HOUSE OF LORDS

# Select Committee on Food, Poverty, Health and the Environment

## Corrected oral evidence: Food, Poverty, Health and the Environment

Tuesday 11 February 2020

11.40 am

Watch the meeting

Members present: Lord Krebs (The Chair); The Earl of Caithness; Lord Empey; Baroness Janke; Baroness Osamor; Baroness Parminter; Baroness Ritchie of Downpatrick; Baroness Sanderson of Welton; Baroness Sater; Lord Whitty.

Evidence Session No. 9 Heard in Public Questions 67 - 73

### Witnesses

I: Mhairi Brown, Policy and Public Affairs Co-ordinator, Consensus Action on Salt, Sugar and Health; Dr Hilda Mulrooney, Associate Professor in Nutrition, Obesity Group of the British Dietetic Association; Kate Halliwell, Head of Diet and Health Policy, Food and Drink Federation.

# Examination of witnesses

Mhairi Brown, Dr Hilda Mulrooney and Kate Halliwell.

Q67 **The Chair:** I welcome our second panel of witnesses this morning. The session is being broadcast on the parliamentary channel. Members of the Committee who have relevant interests to declare have declared them, and they are available on a sheet in front of you for those in the audience, who are also welcome.

I invite each of our witnesses to introduce themselves very briefly for the record, and then I will proceed straight to the first question. Perhaps you would say a sentence or two about who you are.

***Kate Halliwell:*** I head the UK diet and health policy team at the Food and Drink Federation. The FDF is a trade body that represents food manufacturers, from the global businesses you will all have heard of down to medium and small UK businesses. We do not have retailers or caterers in our membership.

***Dr Hilda Mulrooney:*** I am a dietitian and I represent the obesity group of the British Dietetic Association. I have a voluntary role with that group, writing responses to consultations. I am also an associate professor in nutrition at Kingston University in London.

***Mhairi Brown:*** I am policy and public affairs co-ordinator for Action on Salt and Action on Sugar. We are a charity working to help to reduce salt and sugar intakes across the UK.

**The Chair:** Thank you very much. I am going to kick off by asking you about reformulation of foods. We have heard evidence that reformulation could be a powerful lever in enabling healthier diets and improving health outcomes. What types of foods and nutrients do you think we should focus on?

***Mhairi Brown:*** As a charity, we advocate an improved nutrition profile across all foods, focusing not just on salt, sugar and excess calories, but on increased fibre and increased fruit and vegetable intake, vitamins and minerals. As a charity, salt and sugar reduction has been our route in, and that has been informed by the extensive evidence of the impact that salt has on health. It is linked to hypertension, kidney health, stroke and heart disease. The Global Burden of Disease Study estimates that around 3 million deaths each year are caused by excess salt intake. The World Health Organization recommends it as a "best buy" intervention, so we always support salt intake, but we recognise that excess sugar and excess calories in the diet are also a problem. They are linked to obesity, type 2 diabetes and tooth decay.

Our aim as a charity is not to demonise any nutrients. We look to make meaningful change to improve the overall healthiness of products. That is not necessarily a public message. Reformulation is intended to guide food manufacturers. When it is translated to the public by the media, the message can get skewed.

***Dr Hilda Mulrooney:*** I echo a lot of what Mhairi said. Reformulation has an important role to play. I agree that demonising particular nutrients is not helpful, but thinking about obesity in particular, we have to be mindful of calorie intakes. The development of obesity is driven by an imbalance between energy intake and energy expenditure.

The majority of the rhetoric around obesity focuses very much on individuals and the behaviour change that individuals need to make and sustain to their diet and to their lifestyle. We know that is very difficult to achieve and to maintain, so to achieve meaningful gains in public health we need sustained changes across the population.

Reformulation has the benefit of changing foods for everybody so that the onus is taken off the individual. We recognise now that obesity is driven by the fact that we are a genetically susceptible population living in an obesogenic environment, so it makes sense that we need to focus on changing the environment in a healthful way.

You asked about particular foods and nutrients. Looking at the national diet and nutrition survey, as Mhairi said, there are big discrepancies in the recommendations for healthy eating and what the population actually achieve. Fibre intakes and intakes of vitamin A and folate are too low. Intakes of fruits and vegetables are stubbornly low. Fat intakes are about 35% of energy, and fat is the most calorie dense of all the nutrients. Saturated fat intakes are too high, and sugar intakes are at least double what is recommended. Focusing on the nutrients that provide a lot of the calories in intake, and on the foods and drinks that provide those calories, would make the most sense.

***Kate Halliwell:*** I agree with most of what my two co-panellists have said. Reformulation, particularly for food manufacturers, is one of the key actions that our members can take. I mean reformulation in quite a broad sense, literally changing the product make-up. There is also new product development and looking at portion sizes for some products. Making smaller portions might be easier; it might deliver the change you are looking for across all the nutrients of concern, if you have a smaller portion size. Alternatively, it could be slightly larger for fibre and fruit and veg.

Of course, most of the reasons why we are looking at this relate to the obesity crisis, so looking at calories makes a lot of sense. As Dr Mulrooney said, that is the driver. It is important to look holistically. We have salt and sugar programmes. Salt, in particular, is very well established. Sugar is a few years in. We are still awaiting the calories. Having a broader approach and considering some of the positive nutrition would be helpful. The Global Burden of Disease Study, which was just mentioned, ranks UK dietary factors in terms of disability and adjusted life years. In fact, fibre, whole grains, fruits, vegetables and nuts come out higher than sodium, which is fifth on that list. Then it carries on down and there is a whole ranking. Yes, sugar and salt are absolutely important, and it is something that our companies support.

The reformulation programme is there, but it would also be useful to have a broader perspective of the positive benefits that foods can bring to the diet.

Q68 **Lord Whitty:** Do you have a view as to the nature of the intervention? On the one hand, we have had a voluntary reduction for salt, which the industry eventually adopted. For sugar, we have had a levy. Is there a difference in the industry reaction and the consumer reaction to those approaches in relation to sugar and salt that could be translated to other nutrients?

***Kate Halliwell:*** For sugar, there is also a voluntary reformulation programme. The soft drinks industry levy is just for drinks, whereas there is a voluntary sugar reduction programme across quite a range of foods.

We support the voluntary approach. I will come to the levy slightly separately. The reason why we support a voluntary approach is that it allows breadth in the range of products you can look at. It also enables you to set slightly aspirational goals. Obviously, if something that all companies have to meet is written into legislation, you have to be fairly confident that they can meet that level.

Internationally, to take salt as an example, in the UK we currently have 76 salt targets. PHE has just sent round a new fifth wave, and there are 83 in that. Most countries that have mandation have it only for bread. Some have it for a few more categories. I think South Africa is the most extensive, but I am sure I will be corrected if I am wrong. I think it has 13. We do not yet have the results for that. By taking a voluntary approach, you can hit a much wider range because you do not have to write specifics into legislation.

I will touch on the soft drinks industry levy, and I am sure my fellow panellists will. There, we had a very specific set of circumstances. Drinks are a very narrow and defined category. We had already seen great work by the soft drinks companies. Prior to the levy announcement, we already had a continuous downward trend in sugar. It meant that the technology was already there. Sugar in a drink is for sweetness. It does not have the structural role that it might play in other nutrients. There were very well-established brands. Diet Coke has been going, I think, since the 1980s. Consumers are very used to seeing those brands and making that choice.

The levy undoubtedly speeded up some companies. As I said, there was a downward trend. That slope got steeper after the levy was introduced, but there was a whole range of circumstances around it which meant that it was possible in drinks. Trying to translate that to a cake, where sugar has a much more structural role, would be much more difficult.

***Dr Hilda Mulrooney:*** It is very true that with drinks it is much easier to take sugar out because the only function of sugar in drinks is sweetness. As you have just heard, sugar in other foods has structural properties as well. Public Health England reported on the reformulation programme as well as on the sugar tax. Between 2015 and 2018 there was a 2.9% drop

in sugar through the voluntary reformulation programme compared with a 28.8% fall in sugar from the taxation programme. Albeit the drinks category is an easier group of products to deal with, action across different food categories as part of the voluntary programme has been far more limited, with some categories actually increasing their sugar content.

The problem with voluntary programmes is that there needs to be absolute clarity about what is to be achieved, what the purpose is and what will happen if progress is not made. With the voluntary sugar programme, all that was said was that, if sufficient progress had not been achieved by 2020, additional levers might be used. There is no clarity about what those levers are, so it is perhaps more difficult for industries to engage with it, or they do not see the need to engage with it. So far there is no stick. You either engage with it or you do not.

You asked about views on taxation. It seems from the literature that the level of taxation is very important both in the income stream that is generated and how it is viewed by consumers. If the product price is raised by about 20% due to taxation, it seems to effect behaviour change in consumers. That will generate less income from taxation because people stop buying products that are subject to the levy. As regards income for the Government it is not a great approach, but in consumer behaviour it seems to be.

There also needs to be clarity about what the purpose of the tax is and what happens to the money that is raised. Consumers seem to be more supportive of taxes when they understand what is going to happen to the money. One of the key concerns about taxation is that it is seen as a regressive tax, in that it affects people on low incomes more than those on higher incomes, because they have less money to spend in the first place. One way taxes could be used is to help to subsidise healthier foods so that it would remove that barrier.

There are a number of things about a voluntary programme. If it is in place, it needs to be absolutely clear who it is aimed at, what the purpose is and what happens if progress is not made, and if any funds are generated what they are used for.

***Mhairi Brown:*** I am going to echo a lot of what has already been said. On voluntary versus mandatory, as an organisation we have until recently supported voluntary reformulation programmes. That has been based on the success of the Food Standards Agency's salt reduction programme. It was robust and well monitored, and it became a model for salt reduction programmes around the world. We saw transparent and publicly published monitoring reports, which made it much easier to hold the food industry to account. That was our role at the time; Action on Salt was responsible for holding companies to account. It was so successful that the salt content of many products decreased by about 40% and the public were not aware of that. They still continued to buy the same products. It had a huge impact on population blood pressure.

When salt reduction was transferred to the Department of Health in the public health responsibility deal, many evaluations of that deal show that it was a disaster for public health to make the food industry responsible for making progress by itself without giving it the leadership and support to enable that. We saw salt reduction progress completely stall. When the deal was dissolved, with the general election in 2015, salt reduction was in limbo, and it has only recently gone to Public Health England, which is just starting to set the next round of targets. A lot of the progress that had been made was lost.

I echo what Hilda said. A voluntary programme is only effective if it is well monitored and there is buy-in across the sector. We have seen that with the sugar reduction programme. It has been structured very differently from the salt reduction programme. It is right that the food industry has been given different ways to reduce sugar. It has been told that it can reformulate or reduce portion size, which is very difficult to track, or it can shift sales to healthier products. We have seen a wave of products that have a 30% less sugar claim on them and they are heavily marketed, but no sugar reduction tends to take place in the main leading brands.

It is completely right to say that sugar reduction in drinks is much easier than it is in products, but the scale of progress that has been made under the levy shows what kind of progress is possible if the Government are able to show leadership and state their priorities clearly.

**Lord Whitty:** I was interested in a point Dr Mulrooney made about tax. Price is the most effective driver for consumer behaviour, whatever else we may wish for. Given that we are now free to impose different rates of VAT than are required from Brussels, what kind of countermeasure on subsidising healthier food would be acceptable if the total message is that the price of bad things is going up but it is completely compensated by subsidies for healthier food? How would that work, and how would it be put across to the public?

***Dr Hilda Mulrooney:*** I am certainly no expert on VAT or on different taxation mechanisms, but my understanding is that, when the tax is incorporated in the price so that what the consumer sees is the price they will actually pay, it has an impact on their behaviour. In America, for example, the tax is added at the till, so you think you are paying one price and then you get to the till and the tax is added at that point. That has caught many people out, me included, which was a bit embarrassing.

A big part of it needs to be about the public understanding what is happening and why, so that they can see very clearly the benefits of what is being done or what is being proposed and why. My understanding of the VAT system is that it is very complex. In a sense, it almost rewards unhealthy foods or ingredients. We need a root and branch look at that to see how it could be amended to make it more supportive of healthy eating, particularly for our low-income groups because they have very little wiggle room when it comes to food. We see the increasing use of food banks by people as almost a day-to-day measure, as opposed to

emergency food relief. I do not know whether that answers your question.

**Lord Whitty:** It puts it in a broader context. It is something that has not been raised with us before. Government intervention on tax and subsidy may be something that we ought to look at in more detail.

**The Chair:** Mhairi, you mentioned that the salt reduction programme had stalled. We heard a contrary view in the last evidence session. Could you send us whatever evidence you have to support the contention that it stalled after 2014, which I think is what you suggest?

***Mhairi Brown:*** Yes, no problem. We have research on that, so I would be happy to share it with you.

**Baroness Janke:** You are reducing sugar, but is there an increase in artificial sugars, which I understand to be quite harmful? You are keeping the sweet taste but consuming something that may not relate to obesity but is damaging as well.

***Kate Halliwell:*** The use of sweeteners certainly has an effect. Zero sugar drinks have low-calorie sweeteners in them. Any sweeteners or any additive used in food will have gone through safety approval before they are used. It is very dependent on the foodstuff. If it is a cake or a biscuit, where you are not just replacing the sweet taste, a low-calorie sweetener on its own is not something you could use. In fine bakery, which is the European term for things such as cakes, you would not be allowed to use low-calorie sweeteners. Low-calorie sweeteners are only authorised for use in certain food substances. Their use will therefore vary, obviously, but as I said all additives will have been approved as safe, and they are quite regularly reviewed. Currently, that is through EFSA. That system might change in the future as regards the regulatory body.

Q69 **Baroness Sater:** Which aspects of the food environment, including pricing, which we have touched on, marketing and promotions, do you think impact most on consumer choice?

***Mhairi Brown:*** Affordability of food and access to food are undoubtedly the biggest impacts on choice. We have guidelines in place that recommend five portions of fruit and vegetables a day. We also have the Eatwell Guide that recommends minimal processed food and lots of fresh fruit and vegetables.

The harsh reality for many people around the country is that unhealthy food tends to be cheaper and healthier food tends to be more expensive. Many people live in areas that are more deprived, and we know that takeaways tend to cluster in more deprived areas. Many people only have access to a local convenience store, and the products in those types of stores are designed to have a long shelf life, so they tend to be higher in salt and sugar. To ask people to eat more healthily without giving them an environment that enables that is very unfair.

***Dr Hilda Mulrooney:*** I definitely agree with that. The cues that different groups respond to will probably vary by group. Young people, for example, are very responsive to price, upselling and "buy one, get one free" meal deals and promotions. The reality is that our food environment is very complex. We are affected at a subconscious level, it appears, by numerous different cues to consumption, including marketing and advertising, promotion and so on.

Children in particular are not necessarily as able as adults to tell the difference between what is advertising and what is real. If you have a consumer as a child, you have a loyal consumer for life, so we need to be very careful to try to protect our children as best we can. Some of the recommendations and proposals that were put forward in various iterations of the obesity plan suggest ways in which children can be protected.

Price and the different promotions that are used, and focusing on those, makes a very big difference. Mhairi mentioned those living in deprived areas. Public Health England has published research to show the density of fast-food outlets, and it is much higher in deprived areas than it is in better- off areas. The quality in fast-food outlets tends to be lower. There is a clustering of risk factors in groups that are susceptible in the first place because they have a low income.

There is no single magic bullet with regard to such a complex problem. Maybe this is a good time to take a broad overview of the multiple factors involved and to try to give brave leadership, because that is what is needed. Whole-systems approaches are really important in complex diseases such as obesity.

***Kate Halliwell:*** Cost and price absolutely make a difference. We looked at some research that Kantar Worldpanel did using its consumer shopping panel. Consumers ranked why they made choices. They could rank more than one, so it does not add up to 100%. In a retail outlet, about 75% choose based on enjoyment; they think they are going to like the food. About 50% choose for convenience. A glimmer of hope is that about 30% choose around health, and that is growing; none the less it is not a dominant factor. If you look at those factors in the out-of-home environment, enjoyment goes up, as you would expect, and health goes down. That is how consumers report back.

Of course, marketing makes a difference. Companies use marketing predominantly to be competitive and take an advantage over their competitors, to raise their own profile or to look at new products coming on to the shelf. Most concentration of promotions tends to be around categories that have a lot of competing products or where there is a lot of NPD. There tend to be more promotions for luxury items, but that is very specific to the retail environment as opposed to the out-of-home environment.

**Baroness Janke:** We have heard evidence that food industry retailers heavily promote very unhealthy products. What are your views on that?

What can central government or the food sector do to alter it? You mentioned the advertising environment. What do you suggest can be done to change that?

***Kate Halliwell:*** As regards marketing unhealthy products, promotions across the board in a store are across all product types. Unpicking it a bit, Public Health England and the Government in Scotland have done quite a lot of work with Kantar data, looking at where different promotions sit in store. They did not necessarily define it as unhealthy, because it was to inform the sugar reduction programme, so they tended to split it into higher sugar and lower sugar products.

There are promotions across the board. On average, there is a very slightly higher promotional discount on the higher sugar products; it was 34% for all foods and 35% for higher sugar products. People tend to buy more higher sugar products when they are on promotion, compared with the rest of the food market. In that way, they are more successful because people choose to use them.

There is some evidence that, in the higher sugar category such as ice cream, the higher sugar variant tends to be what we might think of as a more luxury ice cream. On average, those products are about 25% higher than the standard market rate. The promotions bring them down to 15%, so people take advantage of promotions of that product type.

I do not think that there is evidence—certainly not strong evidence—of a large skew from healthy to unhealthy. There is some evidence about what people choose to buy on discount.

***Dr Hilda Mulrooney:*** There was some data. I do not know if you have come across the Broken Plate report from the Food Foundation. It reported that 2.5% of annual spend was on fruits and vegetables, 11% on soft drinks, 18% on confectionery, and 17% on sweet and savoury snacks. That suggests that there is a skew in the types of products that are being promoted.

The spend on public health advertising for healthy eating is far less than the industry spends on promoting products. Of course, industry needs to make money; that is its purpose. The difficulty is that health should not be the victim and should not be lower down the priority list. It is about making sure that industry can still make a profit while enhancing the opportunities for people to access and consume a healthy diet.

With regard to that, the soft drinks industry levy has shown that, with the 28.8% reduction in sugar between 2015 and 2018, there has at the same time been an increase in the soft drinks that are being consumed. More of them are being consumed from the lower no-sugar category, so that suggests that it is possible to achieve meaningful gains while still protecting the right of industry to make a profit. It is an important market for the country. It is an important part of the economy of the country, so industry must be protected, but not at the expense of children.

***Mhairi Brown:*** Research from Cancer Research UK found that a third of the food and drink we buy is on promotion, and that is associated with increased purchasing of food that is higher in salt, fat and sugar at the expense of healthier foods, such as fruit and vegetables. As an organisation, we do not advocate the banning of marketing or the banning of price promotions. We would just like to see more of the foods that are good for us being promoted, and healthier food being cheaper.

On advertising specifically, I refer to the example of Transport for London's restrictions on advertising high fat, salt and sugar products. That ban has not led to a loss in advertising revenue. In fact, revenue has gone up by £1 million since it was introduced.

**The Chair:** I do not want to pause now because we are short of time, but there seems to be a slight difference in the figures that you referred to, Kate, and the figures that Hilda and Mhairi referred to. Rather than going into it now, I wonder if you could write to us to explain why the figures that you quoted suggested a marginal difference between healthy and less healthy foods and theirs showed a big difference.

***Kate Halliwell:*** We can certainly send the Kantar results. I think some of it is because what the consumer spends through the till is different from the array of promotions on offer in store. That is probably where the difference is.

**The Chair:** Perhaps you could focus on the figures on advertising that Hilda quoted from the Broken Plate report and Mhairi quoted from CRUK.

Q70 **The Earl of Caithness:** The point is that we have to change the way we eat and what we eat in the future. Rather than following the Lord Whitty avenue of raising taxes, let us go down the avenue of helping the private sector produce the right products for us. Are you happy with what the FDF has achieved in the last four years in reductions in salt, sugars and total calories? What should be the plan for the future?

***Kate Halliwell:*** I assume that is to me. If I can reframe my answer slightly, I think there is more to be done.

**The Earl of Caithness:** What?

***Kate Halliwell:*** I am proud that our companies have been doing work in this space for a long time. You quoted our own figures back to us, which is always very nice. There will be a continuation of the strong government lead on sugar and salt. We have also seen calories coming on board. In those programmes specifically, in relation to small and medium companies, which are the predominant companies in the manufacturing base, there is specific support at the moment from the Scottish Government and the Welsh Government to help those companies to reformulate.

In Scotland, they fund a reformulation manager post to engage with those companies. In Wales, there are food centres that look across the piece more broadly. It is not just reformulation but sustainability issues,

and packaging comes into it as well. They have specifically said that they are going to uplift the money to help companies on reformulation. In England, we do not have an equivalent for that.

Larger companies obviously do not need that technical support. It is very specific to small and medium companies. For the large companies—I definitely differ from my panel colleagues here—the current proposed promotional and advertising bands, as outlined in child obesity plan 2, would mean that, in a lot of the categories where we are being encouraged to reformulate, we would not be able to promote those products. A company trying to decide now what to do, given how long it takes to reformulate, would not be able to promote or advertise 30% reduced confectionery. If you were trying to develop a product and invest a lot of money in it, it would raise a question as to whether you should or not. How do you successfully bring something to market?

It would not just be confectionery. One of our companies has a 30% reduced tikka masala-type sauce and korma sauces with 30% less fat and 29% less energy. Under the current proposals, they would not be able to promote or advertise those products. Having that unknown threat, which is pending and has been pending for quite a while, is quite difficult for companies; they want certainty in what they need to work towards.

***Mhairi Brown:*** I agree that the Government could do a lot more to support small and medium companies. In Australia, for example, the Government's healthy eating partnership has developed innovation grants. That helps smaller companies to do product testing with consumers, which they would otherwise lack the ability to do. They have also developed a sort of knowledge-sharing platform that allows them to learn from larger companies. I do not think that the Government currently offer that to industry.

***Dr Hilda Mulrooney:*** I agree that small and medium businesses need to be supported. They may need access to help from accredited nutritionists and registered dieticians who have experience in working in the food and drink industry. Various proposals have been made, including expanding the sugar tax to include categories such as milky drinks with added sugar. Overall, we need to try to tip the balance so that it is more in favour of healthy foods than unhealthy foods.

**The Earl of Caithness:** That is helpful. Perhaps you could write to us with any further thoughts on what might be done. We have heard that processed foods that are high in fat, salt and sugar are often the most profitable. Is that true?

***Kate Halliwell:*** The brief answer is that we do not really discuss pricing with our companies, or how much profit they make, because that is a commercial discussion, and we have to abide by competition law. Pricing is always a big no-no for us. What I can say is that of course companies are making a profit or they would go out of business very quickly. Whatever range of foods they are making, they are making them in a

profitable way. That is true for healthy or unhealthy foods, otherwise they will not go far.

**The Earl of Caithness:** Do you think we ought to have more evidence on that? Should it be much clearer as to whether processed foods are the problem that people say they are?

***Kate Halliwell:*** It is not my area of experience. I do not quite know how you would get to understand the profitability of different foodstuffs. Within any category, there is a whole range of business models. Companies might have an own-brand biscuit and there might be a luxury end, or an artisan chocolate versus an own-brand chocolate. They operate different business models for what is, essentially, the same product. It would be quite difficult to unpick. I could ask my economic colleagues if they think there is a way to do that, but I am very unclear myself.

**The Chair:** Could you do that, please? If you can get any information on that, it would be very helpful.

Q71 **Baroness Ritchie of Downpatrick:** This is a main question with two supplementaries. What ethical and legal responsibilities do the food industries have towards enabling healthy and sustainable diets? There has been some reference to that already. To what extent are they fulfilling those? What metrics are used by the Government and public health bodies to assess progress towards healthier diets and better health outcomes? How robust are the assessments and how do they feed into health interventions? What metrics does the food industry use to evaluate how sustainably it is producing and manufacturing food products?

**The Chair:** Thank you. That is quite a complicated set of questions. Given that we are running out of time, I would appreciate it if you could keep your answers very succinct. As a lot of it addresses the industry, could we start with you, Kate?

***Kate Halliwell:*** We absolutely have a legal obligation to provide safe food and to be clear about what is in that food. A legal obligation to provide a healthy diet would be quite difficult, depending on what the product is. As a chocolate manufacturer, I cannot give somebody a healthy diet, but what I can do is make sure that the chocolate I am making is appropriately portioned, that I have clear nutrition labelling and that I do all my sourcing and so on.

As far as I am aware, the Government do not have an overarching metric for healthy and sustainable diets. I know it is work that the Food Foundation has looked at, specifically in retail and out of home. It is something that my members are interested in, so at the start of the year we had the Food Foundation in to talk through its work, and about what metrics might be appropriate for industry to look at to cover the issue as a whole.

We have various sustainability metrics, some of which are government led and some of which are ours, but there is no overarching one. For

example, our company's report was about carbon and water use. We know that the Environment Bill is going to look at metrics, and presumably the national food strategy will look at the metrics that cover this piece. At the moment, we are not aware of an overarching one.

Specific to health, we have reports about sugar and salt in the Kantar datasets that the Government look at, so it is not an overarching health metric; it is quite nutrient specific. One interesting thing to look at, but it has not really been used yet, is that Kantar is starting to explore whether you can overarchingly put a nutrient profile on to a basket of food. Kantar has started to look at that using the Ofcom model, which underpins advertising, and then track over the years whether that basket overarchingly is getting healthier. The Ofcom model obviously covers salt and sugar, but it also covers fibre and fruit and veg. It is very early days and it is quite hard to do, but that more overarching approach could be quite an interesting one to explore further.

***Dr Hilda Mulrooney:*** There is an ethical responsibility. At the moment, there is no legal responsibility except with regard to food hygiene and food safety, which, as Kate says, absolutely need to be in place. We are entering an era of more corporate social responsibility, which is largely driven by climate activism. That should be extended to food, particularly where children are concerned.

As Kate said, we do not have overarching metrics to report on all of those things. We tend to use the national diet and nutrition survey data and progress against specific targets such as the sugar and salt targets and the calorie reduction targets.

***Mhairi Brown:*** As regards responsibility, ultimately dead consumers do not shop, so it is in the best interests of the food industry to look out for the health of their consumers, but I recognise that they are beholden to their shareholders and not their consumers.

There is increased awareness of ethical investment. Companies that choose to comply with voluntary measures and will not be subject to mandated measures might be seen as lower risk from both a financial point of view and a public perception point of view.

On metrics, we are able to track changes in the salt, sugar and saturated fat content of products. As a charity, we can do that at category level. Public Health England purchases Kantar data to monitor that, but data is prohibitively expensive and it comes with reporting restrictions so PHE is not able to go into the detail of who is and is not meeting targets. If one company has done amazing work innovating their products to meet targets, and other companies producing products that fit within that same category have not undertaken that work, the good progress made by that company is effectively lost in the reporting.

Q72 **Baroness Parminter:** What is your assessment of the Government's action on obesity?

***Dr Hilda Mulrooney:*** Of what they are proposing or what they have achieved?

**Baroness Parminter:** Both, but certainly looking at what they are proposing.

***Dr Hilda Mulrooney:*** If what was proposed was acted on, it would go some way to helping to reduce the burden of obesity. We are stuck in a limbo land at the moment, where a number of consultations have taken place on things such as advertising, the 9 pm watershed, extending the ban on promotion of high salt, fat and sugar foods to children across all media after 9 pm, as well as banning sales of energy drinks to children under the age of 16 and so on.

All those consultations have been held, but we have seen no action on them, in the sense of dates being set to implement changes. The work that Public Health England is doing on behalf of the Government is very strong and very well thought through. It is very clearly articulated work. We are making progress.

The Foresight report on obesity, which came out in 2007, said that doing nothing is not an option, that we cannot expect any one policy to make a huge difference, and that we are going to look at lots and lots of changes that incrementally will make a difference. That is a real problem because what we are looking at is long-term action. That means long-term leadership and people being very brave and leading from the top.

It also means sustained funding. We do not even have ring-fenced funding for public health at the moment, never mind for helping to manage and prevent obesity, yet we know that the majority of the population is genetically susceptible and that we live in an obesogenic environment. We need to do a great deal more. The Amsterdam model and the EPODE model in France were driven by grass-roots action, but with strong leadership from the top and long-term funding in place.

***Mhairi Brown:*** It is a difficult question to answer because x`. All of them have the potential to improve our general food environment.

The Government now have a strong majority. Hopefully, they will be able to use that strength to get those policies out. Everybody has responded to the consultations, so they know what the policies are. We just need to get them in place. Hopefully, that will help to create a healthy, sustainable and thriving British food industry while helping to improve health in the long term.

***Kate Halliwell:*** As has been said, we have had a lot of policy announcements. Even before that, we had a period when there was no action. My overarching feeling is that there have been a lot of announcements and not necessarily the follow-through from those announcements. We have had three childhood obesity plans in two years. Inevitably, that means that civil servants are processing that work, and

we are just catching up with the announcements all the time. It seems to me that there has been a lot announced.

We are specifically talking about industry measures, but there are also measures for communities and measures for schools. They do not seem to have been progressed. If all those measures were progressed, I am sure that there would be some output. I do not know how much; that is something the Government have not added up. I do not even know if it would be possible to do, but I do not think it is something that they have articulated other than as a long-term vision of a reduction and halving of child obesity by 2030. It would be helpful for them to focus on trying to deliver across the whole range of interventions that have so far been proposed.

**The Chair:** Earlier in this inquiry, the Department of Health gave evidence to us that the UK was at the forefront of tackling obesity. Is that something you would recognise?

***Kate Halliwell:*** We are at the forefront of announcing initiatives to tackle obesity. I do not have broad knowledge of local interventions, but Amsterdam seems to be the place where there was a 12% reduction in childhood obesity over three years, 18% in lower socioeconomic groups. That is amazing, but it takes money on the ground. I do not know that we are currently looking to implement something like that.

***Dr Hilda Mulrooney:*** There was very strong leadership as well. In America, the childhood obesity movement was headed by Michelle Obama, so it had a very well recognised person with a strong voice. She was a great advocate for getting children moving and for helping to tackle obesity and children living with obesity. We do not have the same kind of high-level leadership here, and we need that, as well as sustained funding.

***Mhairi Brown:*** The plan has the potential to be world leading, but we need to see action before we can evaluate it.

**Lord Whitty:** There is one dimension that we have hardly touched on at all, which is the formulation of baby foods and what is available for infants. Taste starts very early on. Has there been any progress on that dimension of the obesity strategy? There are some criticisms of that sector.

***Dr Hilda Mulrooney:*** My understanding is that some work has been done on it by Public Health England. It needs to carry out a review. At PHE, they feel there is something that needs to be done on it, but they need to make recommendations about what needs to happen. The First Steps Nutrition Trust has been instrumental in promoting the need to look at children's food and what is being given to children, including portion size. We also need to promote breastfeeding and water being available freely in schools for children and when we are out and about.

***Kate Halliwell:*** Public Health England has now started that work. There was some work by companies prior to that, looking at infant foods. The work from Public Health England was a week ago. It held a stakeholder meeting, and it had, effectively, bought Kantar data. PHE had to commission that to start with because it did not exist previously.

Having looked at that, it has still not set the targets. It is in the process of doing that and has outlined the foods it thinks should be included, which is six months to 36 months. From its initial look, PHE found that energy density and portion sizes seem to be about right. It is focusing its attention on whether there is added sugar and added salt. Obviously if it is pureed fruit there is sugar, because it is pureed fruit. That is where it will now focus its attention, to see what would be appropriate to set.

Q73 **The Chair:** Thank you very much. I would like to put a final question to you all, which requires a one or two-sentence answer. If you were now in our position of making recommendations to the Government, what would be your key policy ask to ensure that a healthy, sustainable diet is accessible to everyone? Just one thing.

***Mhairi Brown:*** Perhaps unsurprisingly, I would ask for a comprehensive and well-monitored salt reduction programme. Hopefully, that could set the tone for all other reformulation programmes in the UK.

***Dr Hilda Mulrooney:*** I would ask that health is at the centre of trade negotiations and at the centre of all cross-government policies, because it currently is not.

**The Chair:** Health in trade negotiation across all government policies?

***Dr Hilda Mulrooney:*** And across all government policies, yes.

***Kate Halliwell:*** I would ask that as food manufacturers we have clear guidance about the foods that people are looking to reformulate that covers a broader spectrum. Yes, salt and sugar, but we need to acknowledge positive elements such as fibre and fruit and veg, and the way they can play into the diet. I would ask that policies are joined up so that we do not have policies that, on the one hand, encourage reformulation and, on the other hand, do not allow you to promote those products when you make them.

**The Chair:** Thank you very much indeed. I thank all three of you for your evidence; it has been very helpful to us. I now close the session.