composition of Dairy 2018)	7*	3**	2	8	Would require 7 C points from protein, which does not exist in the NPM
Whole milk plain yogurt (Composition of Dairy 2018)	0	3	3	0	
Petits Filous fruit fromage frais with calcium and vitamin D	8	2	3	7	Would require 7 C points from protein, which does not exist in the NPM

* PHE 2020 target of 11g of total sugars /100g assuming the lactose proxy of 3,8g/100g

** Energy estimated based on a 11g of total sugars target

*** Retailer fruit low-fat yogurt / Manufacturer fruit low-fat Yogurt Smooth / Manufacturer Organic Low Fat fruit Yogurt

The changes required to reformulate to "pass" the 2018 NPM model would be challenging, requiring a significant reduction in free sugars, fruits and/or a potentially unrealistic level of increased protein in children's products.

- Application of the revised NPM would have unintended consequences including negative impacts on dietary intakes due to a disproportionate impact on nutrient dense foods such as dairy and wholegrain
- PHE's more restrictive sugar recommendation also effectively eliminates commonly consumed products that would help children increase their fibre intake, namely breakfast cereals and bars. Globally and in the UK, grain foods are a significant source of fibre in the diets of both adults and children; the structure of the draft 2018 NPM essentially eliminates grain foods with any amount of added sugars from achieving a "healthy" score.

This is particularly concerning given PHEs performance measure of having the same number or fewer foods high in free sugars pass the 2018 draft NPM model AND have more foods that are either "high" or a "source" of fibre pass the 2018 draft NPM. It also demonstrates the importance of considering the impacts of the 2018 NPM beyond the subset of nutrients that the changes have been currently trialed against within the dataset.

We believe there is insufficient weight in the calculation of the NPM towards nutrient dense foods. While the 2018 draft NPM provides for the inclusion of nutrients to limit and certain components from selected recommended food group, e.g. fruit, vegetables, nuts; it does not directly account for the micronutrients or components brought by other recommended food groups, particularly those from dairy and wholegrain foods. Inclusion of these additional recommended food components into the 2018 NPM would be a positive step forward that could help address existing reported "gaps" in nutrient and food group intakes.

The impact of not including dairy and wholegrain food nutrients and components in the calculation results in many nutrient dense choices recommended by the Eatwell Guide (and with lower levels of sugar, salt and saturated fat) achieving a "not healthy" score of 4 or more, simply because these foods are not able to earn any "C" points. Conversely, foods with similar levels of sugar, salt and saturated fat but also at least 40% fruit, vegetable and nut components can achieve a score of less than 4 ("healthy").

GMI believes a robust, appropriate NPM should allow a reasonable number and variety of appropriate foods to "pass" the model, both across the various food categories (e.g., dairy, grain, fruits, vegetables, nuts), and within a food category. For example, all yogurts in a category should neither fail nor pass the criteria, but a more reasonable number of yogurts should pass, thereby helping consumer awareness of the healthier options available in the market.

A NPM should help consumers build healthy dietary patterns by allowing foods that contribute food group components and nutrients of need (with acceptable amounts of salt, sugar and saturated fat) to be identifiable to consumers as "better" choices within a food category rather than eliminating whole categories of nutrient-dense foods from being able to advertise in the UK. NPMs that effectively eliminate all choices in a category will not help consumers achieve healthier diets and may have the significant unintended consequence of steering consumers away from nutrient dense dairy and wholegrain products, like low fat and lower sugar yogurts and wholegrain and/or high fibre breakfast cereals, that are encouraged by the Eatwell Guide.

This may result in consumers simply offsetting their reduced consumption of these formerly-advertised nutrient-dense products with other (unadvertised) foods with poorer health credentials. For instance, whereas today a cereal or yogurt product may have an advertising advantage over alternatives like, say, an indulgent morning good or a treat, an advertising ban that extends to all these products would "level the playing field" between nutrient -dense foods and those that are decidedly less so. In 1980, the Canadian province of Quebec launched a similarly harsh child advertising ban that extended to all foods (and all other consumer products). In the aftermath of this ban, not only did the rates of obesity and overweight amongst children climb more rapidly in Quebec than elsewhere in Canada (where no advertising ban was in place), but Quebec lost the public health benefits that likely would have accrued from the promotion of nutrient-dense foods.

Recent data from Nielsen indicates a 10% decline in value and a 9% decline in volume over the last 2 years for the kid's yogurt category. We are concerned that this has been driven in part by the increasing negative perception of yogurt, that can only be further compounded should most children's yogurts not pass PHEs NPM and be classified as junk food.

If the aim is to achieve alignment with current dietary recommendations and

guidance, then the modelling work should be extended across all important macro and micronutrients intakes and dietary guideline recommendations.

- As part of their ongoing study of British Eating Occasions Kantar analysed why the number of children's (children up to 16) yogurt occasions had dropped by nearly a quarter and what dynamics are impacting the children's yogurt category. In total the children's yogurt occasions has seen a decline of 23% between March 2017 and March 2018. Although the largest changes were driven through children eating less sweet servings after a main meal our analysis showed that switching losses were to adult yogurts and to more indulgent categories so yogurts are losing out to products like chocolate and other sweet treats.
- We would suggest consideration of the different nutrient profiles of children yogurts compared to adult yogurts, as there is potential for unintended consequences related to micronutrient intakes for Vitamin D, and potentially other considerations. An initial quick screen online analysis of leading adult brands indicates that 2/3 of 54 products label Vitamin D at 0.75 µg/100g whereas leading children brands labelled Vitamin D at levels between 0.75 to 3.1 µg/100g.
- Yogurt and breakfast cereals are nutrient dense foods.

The latest results from the National Diet and Nutrition Survey (NDNS) illustrate that children's diets in the UK remain extremely poor when compared to Government recommendations, not just with respect to the "nutrients of concern" selected for the NPM, sugar, saturated fat, and salt, but also for micronutrients and achievement against Eatwell Plate Guide recommendations.²² The nutritional value of dairy products and their importance in bone health is well recognised and these foods are collected together as one of the main food groups within the Eatwell Guide model that illustrates a healthy, balanced diet. Studies exploring the nutritional and health attributes of yogurt have suggested benefits in relation to diet quality, bone mineral content and metabolic profile.

The entire dairy category contributes approximately 42% of calcium intake for children 4-10 years old. The National Diet and Nutrition Survey (NDNS) report that dairy products make the following micronutrient contributions to the diet:

- Milk: 9 vitamins & minerals
- Yogurt, fromage frais and other dairy desserts: 11 vitamins and Minerals
- Cheese: 9 vitamins & minerals

Yogurts are low contributors to energy and free sugars intake of the population, are good sources of vitamin D and calcium respectively and are often consumed as a dessert in place of some higher calorie, higher sugars alternatives. The most recent NDNS reports that for children 4-10 years of age that the yogurt group contributes to less than 3% energy intakes and less than 6% of free sugars intakes whilst breakfast cereals account for 2.4% and 4.7% respectively. There are seven other sub-groups contributing higher sugar intakes than the yogurt group, together they represent over

²² <u>https://www.gov.uk/government/statistics/ndns-results-from-years-7-and-8-combined</u>

60% of free sugars intakes; this includes fruit juice, buns, soft drinks, sugars, biscuits, chocolate and sweets.

Consumption shifts somewhat in the older group for children 11-18, here breakfast cereal contributes to less than 3% energy intakes and less than 6% free sugars intakes whilst the yogurt group accounts for 1.2% and 2.5% respectively. There are six other sub-groups contributing higher sugar intakes than breakfast cereals, together they represent over 60% of free sugar intakes; this includes soft drinks, sugars, fruit juice, biscuits, buns and chocolate. The difference in contributions to nutrient intakes for these foods groups is an important consideration, breakfast cereals are reported within the NDNS as making meaningful contributions to 9 micronutrients. Yogurt is also an important source of nutrients for particular demographic groups: for example, teenage girls, nearly 20% of whom are not currently consuming enough calcium²³.

The nutrients of which yogurt is an important source have been recognised for their important role in health via numerous authorised health claims. Calcium is the subject of 12 authorised health claims, and is specifically authorised alone, and with Vitamin D, for normal growth and development of bone in children. Additionally, there are 12 claims currently authorised by the European Commission specific to children. Eight of these claims are across the following nutrients; Calcium, Vitamin D, Iodine, Iron, Phosphorous, and Protein. Dairy makes valuable contribution to these micronutrient and macronutrient intakes.

Table 1 Percent Contribution to Dietary Intakes, Data from NDNS Rolling Programmeyears 7 and 8

4-10 11-18 Energy 2.6 1.2 Total Fat 2.2 1.0 Saturated Fat 3.5 1.6 Carbohydrates 2.8 1.3 Free Sugars 5.9 2.5 AOAC Fibre 0.5 0.3 Protein 3.2 1.3 Sodium 1.5 0.7 Calcium 6.6 3.3 Folate 1.1 0.6 Iodine 8.6 4.7 Iron 0.8 0.4 Magnesium 2.8 1.3 Potassium 3.4 1.6 Riboflavin 6.4 3.1 Selenium 3.3 1.5		Yogurt, Fromage Frais & Other Dairy Desserts	Yogurt, Fromage Frais & Other Dairy Desserts	
Energy 2.6 1.2 Total Fat 2.2 1.0 Saturated Fat 3.5 1.6 Carbohydrates 2.8 1.3 Free Sugars 5.9 2.5 AOAC Fibre 0.5 0.3 Protein 3.2 1.3 Sodium 1.5 0.7 Calcium 6.6 3.3 Folate 1.1 0.6 Iodine 8.6 4.7 Iron 0.8 0.4 Magnesium 2.8 1.3 Potassium 3.4 1.6 Riboflavin 6.4 3.1 Selenium 3.3 1.5		4-10	11-18]
Energy 2.6 1.2 Total Fat 2.2 1.0 Saturated Fat 3.5 1.6 Carbohydrates 2.8 1.3 Free Sugars 5.9 2.5 AOAC Fibre 0.5 0.3 Protein 3.2 1.3 Sodium 1.5 0.7 Calcium 6.6 3.3 Folate 1.1 0.6 Iodine 8.6 4.7 Iron 0.8 0.4 Magnesium 2.8 1.3 Potassium 3.4 1.6 Riboflavin 6.4 3.1 Selenium 3.3 1.5				
Total Fat 2.2 1.0 Saturated Fat 3.5 1.6 Carbohydrates 2.8 1.3 Free Sugars 5.9 2.5 AOAC Fibre 0.5 0.3 Protein 3.2 1.3 Sodium 1.5 0.7 Calcium 6.6 3.3 Folate 1.1 0.6 Iodine 8.6 4.7 Iron 0.8 0.4 Magnesium 2.8 1.3 Potassium 3.4 1.6 Riboflavin 6.4 3.1 Selenium 3.3 1.5	Energy	2.6	1.2	
Saturated Fat 3.5 1.6 Carbohydrates 2.8 1.3 Free Sugars 5.9 2.5 AOAC Fibre 0.5 0.3 Protein 3.2 1.3 Sodium 1.5 0.7 Calcium 6.6 3.3 Folate 1.1 0.6 Iodine 8.6 4.7 Iron 0.8 0.4 Magnesium 2.8 1.3 Potassium 3.4 1.6 Riboflavin 6.4 3.1 Selenium 3.3 1.5	Total Fat	2.2	1.0	
Carbohydrates 2.8 1.3 Free Sugars 5.9 2.5 AOAC Fibre 0.5 0.3 Protein 3.2 1.3 Sodium 1.5 0.7 Calcium 6.6 3.3 Folate 1.1 0.6 Iodine 8.6 4.7 Iron 0.8 0.4 Magnesium 2.8 1.3 Potassium 3.4 1.6 Riboflavin 6.4 3.1 Selenium 3.3 1.5	Saturated Fat	3.5	1.6	
Free Sugars 5.9 2.5 AOAC Fibre 0.5 0.3 Protein 3.2 1.3 Sodium 1.5 0.7 Calcium 6.6 3.3 Folate 1.1 0.6 Iodine 8.6 4.7 Iron 0.8 0.4 Magnesium 2.8 1.3 Potassium 3.4 1.6 Riboflavin 6.4 3.1 Selenium 3.3 1.5	Carbohydrates	2.8	1.3	
AOAC Fibre 0.5 0.3 Protein 3.2 1.3 Sodium 1.5 0.7 Sodium 6.6 3.3 Calcium 6.6 3.3 Folate 1.1 0.6 Iodine 8.6 4.7 Iron 0.8 0.4 Magnesium 2.8 1.3 Potassium 3.4 1.6 Riboflavin 6.4 3.1 Selenium 3.3 1.5	Free Sugars	5.9	2.5	
Protein 3.2 1.3 Sodium 1.5 0.7 Calcium 6.6 3.3 Folate 1.1 0.6 Iodine 8.6 4.7 Iron 0.8 0.4 Magnesium 2.8 1.3 Potassium 3.4 1.6 Riboflavin 6.4 3.1 Selenium 3.3 1.5	AOAC Fibre	0.5	0.3	
Sodium 1.5 0.7 Calcium 6.6 3.3 Folate 1.1 0.6 Iodine 8.6 4.7 Iron 0.8 0.4 Magnesium 2.8 1.3 Potassium 3.4 1.6 Riboflavin 6.4 3.1 Selenium 3.3 1.5	Protein	3.2	1.3	
Calcium 6.6 3.3 Folate 1.1 0.6 Iodine 8.6 4.7 Iron 0.8 0.4 Magnesium 2.8 1.3 Potassium 3.4 1.6 Riboflavin 6.4 3.1 Selenium 3.3 1.5	Sodium	1.5	0.7	
Calcium 6.6 3.3 Folate 1.1 0.6 Iodine 8.6 4.7 Iron 0.8 0.4 Magnesium 2.8 1.3 Potassium 3.4 1.6 Riboflavin 6.4 3.1 Selenium 3.3 1.5				
Folate 1.1 0.6 Iodine 8.6 4.7 Iron 0.8 0.4 Magnesium 2.8 1.3 Potassium 3.4 1.6 Riboflavin 6.4 3.1 Selenium 3.3 1.5	Calcium	6.6	3.3	
Iodine 8.6 4.7 Iron 0.8 0.4 Magnesium 2.8 1.3 Potassium 3.4 1.6 Riboflavin 6.4 3.1 Selenium 3.3 1.5	Folate	1.1	0.6	
Iron 0.8 0.4 Magnesium 2.8 1.3 Potassium 3.4 1.6 Riboflavin 6.4 3.1 Selenium 3.3 1.5	Iodine	8.6	4.7	
Magnesium 2.8 1.3 Potassium 3.4 1.6 Riboflavin 6.4 3.1 Selenium 3.3 1.5	Iron	0.8	0.4	
Potassium 3.4 1.6 Riboflavin 6.4 3.1 Selenium 3.3 1.5	Magnesium	2.8	1.3	
Riboflavin 6.4 3.1 Selenium 3.3 1.5	Potassium	3.4	1.6	38
Selenium 3.3 1.5 Vituaria 2.0 1.7	Riboflavin	6.4	3.1	
Vitemin 4	Selenium	3.3	1.5	
Vitamin A 3.0 1.7	Vitamin A	3.0	1.7	
Vitamin D 6.7 2.0	Vitamin D	6.7	2.0	
Zinc 3.2 1.3	Zinc	3.2	1.3	

²³ Lc Sou

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3 & 4 2008/2009

It is important to note that these reported results include the contributions of dairy desserts, the nutrient composition of which can be quite different than the profile for yogurts and fromage frais.

Dairy, yogurt, and bone health: childhood is a critical period for growth and bone development. Inadequate intakes of calcium at this crucial period can have critical health effects later in life, resulting in osteoporosis. Osteoporosis is a significant health concern in UK, with more than 3 million people estimated to have osteoporosis leading to more than 300,000 fractures every year.²⁴ While no single factor causes osteoporosis, building strong bones in childhood and the teen years is recognised as one of the best defences against developing osteoporosis later.

As a food group, dairy foods are unique in that they provide the most concentrated and available food source of calcium and vitamin D in the diet – nutrients that are essential to building and maintaining strong bones. Beyond the role of dairy calcium in the formation of healthy bones, it has become clear over the last decades that adequate calcium intake, within the context of a healthy diet, may also play a role in the prevention of chronic diseases such as obesity and diabetes.²⁵

• Children are Under-Consuming Calcium and Vitamin D

Calcium intakes have been decreasing for younger children and are already of concern for older children/ teenagers. 1 in 10 teenage boys and 2 in 10 teenage girls (age 11-18 y) are below the lower recommended calcium consumption. However, dairy products feature prominently in the Top 10 contributors to calcium intakes across both children 4-10 years and teens 11-18 years as reported in the NDNS. Yogurt are the 5th and 7th largest contributors, whilst cheddar cheese is 6th and 4th respectively and milk itself being the #1 contributor across both age groups for children.

Similarly, Vitamin D intakes from food sources are well below the government recommendation of 10 μ g/day: intakes only range between 1.9 to 2.1ug for children 1.5-3 years, and 4-10 years. Breakfast cereals are the top contributor to vitamin D intake from dietary sources for both children 4-10 years and 11-18 years and yogurt and fromage frais is the third top contributor to dietary vitamin D intake for children 4-10 years.

Wholegrain Foods

Wholegrain foods are also recommended in the Eatwell Guide and are under consumed by UK adults and children. Wholegrain foods, like breakfast cereal and bars, provide fibre, vitamins, minerals and phytonutrients that contribute to diet quality and may help reduce risk of diseases^{26,27}. Experts recognize that while the fibre component has been more extensively studied with regard to the health

²⁴ https://www.ageuk.org.uk/information-advice/health-wellbeing/conditions-illnesses/osteoporosis/

²⁵ Tremblay and Gilbert, J Am Coll Nutr 2009

²⁶ Okarter N, Liu RH. (2010) Health Benefits of Whole Grain Phytochemicals. Crit Rev Food Sci Nutr. v50(3):193-208.

²⁷ Fardet, A. (2010) New hypotheses for the health-protective mechanisms of whole-grain cereals: what is beyond fibre? Nutr Res Rev. v23(1):65-134.

promoting properties of wholegrains, the other beneficial constituents of wholegrain should not be overlooked.²⁸ Wholegrains contain higher levels of beneficial phytonutrients than many fruits and vegetables⁷⁰. Relying solely on the fibre content to identify or recommend a wholegrain food is misleading and may lead to a decrease in wholegrain consumption.

Experts recognize that while the fibre component has been more extensively studied with regard to the health promoting properties of wholegrains, the other beneficial constituents of wholegrain should not be overlooked.²⁹ Several recent systematic reviews have found that wholegrain intake is associated with lower risk of all-cause mortality, CVD incidence and incidence of type 2 diabetes and its consumption is associated with healthier body weight, both in adults and children. Currently, there is low wholegrain intake in the UK, based on data from NDNS (2008-2011). It was found that children and teenagers only consume on average 13g/d of wholegrain and 15% of children and teenagers did not consume any wholegrain foods.³⁰ The Eatwell Guide currently contains no quantitative wholegrain intake recommendations, although 13 g/day is well below the recommendations for WG in other countries including the US and Scandinavian countries. There has been a call to strengthen wholegrain recommendations globally.³¹

Breakfast cereals are a key source of wholegrain in the diet. For example, breakfast cereals in the UK were shown to contain up to 88% wholegrain content (ranging from 14.9% to 88.4%).³² In addition to wholegrain breakfast cereal is an important contributor to intakes of key vitamins and minerals: as mentioned above, breakfast cereals are the top contributor to vitamin D intake from dietary sources for both children 4-10 years and 11-18 years. Furthermore, breakfast cereal intake has been shown to encourage milk consumption and is linked to healthier body weights and other positive health outcomes.³³

• In summary, yogurt and wholegrain foods are nutrient dense and contribute key vitamins, minerals, and/or dietary fibre, while increasing dairy nutrient and wholegrain intakes, respectively.

²⁸ Liu RH. (2007) Whole grain phytochemicals and health. J Cereal Sci. v46:207-19.

²⁹ Liu RH. (2007) Whole grain phytochemicals and health. J Cereal Sci. v46:207-19.

³⁰ Mann KD, Pearce MS, McKebith B, Thielecke F, Seal CJ. Low whole grain intake in the UK: results from the National Diet and Nutrition Survey rolling programme 2008-2011. British Journal of Nutrition 2015; 113(10): 1643-1651.

³¹ Seal CJ, Nuggent AP, Tee ES, Thielecke F. Whole-grain dietary recommendations: the need for a unified global approach. British Journal of Nutrition 2016; 115(11): 2031-2038.

³² Jones AR, Mann KD, Kuznesof SA, Richardson DP, Seal CJ. The whole grain content of foods consumed in the UK. Food Chemistry 2017; 214: 453-459.

³³ U.S. Department of Health and Human Services and U.S. Department of Agriculture. 2015 – 2020 Dietary Guidelines for Americans. 8th Edition. December 2015. Available at http://health.gov/dietaryguidelines/2015/guidelines/.

General Mills recommends alternative modifications that build on PHE's current model: expand the "Components to Encourage" to better recognise the nutrient contributions of dairy foods and wholegrain foods.

GMI recommends that PHE build on their existing NPM approach by expanding the CTE to reflect and include nutrients and components from dairy and wholegrain foods. This simple modification better aligns with PHE's Eatwell Guide and children's diet recommendations, including the UK's School Food Plan. This approach also builds on and follows the fundamental approach and intent of PHEs NPM, but allows a more reasonable number of nutrient dense foods to score a "healthy" rating. Additionally, expanding the CTE to include dairy and wholegrain will better support PHE's performance indicators of increasing fibre rich foods by allowing more foods with fibre to achieve a "healthy" score while still incorporating the same free sugar criterion. These recommended modifications are generally described below and are illustrated in greater detail with specific scoring suggestions and example calculations later in these comments.

General Mills' Recommended 'C' point modifications

- Expand the Components to Encourage to include dairy and wholegrain components (in addition to fruit, vegetable and nut content)
 - Figure 3 highlights how our proposed changes can be incorporated into PHEs existing draft 2018 NPM.
 - Note: we are not proposing any changes to 'A' points

Figure 3. PHE's Draft 2018 NPM and GMI Proposed NPM Modifications to Align with Eatwell Guide

		Draft 2018 NPM														
		Mod	Modifications: Based on 8,400kJ (2,000 calorie); 5% total dietary energy from free sugars; 11% food energy													
		from saturated fat; salt in place of sodium; 3.75% scoring bands														
			'A' Po	oints			'C' P	oints			GM	I Prop	osed M	odificatio	ons to C	Points
		Energy (kJ)	Saturated Fat (g)	Free Sugars	Salt (g)	Protein (g)	FNV (%)	Fibre (AOAC) (g)	Fibre (NSP) g		Protein (g)	FNV (%)	Milk (%)	Wholegrain (%) or Fibre	Fibre (AOAC) (g)	Fibre (NSP) g
		8400Kj 2000Kcal	11% food energy	5% total diet.	6g	42g	400g	30g	22.5g		42g	400g	347g 8% food energy	48g	30g	22.5g
0	≤	315	0.9	0.9	0.2	1.6	40	0.7	0.6		1.6	40	40		0.7	0.6
1	>	315	0.9	0.9	0.2	1.6	40	0.7	0.6		1.6	40	40	27	0.7	0.6
2	>	630	1.9	1.9	0.5	3.2	60	1.4	1.1		3.2	60	50	33	1.4	1.1
3	>	945	2.8	2.8	0.7	4.8	-	2.2	1.7		4.8	-	60	40	2.2	1.7
4	>	1260	3.7	3.7	0.9	6.4	-	2.9	2.2		6.4	-	70	47	2.9	2.2
5	>	1575	4.7	4.6	1.1	8	80	3.6	2.8		8	80	80	53	3.6	2.8
6	>	1890	5.6	5.6	1.4			4.3	3.4					60	4.3	3.4
7	>	2205	6.6	6.5	1.6			5.0	3.9					67	5.0	3.9
8	>	2520	7.5	7.4	1.8			5.8	4.5					75	5.8	4.5
9	>	2835	8.4	8.3	2.0											
10	>	3150	9.4	9.3	2.3											

Rationale for Dairy Food Component Scoring

The approach GMI used for the dairy CTE mirrors the approach used for fruit vegetable and nut content. The Eatwell Guide recommends that 8% of the diet come from dairy foods. Semi skimmed milk was used as the reference food because all dairy foods are based on milk and semi skimmed milk is most commonly consumed by UK consumers. The calculation below shows how a daily intake of milk can be estimated/calculated, based on the referenced 2000 calorie daily requirement and the nutritional composition and weight of semi-skimmed milk:³⁴

2000 calories per day X 8% of energy = 160 calories per day

200ml of semi skimmed milk = 95 calories/206g

This calculates to 347g of semi-skimmed milk per day

As figure 4 shows, we applied the same point and scoring rational PHE used for products containing fruit, vegetable and nut components; e.g., products that contain greater than 40% milk are awarded 1 point and a maximum of 5 points are awarded for products that contain greater than 80% milk. Below is an example calculation of GMI's proposed modification for a dairy food:

	Per 100 g	UK Draft 2018 NPM Score	GMI's Proposed NPM Score
Energy (kJ)	395	1	1
Saturated Fat (g/100g)	1.8	1	1
Free sugar <mark>(</mark> g/100g)	5.7	6	6
Salt (g/100g)	0.09	0	0
Total A Points	-	8	8
Fruit, veg, nuts (%)	0	0	0
Milk (%)	80	-	5
AOAC Fibre (g/100g)	0.1	0	0
Protein (g/100g)	7.4	4	-
Total C Points	-	4	5
Final SCORE: A-C	-	4	3

Figure 4 Product: Petits Filous Organic Strawberry Yogurt

As the above chart illustrates, the simple and single modification of including milk as a CTE allowed this yogurt to pass the criteria, without any changes to the 'A' points. In addition to using the same restrictive 'A' point criterion, it is also important to note that we did not include points from both protein and milk in the 'C' point calculation; rather we chose the higher of the 2, but not both as preserving the robustness of the criteria was a key

³⁴ The Nutritional Composition of Dairy Products. The Dairy Council. 2017. P. 7.

consideration. However, we note that PHE does allow products with fruit, vegetable or nut CTE to include points from both the CTE and protein.

If the above approach of including milk is amenable, PHE could consider various ways to score this CTE, including credit for both protein and milk as the dairy component is bringing calcium and other nutrients in addition to protein (consistent with the approach taken for fruit, vegetable and nuts).

Rationale for Wholegrain Component Scoring

The approach GMI used for the wholegrain CTE mirrors the approach PHE used for fibre. Because the UK does not have specific quantitative wholegrain intake recommendations, we based the daily intake on the 2015 Dietary Guidelines for Americans, which recommends that half of grains be wholegrain, or 48g of wholegrains per day for a 2000 calorie diet.^{35,36}

A "substantial" amount of whole grain is considered to be 8g per 30g serving (or 27g of wholegrains per 100g)³⁷; products had to contain at least 27% wholegrains to be awarded 1 point.³⁸ A maximum of 8 points are awarded to products that contain greater than 75% wholegrain. Similar to how PHE approached fibre, we initially modelled the PHE approach of using 20% of the recommended 48g daily amount as the maximum, but this approach was too permissive and did not equate with products having significant amounts of wholegrain. Products were allowed to count either wholegrain or fibre, but not both (whichever was larger).

If the above approach of including wholegrain is amenable, PHE could consider various ways to score this CTE, including credit for both wholegrain and fibre as the wholegrains bring other nutrients and phytonutrients in addition to fibre (consistent with the approach taken for protein with fruit, vegetable and nuts).

Below is an example calculation of GMI's proposed modification for a wholegrain food:

Figure 5 Product: Low Sugar Oat Cereal

³⁵ U.S. Department of Health and Human Services and U.S. Department of Agriculture. 2015 – 2020 Dietary Guidelines for Americans. 8th Edition. December 2015. Available at https://health.gov/dietaryguidelines/2015/guidelines/.

³⁶ The recommended amount of grains in the Healthy U.S.-Style Eating Pattern at the 2,000-calorie level is 6 ounce-equivalents per day. At least half of this amount should be whole grains, or 3 ounce-equivalents of whole grains per day. One ounce-equivalent of whole grains has 16 g of whole grains; 16g of whole grain x 3 ounce-equivalents per day = 48g of whole grains per day.

³⁷ According to the Dietary Guidelines for American, servings of grain are expressed in ounceequivalents. One ounce-equivalent equals approximately 30g.

³⁸ U.S. Department of Agriculture and U.S. Department of Health and Human

Services. Dietary Guidelines for Americans, 2010. 7th Edition, Washington, DC: U.S. Government Printing Office, December 2010. Available at

https://health.gov/dietaryguidelines/dga2010/dietaryguidelines2010.pdf.

	Per 100 g	UK Draft 2018 NPM Score	GMI's Proposed NPM Score
Energy (kJ)	1682	5	5
Saturated Fat (g/100g)	1.6	1	1
Free sugar (g/100g)	4.7	5	5
Salt (g/100g)	0.88	3	3
Total A Points		14	14
Fruit, veg, nuts (%)	0	0	0
Wholegrain (%)	97.8	-	8
AOAC Fibre (g/100g)	9	8	-
Protein (g/100g)	11	5	5
Total C Points		8	13
SCORE: A-C		6	1

In this example, the Low Sugar Oat Cereal scores 11 or more 'A' points; following PHE's draft 2018 NPM; it does not contain any fruit, vegetable or nut CTE, so it cannot count any protein points. While it does contain a significant amount of fibre, it still scores 5 points, a "less healthy" score. This cereal contains only 1.4g of free sugars per serving (less than 5% sugar), is made with 98% wholegrain oats and is "high" in fibre, yet it still fails the model. In GMI's proposed NPM, this product scores more than 5 points from wholegrain as a CTE, allowing it to count the protein points and earn a final score of 1 ("healthy"). Similar to the Petits Filous example above, our proposal allows a product to count wholegrain OR fibre, whichever is more. While wholegrain and fibre are not the same, we wanted to ensure the robustness of the model.

Figures 6 and 7 below highlights how GMI's proposed model compares to both PHEs 2004/5 NPM and their draft 2018 NPM for dairy and grain products. As the chart indicates, GMI's proposed model allows a more reasonable number of nutrient dense foods to "pass," while still retaining the robust principles of PHEs original 2018 proposal. In addition, there are several nutrient dense products that are within the scope of reformulation in the GMI proposal, which serves as an incentive for additional reformulation. If PHE continues with the current 2018 proposal, the gap is too large for reformulation and a significant change in the marketplace is unlikely.

Figure 6 – Dairy Products

Product	UK NPM 2004/5 Score		UK draft 2018 NPM Score		GMI's Proposed Model	
Petits Filous Strawberry Fromage Frais	1	Healthy	7	Not Healthy	5	Not Healthy
Petits Filous Organic Strawberry Yogurt	-1	Healthy	4	Not Healthy	3	Healthy
Light Cheese Spread Triangles	12	Not Healthy	11	Not Healthy	3	Healthy
Light Reduced Fat Mini Cheese	0	Healthy	6	Not Healthy	9	Not Healthy
Fromage Frais	1	Healthy	11	Not Healthy	3	Healthy
30% Less Sugar Fromage Frais	0	Healthy	4	Not Healthy	-1	Healthy
Low Fat Plain Yogurt	-1	Healthy	-2	Healthy	-5	Healthy
Whole Milk Plain Yogurt	-1	Healthy	0	Healthy	-2	Healthy

Figure 7 – Grain Products

Product	PHE NPM 2004/5 Score		Draft PHE 2018 NPM Score		GMI's Proposed Model	
Bran Enriched Oat & Wheat Flakes	0	Healthy	8	Not Healthy	5	Not Healthy
Whole Wheat Fortified Malted Cereal	0	Healthy	9	Not Healthy	4	Not Healthy
Low Sugar Oat Cereal	0	Healthy	6	Not Healthy	1	Healthy
Original Oat Cereal	-5	Healthy	-6	Healthy	-6	Healthy
Salted Popcorn	8	Not Healthy	5	Not Healthy	1	Healthy
Malt Lunchbox Loaves	1	Healthy	9	Not Healthy	9	Not Healthy

GMI hopes that PHE will consider the above proposed alternative as it enhances their approach to the 2018 update. However, we acknowledge that there are other potential modifications that PHE could consider that would make the model more consistent in how it addresses 'A' and 'C' points. These include:

- "Stretching" the point CTE scoring (for fruit, vegetable, nut, dairy and whole grain components) to include the entire 10 points, or at least the 8 points allowed for fibre.
- Rescoring the "free sugars" to a more reasonable amount or scale, so products with small amounts of free sugars can "pass" the model.

• Considering the role of the "11-point" rule as this condition is not based on science or nutrition recommendations. It effectively enables the 'A' point nutrients to have more weight than 'C' point components/nutrients, especially for foods that do not contain fruit, vegetable or nut CTE.

CONCLUSION

We appreciate the opportunity to provide these comments and look forward to engaging with Public Health England on this important initiative. The 2018 NPM has the potential to have far reaching consequences for the diets of children in the UK and even further afield as the original model has been adapted in other countries. As this NPM will also be the model used in practice for the foreseeable future, we ask PHE to consider amending the model in a manner that would be more aligned with the current dietary recommendations and dietary advice.

18. Hampshire County Council

Thank you for the opportunity to respond to the consultation on proposed changes to the NPM.

We are supportive of the proposed changes and the rationale behind them, noting these would bring the NPM in line with current UK dietary recommendations.

Adults' Health and Care Hampshire County Council 3rd Floor West Elizabeth Court Winchester SO23 8UQ