HOUSE OF COMMONS

Health and Social Care Committee

Oral evidence: Food and Weight Management, HC 1181

Wednesday 15 October 2025

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Watch the meeting

Members present: Layla Moran (Chair); Danny Beales; Ben Coleman; Jen Craft; Josh Fenton-Glynn; Andrew George; Alex McIntyre; Joe Robertson; Gregory Stafford.

Questions 1-101

Witnesses

I: Alice, Youth Activist, Bite Back; Jayda, Youth Activist, Bite Back; Evette, Food Ambassador, Food Foundation.

II: Corin Bell, Chief Executive, Alexandra Rose Charity; Anna Taylor, Chief Executive, Food Foundation.

III: Helen Gollins, Chair, Greater Manchester Public Health Network; Alice Wiseman, Vice President, Association of Directors of Public Health.

Examination of witnesses

Witnesses: Alice, Jayda and Evette.

Q1 **Chair:** Thank you all for joining us today. It is my privilege to open this first session of the Committee's inquiry into food and weight management. Before we begin, it might be helpful to outline what we will be doing over the next weeks and months. In 2022, 64% of adults in England were either overweight or living with obesity. The scale of the challenge cannot be ignored. In their 10-year health plan, the Government pledged to launch a "moonshot" to end the obesity epidemic but, to date, progress has been inadequate.

The inquiry we are launching today will explore two interlocking strands. We will start with prevention and food. We are grateful to our witnesses for joining us today. They have lived experience in this area, and they will tell us about and hopefully reflect the challenges that people face. The second half, which will start in the new year, will be on treatment and services for those living with obesity and excess weight. Without further ado, I ask our panel to introduce themselves with their name and interest in this area. I will start with Evette.

Evette: Hello everybody. I am Evette, a mum of two, and I live in the north-east of England. It's nice to meet you.

Chair: It's nice to meet you. Thank you so much.

Jayda: Hello, my name is Jayda, and I am one of the activists at Bite Back. I have been at Bite Back for about four years and have a lot of interest in the area, looking into fighting for children—

Chair: For those who don't know, what is Bite Back?

Jayda: Bite Back is a youth-led organisation working to help create a fairer food system.

Chair: Lovely, thank you.

Alice: My name is Alice. I have also been at Bite Back for four years with Jayda. I am similarly interested in making it easier for people to eat healthily.

Q2 **Chair:** Thank you so much. Evette, take us through your weekly shop. How does that look?

Evette: To be honest, it looks quite well. I am on a low income at the moment, so going to local supermarkets can be a bit challenging for me. I have to use a bus because I don't drive. Most of the local supermarkets are not within walking distance. You need to find money for the bus fares as well, which can be a little bit challenging.

As for my weekly shop, when I get to the supermarkets, I do try to eat healthily because I am type 2 diabetic. I also tap into a lot of the local schemes that are available. I don't solely do my shopping in the

supermarkets, because of accessibility and because it is a little cheaper to tap into food banks and other local schemes.

Q3 **Chair:** What schemes other than food banks do you use?

Evette: One of them is called The Bread and Butter Thing, which is in the next ward to where I live. You get a nice, fairly decent shop there, a feasible couple of bags of shopping for £8.50. That tends to keep me and my children going for a good few days. That is how I tend to manage on a weekly basis.

Q4 **Chair:** Thank you. Jayda?

Jayda: One of the things I think about is definitely the lack of options. I am currently a student in my second year, and Alice is also a student. One of the things we think about is affordability of being on a tight budget. When you think about the variety of options, there are not many. You have bright posters near schools and our campuses with junk food ads bombarding us. You have also got student discounts. I recently saw an advertisement outside a chicken shop for a 10% student discount. As a student, affordability is a really important thing, and that is not just an issue for us, but for those who are struggling in general with inequality in more deprived areas—affordability is even more of a concern in their everyday lives.

Q5 **Chair:** How do you personally manage it? Do you try to do one big shop and eke it out during the week? How do you do it?

Jayda: When it comes to my options, I feel that there is not a variety in general. I think about the barriers there are, and the struggles I find to overcome them.

Q6 **Chair:** What I am trying to get at—and maybe Alice can chip in—is your own experience and how you do it. Do you cook for yourselves, or do you tend to follow those cheaper options and eat out? Alice, do you want to tell us about your experience?

Alice: The options that you end up selecting are very dependent on the area you live in and the food environment around you. While I may be able to do a big shop, other people would not have that option.

Q7 **Chair:** Is that what you do? We will come to other things in a minute, but what do you do?

Alice: I would do a big shop. But when I think about the food environment and what influences there are, it is not just about when I am in the shop. It is about when I am walking to the shop and I am confronted by several junk food ads, fixing the spotlight on junk food. It is about when I walk into the shop, and there is a rainbow headache of packaging that dresses junk up as something that is good for you. It is not just the constant pressure when you are there; it is in every part of your life. Something that we talk about a lot is how junk food has become the cultural wallpaper—it is so pervasive and is intentionally placed centre stage for young people.

Q8 **Chair:** Thank you. Evette, when you are on the bus, going to the supermarkets or your nearby shop, do you get choice in what you get for your £8.50?

Evette: You don't really, to be honest. The bags are usually prepacked, but there is always a good element of fresh fruit and veg in those bags.

Q9 **Chair:** That is what I was going to come to. How easy or difficult is it for you to do the healthy option versus the not-healthy option as a mum?

Evette: It can be challenging, because some of the foods that are in the packs—for example, at The Bread and Butter Thing, which I visit every week—are not always fruit, and it varies week to week. Some weeks you might just get potatoes and onions, whereas it is nice to have a variety and some fruits thrown in as well. It just depends on what they get donated to them; that dictates what they can give out to people who are service users.

Q10 **Chair:** When you then go to the supermarkets, how easy do you feel it is for you to make the healthy choices there?

Evette: It is quite easy—everything is fairly labelled. But I will say that it is quite expensive in the supermarkets, and getting to them is quite challenging. In my local vicinity, in walking distance there are only fast-food shops, takeaways or Greggs—no disrespect to Greggs. There is a Greggs outlet at the end of my street. To get access to healthy fruit and veg, which is what I have been advised to eat by the GP because of my diabetes—and even if I had not been, it is still good to give to your children so that they get a balanced diet—is a good bus ride away to the shops or supermarkets.

Q11 **Chair:** Thank you. Jayda and then Alice.

Jayda: I am sure Alice will chip in, but we would both say, in terms of experiences when shopping, that we have experienced that there are some things that are misleading, and that as young people you may be drawn to. For example, there is bright and colourful packaging that you might be more attracted to and not realise that it has got high sugar content. There are things around you that are literally trying to catch your attention.

Alice: About a year ago, Bite Back did some research—we can send it to you—which demonstrated that the majority of the top 10 food manufacturers in the UK are reliant on selling junk food, primarily to young people. These companies are so clever. They know what we are thinking before we know what we are thinking, and they have all this money and all these brains. Against them, young people do not really stand a chance. Take my younger sister, Anna. She is just 12 years old. I do not think it is fair to be asking her to read the small print and subvert the tactics of multimillion-pound companies. She should be enjoying her childhood. It does not need to be this difficult to have healthy options and to access health. It should be something that is accessible to all young people.

Chair: Thank you. That is really powerful.

Q12 **Josh Fenton-Glynn:** Evette, what I am getting from you is that there is a lack of accessible, decent food. It is okay if you do not know this, because I do not think we told you we might ask this, but what is your weekly food budget?

Evette: I would say about £50—£50 to £60.

Q13 **Josh Fenton-Glynn:** How many shops do you do a week?

Evette: Three to four.

Q14 **Josh Fenton-Glynn:** And the bus fare to the big shop is about how much?

Evette: Just two stops up the road is £2, so I would say anything between £2.50 and £3.

Q15 **Josh Fenton-Glynn:** We are talking about a fiver both ways, so basically 10% of your food budget will have gone on your bus fare.

Evette: Yes, absolutely.

Q16 **Josh Fenton-Glynn:** That is really difficult. You say there is no vegetable option near you; there is not a corner shop or anything.

Evette: Not really, no. I found it particularly challenging when I was pregnant, to be honest, because I was quite tired. Sometimes just getting on the bus to go to the supermarket to get the fresh food that I needed was a challenge, because often I was quite tired.

Q17 **Josh Fenton-Glynn:** Being pregnant and diabetic is not an easy thing anyway, so you have a lot of sympathy there. In terms of possible solutions, obviously I would like there to be more food available to everyone. There is The Bread and Butter Thing, which sounds like a local pantry.

Evette: It is, yes.

Josh Fenton-Glynn: Just to declare an interest, I helped to set up some pantries before doing this job. So The Bread and Butter Thing is a community interest company, using food that would not be used otherwise.

Evette: Yes, absolutely.

Q18 **Josh Fenton-Glynn:** But at the moment, the key issue is not having choice.

Evette: Yes.

Q19 **Josh Fenton-Glynn:** Does it make it more difficult with kids? My kids will not eat anything. If you have a limited choice, does that make it trickier?

Evette: It does, because my children are quite fussy with what they eat, so there is that aspect. Sometimes there is the cultural aspect as well—you might want to tap into more cultural foods, but you need to go to the

supermarkets to access them, where there is a lot more variety on offer. It is definitely challenging.

Josh Fenton-Glynn: I just wanted to clarify a few things, to get a picture of your day-to-day life and the impact this has, so thank you for that.

Q20 **Alex McIntyre:** Evette, this question is directed at you. I am a type 2 diabetic, diagnosed earlier this year. There is an awful lot of information thrown at you when you first get a diabetes diagnosis about diet and what you should and should not be eating, which can be quite overwhelming. What support have you had about managing your diet from your GP and the health service? Have you been directed by the health service to places where you can get access to healthier food and talk about your diet?

Evette: Not really. There has not been loads of support, to be honest. When I first got diagnosed, there was a programme called DESMOND—it is an acronym for something, but I forget what. That gave you advice on portion sizes and what diet you should stick to, to try to keep your blood sugar levels down. I was diagnosed about 15 years ago. Apart from going on the DESMOND programme, there has not really been any other follow-up or additional support regarding that. I do get reviewed every six months at my GP, to see if I am keeping everything on keel, but regarding diet and nutrition, if that is what you are getting at, no, there has not been any other support.

Q21 **Alex McIntyre:** As you will know, diet is such an important part of managing the condition and keeping yourself as healthy as you can be when living with diabetes. As a parent who is trying to think about how you feed your children, do you find that your personal needs are getting pushed down in terms of priorities? Is it harder to manage your diabetes because you are managing a budget and feeding your children, faced with limited availability? Is that then impacting your health?

Evette: I would say yes, in a way, it is. But I am also very conscious of the fact that I do not want my children to get diabetes either, so I do my best to give them healthier foods and to go that extra mile when I am not too tired. What I mean by that is getting the bus, or if I have a little bit of extra money, I will even treat myself to a taxi ride to the supermarket, to get access to the food that I need—the healthier fruit and veg options.

Alex McIntyre: Thank you very much.

Q22 **Ben Coleman:** Alice, I heard you talking very powerfully about the food manufacturers who are making all this crap food and marketing it wildly to young people. Have you at Bite Back sought to put your concerns directly to these food manufacturers, and if so, what has the response been?

Alice: Yes, we have, in a couple of ways, and the response has not been great. The first thing that jumps to mind is that we ran a billboard campaign called Commercial Break, where we took over some of the billboards—it was in the local area, so you might have seen it—calling for a commercial break for young people. All we were doing was taking some space back and holding up a mirror to their tactics, and that scared them

so much that they lobbied the billboard agencies to ban our billboards. The two biggest outdoor advertising agencies then refused to run our billboard any more.

Q23 **Ben Coleman:** What are the names of those two agencies?

Alice: Global and JCDecaux.

Ben Coleman: They have refused to take your adverts.

Alice: Yes.

Q24 **Ben Coleman:** Have you sought separately to contact the manufacturers themselves and sit down with them to share your concerns? If so, what has the response been?

Alice: Yes. Myself, Luke and a couple of other Bite Backers attended their AGMs and asked them our questions. Some of them ignored us. Others called us the wrong name and forgot part of the question or just dismissed it and came up with their classic claims of putting child health first. It was really disappointing, and it drove home for us the fact that these companies are not going to change without a big push from the Government. We need the Government to step in now, because we have tried, but there is only so much we can do, and we need the support of people with more power.

Q25 **Ben Coleman:** Have you sought a private meeting with the companies, outside the AGM and the public format?

Alice: Yes, we have. To my knowledge, I do not think that they accepted it.

Q26 **Danny Beales:** I have two questions for Alice and Jayda. You talked a lot about restrictions on advertising, and I want to understand your perspective more. Do you feel restrictions should be targeted at specific food items or brands associated with food items? Do you have any thoughts about how it might work in practice?

Jayda: What we want to see at Bite Back is essentially more advertisements for healthier foods. When it comes to unhealthy and junk food, we want to see a world where it does not take centre stage. At the moment, it is front and centre. It is really important to not only look at specific foods but make sure that those that are high in fat, salt and sugar are not taking centre stage in our lives.

Q27 **Danny Beales:** An apple farmer probably is not going to advertise apples—the profitability of apples, bananas and other healthy foods is such that they will largely not do advertising, compared with these big corporations. Are you saying that you want to see the Government publicising healthy foods through advertising to equal it out, or do you want to see restrictions on unhealthy foods being advertised?

Alice: There are two things. First, on what you mentioned about brands, we were really excited to see the online junk food ban come in, but then we were disappointed, because the brands are still advertised and you can

still advertise stock images, which makes it feel a bit weak. We are in a health crisis, and we desperately need protecting from the spotlight that is constantly put on junk food. Everyone associates McDonald's with a burger and KFC with fried chicken because they have spent years ensuring that that is the association made and pumping out images like that.

On advertising healthier foods, we saw that money was put behind making sure that healthier products were advertised on TfL, and that was really successful and positive. But it is also about thinking big. Like I mentioned, these companies have so much power and money, so imagine if they put that behind their healthier products. A lot of these companies are massive, and they have such a big range of products. They are making an active choice to push the things that are bad for us. It is about stopping that bad stuff, but also thinking big and thinking positively about how we can build an environment that is great for child health.

Q28 **Danny Beales:** Lastly, do you have any thoughts about young people's attitudes to food more generally? Wingstop recently opened in my town centre in Uxbridge, and it is so popular that it has queues around the corner—other chicken manufacturers are available. I am sure that it has some advertising, but it is just hugely popular with young people, and I must admit that I have been as well.

It seems to me like convenience food and app-based ordering are commonplace now. People's use of technology to access food is different from when I grew up, when you would ring up the takeaway, maybe on a special occasion, and you would often have to go round. More broadly than advertising, do you think young people's relationship to and expectations about getting food instantly are driving eating habits in a different way? Is that the experience of you and your friends?

Jayda: Yes, I think the environment has changed and is definitely different. In terms of the food environment in general, though, it seems as if, rather than fitting into our lives, it is shaping it. It is interesting that you mentioned Wingstop. I am currently at the University of Warwick, and the area where I am living just had this big hype around a new outlet opening, so of course you have school kids swarming around. I guess it does paint quite a big picture.

You used to think about youth clubs being the areas where you would have a warm place to go and some wi-fi. But right now we are seeing schoolchildren and university children around the McDonald's near me, which is open 24 hours. That is what we are seeing. As Alice said, it is becoming the cultural wallpaper, with continuous advertisements. These junk food companies are very clever, and there is a lot of marketing out there. So yes, I would say that the way it is evolving is changing, but that means that other areas, like healthy foods, are not getting the centre stage.

Q29 **Chair:** Evette, how might some of the planned Government interventions affect you—for example, banning "buy one get one free" offers and things like that? You are on a tight budget, and you have very eloquently

explained how tough it can be some weeks. Is the Government bringing in things like that a good or bad idea?

Evette: My view is that it depends on what the item is. I have benefited quite a lot from the "buy one get one free" offers, but it depends what the item is. If it is an item of fruit or veg, that would benefit me and my children greatly, but if it is junk food—something that is not good for you and not healthy—I would definitely advocate a ban on "buy one get one free". It is a difficult one to give a straight answer to.

Q30 **Chair:** Yes. Are you confident about what is definitely healthy and definitely not healthy?

Evette: Yes, fairly confident, because I look at the labels quite a lot.

Q31 **Chair:** What on the labels do you notice most? What is the most helpful thing on the labels?

Evette: I have to be careful about the amount of sugar and salt that I have in my diet, so I really look at labels, especially if I get canned food, to make sure that there are not high levels of sugar and salt in those products. For example, if I have a bag from a food bank or The Bread and Butter Thing and there are a lot of tins in there with high levels of sugar and salt, I tend to give them to a neighbour or something, because I cannot use them—I cannot consume them. It is the same when I go to a supermarket; I am very wary and vigilant about looking at the labels and the amount of salt and sugar in a product.

Q32 **Chair:** I guess you have to be, but a lot of people will not even look, will they?

Evette: Yes.

Q33 **Chair:** Budgets are tight for students as well. Alice and Jayda, would measures on food labels and "buy one get one free" and planned Government interventions affect you guys?

Alice: We were obviously very encouraged to see the ban on "buy one get one free" junk food. It's a really important first step, because that is just one of the many tactics that big food uses to manipulate and target us. I would say that labels are really complex. Absolutely, as Evette said we can be looking at the labels, but we shouldn't really have to. Why should there be all these obstacles to accessing health? Should we not just be able to trust that what we pick up in the supermarket is healthy for us?

Q34 **Chair:** You do not trust what you see in supermarkets?

Alice: Not really, no.

Chair: Who is it that you don't trust? Is it the supermarket, the brands, is it just the whole system?

Alice: So often you see junk food that is packaged up with misleading health claims like "high in protein, high in fibre", and then you turn it around and it has all the red traffic lights. It is very difficult, and we shouldn't be facing all those obstacles just to eat healthily.

Q35 **Chair:** That brings me to my last question. I'm afraid you will have to be disciplined because we only have five minutes and there are three of you. I want you to think carefully. If you were in charge of this Government and you had only one thing to do to fix this problem, what would be your top intervention? What is the one thing you would do, and why—you get a bit of an explanation behind it. Who wants to go first? Maybe someone has thought about this before. Evette, go ahead.

Evette: For me, because of my particular circumstances, transport would be a biggie. Making fares a lot more affordable and services a lot more frequent would be a biggie for me, because of where I live.

Q36 **Chair:** Thank you. Jayda, what is yours, and why?

Jayda: In what I have talked about today there has been a lot about outlets, and about junk food advertising and marketing in general. As you said, it is around us everywhere—it is headache and noise for a lot of young people at the moment. Bite Back's idea would be to look at ending junk food advertisements in outdoor spaces.

Q37 **Chair:** Let us be really clear about exactly what that means. Is junk food defined as ultra-processed food? How would you define junk food, first of all, and where exactly?

Jayda: One of the key things to look at is high fat, salt and sugar products. We are seeing links, as I said, to high levels of junk food advertisements in the most deprived areas, but everyone should have a right to health. We should be able to see a healthier generation for young people so that they do not have to experience the same things that I have experienced, and other children like Alice. That would be the first area—

Q38 **Chair:** You are only allowed one, so that is fine—thank you. Alice, do you have another one?

Alice: Similar to Jayda, I think the priority is creating an environment that puts child health first and reflecting that priority. I have spoken quite a bit about all the outlets there are, so it would be about creating healthier streets and stopping that flood of junk food outlets that are currently suffocating young people. The opportunity that you guys have as the national Government is exciting. Obviously we go to local government and speak to them, but that creates a patchwork of difference and it cannot be as uncompromising and final. We want every child everywhere to have equal access to a healthy life.

Q39 **Chair:** What does that actually mean? That is what I'm trying to get to. Reflected back how? Give me one policy that you want us to push for that is very specific.

Alice: Stopping the opening of new junk food outlets, especially near to schools, and ensuring that the regulations are airtight. Junk food companies will find a loophole where there is one to be found.

Q40 **Chair:** Wonderful. That is so helpful, and very linked to what we will be talking about with our later witnesses. Thank you so much to all three of

you for being here today. It is not easy coming in front of these Select Committees, and we really appreciate it. Thank you. We now call up our next panel.

Examination of witnesses

Witnesses: Corin Bell and Anna Taylor.

Q41 **Chair:** We have just heard from three experts by experience. We are going to start drilling down into the policy now. As I did for the previous panel, I ask you to introduce yourselves and your organisations. I will start with Anna Taylor, please.

Anna Taylor: Good morning, I am Anna Taylor, Executive Director of the Food Foundation.

Corin Bell: I am Corin Bell, CEO of the Alexandra Rose Charity.

Q42 **Ben Coleman:** I should declare an interest: one of the boroughs in my constituency—Hammersmith and Fulham—has long funded Alexandra Rose through the public health grant. I was keen for that to continue. It has been very good for the local market, which is involved. It has helped people buy cheaper food and helped the local economy.

We are all interested in the conversation about whether food that is healthy can be affordable. Why do you think there is such a gap between the cost of healthy and unhealthy foods? Anna, would you like to kick off?

Anna Taylor: I am happy to kick off. To set the scene about the size of the gap, at the moment we have unhealthy calories at about half the price of healthy calories. We have tracked that over time and the gap has widened in recent years. The healthier foods have gone up more sharply than the unhealthy foods.

We also track food insecurity—the extent to which households are struggling to put food on the table. We use a standardised method for doing that. Currently, about 14% of households struggle to put food on the table. There are two problems, an income problem and a food system problem, which mean that those with little income are pushed towards the least healthy foods. We are also in a period when inflation is starting to tick up again, particularly for food.

Q43 **Ben Coleman:** I understand that, and you have provided good evidence. We are a bit short of time. What I am really interested in is why there is such a gap, so that we can work out why it is and what we can do about it?

Anna Taylor: There are three big reasons. One is that we are part of a global food system, and we have put all our energy in the 70 years since the second world war into producing cheap calories and ensuring there are no famines and food shortages globally. We have put all our effort and R&D into crops such as wheat, soy, rice and maize, which are the big

ones. Through R&D investment, crop breeding and investment into all the different inputs to make those foods more efficiently, we now have a set of very cheap core ingredients, which are used as the basis for a lot of processed foods. That is the first reason—very cheap ingredients relative to other ingredients, and a narrow range.

The second is that we now have very big economies of scale in the food system. You are probably familiar with the term Henry Dimbleby coined: the junk food cycle. We as humans seek out biologically energy-dense foods. Food companies know that and use these very cheap ingredients to create foods that we buy a lot of, and they work out how we will buy more of them through marketing, advertising and promotion of some of the things you have just been hearing about. You get those very big economies of scale.

Q44 **Ben Coleman:** I partly follow that, but it would be helpful to pull it out a bit. Fundamentally, wheat and maize are not things we would not want to use as the basis of healthy foods as well. What is it that makes it so expensive to buy other healthy food? What is put in these foods that makes them so cheap to manufacture and sell, which is added to them?

Anna Taylor: The third reason in the mix is shelf life. Obviously these are foods that can be made into ingredients in different parts of the world, which go into foods that have long shelf life. Some of the fresher foods have shorter shelf life, which means there is more wastage in the system because if you get your sales forecast wrong, food gets thrown away rather than sitting on the shelf for another day. So those are the three big reasons: economies of scale, very cheap ingredients and long shelf life. Relative to fresh fruits and vegetables, this is the part of the food system where you can make the most money, where you have this very big supply and prices are low.

Q45 **Ben Coleman:** Perhaps Corin will come in on this. How can we bridge the gap? What can we do? It is no good people like me saying to people who do not have much money, "You should go and eat healthy food," if it costs twice as much as unhealthy food. What can we do? I know that Alexandra Rose makes food more affordable, but what can we do to get supermarkets and manufacturers to make buying healthy food less expensive?

Corin Bell: I will go back to the last question, if I can. Anna alluded to it, but the important thing at the moment is why there is such a gap between healthy and unhealthy food. Food is a business. That is the essential key to it for me. The profit margin on basic unhealthy food is way less than the profit margin on the branded version. If you create a processed product that is branded that you can build hype around, you can make more money out of it. That is what our system is flooded with and that is driving a lot of this, just to dip back into that for a second.

In terms of how we bridge the gap, I repeat that food is a business, and one problem is that a lot of food being produced is not taking full account of the health, social and environmental implications. The soft drinks levy

led to some funding, some taxation, but it also led to reformulation of a number of products to avoid that taxation, so I would love to see that expanded. As long as it is still possible to produce food that is bad for the planet and bad for people and that makes a massive profit, that is overwhelmingly what we will see.

There are two sides to this. It needs to be not as profitable and more expensive to produce food that is bad for people and bad for the planet. Then we need to look at how we can make healthier diets more affordable, although affordability is only one element. Evette spoke really strongly about the accessibility and not being able to get to those products.

You mentioned an interest in Alexandra Rose. Shockingly, I also have an interest in Alexandra Rose. Evette talked about The Bread and Butter Thing, which is a brilliant scheme, but she mentioned the limited choice. So what I would like to see in the projects we are funding and the schemes we are supporting—we do need more funding for healthy food interventions—is a real focus on interventions that tackle the affordability gap and accessibility gap, and that also offer dignity and choice.

Q46 **Ben Coleman:** That is very helpful. So there are two different ways of approaching it. We can say, "There is all this rubbish food out there that is pumped full of fats, salt and sugar. Let's just leave it be and we will try to make healthy food more affordable," but I do not think that is really what you are saying entirely. They have cut down on sugar in some drinks and they have kept the prices, so maybe they are not making quite as much profit. Have you looked at how it would affect the pricing of some of the bad food out there that is pumped full of sugar, salt and fat, if they were required to cut by, say, three quarters the damaging ingredients? Have you looked at how it would affect the pricing and whether it really would need to affect the pricing that much? Has there been any work done on that?

Anna Taylor: Yes. The modelling for the sugar and salt tax proposed in the national food strategy looked at that. In modelling, you are trying to anticipate these system effects, which is not easy to do. The scenario that people think is most likely is that you would have a combination of factors, as we did with the sugary drinks tax. A bunch of foods could be reformulated to avoid the tax or avoid paying as much of the tax. Portion size can change, making the product smaller so you pay less of the tax, but pricing can stay the same or be pushed up, so that you end up paying the tax and you change the balance of prices. Those three routes will happen in practice.

The key opportunity in thinking about the tax from a policy perspective is how you can use the revenue to increase the affordability of nutritious foods, particularly for those on a low income. For example, could you use the revenue to substantially increase the Healthy Start scheme, or a version of it? The big question is how we rebalance prices in the system to make sure that affordable, healthy food is the most widely available.

Q47 **Alex McIntyre:** To bring it back a step, I would be interested to know

how both your organisations define healthy food. The focus from the Government has been on HFSS. That seems a bit of a blunt instrument in that you could have an avocado, which is high in fat, seemingly flagging up red, but KFC has just developed a non-HFSS burger to get around advertising restrictions, and obviously a Diet Coke would come up green on all the measures. Presumably, neither of your organisations would define KFC or Diet Coke as healthy food, so how do you define it?

Corin Bell: Alexandra Rose has a focus on fruits and vegetables. Just in case anybody is not aware, the practical side of what Alexandra Rose does is delivering very place-based projects in communities. We have an early years scheme supporting children up to school age and a fruit and veg on prescription scheme supporting adults who are managing food-related health conditions. Both of those are for people on limited incomes. We provide vouchers that are ringfenced to fresh fruits and vegetables. We are certainly not suggesting that fresh fruits and vegetables are the only things in a healthy diet, but we find that when budgets get squeezed—either when bills go up or income goes down—fruits and vegetables are the first thing to go because they are the most expensive element. The focus stops being on a healthy diet and starts being on making sure no one is actively hungry. The focus for us is increasing fresh fruits and vegetables.

Anna Taylor: The nutrient profile model that defines high fat, sugar and salt foods is not perfect, as you point out, but it has been hugely helpful for providing a reference point for some of the regulatory instruments that have been introduced on advertising, promotions and so forth. However, it does need to be updated regularly based on the science—that is really important. At the moment, we are stuck with a very old model and the science has moved on.

The other thing is that it is not that good at defining great food. It is good at defining the worst bits of food, but we do not have a way of defining those groups of foods—the sorts of things that Corin was talking about—in a way that can be used for policy. Minimally processed foods, whole foods—I do not know what the right terminology would be for those. We need to agree that. I think you are pointing to the fact that a lot of the policy energy has, for very good reason, been focused on the worst bits, but we need to give some attention to how we can use policy to enable the better food to be eaten. That is a bit of a shift that is happening now under the banner of the food strategy.

Q48 **Alex McIntyre:** That leads neatly into my next question: what is your reaction to the recently published food strategy, and how confident are you that it will succeed in improving access to affordable healthy food?

Corin Bell: The systems change framing was really positive. It is great to hear the Government start to talk about changing the food environment. I am very pleased that we are moving on from the nanny state arguments and the idea that diet is about individual choice, and moving on to the structural ideas of accessibility and affordability.

It is great to see the focus on cross-Department working. It has sometimes been very difficult. Food is a singularly complex issue. Sometimes you find that there is one conversation to be had with DEFRA and another to be had with DWP and another to be had with Health and Social Care. Everybody has slightly different KPIs, which sometimes means that, if you are doing something genuinely systems focused and genuinely about changing the food environment, it does not really sit within anybody's remit. That is tricky, so it is great to see us moving on from it. That, alongside the 10-year health plan and the strong shift towards prevention, is really positive at the moment.

In terms of what we need to see, we have seen again and again that White Papers and individual policy promises do not last in the long term. I would like to see the long-term direction that we intend to go in enshrined in legislation. The main targets that we want to hit on reducing poverty and levelling health inequalities need to be in enshrined in law; otherwise, as we saw with the levelling-up White Paper, a new party gets into government and the direction potentially disappears.

Anna Taylor: I agree with everything that Corin has said and will not repeat it. The good food cycle and the 10 outcomes that have been set out, as a foundation for thinking about how we move forward, is a very helpful framing. However, at the moment it is only a policy paper and its success in the next 12 months rests entirely on the level of political leadership that will be put behind it. We obviously have new DEFRA Ministers at the moment who are getting their heads around this work, so I am really hopeful that they will grab it.

Much of the resistance to intervening in this area and in the issues that we have been talking about has been attributed to the cost of living crisis. Even intervening on advertising—we cannot do it because of cost of living. I think that is the very reason why we absolutely must intervene in the system longer term. As Corin said, we have to set out a long-term trajectory for changing the system. This cannot be done in three years. We created this system over 70 years. We need to put in place: "This is how we want to re-incentivise the system so that healthy foods are the more affordable option." That does not happen overnight. There are tools we can use to shift that dynamic, but we need a long-term commitment to do that.

We are now in a situation, as we are seeing with inflation, in which we are finding that UK food prices are very exposed to international perturbations in the system, and that we need to build a little bit more of a buffer and more resilience in the system so that our shopping baskets are not hammered by these big, external shocks, which will only increase with what we call climateflation—the impact of climate shocks on production in different parts of the world.

That is the case for using the great foundation that we have in the policy paper to set out a food strategy that does some concrete things in the short term—we can talk more about what those might be—but also puts in place a legislative instrument that sets the long-term direction and the

goals that we want to see for the food system, and how we might track their progress. That is vital, and we need to progress that legislative conversation in the short term.

Q49 **Alex McIntyre:** I am conscious that I have only two minutes before I have to hand back to the Chair, but you have teed up my next question again, Anna—thank you for that. Could you, in about a minute each, give a couple of concrete actions from the strategy that you would like to see the Government take in the next 18 months?

Corin Bell: On the accessibility point that Evette raised, which we have heard from a lot of the communities that we support, for me it is about changing the retail offer. Evette talked about there being loads of takeaways in her area. That is one side of it—we need to limit, reduce, reformulate or re-menu those offers and incentivise that. But we also we need to see more—and support structurally and financially—local, independent healthy food businesses. Why is Evette having to get on a bus to go and find fruits and vegetables?

One of our projects is in area in Liverpool, and we have had to work with a ring-and-ride mobile greengrocers. There was no infrastructure in that area, so we have had to create it. The woman that runs that project, which is called the Queen of Greens mobile greengrocers, has said that you can buy blueberry flavoured vapes, but you can't get a blueberry anywhere on that estate. That really brings it home for me. We need healthy food businesses in those areas. At the moment, they cannot make any money, because of the profit margin on healthy food, but also, to flip that, our high streets are full of fried chicken and burgers because of the profit you can make on them. We are not going to turn that around by waiting for market forces to change.

Anna Taylor: We absolutely need to proceed with the mandatory business reporting and targets that were set out in the NHS 10-year plan and make sure that that is protected from heavy industry influence.

Q50 **Chair:** What do you mean by "heavy industry influence"?

Anna Taylor: I mean lobbying by the food industry to water down or slow down progress in those policy processes, which we have seen with the advertising regulations.

There is a huge imperative to see growth. The other big area worth highlighting is to look at the food strategy and work out where we can see economic growth. We need to focus that conversation on what I would call growing the good stuff. How do we see growth in fruit and veg production and consumption? What is the mix of measures from the farming end right through to marketing, which came up earlier, using public procurement in the middle to do some market shaping? It is a huge opportunity for a policy bundle, a bit like the sorts of things you do in an industrial strategy, where you go, "Right, here's our goal. We want to get lots more people enjoying fruits, vegetables, beans, pulses and those kinds of things. How do we shape that market through the mix of measures that we have as policymakers?" The food strategy is the perfect vehicle for doing that.

Q51 **Jen Craft:** The evidence submitted by both your organisations suggests that you would like to see some changes to the Healthy Start scheme. Can you talk us through what you would like to see?

Corin Bell: We would like to see expanded eligibility. We see a lot of families missing out that are really affected by poverty and are just above that threshold. We would like to see eligibility expanded to all families on universal credit and to families with no recourse to public funds. We would also like the age to be increased. We have this odd gap where we support children up to four, and they do not go to primary school until age five. There is a year there where we are really impacting their diet. Let's support children with Healthy Start right up to primary school age.

We would like to see a move to automatic enrolment. There are loads of people who are eligible for Healthy Start who are currently missing out because they do not know about the scheme. Why are women not auto-enrolled on this scheme when they are pregnant? We would also like weekly payments to be indexed to actual food prices and the cost of a basket of shopping. The amount that Healthy Start provides has gone down year on year in real terms.

Jen Craft: Thank you. Anna?

Anna Taylor: Same.

Q52 **Jen Craft:** That rather helpfully leads me to my next question—to anyone watching who saw Alex's questions, we have not set this up! You said that there are some barriers that stop those who are eligible from accessing the Healthy Start scheme and that auto-enrolment might be one way around that. What else stops people accessing it?

Anna Taylor: The first thing to say is that we do not know how many people are not accessing it. There is a data problem at the moment. The Government are not publishing the data. They used to publish it, but they do not any more. Based on past experience, we think that about a third of eligible people are not getting it. That is a problem because a lot of local areas are trying to drive up uptake. If there is no data telling them whether they are succeeding, it disincentivises that sort of activity in that area.

The recent evaluations have pointed to the fact that there are lots of challenges in terms of paperwork, being signposted in the right direction and having the right conversation that makes people aware that they are eligible. At the moment, people are not written to with the message: "You're eligible, why don't you apply?" That is a simple step that could be taken, but it is a data-sharing problem between DWP and DHSC, so there are some things to fix there.

There is also some evidence to suggest that people do not think it is for them. That points to the fact that the scheme is tiny and very poorly marketed, frankly. We think a lot more could be done to position the scheme with its core objective of supporting children's health. We also know that if the scheme were bigger, a lot of the supermarkets would say,

"We will add value to the scheme and add in extra fruits and vegetables." We got them to do that during the covid pandemic—seven of the big retailers added value, and if you went in and used your Healthy Start voucher, you got Nectar points, a discount on fruit and veg from your next shop, or free fruits and vegetables thrown in. There is lots of opportunity there, but because the scheme is so small—you have only two or three people a day coming into an individual store with a voucher—you do not get those economics of scale to make this something worth putting a lot of energy into from the supermarkets' side. There is also a problem at the moment with the digital card and the tills, which prevents them from doing it.

There is lots to fix on that side of things, but particularly I would say it is about putting some energy into promoting the scheme and making people aware that it exists, eligibility, and its value for children.

Q53 **Jen Craft:** What economies of scale would you see? How many people do you think would need to go through the door of supermarkets before they started to see value in supporting and promoting the scheme?

Anna Taylor: When we talk to the supermarkets about potentially increasing the eligibility to everyone on universal credit—to match the approach that is now being taken with free school meals, but for Healthy Start—you start to get numbers that are much more meaningful at a store level. Obviously, the specifics depend on the size of the store, the location and so on, but that sort of scale-up is what is needed. This is not huge amounts of money, because the scheme is pretty small. We can give you some of the estimated numbers and costs attached to that afterwards if that would be helpful.

Q54 **Chair:** We would be really grateful for any of the data that you have, and any sort of cost-benefit analysis you might have done of any of the changes that you have been suggesting.

Anna Taylor: Yes. The University of Birmingham is working on that imminently, and we will be able to get that to you before you complete your inquiry.

Chair: Thank you. That is really helpful.

Q55 **Jen Craft:** That was going to be my next question: what evidence do you have of the impact that the changes that you suggest would have, either in the short term or a little further ahead?

Anna Taylor: We know from the evaluations that have been done to date that the scheme increases purchases of fruit and veg by about 15% for the families that get them, and that for women in particular, that means they are then starting to meet their nutritional requirements of key micronutrients. When you are making the scheme bigger, you are simply making it more widely available to a bigger group of people. The modelling will also look at what happens if you increase the value of a voucher. Of course, that is what you see in reality with the Alexandra Rose early years scheme. Maybe you want to explain the extra benefit you get, Corin.

Corin Bell: The model in America that the Alexandra Rose model was based on was called Wholesome Wave. In America, they took their version of Healthy Start and were almost asking participants, "Give us your Healthy Start vouchers. We'll combine them and give you a bigger voucher." It has not worked that way in the UK. I think they complement each other very well; I am not suggesting we merge them. The amount that you get on Healthy Start at the moment is not huge, so for young mothers, we are seeing that the Healthy Start voucher might go on formula milk, milk or something very structural, and then having that ringfenced, dedicated voucher for fresh fruits and vegetables obviously really impacts spending and changes dietary habits.

I can talk a whole lot about the benefit of that, but the important thing for me is that when we are talking about the interventions that we are going to support, to support people who have accessibility and affordability issues, we are not looking for one silver bullet; what we are seeing is this layered support where Healthy Start is designed to solve one problem and the Rose voucher scheme is designed in a very different way and is tackling different issues. A range of different interventions and layered support is how you build that kind of security. The important thing for me is that we are not trying to find how we can expand Healthy Start so that it can do three or four jobs.

Q56 **Jen Craft:** Is that having more people achieve their nutritional intake, or is it within the group that you are working with that you are seeing the uptick? Does it have the potential to do both?

Corin Bell: Yes—both. What we are seeing is that the children and adults on both the early years and the fruit and veg on prescription schemes are, on average, getting an extra three portions of fruit and veg a day, and we are getting more people to have fruit and veg.

Q57 **Andrew George:** First, my apologies for missing the opening of this session because of commitments elsewhere. I want to ask you about the prescription and voucher scheme, Corin. The figurework in your evaluation certainly suggests that it has been very successful. Could you perhaps say a little bit more about that? The figurework suggests that it is successful, but I wonder how deep the evaluation went. Were recipients, if you like, polite about the scheme? How do you know that it is really having the impact that the stats suggest?

Corin Bell: We have done a range of evaluations. We have nine different projects in areas of London, Liverpool, Glasgow and Barnsley, which are working in a range of areas, with a range of infrastructure, in a range of ways. Evaluation has been done not just with the participants, because I completely get your point that, if they value it, they might upsell the benefits. We have done evaluations with the participants, as well as the social prescribing teams and the children's centres.

There are some subjective measures; we are asking participants what they are eating and how they are feeling. Those results are really encouraging. But we are also asking the social prescribing team about

reductions in the number of GP visits and other things. There is always more evaluation to do, and we would love the chance to get more objective measures. We are working at the moment with some academic partners to try to get that rigour.

Q58 **Andrew George:** So you are also looking at the out-turns in healthier lives, as well as healthy living.

Corin Bell: We are looking at objective and subjective measures.

Anna Taylor: I would also add that, because this work started a little bit earlier in the US, as Corin said, there are some good peer-reviewed articles on the impact of fruit and veg prescribing. In particular, they have looked at reductions in drug costs for people who are pre-diabetic or moving on that journey, and there are really quite significant cost savings linked to fruit and veg prescribing.

Q59 **Andrew George:** Is eligibility clearcut? Presumably, you are able to data share with other Government agencies to identify those who are eligible for the scheme. Is that right?

Corin Bell: The schemes are very place-based. With the early years scheme, we tend to say that it is anyone who would be eligible for Healthy Start, but not necessarily accepting Healthy Start, so we go with similar levels of eligibility. With fruit and veg on prescription, it is about asking which health issues the local area wants to tackle. We have the flexibility to go into areas and be a bit more flexible. With the fruit and veg on prescription scheme, we are broadly going with the Healthy Start eligibility, but our scheme is open to people who have no recourse to public funds.

Q60 **Andrew George:** In terms of access to the fruit and vegetables, presumably because you are going to retail outlets where there is no issue with supply, they are getting the fruit and vegetables that they prefer.

Corin Bell: Yes, choice is a big part of the programme, but Alexendra Rose works specifically with local independent healthy food businesses, so we are not working with the major retailers. We are going into areas where there are traditional markets, such as local independent greengrocers. I mentioned earlier that we have one project in Liverpool where there was a lack of healthy food infrastructure, so we are working with a mobile greengrocer—a greengrocer on a van. Sometimes it is about creating that infrastructure where it is lacking.

Q61 **Andrew George:** On the risk of stigma being attached, is that carefully managed in terms of the interface between the voucher holder and the wider public?

Corin Bell: We have not seen much of that. The participants we speak to seem to feel quite proud to be on the scheme and using their Rose vouchers, partly because one of the messages is: "You're supporting local independent businesses." The traders are very proud to accept the vouchers and our participants seem very proud. One of the things we are working on at the moment is how to digitise the voucher. We are looking

at a light-touch, low-data app that will look like any other card transaction, where you just tap and pay with your phone.

Q62 **Andrew George:** If I said, "Could you go and replicate this in this other part of the country with no experience of this?"—what would you do, and how could you both scale up and expand into other areas? What lessons have you learned, and what would you do?

Corin Bell: In terms of scaling up, there are three different ways. There is getting into different geographical areas. One of the things that we are seeing is that the areas where there is the most need are not necessarily the areas where the local authority has a budget to pay for that project. There are areas in the UK where we have a lot of families, adults and individuals in need, but some of those are also the areas where the local authorities themselves are close to filing for bankruptcy and where the public health grant is stretched to its limit.

Q63 **Andrew George:** Are there any parts of the country that are not facing bankruptcy?

Corin Bell: It is a tough time. What we want to do in terms of expanding is not be reactive and work only with the local authorities that have the budget or have heard of us, but use Government and NHS data to create a proactive plan to move into areas where there is the most need.

Q64 **Andrew George:** What budget would they need?

Corin Bell: It depends on the scale of the project. It is very bespoke to the families, the area and the infrastructure that exists.

Q65 **Andrew George:** Say you were targeting—to pluck a figure—10,000?

Corin Bell: I would rather send you some data on that than pull a number out of the air, because it really does depend on what infrastructure is on the ground.

Q66 **Andrew George:** It is quite critical, if we are saying, "This is how we need to go," for us also to understand what the budgetary considerations are.

Corin Bell: I would be really happy to send some detail.

Q67 **Andrew George:** Are there any lessons that you have learned from your experience in both London and Manchester that indicate you would do things differently, having learned what works and what does not?

Corin Bell: What we have learned is that the model needs to be structured but flexible. Every area we have gone into has children's centres, GPs, and the way the local community services are working very different and bespoke. The communities that we are working with have different languages, issues and situations. Sometimes there is no local healthy food infrastructure; sometimes there are local markets or almost healthy convenience stores.

It is about working out the elements. I think we have got that—what elements are needed to make this work—but then it is about going in and

being responsive to the infrastructure that is there. It is doable in a real range of areas. It is absolutely deliverable.

Q68 **Andrew George:** Presumably, you have no difficulty with the independent retailers that you are co-operating with the system. Do you ever have any difficulty with them? For example, complaints about recovering the value of the vouchers or anything of that nature?

Corin Bell: No. One of the things that we have really invested in, which I think makes this possible, is the tech. We have a centralised system that the community centres use to onboard families and—for fruit and veg on prescription—individuals, and determine what level of vouchers they are entitled to. Then we have a system that tracks those vouchers right through, so we can track who individual vouchers were given out to, where they were given out and where they have been spent. One of the things we had to work out was how we get our traders paid fast, because these are local, independent businesses and they are reliant on us.

Q69 **Chair:** In your written evidence, you said that there were lessons for Government, not just lessons for yourself, in what you have been doing. Very briefly, could you outline what Government should be doing to help schemes like this?

Corin Bell: We would like to see a clear direction from Government. One of the things that sometimes muddies the water at the moment—Evette mentioned projects earlier—is the focus on using food that would otherwise go to waste and redistributing waste food, as well as the focus on food banks and food pantries. It would be helpful to us to see the Government signal a real shift: let's end the need for food banks, move on from emergency provision, and put our energy and our effort into interventions that are community based, focus on healthy food, offer dignity and choice, and focus on changing the food system.

Alexandra Rose is not just a voucher scheme. It is a scheme that moves into an area and does everything from, for example, creating extra touch points with community centres, so that people can find out about Healthy Start and be registered for it, right through to financially supporting local, independent healthy food businesses. It is about how we structurally change the food environment that is presented in these communities, so that food is affordable and accessible to people who have been disadvantaged for decades.

Chair: That is helpful; thank you very much.

Q70 **Gregory Stafford:** There are so many questions, including the written ones in front of me, to get through. First of all, you have talked a lot about healthy food, but there is not really any such thing as a healthy or unhealthy food. There are unhealthy and healthy diets. If I drank many glasses of orange juice every day, that would be unhealthy. If I drank one glass of orange juice a day or a week, that probably would not be unhealthy. Is some of this definitional? Do you agree that rather than focusing on the food, focusing on the diet, the societal factors, how people access their meals—whether through shops or outlets—and how they eat

them at home is probably the way to get to a healthier population, rather than specifically focusing on whether a Diet Coke has X grams of sugar?

Anna Taylor: That is a good question. I think the key challenge in what you have said is that you are right that we have a problem with our diets at the population level, when you look across the piece. Whatever way you cut it—whether you look at ultra-processed food, which is 55% of our calories, or high fat, sugar and salt foods, which are probably 40% or 45% of our calories—we have a population diet problem. As policymakers, you have to think about how we enable people to shift their diets. When you talk to people, they really want to; there is a huge level of interest in that being made a little bit easier. At the moment, people are struggling to do that.

For policymakers, you then need to define those foods to work out where you want to introduce restrictions, incentives or whatever in the system. The definition really matters from that perspective, for the underpinnings of policy intervention. It really matters in that sense. That is why, while the nutrient profile model and other policy instruments are not perfect, they have enabled policymakers to identify the areas for intervention more effectively.

Q71 **Gregory Stafford:** Briefly, because I am conscious of time, what is the evidence that, for example, the sugar tax has made a Diet Coke or Coke Zero healthier? Presumably, were I to drink a Coke Zero, even though it now has much less sugar in it than it did—not no sugar, but trace amounts—you are not saying to me that drinking Coke is a healthy choice.

Anna Taylor: No, you are right. What we have done by removing the sugar is removed some of the worst harms, but you are right that there is a growing body of evidence about sweeteners. What I think we have been trying to describe is the creation of a system with rafts of commercial incentives that point in the right direction. We have to try to shift the system incrementally. The sugary drinks industry levy was a fantastic first step, but it is by no means going to solve the challenge of what we are eating.

Q72 **Gregory Stafford:** I do not mean to cut you off, Anna, apologies, but I am asking questions that I am not supposed to, so it is my fault. To bring us back to the local, there have been previous incentives and commitments by Government to get people on low incomes access to such food. Why do you think such policies have not taken off, or even been implemented? What can the current Government learn from the failures—for want of a better word—of previous Governments who have tried that?

Corin Bell: Some of it is about the nature of our political system and short-term strategies and planning. I spoke about this before and Anna said it well, but changing our food system is not a three-year or five-year plan. We need to set a direction—it is a 20, 30 or 50-year plan. It will involve everything, from changing what we produce and transitioning to grow more of our own healthy crops, right down to, in the local areas, changing the retail offer that is available. In order for that direction to continue as elections happen and Governments and leaders change, we

need to enshrine it in law and to set some targets on what we want our food system and our economic system to be like in terms of fairness. If we look at some of the policies that have come up and the papers that have been written, they were broadly going in the right direction—but they were not delivered. They were thrown out as Governments and leaders changed, and new policies were written, some of which sounded weirdly familiar.

Q73 **Gregory Stafford:** Anna, Corin has just mentioned food production and the bigger picture. Is there a genuine trade-off between ensuring national food security and improving access to affordable, healthy food? How can we manage that focus on affordable food and it not being put at risk by international events or the ability of the Government to ensure that we have enough food to feed the population?

Anna Taylor: That is an important question. We are moving to a situation where there is now recognition that the resilience of our system is limited. In fact, that is opening more of a space for thinking about the sorts of things that Corin has been talking about—the shorter, local supply chains, affordable access to nutritious foods, linking smaller producers to smaller businesses in local places—and using public procurement to create some of those economies of scale that make some of the local purchasing possible and still cost-effective. I think that space is opening up.

We are seeing all those inflationary effects in the system. How do we create more buffer and more resilience in the system, so that we have more back-up in it? Those small supply chains will never compete on a mass scale with our big commercial system, with all its wonders as well as its challenges, but we need more of that buffer. As Corin says, particularly in parts of the country that have really been left behind, we really need affordable access to nutritious foods. I think we can join up these objectives, but it requires MHCLG, DWP and DEFRA to put their heads together and go, "Right, we all have different bits of this. We have planning, the crisis and resilience fund, the farming subsidy schemes, and the roles of metro mayors in trying to set direction." You are then piecing these things together, where we are setting an ambition to say, "Well, actually, we want to develop local supply chains that create local economic multiplier effects, as well as access to affordable, nutritious food." I think it is possible—we see it in little examples—but we need to get a whole load of policy welly behind it, if you like, to expand that.

Corin Bell: It is not a level playing field; they are not fighting on the same terms as some of the bigger food businesses are, and we need to change that.

Q74 **Gregory Stafford:** Thank you. A final question to Corin: in your written evidence, you raised some concerns that some community food-based projects referenced in the Government's Pride in Place programme sit alongside bigger regeneration programmes, which would absorb the investment. I should say, Chair, that I do not need to declare an interest, because the Government have given my constituency not one penny from Pride in Place, but anyway. What action could the Government take to

ensure that the community projects are not crowded out in the local plans to implement bigger schemes such as Pride in Place?

Corin Bell: Obviously the main answer would be more budget, but I will bench that one for now. The tricky thing is that, again, it is about local authorities and local areas feeling any sort of sense of security in what can be achieved in the long term. If you think about those big infrastructure projects—building a shiny thing, let's say—it is a task-and-finish project: you get the money; you deliver the project; you have a thing that you have done, where you can say, "Look, we did it." Then you don't need the cash in the long term.

There is a question whether local areas make that choice because they think it is the best thing they could possibly do for those people, or because they have no faith, in this unpredictable time that we live in, that funding will be there in the long term to support the revenue, the staff and the ongoing interventions. Do they make that choice because there is a sense of, "We live in such unpredictable times, we don't know whether this cash will be there in the long run, so we'll do that thing because we can do it and then, when it's finished, they can't take it away from us"? Again, that is fixed only when we set a long-term direction and targets that are enshrined in law and don't change when the party that is sitting in the big chair changes.

Gregory Stafford: Thank you; that is helpful.

Chair: That brings us to the end of our panel. Thank you so much for joining us today; we really appreciate it. Thank you for your time.

Examination of witnesses

Witnesses: Helen Gollins and Alice Wiseman.

Q75 **Chair:** Thank you for joining us for the third panel in our first hearing on food and weight management. We have two more witnesses. Starting with Alice Wiseman, please could you introduce yourselves and say where you are from?

Alice Wiseman: Thank you very much for having us this morning. I am Alice Wiseman; I am the vice president of the Association of Directors of Public Health, and in my day job I am a director of public health across Gateshead and Newcastle in the north-east of England.

Helen Gollins: Good morning. I am Helen Gollins; I am the director of public health at Trafford, which is one of the 10 Greater Manchester local authorities. I am representing the Greater Manchester Public Health Network today.

Q76 **Josh Fenton-Glynn:** Thank you both for coming along. We heard first from some of the experts about their experiences with some of the impacts that the unhealthy food surrounding them has, and that kind of lack of access. Then we heard from some of the expert organisations who

have run small projects to bring food to people. I guess the third part of this is how it is actually delivered and what interventions we could make. Would you briefly give us an overview of what you are doing in Trafford/Greater Manchester and Gateshead to make sure that people have access to healthy food and tackle the rates of overweight and obesity, focusing particularly on food and food availability? I will start with Alice, if that is okay.

Alice Wiseman: Having worked across two local authorities, I have slightly different experiences from Gateshead and Newcastle, which is quite interesting in itself. I will start by saying that it is an incredibly complex problem, as I am sure you appreciate, so there is no one single thing that we can do to tackle this. That is one of the hardest things—helping people understand locally that providing a single solution will never tackle this. I always use the example that it is not possible that a whole generation of people have lost willpower all at the same time; there is something far bigger going on.

It is a kind of multi-agency, multidisciplinary strategy that comes together, looking in particular at work that was done back in 2008, I think, on the Foresight report, which looked at all the aspects that impact on healthy weight, and trying to have a strategy locally that tackles all those aspects to the best effect that we can at a local level. We have some really interesting examples, which I would be happy to share more detail on, of work we have done in Gateshead around hot-food takeaways. Do you want me to do that now?

Chair: If you can you send it in, that might be best.

Josh Fenton-Glynn: If you have stuff that you can briefly outline, that would be good too.

Alice Wiseman: Yes, I will. In 2015, we worked with our planning colleagues to develop a supplementary planning document, which meant that no ward that had 10% or more childhood obesity would have a new hot-food takeaway. That is all the wards in Gateshead, so we have not had planning permission agreed for one new hot-food takeaway since 2015, and in the last 10 years we have seen an 11% reduction in the prevalence of hot-food takeaways. Lancaster University did some research comparing Gateshead with other areas of the north-east that have not had similar policies, and we were able to demonstrate a 4.8% reduction in childhood obesity in our most disadvantaged wards, where there was the highest proliferation of hot-food takeaways. That is one example, and I will give you another from across the river in Newcastle. We have commissioned FareShare to provide 40 of our community organisations with food, and 4,000 kg of food is provided every week, which has saved 67 tonnes of food from going to landfill in the first quarter of this year.

Q77 **Josh Fenton-Glynn:** I am just having a quick look through some of the stuff I have read about you already. You have reduced the number of fast-food outlets by about 13 per 100,000 children. Obviously, that has had a real impact.

Alice Wiseman: Yes.

Q78 **Josh Fenton-Glynn:** How many are there per 100,000 children?

Alice Wiseman: It was over 100 and there are now 97 in the borough per 100,000 of the whole population—not just children.

Q79 **Josh Fenton-Glynn:** I beg your pardon. How does that compare nationally? Obviously, there are the jokes about the north-east and Greggs, but I assume that—

Alice Wiseman: Sadly, Greggs does not fit these criteria, because Greggs has a different planning permission. Greggs is a shop, so that would be A1. We focused on A5. It goes back to the earlier question about how we define this, and hot-food takeaways have to be defined as the vast majority of the food eaten off the premises.

Q80 **Josh Fenton-Glynn:** Okay, brilliant. Helen, what is going on in Greater Manchester?

Helen Gollins: In Greater Manchester we are the prevention demonstrator area in the NHS 10-year plan and we are working as a system around the prevention demonstrator and Live Well. That is about ensuring our communities have access to healthy food and environments locally. We are working as a system. We have a Greater Manchester food board, and then local place food partnerships.

We are ensuring that all the stakeholders are involved. As Alice said, there is no one-solution answer to this situation—it is full stakeholder involvement. We are looking at planning; we are looking at the work of our community hubs and the voluntary sector, working collectively to understand what each place and what each community needs to help them to access healthy, affordable food. So there is a huge amount of engagement work going on at the moment, and we have recently completed the "Real Picture" survey, which heard from 10,000 residents across Greater Manchester. The key outcome from that was that people were concerned about access to healthy food, and how they could do that within their communities for their families. We are using that evidence to look at reimagining the obesity pathways across Greater Manchester, but we really need to be starting early, so that we are not at the crisis end of obesity. It is really about the prevention element, including access to healthy food, physical activity and infrastructure and planning.

Q81 **Josh Fenton-Glynn:** Alice, you mentioned community hubs and talked about the work with FareShare. Thinking about the community projects in your areas, what are some of the challenges that local authorities face in supporting them, and what is then the challenge going over to us? What would you like to see Government do more of to support them in those challenges?

Helen Gollins: Where do we start? We have been chatting through lots of things, but I would say one of the challenges that we face is a lack of sustainable investment. We are often using grant-funded, short-term investment, which is really welcome, but if you are recruiting people for 12

months to try to create change within a community, it is very difficult to do that within 12 months, as it does not give the security that people need. We need the kind of investment within communities that Live Well will bring for Greater Manchester—it is guaranteed for three years at the moment, so it is sustainable funding.

That then brings capacity alongside it, doesn't it? We need to have those hands-on people in the community and engaging, because local authorities, particularly our public health teams, have seen real reductions in capacity. It is about having that expertise and knowledge of our communities. I work for Trafford, which comprises one borough but four communities, and they are very different communities. It is about understanding that kind of involvement at a grassroots level.

We very much need sustainable investment and capacity, but there are also issues with planning and accessibility. Are the foods available within those communities? Food deserts are still very much a thing, and there are issues with transport as well. There are lots of issues at a granular level that the local authority, including colleagues in public health, planning and elsewhere, could really tackle and challenge if we had the investment and the legislative allowance to make a change.

Q82 **Josh Fenton-Glynn:** So you need that sustained legislative support in the long term. Trafford is a good place—you had the first NHS hospital.

Helen Gollins: Absolutely, yes.

Alice Wiseman: Obviously, I cannot overstate the pressures on local government finances at the moment. It creates a real tension, and I know you know that already.

Josh Fenton-Glynn: I am a recovering local councillor—I know it far too well.

Alice Wiseman: It is about having that decision-making ability when you have a statutory service in front of you, and you have what is seen to be a voluntary offer that we all know is the right thing to do, but having to make those decisions is incredibly hard.

I think our community and voluntary sector partners will tell us that they have really struggled with having funding from us to give them that core offer, which then allows them to draw down funding from some of the wider charities and networks that there are across the country. That ability for us as local government to provide core funding, from which they can then draw down additional resources, is really beneficial.

The advantage of working with community and voluntary sector partners is that they are often rooted in our communities, and they are trusted by our communities. It does not need to be done by us as local authorities; what we actually need to do is have the resources to provide that funding for them to be able to do it.

Like you say, there are also challenges with the different needs in different parts, such as those in the borough in Gateshead versus those in the city in Newcastle. Certainly, ensuring that the food offer is appropriate for the cultural diversity that we have across the city is something that we have been working on. I would say that sustainability is probably the biggest challenge that we have. We have lots of goodwill, intention and passion, but we have just not always got the resources to turn it into something that makes a difference.

Q83 **Josh Fenton-Glynn:** Sustainable funding is obviously key. If Government gave more ringfenced money, which I know councils are not always hugely happy with, it could make a difference to public health.

In terms of the voluntary sector, I was talking to one of my local food banks the other day, and they mentioned the number of forms they have to fill in to get access to the council funding, which is very valuable because it will help them through the winter. Is there anything you have picked up in terms of how to make it easier for local charities and organisations to do that work?

Alice Wiseman: One of the challenges we have is that it is often a competitive process, because we have so many amazing community and voluntary sector organisations, and when you are trying to split £100,000 across them, you end up having to have some sort of process to make sure it is fair.

There are ways of making it easier, in terms of identifying particular groups. For example, in terms of the work we did in Newcastle around warm hubs, we just allowed the spaces to identify themselves as warm hubs, and we then ensured the funding flowed down to them. It was not huge amounts of money, because obviously as soon as you get to larger amounts of money, you start to hit procurement rules. In the smaller scheme of things, there are ways to simplify that, but it is always difficult, because there is always far more demand for the resources than there is available money.

Q84 **Danny Beales:** Alice, you have talked about your experience of regulating hot-food takeaways through planning policy and some really interesting statistics about the impacts of that; the Committee would welcome the evidence that you said has been gathered about that impact. Many local authorities have had an interest in developing such a policy, but some have had abortive attempts at persuading a planning inspector, getting that agreed or holding those policies up at appeal. What is your experience of the challenges of implementing such a policy?

Alice Wiseman: As you may know, Councillor Mary Foy was my portfolio lead for health when we started this work, and it was Mary who came to us and said, "We need to do something about this." Starting with that political steer, political engagement and political buy-in was absolutely instrumental in the success that came from it. It has to be said that, again, it was not a single issue on its own; it was part of a much broader strategy, which is important when I talk later on about some of the challenges we have had with it.

We had political will. We had a lot of buy-in. We did nutrient profiling of all the hot-food takeaways in Gateshead. We did a 10% sample. For example, we were able to show that a pepperoni pizza had three times the recommended daily allowance of fat for a woman at that point, and we are updating that nutrient profiling at the moment. We were very clear on the evidence that we were using to do that. We were also able to demonstrate the fact that there were more hot-food takeaways in our most disadvantaged places, as a way of tackling inequality.

Q85 **Danny Beales:** Was that led by public health or by the planning team?

Alice Wiseman: It was joint, and that was the beauty of Gateshead. When we first went across from the NHS into local government, the planning teams were the first at our door saying, "What more can we do together? We recognise that planning is actually a tool for health improvement." That is where it came from—that was where planning started. A lot of our planners were really passionate, and we have planners now who have a master's in public health and are really taking this on.

Getting it through that process was challenging at points, because people were worried about the economy and having empty shops. None of that has been borne out in reality, but we did have to have lots of discussions on the way to getting it agreed.

Q86 **Danny Beales:** Obviously, that is a challenge. There are many empty shops on many of our high streets. Do you have evidence about what those alternative uses are?

Alice Wiseman: I don't think we would say that we have solved the issue of having too many betting shops and too many hot-food takeaways—I am not going to make any claims that are not true. What we were concerned about was having additional empty spaces on our high streets in comparison with what we had if we introduced a hot-food takeaway. The planning teams have been able to show that that has not been the effect—other applications have gone in.

As I say, we have seen a decrease in the number of hot-food takeaways in Gateshead. When a hot-food takeaway closes, it can reopen as a hot-food takeaway without planning permission, but if it changes its use, it then cannot change back to being a hot-food takeaway. That is how we have seen that reduction.

We have been challenged on this. Interestingly, we have been challenged by large international corporations, rather than local small hot-food takeaways. We are very lucky that our planning policy has stood up to the challenge. Other areas of the country that I am familiar with have done very similar bits of work and have not had the fortune that we have had with the planning inspector.

Q87 **Danny Beales:** Who challenged you?

Alice Wiseman: I am not sure if I am allowed to say.

Chair: Is the process over?

Alice Wiseman: Yes.

Chair: Then you can talk about it, surely.

Alice Wiseman: It was Kentucky Fried Chicken.

Danny Beales: You had evidence, but KFC challenged you.

Alice Wiseman: Yes.

Q88 **Danny Beales:** Now, 2015 is a worryingly long time ago, unfortunately—it feels like yesterday, but 10 years has passed. We talked to the previous panel about changing consumer patterns, such as app-based ordering, with Deliveroo, Uber Eats and a proliferation of those on the high street. Premises are not used in exactly the same way, and nor is a takeaway. I was the cabinet member for planning in Camden for seven years and I tried to introduce a similar policy, but faced exactly the same battles, with people defining themselves as restaurants, when predominantly they were being used by Deliveroo drivers. That created other amenity issues. Do you feel that such definitions work in 2025? Are the restrictions that were brought in in 2015 working? Are children going from school to the local takeaway, or are they now ordering their chicken on an app?

Alice Wiseman: We had that conversation. When we were implementing the policy, we sat at the local civic centre, went on to one of the apps and found that we could order lots to the council, despite the fact that none was in the locality. The evidence that we used was from Cambridge University. It showed that if people pass such places on their way to and from work, they are more likely to consume, so it was also about the visibility of them. As I said, the Lancaster University research was only published in December 2024, so it is very new. It has looked at that reduction in prevalence in our disadvantaged places and at reducing childhood obesity in the area. There is more that we need to do. As you say—I think somebody said this earlier—as quickly as we move, the industry moves faster. The industry has more resources to hand, so it is about the ability to keep up with it on some of the broader challenges. As we can see from the research, visibility triggered people into actually purchasing.

Q89 **Danny Beales:** Helen, in the broader planning policy landscape, hot-food takeaways are one aspect of what a local plan can do. In terms of designing healthy places and spaces, what other policies have you looked at or introduced, or would you like to introduce, through your local plans? Earlier, we heard from one witness about accessibility on transport being a major issue. From a public health perspective, what else could local planning do? How could we design healthier spaces?

Helen Gollins: Green spaces are a key element in being able to move around an environment, to walk safely, and in young people being able to be together socially and to connect. Transport is another key one. Some communities in Greater Manchester, although part of the city region, are

still quite isolated, with one bus going in and one coming out, which limits work options. If we are to address poverty—poverty is a huge driver of obesity—good employment and employment options are key, so infrastructure and transport are important to address food-related ill health.

Alice Wiseman: The issues that we have had in the north-east include viability. We have lots of brownfield land that came to be viewed always as unviable by developers, and the negotiations that we have as a local authority when trying to persuade somebody to build on the land are limited because of those viability issues. Now we have the combined authority, we are looking for resources to help us with some of that, but it created a real problem. If we look at how a housing development is designed, for example, our ability to negotiate about the amount of green space, the size of people's rooms and the types of housing is more limited where there are some challenges there.

Q90 **Danny Beales:** Is there enough guidance on and knowledge about what a healthy place looks like in terms of obesity prevention? We heard earlier about the Alexandra Rose Charity and the need to work with whole food or good food—I cannot remember the term they used exactly—businesses. Personally, I would struggle to identify in my community what a good food business is and how to promote it, or in planning terms how to promote it. On community growing, we heard about the need for food resilience and whether people in their communities are doing enough around community food production and usage. Do you have the ability to do that?

Alice Wiseman: I am not sure that we do in planning. I know there will be a reform of the national planning policy framework, but you have to define things as A1, A5, A4—you probably know better than me if you were the lead in your area—and we have really struggled with that in defining health.

When we were first doing the hot-food takeaways work, I remember that the actual wording in our local plan was to reduce the availability of unhealthy food. If you look at how we did that through planning, it was by saying that we know from our nutrient profiling that hot-food takeaways are really unhealthy. However, we still cannot stop restaurants, because we know there is benefit for the economy. Sadly, some of our fast-food outlets are classed as restaurants rather than hot-food takeaways, because of the way the definitions work, so there are definitely limitations.

Obviously, there is a revision of the national planning policy framework at the moment, and there is a suggestion to include something very specific in there about hot-food takeaways. However, we are slightly concerned in Gateshead that we have gone further than that suggestion. We are worried that, if it goes in as is currently suggested, based on proximity to schools and places where kids play, that will reduce our ability to do work locally that has been based solely on childhood obesity rates in our local places.

Helen Gollins: I think there are two other things here. It is the complexity of the issue and how we articulate it, isn't it? Being able to grow food, particularly in a metropolitan area, is difficult with the unavailability of space. We know that we have lots of waiting lists, for example, for allotments for families. Also, if there is excess production on those allotments, I know that you are not allowed to sell or give that food away to local infrastructure such as schools and care homes. My understanding is that you are not allowed to sell on from allotments.

Across Greater Manchester, we welcome some smaller independent healthy food producers and sellers, but we see a sustainability and resilience challenge for them as businesses. The larger chains—we have mentioned KFC and McDonald's—have that big system running behind them, so if there is a shock to the food system, they can sustain. However, it is trickier for our smaller independent producers, isn't it? We would welcome thinking about those smaller independent producers of food that we could support through planning and other routes.

Q91 **Joe Robertson:** Good morning. Alice, you have already started to touch on my line of questioning, which relates to changes you would like to see in national planning policy and guidance that would support you to do more to create healthier local environments. Are you able to elaborate a bit more on that?

Alice Wiseman: Yes. I guess it is how things are defined in planning law that gives us the flexibility to do that work locally. In the example that I gave, the wording mentions proximity to schools or where there is a health issue, and I think strengthening that with a reflection on childhood obesity rates would mean that people across the country had similar opportunities to protect their communities from an over-proliferation of hot-food takeaways.

There is also something in how things are defined. Again, I am not a planning expert, so I am not going to pretend to be. However, we had to settle on those decisions based on the planning terminology. It might be helpful to have some public health advice when developing the planning policy framework, so that the definitions for the different planning uses are more aligned with some of the work that we are trying to do in public health. We have planners in Gateshead who have done their master's in public health so that, when they are looking at planning decisions and policy, they are doing it with public health in mind. At a national level, it would be great to be around that table and shaping some of those things.

Some of the issues that we have had locally in planning have really been in viability. Again, we need to think about how we can challenge at a national level so that it is something that developers expect to see when they get down to a local level. Also, where there are large developments, we require a health impact assessment. That is not to suggest that a development will not happen, but if you assess the health impact of something you can maximise any positive health impacts and minimise any negative impacts. Like I say, it is not a reason not to do something, but it encourages much more awareness from the developers and local

authorities that there is a health impact and of what we can do to address it. Having all of those threaded through national policy would be really helpful. We would be keen, I am sure, to support national colleagues who are looking at this from the public health angle.

Q92 **Joe Robertson:** You said that in Gateshead you are already innovating in this area; I think you suggested that you have gone as far as you can, given the national policy framework. Is there anything else you can tell us about how you have innovated and how far you have managed to go in Gateshead?

Alice Wiseman: In relation to planning policy, we have also looked at spaces around schools so that kids feel safe to walk to and from school. We did a piece of research in our most disadvantaged community; we embedded a researcher there for a year, and they spent the year with the community looking at how we could tackle the issue of childhood obesity. People were saying, "We want safe places for our kids to play, and safe places so our kids can walk to and from school." There were all the issues about parking around schools becoming unsafe. Through that process, the residents actually rang the planners themselves and had conversations about the way that those spaces have been designed and what more could be done to try to make them safer for those children.

There is a retrospective bit, but there is also a prospective bit that would be helpful. We are developing our local plan across Newcastle and Gateshead—both local authorities. There are differences, because Newcastle is a city and Gateshead is a town, but we are putting some of those resources together so that the public health advice coming in is the same for both. I think that is also a helpful approach to this. If you had a planner sat in front of you, there is probably lots more that they could tell you that they want—particularly some of our planners who, like I say, are also qualified in public health.

Q93 **Joe Robertson:** Helen, is there anything that you want to add about national planning policy changes that you would like to see?

Helen Gollins: It is just what Alice said, really. At the moment, the advice that we give around plans, as a public health team and across Greater Manchester, is acted on voluntarily by the planning teams. I think having a mandated public health element in your planning legislation is key. Definitions are also key, as Alice said; there is so much ambiguity in terms of what something means. Obviously, organisations and big companies can get through the loopholes, but it is about holding them to account for some of that as well. Those are the key things that we would like to see, but particularly a stronger voice from public health in the planning legislation.

Q94 **Joe Robertson:** We have been told in written evidence that some councils are restricting the advertising of unhealthy foods on council-owned assets. Is that happening in your areas? If so, are you able to assess the impact that it has had?

Helen Gollins: Greater Manchester started that conversation. The 10 boroughs are working collectively on commercial determinants of health, and are working with Transport for Greater Manchester on that as well. We are taking a lead regarding advertising from the London model, and from some of our colleagues—Sheffield, for example, led the way on some of this.

The challenge that we face is that only a small proportion of advertising space is owned by councils or on council-owned properties. As we heard earlier from Alice from Bite Back, the big advertising companies own a huge proportion, and it is about how we influence them. We are working with our corporate leadership teams across Greater Manchester to effect change, but, again, there is that discussion about the potential lost revenue. The evidence so far has been favourable, in that it is not affecting revenue, but we are still having those conversations and influencing things. We are hoping that change will come, but this is where we would look to Government support, in terms of changing advertising policy to influence reduced messaging.

Q95 **Joe Robertson:** Would you like to see greater powers for councils to restrict outdoor advertising, regardless of who owns the advertising space?

Helen Gollins: As a director of public health, yes.

Alice Wiseman: But it would be even better if national Government did that—

Helen Gollins: Absolutely.

Alice Wiseman: Because otherwise we end up with a postcode lottery. Many of our kids, for example, travel to school—they do not necessarily go to school in the local area—and we might not work in the same areas. We could end up with some areas doing it and other areas not. The other challenge is if one area says no but people can just go to the next-door area to do it. That is the sort of thing that is done nationally in some of the Nordic countries to great effect.

Q96 **Joe Robertson:** So you would like to see greater restrictions on that type of advertising, but exercised centrally rather than at the local government level.

Alice Wiseman: Just the requirement to do it centrally, and then we can implement it locally.

Q97 **Joe Robertson:** I understand the point about implementation locally, but you are not arguing for discretion for local councils to use those powers—were they to exist—in their own way. You want national standards and national decision making that is uniform across the country.

Alice Wiseman: Yes. I think that it is a national problem, so it requires national solutions.

Helen Gollins: In areas where we see high density of fast-food restaurants, for example, the advertising is relentless. We know that we

have higher density in our areas of deprivation, which continues the cycle and reinforces the accessibility of poor-quality food.

Q98 **Ben Coleman:** On planning, what you are saying is very interesting, and bravo for what you are doing. Advertising boards, if privately owned and not on council property, still need planning permission from councils. A change to planning legislation—which you are talking about anyway in terms of public health having a particular role to play in planning decisions—could help with advertising boards as well, could it not?

Helen Gollins: Yes.

Alice Wiseman: Yes. That sounds like a good idea.

Q99 **Ben Coleman:** It all comes together in planning—licensing, similarly, with the public health impact. May I ask something else? All around my constituency of Chelsea and Fulham, which is in the heart of London, McDonald's is trying to bang through applications for 24-hour opening. That seems to me—forgive me—to be a repellent thing to do. Are you finding the same thing happening where you are?

Helen Gollins: In some boroughs, we have seen that for settings attached to things like garages—fuel stations. Bury, for example, had some success in using licensing to prevent that from happening, but that is borough by borough and it is quite labour intensive. That is something that we would look for support with.

Q100 **Ben Coleman:** But you are not seeing that specific example, which is happening across London and causing not just me, but other MPs in London, some concern—McDonald's going for 24-hour opening. Is that not happening where you are? Perhaps it is just a London thing.

Helen Gollins: Not that I am aware of.

Alice Wiseman: No. I think McDonald's is open late in Newcastle city, but not 24 hours. Gateshead does not really have a city-centre space, so it is probably not viable for them to open 24 hours there.

Helen Gollins: I imagine that if something happens in London, it will be happening in Manchester. I will take that back to colleagues and ask the question.

Q101 **Chair:** Thank you both. I have one final question, which is slightly facetious, because I am only going to allow you one change—this is the same question that I asked the first panel. Of all the different priorities that you picked—it could be linked to your local area or be a more national thing—what is the thing that you would like to see uppermost in the changes that the Government might bring forward in legislation?

Alice Wiseman: This is a bit sneaky, so you can tell me off if you like. We have health in all policies at the local government level, so I have to see first every single paper that comes through to council or cabinet, and to comment on the health impact. It would be great if every single decision that was made by Government included consideration of the health

impact. That way, we could consider the positives and negatives of anything that came through, and maximise the positives and minimise the negatives.

Helen Gollins: Something we have not touched on is free school meals. Auto-enrolment would be key to addressing inequality—people whose first language is not English, perhaps, or those affected by the challenges that come with deprivation, are not enrolling to access free school meals. There is also the quality of school meals. I am a parent of two teens and I know what they eat every day, but if we think about how many of our children access free school meals or school meals, and we could improve them, that would be a huge improvement in health outcome.

Chair: I do not count that as two—we will call it one and a half. Thank you very much—

Alice Wiseman: I have one more thing to add.

Chair: I am feeling generous, so go ahead.

Alice Wiseman: I am sorry, this is really cheeky, but we need to consider alcohol in this space. It is absolutely wasted calories, and I am really concerned about some of the noise—or lack of noise—at the moment about tackling alcohol harm. *[Interruption.]*

Chair: On that note, the bell goes. Thank you very much.