Government Response to the House of Commons Health Select Committee report on Childhood obesity: Follow-up, Seventh Report of Session 2016-17

Presented to Parliament
by the Secretary of State for Health and Social Care
by Command of Her Majesty

January 2018

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Introduction

On 27 March 2017, the House of Commons Health Select Committee published its report *Childhood Obesity: follow-up* (HC 928)[1]. The report followed an evidence session held by the Health Select Committee which took evidence from key stakeholders and experts including representatives from the food and drink industry, Advertising Standard Authority; Nicola Blackwood MP, Parliamentary Under Secretary of State for Public Health and Innovation; Duncan Selbie, Chief Executive, Public Health England (PHE); Dr Alison Tedstone, Chief Nutritionist, PHE; Emma Reed, Deputy Director responsible for delivering the Childhood Obesity Plan, Department of Health; and Mike Cunningham, Deputy Director, VAT & Excise, Business & International Tax Group, HM Treasury.

Written evidence was gathered from organisations including Action on Sugar, British Dietetic Association, Cancer Research UK, Food and Drink Federation, Jamie Oliver Foundation, and The Children's Food Trust.

The hearing followed on from the Health Select Committee's Inquiry and report *Childhood obesity – brave and bold action*[2] published on 30 November 2015, the Government's *Childhood Obesity: A Plan for Action*[3] published on 18 August 2016, and the Government's response to *Childhood obesity – brave and bold action*[4] published on 9 September 2016.

This paper sets out the Government's response to the conclusions and recommendations made in the Health Select Committee's follow-up report.

[1] www.publications.parliament.uk/pa/cm201617/cmselect/cmhealth/928/928.pdf

[2] www.publications.parliament.uk/pa/cm201516/cmselect/cmhealth/465/465.pdf

[3] www.gov.uk/government/uploads/system/uploads/attachment_data/file/546588/Childhood_obesity_2016__2__acc.pdf

[4] www.gov.uk/government/uploads/system/uploads/attachment_data/file/552056/HSC_response_9_9_16.pdf

Overview

Childhood obesity is one of the top public health challenges for this generation. National Child Measurement Programme data for 2016/17[5] shows that the prevalence of obesity in Reception has increased since 2015/16 from 9.3% to 9.6% and for Year 6 it has remained fairly stable at 20%. These figures mean that, as in previous years, the prevalence of obesity more than doubles from Reception to Year 6.

Evidence also shows there is a link between obesity and lower income groups. For example the obesity prevalence among children in Reception living in the most deprived areas was 12.7% compared with 5.8% among those living in the least deprived areas. In Year 6 these figures were 26.3% and 11.4% respectively.

The deprivation gap as measured by the differences in obesity prevalence between the most and least deprived areas has increased over time. Between 2006/07 and 2016/17 the gap for children in Reception increased by 1.3% for girls and 1.6% for boys, and for Year 6 the gap increased by 3.7% for girls and 6.1% for boys.

Once weight is gained, it can be difficult to lose and obese children are much more likely to become obese adults. Obesity is a leading cause of serious diseases such as type 2 diabetes, heart disease and some cancers. These conditions incur a huge cost to the long term health and wellbeing of the individual, the NHS and the wider economy.

It was estimated that the NHS in England spent £5.1 billion on overweight and obesity-related ill-health in 2014/15. The total cost to society is estimated to be between £27 billion and £46 billion per year.

The latest research and evidence was considered in developing our childhood obesity plan, including valuable contributions from key stakeholders including the Health Select Committee. It focuses on the areas that are likely to have the biggest impact on tackling childhood obesity.

The childhood obesity crisis has been decades in the making and change will not happen overnight. Our world-leading plan marks a significant step forward in tackling childhood obesity and focuses on the actions that will have the most impact. It represents the start of a conversation, rather than the final word. We believe Britain should be the best country in the world for children. That is why we have committed to continue taking action to reduce childhood obesity.

[5] https://digital.nhs.uk/catalogue/PUB30113

Conclusions and Recommendations

Introduction

1. We welcome the measures the Government has included in the childhood obesity plan, but are extremely disappointed that several key areas for action that could have made the strategy more effective were removed. Vague statements about looking "to further levers" if the current plan does not work are not adequate to the seriousness and urgency of this major public health challenge. We call on the Government to set clear goals for reducing overall levels of childhood obesity as well as goals for reducing the unacceptable and widening levels of inequality. (Paragraph 14)

The Government welcomes the Health Select Committee's follow-up report on childhood obesity and its recognition of the progress made in shifting the market towards healthier choices since the launch of *Childhood Obesity: A Plan for Action* in August 2016.

Our plan helps children and families recognise and make healthier choices and be more active. The policies in the plan were informed by the latest research and evidence, including from: the Scientific Advisory Committee on Nutrition report *Carbohydrates and Health*[6], PHE's evidence package *Sugar reduction: the evidence for action*[7], debates in Parliament and various reports from key stakeholders including the Health Select Committee.

The policies in the plan are being implemented with a focus on reducing inequalities. For example, the soft drinks industry levy and reformulation programme are expected to help reduce childhood obesity for those with lower incomes. The plan also delivers school based interventions including revenue from the soft drinks industry levy being invested in programmes to reduce obesity and encourage physical activity and balanced diets for school age children.

Public Health England (PHE) is also supporting actions to improve the health of the most disadvantaged groups fastest and address the social determinants of poor health. This includes influencing and supporting efforts by local government, clinical commissioning groups and other local bodies to take action to reduce inequalities through the provision of accessible data and data tools; support to a health and health equity in all policies in local government through training and resources; and embedding health inequalities dimensions into all PHE led major health improvement programmes.

The plan marks an important step forward in tackling childhood obesity, but it is not the final word. As part of this ongoing process, and to coincide with the first anniversary of the launch of the plan in August 2017, a calorie reduction programme led by PHE was announced alongside a £5 million investment in a new Policy

[6]www.gov.uk/government/uploads/system/uploads/attachment_data/file/445503/SACN_Carbohydrates_and_Health.pdf

[7]www.gov.uk/government/uploads/system/uploads/attachment_data/file/470179/Sugar_reduction_The_evidence_for_action.pdf

Research Unit on obesity, whose work programme will include evaluating the plan and looking at social inequalities.

We are continuing our conversations with industry, schools, experts and the public sector on how we can further tackle childhood obesity. We will promote efforts to reduce less healthy ingredients, such as sugar and salt, and reduce the amount of calories being routinely consumed and provide clearer food information for consumers as our decision to leave the European Union will give us greater flexibility over the presentation of information on packaged food. We will continue to support school sport, delivering on our commitment to double support for sports in primary schools to £320 million a year.

We are confident the measures announced will make a real difference to obesity rates and expect them to lead to a significant reduction in childhood obesity over ten years.

The soft drinks industry levy

2. We commend the Government for introducing a levy on the manufacturers of sugary drinks and welcome the progress already being made in reformulation as a result. We recommend that the Government's monitoring of the effectiveness of the levy should include monitoring of whether the levy is being passed on to include a price differential between high- and low- or no-sugar drinks at the point of sale. Failure to do so would leave consumers of sugar-free products subsidising higher sugar drinks and would also reduce the effectiveness of the levy in helping to change choices. We recommend that the Government should develop and if necessary implement measures to ensure that that differential is clear in the price paid by consumers. (Paragraph 29)

3. We urge the Government to extend the soft drinks industry levy to milk-based drinks which have extra sugar added. (Paragraph 32)

As the Health Select Committee has acknowledged, the soft drinks industry levy is already working, with a number of major soft drinks companies announcing plans to reformulate their products. We now expect almost half of all drinks that would otherwise have attracted the levy, to be reformulated as a result of its introduction.

The Government will lay secondary regulations for the levy in due course, with implementation from April 2018 onwards.

Soft drinks prices are a matter for producers and retailers, and are driven by a complex range of commercial and economic factors. It is not for the Government to attempt to dictate the way in which a tax should impact market prices, nor is it feasible to do so. However, the independent Office for Budget Responsibility do expect that, where producers choose not to reformulate their drinks, the levy will be passed on directly to consumer prices in the taxed products[8].

[8]www.gov.uk/government/uploads/system/uploads/attachment_data/file/508147/PU1912_Policy_Costings_FINAL3.pdf

Milk and milk-products are a source of protein, calcium, and iodine, as well as the vitamins B2 and B12. It is essential for children's health that they consume the required amounts of these nutrients which aid bone formation and promote healthy growth. This is why high milk content drinks (containing at least 75% milk) are excluded from the scope of the soft drinks industry levy.

Of course we want these milk-based drinks to contain less added sugar, so milk drinks excluded from the levy (ie those that contain more than 75% milk) will therefore be included within PHE's sugar reduction and wider reformulation programme as will juices which are also excluded from the levy. Producers of these drinks will be challenged and supported in the same way as other categories included in PHE's programme to reduce sugar content.

PHE will monitor progress against the guidelines set for all relevant products, including those both included and excluded from the levy. HM Treasury will review the exclusion for milk drinks in 2020 when PHE publish their overall assessment of progress by industry towards achieving the 20% reduction in sugar coming from categories included in the programme.

Use of the revenue from the levy

4. We commend the Government for responding positively to our recommendation (and that of others who called for a sugar tax) that the proceeds of the soft drinks industry levy should be directed towards measures to improve children's health. It is particularly welcome that some of the proceeds will be directed to breakfast clubs, whose greatest benefit is to children from lower income families. We intend to follow up how the income from the levy is distributed in order to help reduce the inequalities arising from childhood obesity. (Paragraph 38)

We have been clear that the measures outlined in the plan are informed by the latest research and evidence including contributions from the Health Select Committee. This includes revenue from the soft drinks industry levy being invested in programmes to reduce obesity and encourage physical activity and balanced diets for school age children.

Through the primary PE and sport premium, the Government has invested over £600 million of ring-fenced funding to primary schools to improve PE and sport since 2013. We have now doubled the premium to £320 million a year from the 2017-18 academic year using revenue from the soft drinks industry levy. Schools must use the funding to make additional and sustainable improvements to the quality of PE and sport they offer. We will be strengthening the accountability arrangements for the premium to ensure schools are spending the increased funds in line with the conditions of funding.

We know from an independent evaluation[9] that the majority of schools reported using their existing premium funds to target particular groups such as disadvantaged pupils. For example, many schools used their funding to run additional clubs or put on extra sports, helping to provide disadvantaged children with opportunities and access to sports and clubs that they might not otherwise be able to afford.

[9] www.gov.uk/government/publications/pe-and-sport-premium-an-investigation-in-primary-schools

We continue to work with the PE and sports sector to provide further case studies and guidance to help schools target support at disadvantaged pupils, and we know that schools are using their funding in increasingly exciting and innovative ways to increase participation.

£100 million of the revenue from soft drinks industry levy will be used for the healthy pupils capital fund. It is intended to facilitate an improvement in children's physical and mental health by increasing and improving access to and use of relevant facilities, such as kitchens, dining facilities, changing rooms and sports facilities. The funding is for one year (2018-19) and will be made available through two routes:

- Responsible bodies, such as local authorities and large multi-academy trusts, will receive a direct allocation. Responsible bodies have the flexibility to allocate their healthy pupil capital funding based on their local health and wellbeing needs.
- Single academy trusts, small multi-academy trusts and sixth form colleges have had the opportunity to bid for funding through the Condition Improvement Fund 2018-19.

We are investing a further £26 million in breakfast clubs, for the next three years, using revenue from the soft drinks industry levy. This money will kick-start or improve breakfast clubs in up to 1,500 schools, with a focus on increasing provision for disadvantaged pupils in Opportunity Areas, which include West Somerset, Norwich, Blackpool, North Yorkshire coast, Derby, Oldham, Bradford, Doncaster, Fenland and East Cambridgeshire, Hastings, Ipswich and Stoke-on-Trent. These areas have been identified as the most challenged when it comes to social mobility and will have funding to address the biggest challenges they face.

Accessible healthy breakfast clubs can play an important role in ensuring children from all backgrounds have a healthy start to their day so that they optimise their learning potential. There will be one national contract and schools will be assessed against the specified eligibility criteria during the recruitment stage. The invitation to tender was published on the 16 October 2017.

Reformulation

5. We urge the Government to set out the policy proposals which it is prepared to implement if the voluntary reformulation programme does not go as far or as fast as necessary to tackle childhood obesity. (Paragraph 43)

6. We encourage Public Health England to go further with the introduction of means to measure progress in reducing portion sizing, and we look forward to reviewing progress when we return to this subject following publication of the first set of monitoring data in March 2018. In the meantime, we recommend that the Government draw up measures to implement our earlier recommendation of a cap on portion sizes, linked to the calorie content of certain foods and drinks, to be introduced if swift progress on portion sizing is not achieved by voluntary means. (Paragraph 49)

We welcome those in the food and drinks industry who have shown a real willingness to make their products healthier. For example Tesco, the makers of Lucozade and Ribena, Petits Filous, Kellogg's, Waitrose and Nestlé, are all reducing the levels of sugar in their products.

The Government is considering a range of other available levers that could be put into place if the delivery of the structured and transparently monitored voluntary sugar reduction and wider reformulation programme does not match our expectations.

Since the Health Select Committee held their hearing in February, PHE has published its first report *Sugar reduction: Achieving the 20% - A technical report outlining progress to date, guidelines for industry, 2015 baselines levels in key foods and next steps*[10]. This includes specific sugar reduction and calorie or portion size guidelines across each of the nine food categories included in the programme, which are provided as sales weighted average figures and/or a maximum allowance. The maximum allowance figure provides a limit on the number of calories or grams that a product within a given category should contain. The portion size guidelines are for products likely to be consumed on a single occasion by an individual. It does not relate to guidance given by manufacturers on food labels.

The guidelines were determined by assessing a variety of information including the current sales weighted average and distribution of sugar and calories (or weight in grams) provided by relevant products; by defining the size of a product likely to be consumed by an individual at one time; and by comparing this with typical amounts of relevant foods consumed by individuals through the National Diet and Nutrition Survey. In addition, PHE took into account the recommendations on calories and any industry activity previously delivered including under the Public Health Responsibility Deal.

Calorie or portion size guidelines for soft drinks have not been included in PHE's technical publication because these products are being addressed through the soft drinks industry levy which was included in the Finance Bill 2017. The drinks that are now confirmed as being out of scope of the levy will be included within the PHE sugar reduction and wider reformulation programme. PHE began its stakeholder engagement on these drinks (high content (more than 75%) milk drinks and juices) in July 2017 and aims to publish guidelines in the first quarter of 2018. PHE will also monitor progress within the drinks category for the three mechanisms for action that correspond to the sugar reduction programme (reducing levels of sugar in products, reducing portion size, shifting consumer purchasing towards lower or no added sugar alternatives) – this applies to all drinks whether these are included in or excluded from the soft drinks industry levy.

PHE has now begun to engage with businesses, key trade bodies and non-Governmental organisations to inform the metrics and analyses that will be included in the detailed review of progress towards the 5% reduction in the first year of the sugar reduction programme, which will be published in March 2018. These meetings will ensure that this detailed review, and the second one in March 2020, reflect actions to date by businesses and acknowledges success towards the 5% and 20% targets respectively. It will include analysis on each sector of the food industry

[10]www.gov.uk/government/uploads/system/uploads/attachment_data/file/604336/Sugar_reduction_achieving_the_20_.pdf

separately as well as across each of the different mechanisms for action within the programme. It is recognised that tracking changes in portion size is particularly important in those categories and for those businesses where this is likely to be the primary mechanism to achieve sugar reduction, for example chocolate confectionery. Lighter touch, interim updates will also be published regularly as will an additional detailed assessment in March 2019.

The childhood obesity plan also included a commitment that, from 2017, PHE's programme would be extended to include working to reduce calories in a wider range of products. Following the announcement in August 2017, PHE is now taking forward this work. Early in 2018 PHE will publish a document setting out the evidence for calorie consumption and reduction, as well as the ambition and timeline for the calorie reduction programme. PHE is working towards publishing guidelines for relevant product categories by the end of 2018.

Discounting and price promotions

7. We are extremely disappointed that the Government has not regulated to provide the "level playing field" on discounting and price promotions which industry representatives themselves have told us is necessary for the greatest progress. We urge the Government to follow the evidence-based advice from their chief public health advisers and to regulate to further reduce the impact of deep discounting and price promotions on sales of unhealthy food. We welcome the action which some retailers have been taking, in response to customer demand, to rebalance their promotions away from unhealthy food and drink. We look forward to seeing the results of the monitoring of price promotions which Public Health England will be undertaking. Retailers who act responsibly on discounting and promotions should not be put at a competitive disadvantage to those who do not. (Paragraph 56)

We welcome the action taken by forward thinking retailers which shows that all organisations can take action on discounting and price promotions. For example, Sainsbury's has moved away from multibuy-offers such as two-for-one, and committed to using their store layouts to promote healthier diets, including the use of end-of-aisle. The childhood obesity plan continues to drive this shift in the market and help people make healthier choices.

Monitoring of progress by PHE towards achieving the 20% sugar reduction in 2018 and 2020, with an additional detailed report in March 2019, will be achieved through the continued use of sales weighted average sugar levels and reviewing changes in product sales towards lower or no added sugar products. If businesses over promote high sugar products they will be less likely to achieve the sales weighted average sugar level per 100g for the 20% reduction.

Advertising

8. Whilst we welcome the changes introduced by the Committee on Advertising Practice, we urge a re-examination of the case for further restrictions on advertising of high fat, salt and sugar food and drink in the light of the most recent research not only on the effect of such advertising, but on the scale and

consequences of childhood obesity. We intend to return to this subject following publication of the first set of monitoring data in March 2018. (Paragraph 69)

The Government also welcomes the announcement by the Committee of Advertising Practice on the introduction of new rules on advertising. Current advertising restrictions in the UK on high fat, salt or sugar (HFSS) products are among the toughest in the world. Strict new rules came into effect on 1 July 2017 banning the advertising of HFSS food or drink products in children's media. These restrictions apply across all non-broadcast media including in print, cinema, online and in social media.

Advertisements for HFSS products are also not allowed to use promotions, licensed characters and celebrities popular with children. However, advertisers can use these techniques to better promote healthier options.

The advertising codes are intended to reflect the best available evidence of the effect of advertising on the public, and are periodically reviewed to ensure they remain fit for purpose and based on the best available evidence. Monitoring data available in March 2018 will be one important part of this overall picture.

The restrictions on food and drink advertising put in place to protect children are based on a tool called a Nutrient Profile. Each food and drink is assigned a score based on how much sugar, fat, salt, fruit, vegetables and nuts, fibre and protein it contains, which helps to determine whether individual products should or should not be advertised to children. The Government committed to updating the current Nutrient Profile Model in the childhood obesity plan to ensure it reflects the latest Government dietary guidelines. PHE is working with academics, industry, health non-Governmental organisations and other stakeholders to deliver on this commitment and will consult on the updated model in early 2018.

Sporting Future: A New Strategy for an Active Nation[11], published in 2015, committed Government to continue to discuss with sports the scope for voluntary agreements on HFSS food sponsorship. Working with Department of Health, PHE, the Sport and Recreation Alliance and sports organisations, the Department for Digital, Culture, Media and Sport developed a set of principles for sports bodies to consider when entering into relationships that relate to HFSS products. These principles were set out in Sport England's wider guidance to sports bodies on commercial sponsorship in May 2017. This included ensuring monies received are reinvested into developing and promoting sport and providing information to consumers on the content of food and drink available at sporting events.

The out-of-home sector

9. We repeat our call for change to planning legislation to make it easier for local authorities to limit the proliferation of unhealthy food outlets in their areas. Health should be included as a material planning consideration. (Paragraph 75)

10. Ahead of our next hearing on this subject, we call on the Government to provide

[11]www.gov.uk/government/uploads/system/uploads/attachment_data/file/486622/Sporting_Future_ACCESSIBLE.pdf

evidence of progress in the out-of-home sector. We will be scrutinising both the levers which it has used to secure change and those which it has in reserve if progress is inadequate. (Paragraph 77)

The 2007 Foresight report *Tackling obesities: future choices*[12] described the complex relationship between the social, economic and physical environments and individual factors that underlie the development of obesity. One important action is to modify the environment so that it does not promote sedentary behaviour or provide easy access to energy-dense food.

We recognise that the planning system is a key lever across the whole system approach to tackling obesity. Local authorities already have a range of planning powers to create healthier environments in their local area, both through their local plan and by taking individual planning decisions. The *National Planning Policy Framework*[13] already makes it clear that health objectives should be taken into account by local planning authorities when developing planning policy. The Department for Communities and Local Government are in the process of revising the *National Planning Policy Framework*, and will consider (with PHE) whether any aspects could usefully be strengthened in relation to public health.

The Planning Practice Guidance on *health and wellbeing*[14] was updated in July 2017 in order to provide further clarity on the role of the planning process in promoting the delivery of healthier food environments. It now clearly states that local planning authorities have a role in enabling a healthier environment by supporting opportunities for communities to access a wide range of healthier food production and consumption choices, including, where local evidence justifies, limiting the proliferation of certain use classes. A number of local planning authorities have been proactive in addressing the issue of hot food takeaways.

PHE is working with local authorities to explore the potential for future action over 2018/19 to enable local environments that are move supportive of healthy eating in the future.

Since March 2017, PHE has instigated a specific programme of engagement with all of the food industry (retailers and manufacturers) and this has included businesses that provide the food purchased and consumed out of home (such as coffee and sandwich shops). This engagement has focussed on encouraging industry to reformulate products to reduce their sugar content, as part of the wider sugar reduction programme set out in the childhood obesity plan. The issues discussed at these meetings have included the expectation that businesses will undertake work to meet the 20% reduction in sugar by 2020, and has covered businesses achievements to date and discussion of any technical challenges faced in terms of making current and future changes. PHE is monitoring sugar reduction achieved by the out of home sector, and will publish data on progress made in March 2018, alongside data on progress achieved by other sectors of the food industry.

[12] www.gov.uk/government/uploads/system/uploads/attachment_data/file/287937/07-1184x-tackling-obesities-future-choices-report.pdf

[13] www.gov.uk/government/uploads/system/uploads/attachment_data/file/6077/2116950.pdf

[14] www.gov.uk/guidance/health-and-wellbeing

A list of PHE's industry and other stakeholder engagement on this agenda was published in March 2017[15]. Further updates on engagement will also be published at regular intervals.

Measurement of success

11. We commend the Government for its promise to collect and publish regularly all the data on progress with the measures contained in the childhood obesity plan. We look forward to reviewing progress next year when the initial report is available. We hope to see clear evidence of progress and clear plans for further action if progress is unsatisfactory. (Paragraph 80)

We will monitor change in the prevalence of childhood obesity and in the contributory factors of children's diets and levels of physical activity through various schemes including:

- Commercially available datasets on what is sold through larger businesses for all sectors of the food industry (retailers, manufacturers and out of home businesses e.g. coffee shops, takeaways, restaurants).
- The National Diet and Nutrition Survey which will continue to measure changes to children's diets, reporting biennially.
- The National Child Measurement Programme which provides annual data on the prevalence of obesity amongst children in Reception and Year 6.
- The Health Survey for England which provides annual data on specified health conditions including overweight and obesity for all age groups including children aged 2 to 15.
- Sport England has commissioned a new survey to assess children's level of physical activity which will report annually.

In addition, PHE will publish detailed assessments in March 2018, March 2019 and March 2020 to determine, and advise Government on, progress against delivering the category specific sugar reduction and portion size guidelines and overall reduction targets (20% by 2020). Lighter touch reviews and regular updates on progress will also be published.

The Department of Health, through the National Institute for Health Research, is providing £5 million funding over five years for a Policy Research Unit (PRU) on obesity. The PRU will look at obesity across the life-course, with an initial focus on childhood obesity. The first 2-3 years' of planned work will concentrate on:

- Marketing (including advertising, promotions, labelling).
- Tackling inequalities in childhood obesity.
- Policy levers for prevention of childhood obesity in early life (taking a systems approach).
- Evaluation of the childhood obesity plan.

[15] www.gov.uk/government/publications/sugar-reduction-and-wider-reformulation-stakeholder-engagement

The initial programme of research has been agreed and work has commenced on the first set of projects. The PRU will retain capacity to respond to emerging Government priorities in addition to the planned agenda.

All reports and data published on progress in delivering our childhood obesity plan will be open to scrutiny. We will use this to determine whether sufficient progress has been made and whether alternative levers need to be considered.

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