

Health and Social Care Committee

Oral evidence: Food and weight management, HC 1181

Wednesday 5 November 2025

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Watch the meeting

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

Environment, Food and Rural Affairs Committee member present: Jayne Kirkham.

Questions 102 to 179

Witnesses

[I](#): Michael Baber, Director, Health Action Research Group; Lauren Bowes Byatt, Deputy Director, Healthy Life Mission, Nesta; Professor Chris van Tulleken, Professor of Infections and Global Health, University College London; and Professor Vogel, Director, Centre for Food Policy at City St George's, University of London .

[II](#): Dr Kawther Hashem, Senior Lecturer in Public Health Nutrition, Wolfson Institute of Public Health, Queen Mary University London; Katharine Jenner, Executive Director, Obesity Health Alliance; and Nika Pajda, Head of Policy and Research, Bite Back.

Examination of witnesses

Witnesses: Michael Baber, Lauren Bowes Byatt, Professor Chris van Tulleken and Professor Christina Vogel.

Chair: Welcome to today's Health and Social Care Committee hearing, our second on the topic of food and weight management. Today we have two cracking panels—I am delighted that you are all with us; thank you very much—to make sense of a wide-ranging and complex area. We have limited time, so I make a plea to all panel members and MPs: let us be brief, so that we can get through the enormous task ahead of us.

Let us start with Michael Baber. Who are you and what do you do?

Michael Baber: I am Michael Baber, director of the Health Action Research Group.

Lauren Bowes Byatt: I am Lauren Bowes Byatt, deputy director of health at Nesta, an innovation charity. Our mission is to halve obesity, and that is what I am here to talk about today.

Professor van Tulleken: I am Chris van Tulleken, professor of infection and global health at UCL. I am an NHS doctor and a BBC broadcaster. I study food systems and human nutrition, and I sit on two WHO expert guideline committees.

Professor Vogel: Good morning, I am Christina Vogel, professor of food policy and director at the Centre for Food Policy, which is based at City St George's, University of London. Our vision is really to inform policy and practice to reshape food systems so that they can be healthy, sustainable, resilient and fair.

I want to declare an interest: myself and our research centre do not take any industry funding, but I have had a non-financial collaboration with a UK discount supermarket chain.

Q102 **Chair:** Thank you all. I am going to start with some questions about definitions because there are a lot of them. There is ultra-processed food and high sugar, salt and fat. Which one is the best? Why are there so many and what role do definitions play in Government policy? Obviously, you have done lots in this space, Professor van Tulleken, particularly when it comes to processed foods. May I start with you?

Professor van Tulleken: We need a single, unified, simple definition; I think there would be quite a lot of agreement about that. But the principle that we need to use to decide that definition needs to be an understanding that the problem of diet-related disease is commercially driven.

Big food companies are feeding our kids and our adults, ultimately to death. They know they are doing it and are engineering foods that they know are harmful. They are marketing those foods directly to the most vulnerable kids. When it comes to how we define food, there are several

different options. Is it worth going through some of the absurdity of how we define unhealthy food at the moment?

Q103 **Chair:** If you can do it in 30 seconds, go ahead.

Professor van Tulleken: I would say that the evidence on ultra-processed food tells us that the problem is commercially determined. There is masses of evidence from the academic literature and there are food industry scientists who say, on and off the record, “We deliberately engineer food to be consumed to excess.” And we have the statistics that we have all become almost numb to, released this morning: around a quarter of our children are living with obesity by the age of 10.

I think we can define unhealthy food using much tighter rules around salt, fat, sugar and calories; I think everyone on the panel agrees that those are the problem. The science on ultra-processed food essentially says that more than 95% of ultra-processed food is excessive in calories, fat, salt and sugar.

It is not just the ultra-processing, or merely the way in which you mix the ingredients together and add the additives—the thermal, physical and mechanical processing. It is the ultra-processing that means you eat more of that food than you should. Per spoonful, you can have more fat, salt, sugar and energy, but the ultra-processing that includes everything from the marketing to the cartoon character on the pack, and to the flavourings, means you take twice as many spoonfuls.

The principle for designing the definition must be to exclude industry from the room, and then I think there is very wide international agreement about the properties of unhealthy food products. The only reason why we do not have coherent definitions in this country—in my view—is the decades of industry interference, or food corporation interference.

Professor Vogel: In all honesty, to be rather straightforward, I think the public are confused and industry does not know where or how to invest. That is on the back of a lot of confusion and multiple definitions of “healthy” and “unhealthy” foods. Across the board, everyone would know that healthy foods are fruit and vegetables. They can be fresh, they can be canned and they can be frozen—they are unadulterated. Apart from a little bit of processing, fruit and veg are healthy. Universally, we should stick with that as our definition of “healthy”.

In the future, we may wish for a scientifically defined definition of “minimally processed foods”, which we know are wholegrain foods that are minimally processed, to maximise whole food consumption. We know that is good for our gut microbiome, we know that they are high in micronutrients, vitamins and minerals, and we also know they are high in fibre.

When it comes to unhealthy foods, in this country we actually have a really good definition at the moment that has been legally upheld in court, through the hearing that Kellogg’s submitted just before the Food (Promotion and Placement) (England) Regulations 2021. It was upheld

because it was scientifically designed, and scientifically robust. That does not stand for evermore, because scientific evidence continues to unfold. At the moment, we do not have the scientific evidence to define and design a scientifically robust marker or definition of “ultra-processed foods”, yet that might come.

What we need to do is ensure that the nutrient profiling model is refined over time according to the scientific evidence and to updates in our dietary guidelines.

In 2016, our dietary guidelines were updated according to the increase in awareness that high sugar is associated with obesity, dental caries and non-communicable diseases. Therefore, we halved the percentage of energy that should come from free sugars in our dietary guidelines. That does not equate to the 2004-05 nutrient profiling model, but it does equate to the 2018 nutrient profiling model.

It was absolutely excellent to see that, in the NHS 10-year plan, the 2018 model will be coming in. There was a little bit of ambiguity as to whether that was then going to apply to regulations where HFSS comes in. I believe that what we really need is a front-of-pack warning label for consumers that is very clear that this product is high in fat, salt and sugar. Front of pack across all settings—

Chair: We will come to interventions in a bit.

Professor Vogel: Behind the scenes, that may need to be different in out of home, and it may need to be different for infant and toddler foods. However, to the public—in the schools, out of the home and in retail outlets—we are seeing across the board that foods high in fat, salt and sugar are foods that we should be having less frequently, according to our Eatwell Guide. They are not part of the plate; they are on the side of the plate.

Q104 **Chair:** Sorry, we are roaming into territory that will be covered by other people’s questions—believe me, there will be time.

Michael, you partly specialise in childhood obesity. To what extent do we feel that these definitions take into account the whole rounded, balanced diet that a child might need?

Michael Baber: I was actually going to follow up on the two previous witnesses; from a public health messaging point of view the Eatwell plate, which has been around since 2016, is a pretty good guide. If you are a member of the public, a parent, a teacher or whatever, if something is on the Eatwell plate—which it probably won’t be if it is high fat, sugar or salt, and if it’s ultra-processed—it is likely to be healthy. If it is not on the Eatwell plate, however you define the food, it is probably not healthy. That might help in terms of simple messages and understanding, because this can get quite technical and potentially confusing.

Q105 **Chair:** Finally, Lauren, have you got anything to add?

Lauren Bowes Byatt: At Nesta, we think that the nutritional profile model does a good enough job. When it comes to food, it will be really difficult to find a perfect measure.

Chair: That is fine.

Lauren Bowes Byatt: Could I make one further point? We did our own analysis to explore the crossover between UPF products and products high in fat, salt and sugar. We found that two thirds of the products that were UPF were also—

Chair: Which is covered in the Lords report on the same thing— exactly. Thank you very much. Greg Stafford.

Q106 **Gregory Stafford:** Professor van Tulleken, the House of Lords Committee suggested that we—the United Kingdom—need to do more research on UPFs, and poor diet and health, and the relationship between them. You seem to be saying, “Well, the evidence is clear. The evidence is there. UPFs are bad for us and the food industry”—I am paraphrasing you now— “is essentially feeding our kids to death.” Is more research needed or do you feel that the science is out there and that we should just get on with it now?

Professor van Tulleken: We don’t need more research to have really strong policy action. Of course, we need much more research in general. In the 1950s, we proved that cigarettes caused lung cancer; we did not know how they did it. That was epidemiological research. We are much further along with the science of harmful food.

It is really important to say that food can be very harmful and not quite meet the academic definition “ultra-processed”. At least in theory, you can make ultra-processed food that is less healthy, I guess, than other ultra-processed food. As Lauren just said, I have done analyses with colleagues at WHO and we know that almost 95% of ultra-processed food products in the UK are high for fat, salt, sugar and/or calories. It is almost all harmful.

As for how the UPF evidence interacts with policy, to me the main point— what the evidence tells us—is that the issue is commercially determined. The pandemic of obesity and other diet-related diseases is driven by commercial incentives. The companies deliberately market this food. They know it is harmful. We all agree on the harmful foods, so we can act to regulate them. We have been fiddling around with regulation in quite an evidence-based way for quite a long time, but we need much tighter definitions.

I am holding up the UK Government dietary regulations. They are really sensible—data tables of fat, sugar, salt and calories. They have nothing to do with the traffic lights on the cans. According to the traffic light system, which is the first thing that consumers encounter, Coke is three quarters healthy. Almost 20% of the calories in Coco Pops come from sugar and yet Coco Pops does not get a red traffic light. And it is not designated as a less healthy food, so it is not subject to marketing restrictions.



Q107 Gregory Stafford: I want to be really clear about your view. To use your two examples, are you saying that any amount of Coca-Cola or any spoonful of Coco Pops is bad for you, or can they be part of a wider diet? If we just focus on food and do not talk about the wider diet, is there not a danger that we end up taking away personal responsibility or personal choice? People might say, "Well, it is not my fault I am fat. It's because Coco Pops is making me fat."

Professor van Tulleken: Let us look at the UK diet—a "healthy" UK diet. What I am holding up now is a "healthy" food, according to all of the regulation that we have. It is not technically HFSS; there are no marketing restrictions. There are 10 health claims on this pack, which is what you eat for breakfast.

The British Nutrition Foundation and other charities recommend wholegrain bread. There is wholegrain ultra-processed bread, you have fish fingers, yoghurt and baked beans. This is our national diet. This is "healthy" food. There are health claims on all these products. It is what I feed my kids. But in particular this is the "healthy" food for children living in low-income settings and for children of colour—this is what is marketed at them.

Everything about the packaging, the marketing and the regulations says this food is healthy. There is not one red traffic light on any of these things and none of these are HFSS. But you will definitely eat too many calories if you eat this kind of food. You cannot eat to appetite; it is engineered very specifically and cleverly to bypass appetite. But even if you could stick to the 30g serving of Coco Pops, which is one handful, as recommended in almost invisible font at the bottom, if you stuck to your calories you would still end up eating massively more salt, sugar and saturated fat than is recommended.

We talk about personal responsibility, but as a parent—even as someone somewhat expert in nutrition—you go into a shop and go, "All of this stuff says it is healthy. There is no warning label. There is no marketing restriction. There is a monkey on the box and it says, 'Supports my family's health'." How can someone have personal responsibility? This is our national diet: I would say that at the moment there is no functional regulation that captures this issue.

What we could use is existing dietary guidance around fat, salt, sugar and energy to label this properly, tax it effectively and shift people to a much healthier diet. It is a very simple proposal. I have no idea how someone living with little money and limited educational resources would tell that this food was unhealthy. Everything about it says that it is healthy.

Q108 Chair: Does Lauren want to come in?

Lauren Bowes Byatt: What we push for at Nesta is a shift away from a binary—seeing food as either good or bad and placing it in two categories. That is partly why the nutrient profile model is a good measure because it allows the full scale. Predominantly, it is used at the moment by

classifying something as HFSS—high in fat, salt and sugar—or not but it doesn't need to act as such.

What that means is that, realistically, given how people engage with food and how people want to eat, it is quite difficult to shift people from crisps to carrots. Nobody wants to eat a diet that is entirely wholefood, and perhaps that is not realistic for most people in their lives. What is more realistic and likely to be more impactful is making small changes, tweaks and nudges to people.

People have mentioned the Eatwell plate, which is a great bit of Government guidance and we should absolutely follow, but we know that so few people in this country currently do that. For us, really seeing impact is about those small changes, shifting across the scale, and encouraging people to eat better. I don't mean that in terms of asking people to choose healthy options, but as Chris has mentioned, creating incentives within the system so that businesses can provide healthier options for people.

Q109 Gregory Stafford: What do you say in response to Chris's point? He asked how someone would choose healthy food in that situation. Is that a bit of a cop-out, or is Chris right that there is no chance for somebody to eat healthily if they come from the socioeconomic background that he has just described—at the moment?

Lauren Bowes Byatt: I think it is difficult currently, given what Chris has said about traffic lights and so on. We would also support front-of-pack mandatory labelling, which is not currently in place, and ideally a system that is better.

We did a blueprint that compared over 30 different policies on obesity, and in that we looked at front of pack. It does deliver effect, but it is about a 5% reduction on obesity; in comparison with policies that encourage businesses to change their action or the food environment, it is so much smaller in effectiveness.

One of the policies that we developed, and that we have been thinking about, is health targets for supermarkets, which is linked to the Government's announcement on the healthy food standard and kind of inspired it. That is interesting because it creates an incentive for businesses to sell, promote, develop and produce healthier products, and therefore get more healthy food on our shelves and in our diet.

We really see those routes as more impactful. We found in our analysis and modelling that that could reduce obesity by 20%. If you are comparing the 5% impact that you might get from a more personal responsibility-type intervention, like front of pack, with one that is more about environmental shift, there is no comparison: you would definitely go for the business side.

Q110 Gregory Stafford: I do not know who this question should be for, so maybe someone wants to jump in. If the Government had limited resource and decided that they needed to do something about obesity, are you



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saying that this is where they should focus their efforts rather than, say, promoting walking, running, and eating as a family rather than eating on your lap in front of the TV? Is this the No. 1 factor that is causing obesity in this country, or something else?

Chair: "This" being food?

Gregory Stafford: "This" being ultra-processed food, and food itself, and how we as consumers access food.

Professor Vogel: Absolutely—without a doubt. It is not that we should not be encouraging physical activity. We definitely need to be promoting active transport—supporting lots more pathways for walking and cycling—but that is not the primary focus. If Government are going to spend any resource, it really needs to be on food. It needs to be a joined-up regulatory framework where, across all settings—everyday settings, in people's supermarkets, high streets, schools and childcare centres—there is a joined-up understanding of what healthy and nutritious food looks like.

The news today that 800,000 adults have not worked since 2019 because of poor health, which is mostly diet-related, is alarming. That is reducing our workforce productivity and having an impact on our economy, so we really need to act. Everyday settings do not look anything like our Eatwell Guide. The cost of fruit and veg is double, per calorie, that of high fat, salt and sugar foods, and 1% of our marketing for product placement goes on fruit and vegetables.

We know that price reductions, multi-buy and loyalty card promotions largely target foods that are high in fat, salt and sugar, or very close to that. We also know that our high streets are dominated by less healthy food outlets, and that those are particularly predominant in poorer areas. That is unfair and unjust, and families are calling out for support—they really are.

We need a strong regulatory framework to crack down on marketing promotions of less healthy foods; I think that that should mean HFSS, knowing that we have mandated refinement of what that measure scientifically means, so that it is aligned and continues to nudge. Some foods are currently not HFSS, but maybe, with the 2018 nutrient profile model, they will be, because they are higher in sugar.

You would hope that the Petit Filous and Coco Pops would come into that, because that higher-sugar element would be captured. Should we learn that emulsifiers, additives or sweeteners are unhealthy, and should SACN—the Scientific Advisory Committee on Nutrition—say there is scientifically robust evidence that those have an alarming link to human health, they should also be incorporated into our nutrient profile model.

But the public are not aware of that. They are aware that they should have fewer portions of these foods because that is what the Government recommend, and that those who are on lower incomes are supported by nutritional safety nets. At the last hearing, you spoke about Healthy Start. There is a huge gap between Healthy Start and free school meals, and the eligibility criteria are not the same across the two schemes. There is also



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nothing for adults. If we are talking about getting adults back into the workforce, we need to be supporting them through things like fruit and veg on prescription. There are some excellent pilot programmes that combine boosting the affordability and accessibility of fruit and veg while limiting the availability, promotion and appeal of less healthy foods.

Michael Baber: I have a quick point about people on low incomes being able to choose healthy food. We have some of the highest housing costs in Europe and we have the highest energy costs, so the amount of disposable income for a family on a low income, perhaps in a deprived area, means that they have very little headroom—very little room for manoeuvre. Therefore having more accurate, up-to-date information is going to be really helpful, whether for personal responsibility or more generally.

Lauren Bowes Byatt: Can I—

Chair: I'm afraid we need to move on, but believe me, there will be time to explore all of this.

Josh Fenton-Glynn: I do not want to talk about how much of the tower of shame over there ends up on my kids' plates.

Professor van Tulleken: And mine!

Q111 **Josh Fenton-Glynn:** I am thinking about the drivers of purchasing habits, particularly of unhealthy snacks. Professor Vogel made an interesting point that the price per calorie of fruit and vegetables is double that for unhealthy snacks. Is it price and affordability, or are there other ways to nudge people—to use a mid-2000s phrase—into healthier choices?

Professor Vogel: I will be quick. Yes, price is a major driver, but accessibility and appeal are also major drivers. As I said, we need nutritional safety nets for families that are struggling to afford fruit and veg. Wastage is a major issue. We know that children need to try new foods 13 to 15 times for them to become acceptable. If there is wastage, that is not even an option for families on very low incomes.

There are huge issues around appeal. We know that 45% of parents who said that they saw the "Veg Power" marketing campaign with their children said that their children then ate vegetables. So we know, but there is no marketing of fruit and vegetables at all. One of the things that we could do—again, edging into solutions—is coupling all our regulations on foods that are less healthy with a boost to fruit and veg. On our marketing and advertising, why are we not also requiring that 0.5% or 1% of a marketing budget of large food companies goes into a pot to use to promote fruit and vegetables, so there is greater appeal?

Children are being brainwashed almost by the appeal of unhealthy foods. You can understand because food is a commodity. Foods that are high in fat, salt and sugar are appealing and desirable. Influencers want to sell them because there is an economic imperative there. What we really need to do is break that and use the creativity that industry has to improve the appeal of healthy foods, particularly fruit and vegetables.

Q112 Josh Fenton-Glynn: I think this question is more for Lauren. In terms of your research, where do you think the balance in policymaking should lie between reducing unhealthy food and increasing healthy food consumption?

Lauren Bowes Byatt: I think it needs to combine those two things. That is where the most effective approaches lie. How we describe it is shifting the balance. Ultimately, it is about making the healthy choice the easy choice—making an environment where that is much easier.

That is why we did our work on health targets for supermarkets, which really speaks to your first question: can you give supermarkets an incentive to use all the tactics that they currently use to sell their products, but to also think about health alongside profit? That means that when they are thinking about promotional strategies or when they are deciding pricing strategies or where they place products on the shelf, they are also thinking about health alongside their profit motives. That is why we think that is really important.

There is also an equity angle to this, which is really important. We want people, no matter where they live or where they are, to walk into a supermarket and have the same ability to access healthy food as they would if they only lived by one large supermarket. That is a real driving principle in this.

A final point on the equity element: going back to what we have said about the variation between giving people information versus changing the wider structure, what is really important is that it is much easier for individuals to not be asked to make active decisions. The more equitable policies are the ones that require the least effort. There are many behavioural science papers to build that argument.

Q113 Josh Fenton-Glynn: A lot of that nudge theory stuff comes in there. Professor van Tulleken, the new guidance on placing products and so forth came in on 1 October. Do you think we are likely to see any measurable public health outcomes as a result?

Professor van Tulleken: Lauren talked about the small benefit that you get from front-of-package warning labels. She is absolutely right. When we use language like “moonshot”, what that implies to me is that we will have 360° policies that tackle every single aspect of the problem.

We need a proper definition of unhealthy food. I think the upcoming HFSS isn’t bad, but it will still not capture—we have done analysis—a lot of unhealthy food. But that is just the beginning. The warning labels are the first policy if you did what the South Americans do. This fag pack has a warning label: “Smoking clogs your arteries and causes lung cancer.” But that warning label is just the first step in a whole range of other policy restrictions: progressive taxation, marketing restrictions, influences on corporate behaviours as Lauren said.

The warning labels are a way of delineating the category that you then have really effective marketing restrictions on. At the moment, what we



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have is a definition of unhealthy food that fails to capture unhealthy food, and then we have further regulations, but also we have very inconsistent taxes and weak marketing restrictions and so on.

Josh Fenton-Glynn: I want to get on to my next question, although I admire the number of props you have brought.

Professor van Tulleken: Would anyone like a—? *[Laughter.]* No.

Q114 **Josh Fenton-Glynn:** Michael Baber, what specific actions can the Government take to increase the consumption of healthy food, as opposed to actions that just decrease the consumption of unhealthy food?

Michael Baber: One of the starting points is to go back and ask when food tastes and habits are first formed. They are actually formed in the first 1,000 days of life—during pregnancy. What food is the mother eating? What kind of baby food is being given? One of the first things we should focus on is starting as young as possible. Everything that has been said so far is good; it is often focusing on people once they are adults—

Q115 **Josh Fenton-Glynn:** Can I quickly challenge you on that a little? What I do not want to see is this becoming another thing to make parents, particularly mothers, feel guilty about the choices they make when they are trying to feed a child in the first 1,000 days. I am looking more at what we can do from a policy perspective.

Michael Baber: To pick up on your understandable reservation, we did some research a few years ago on health behaviour change, and we found that one of the things that prompted people to look for health information and to make healthier choices was having children or planning to have children. When someone is pregnant or thinking of having children, that makes them more likely to look for the healthy message. It is not that we are making them feel guilty; it is something they may be actively looking for.

Q116 **Josh Fenton-Glynn:** Okay. Since October 2022, there have been restrictions placed on foods at checkouts and aisles and entrances. The analysis shows that that has already reduced sales. Given that evidence, is there more that we can be asking supermarkets to do?

Michael Baber: I think there is, probably in the sense of the points that have already been raised. For example—I think this will be covered in the second panel—the advertising budgets for unhealthy food are something like 27 times bigger than those for healthy food. We did a little study a couple of years ago and found that the advertising budget for a single chocolate bar, KitKat, was greater than the entire Government budget to promote healthy eating, so this is about rebalancing.

One of the things that France did, 20-odd years ago, was to introduce a tax on the advertising budgets of food companies and supermarkets that were producing unhealthy goods. Also—going back to the warnings—they said that there had to be health warnings every time a “junk food” ad appears on television or on radio. So there is a lot that can be done in that

holistic sense, not just within the supermarket, but in what the supermarket is doing to promote—

Q117 Josh Fenton-Glynn: Just to clarify, France has a specific tax on the advertising of unhealthy products.

Michael Baber: It was a tax on the budgets of the companies that were advertising unhealthy products, yes.

Chair: It is worth noting that this Committee has written to the top four supermarkets to ask them to come and see us. They seem to be perpetually busy, but we urge them to take up our offer. We really do want to talk to them in a constructive manner, so I hope they are listening.

Q118 Dr Cooper: I hope they are listening too, because we are going to talk about price.

Can I ask you about price elasticity? Obviously we are now in a world where, as you have alluded to, there are incentives—perhaps price incentives—to buy food that we would define as not particularly healthy. Previous Governments have aimed to ban volume promotions and enter into agreements with supermarkets. As a panel, how successful do you think this has been to date? If you could also comment on price elasticity, how far do you think we can push it with consumers? Do we do it in a sudden way, or do we do it gradually? What do you feel would be most effective?

Lauren Bowes Byatt: In our work on health targets for supermarkets, which I have mentioned already, and which inspired the Government's healthy food standard, we worked with an independent economist to assess the impact of the policy.

The reason I mention this is that one of the mechanisms that supermarkets can use to achieve the target would be altering their pricing strategies or promotional strategies. What he found is that, given the nature of the grocery retail market, which is incredibly price-sensitive, supermarkets are often competing with one another to win over consumers, and therefore pricing becomes really important to that.

"The Grocer", I think it was, published an article a couple of weeks ago that showed that Tesco was able to reduce the overall cost of an average basket by 11% to meet Asda. That shows that supermarkets do have the tools and powers to alter the price of food for the benefit of the public, and that can also be done to improve healthiness.

Q119 Dr Cooper: To push that a bit, what would incentivise them to do that?

Lauren Bowes Byatt: I am going to mention the healthy targets for supermarkets again, because we think it is a really neat policy. It incentivises some of the mechanisms that we have talked about today. There was mention earlier of placement and promotional restrictions—you mentioned that yourself. A target incentivises all those different types of behaviours in one mechanism. It is up to the supermarket to choose for



their business model which is likely to be more effective. Each supermarket has a slightly different model. For one, that might mean that they change the recipes of their own-brand food. For another, it might mean that, since pricing is really important to them, they focus on that to achieve the health target. That is really compelling in this.

Q120 Dr Cooper: I absolutely hear you. To go back to where we are today, I wonder if it is fair to say that the incentive to ensure that our population is nutritionally healthy is not particularly driving supermarkets. Based on what you say, and that the majority of our food is purchased from supermarkets, we would be a much more nutritionally healthy population if it were very price-sensitive. We have been having these conversations for 10, 20 or however many years. What is the conversation to be had now about price with supermarkets that will make the difference, so that we are not having this conversation in 10 years' time, because it feels like the same conversation?

Lauren Bowes Byatt: Hopefully, in 10 years' time, the healthy food standard, including the health targets component of it, would have been in place. Over that time, there would have been adjustments to that to improve it further, so that gradually, with 80% of the food that we consume coming from supermarkets, the majority of the food that we consume would be healthier. There would be a continued push to keep making it healthier—

Dr Cooper: Forgive me, Lauren, but we have been having this conversation for 20 years. The conversation has not changed, so it is almost like we are starting at day one and we have forgotten what has come before.

Lauren Bowes Byatt: We also have not had the regulations in place. We have only just got the promotions placement in place.

Q121 Dr Cooper: It is interesting that the conversation has been going, but we feel like we are at ground zero again. Christina?

Professor Vogel: One of the key failings is that policies have been made one by one. We are dealing with one problem, then the next problem, and then the next. We have calorie labelling, food groups for school food standards, the Eatwell Guide, the new early years guidance, HFSS for manufacturers and calorie reduction. There are just so many things that it is not joined up.

We need a joined-up regulatory framework that we can refine regularly because it is mandated in law. Every three years, the evidence should be reviewed and updated. The danger with mandatory reporting is that it is excellent—it should come in and it is wonderful—but it needs to be joined up. The HFSS element is joined up, but that average marker on its own will not be sufficient.

We know that marketing is the combination of product, price, placement and promotion. We need to tackle all those things, and not just in supermarkets. Yes, the bulk of our food does come from supermarkets,



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but there is a growing proportion coming from out of home. We also see it in the public sector—schools and early years. We really need to be joining up all that—toddler and infant food in addition. We need a regulatory framework from which all of that can stand.

Q122 Dr Cooper: We will come to all those policies in my colleagues' next questions; I just want to go back to price. If a decision were made tomorrow saying, "We are going to subsidise properly healthy food—nutritionally valuable food—to make it much cheaper, and we are going to tax the heck out of really unhealthy food so that it is has to become more expensive," do you think that would have a significant effect on the nutritional intake of our population? My other question is, "Is it equitable?" because that is the other problem here.

Professor van Tulleken: Christina has mentioned justice. Justice is your starting principle. You could start going, "We want to reduce ultra-processed food," but if that is your goal, you are going to do all kinds of things that are unjust and unequitable. If you start with the fact that we have a deeply unjust food system, where people are essentially forced to eat unhealthy food, you cannot really go wrong, provided you shut the people who are causing the injustice out of the room when writing the policies.

In terms of the specifics, I think the mandatory reporting stuff is excellent. Of course it should be done. It is about No. 10 on the list of stuff that will really make a difference. There is not a single instance I can think of in the history of commercially determined public health problems: lung cancer, asbestos, lead in petrol, seatbelts, CFCs—there is a list of stuff we have sold, and in every single case there was a mixture of aggressive mandatory policies that encompassed a lot of different aspects of the problem, and strategic litigation.

In this case, the solutions where we say, "Supermarkets will be incentivised if we expose their shame"—everyone knows that supermarkets sell unhealthy food, because when you go into a supermarket, you can see it, and we all, or a majority of us, live with diet-related disease now. The same is true of lots of junk food restaurants, which mainly sell junk food. It doesn't particularly shift consumers and it doesn't seem to shift corporate behaviour.

The companies will be our partners in this. They will come in here and make extravagant promises, as they did 10, 20 and 30 years ago and as the cigarette companies did between 1955 and 2005. For half a century, they promised to change; they promised to fund science—all kinds of things. But in the end the suite of policies you need is fairly straightforward. You need warning labels that determine unhealthy products using strict definitions.

Progressive taxation really works. It's brilliant and it goes hand in hand with strict marketing restrictions. And then there's a whole load of other policies that promote healthy food and restrict unhealthy food in schools. Everyone on this Committee could write down their top six to 10 policies,



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and mandatory reporting on unhealthy food would creep in there if you did 10, but it is not going to shift the dial.

For the companies, the harmful food is the business model; it's the way they make their money. To make money from food, you can only do two things. When it's Tesco versus Asda, they have two problems to solve. They can drive down the cost of ingredients, or they can sell more food. All the other costs—labour, energy and everything else—are baked in. And if you engineer your products using brain scanners and very, very advanced scientific development techniques, many of which were inherited from the cigarette industry, you sell masses of food.

My kids do not leave a single Coco Pop in the bowl or on the table—they eat every last one. And all of us here have had the experience—no one ever eats two slices of this bread. You open the pack of crunchy stuff; you open the pack flat and you lick it out with your finger. That is not because you are weak, lazy individuals. It is because the food has been engineered over decades by teams of geniuses using advanced scientific technology. So yes, mandatory reporting is brilliant, but companies are going to promise the earth and resist change every step of the way, which is what we have seen over the last two decades.

Q123 Alex McIntyre: Thank you all for your answers so far. Professor van Tulleken, I really enjoyed your book over the summer. That was my holiday poolside read and it terrified me. In particular, I read about a well-known fast food chain that you mention in the book and the fact that one of its products shares an ingredient with the lubricant in condoms, and I was shocked.

As someone who has been trying to lose weight this year—I have lost about 6 stone now—and has done Slimming World, Joe Wicks' Body Coach app and the path to remission programme for diabetes, I still find myself stopping in motorway services on the way back to my constituency from Parliament and wanting to eat from the very same fast food joint that I know has condom lubricant as one of its ingredients. With that kind of context and the fact that since I was born in 1992 we have had 14 obesity strategies and 689 different policies, why are we still getting fatter?

Professor van Tulleken: In my opinion, the No. 1 reason—I will break it down in detail—is this. The food industry—it's a relatively small number of big transnational, global companies that make the majority of food and that sell our food; it's not masses of them—control not merely the posters we put on our children's tables and at the supermarket: the advertising space. They have enormous control over that and the advertising online, but they also control the charities.

The biggest food charity in this country, the British Nutrition Foundation, is majority funded by companies like Coca-Cola, Kellogg's, Nestlé and so on. They fund the Science Media Centre, the major science press office. They have financial relationships with—at the last analysis—a majority of people on our Scientific Advisory Committee on Nutrition, and currently the Government's food policy committee, the DEFRA committee, is co-chaired



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by Government and the Institute of Grocery Distribution, which sounds like it would sell carrots, cabbage and apples but is a food-industry-sponsored charity.

Industry is not merely influencing policy; it has total control over all messaging. The most important thing we did with cigarettes—the reason we got it done—is that we shut industry out of the room. It is important to say that we have to understand and speak to industry. I spoke to dozens of members of the industry, from C-suite executives all the way down to product development teams, for the book and for academic work. You have to understand them, but they cannot write the line detail of the policy. In my opinion, that is the No. 1 blockage.

By the way, this need not shut down the economy. These companies are still doing very well. If you bought a share in Phillip Morris in the 90s you would be doing very well now. So this is not anti-economic. In the end, these companies are shrinking the economy.

Q124 Alex McIntyre: To build on that, you have touched on the fact that the industry needs to get involved, and that supermarkets reporting would be great. But when we see the same fast-food chain—and I am not naming—being a repeat customer, and now developing a chicken burger that is not HFSS to get around advertising regulations, do we think there is a risk that the big organisations that are there to make a profit are going to find ways around the regulations rather than buying into the spirit of them?

With the best will in the world, I might see the non-HFSS burger on the advert, but when I get to the counter, is that what I am going to be ordering? Is that not the issue we are going to have in supermarkets? We might have a requirement that there is less unhealthy food on the end of the aisles, or that they have to have a bigger proportion of healthy food sales, but if the other 20% is increasingly unhealthy, or alcohol is ignored from these regulations so we still can get a pint, are we going to solve the problem?

Lauren Bowes Byatt: One of the biggest issues, which probably speaks to Beccy's point earlier, is that even when policy or regulations get announced with good intent, they are often diluted and watered down to deliver significantly less impact than originally intended.

You mentioned advertising; that is absolutely what we are seeing with the advertising regulations now. They have been amended to allow an exemption for brands or ranges, so you can advertise dairy milk as a range, but not as a single product—so you can't advertise dairy milk caramel, for example. That is part of the reason why these policies are failing. They are introduced with good intent and good evidence to back the original proposal, but over time they get watered down.

For me there are three things that we need to ensure are happening in policy making. The first is thinking about the right interventions, which speaks to the point I made about focusing on the environment and not the individual. It will not work to tell people to do better and eat better—I know it does not work for me. Looking at the system is critical.



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Secondly, the action must be sufficient to the challenge we face. Obesity has doubled in the past 30 years. It is at an all-time high. We need the action to meet the demand, and lots of the policies will reduce obesity by 1%, 2% or 3%, which is not enough. We really need these high-impact policies, which is what the blueprint to halve obesity that we did really highlighted.

To go back to the point about reporting, when I talk about health targets for retailers, I am not just talking about the mandatory data reporting component. That is an essential precursor for this policy and many others, but it is absolutely insufficient to drive the level of change we need. We need health targets attached to that, to incentivise the action with a strong enforcement regime.

Q125 Alex McIntyre: I want to come back quickly to the point about smoking. One of the big differences—and this is an issue around obesity in general—is that you can live without smoking and alcohol. When you are tackling addiction to those things, you can live without them, so it is possible to go cold turkey. It is difficult with food; we all need to eat. Does that not mean that we are going to have to work with industry to try to find a way through, or do you think that the profit motive is so deeply engrained in that culture that we are not going to be able to have that relationship?

Professor van Tulleken: Partnership has been very clearly shown not to work. It depends on what you mean by work with them. If you mean sit and talk to them, and deeply understand them, then that is what I do. I spend masses of my time with people in food companies. They try to shower me with money, but I do not take any of it.

The Scientific Advisory Committee on Nutrition speaking to and consulting industry and getting them into a room is vital. However, having people on that committee who take money from big food companies is the issue. But yes, we have to understand the companies, and we need to have a dialogue.

I have been clear in lots of stuff that I have written that I would not slap black octagons and taxes on all this stuff tomorrow; we need to give industry a bit of runway to reformulate, if it can. The goal is not to make a healthy burger; the goal is to create a set of things that makes it easier for all of us, for you and me, to not go and buy the non-HFSS burger because it has just slipped under the bar.

Alex McIntyre: Or anything as a bucket.

Professor Vogel: I want to add three reasons why policies have not worked to date. We have talked about structural, about how they need to address the environment, and about them needing to be fit for purpose and multiple, but there are three other key reasons. One is conflicts of interest and lobbying.

A Food Foundation report, "Corporate Lobbying: The Dark Side of the Plate", showed that food companies have access to policy makers such as yourselves 40 times more than NGOs do. That is a huge imbalance. It is



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not just the development; it is the pre implementation and the post implementation. Of the two other key reasons, one is lack of enforcement. I, too, have a prop, which I am happy to share around, to show that while the regulations were excellent at the time of implementation and we saw retail outlets complying, as you can see—

Chair: We will come to enforcement in a whole other suite of questions, so I will stop you there.

Professor Vogel: Sure. Of the two reasons, one was enforcement and the other mandating refinement of the regulations to close loopholes.

Chair: To talk enforcement, I call Jayne Kirkham.

Q126 **Jayne Kirkham:** That is exactly where I was going to go—are the policies we have being enforced? That is the big question. I was shocked when I read that for the HFSS location restrictions, £550 was given to local authorities in the first year to enforce, £320 in the second year and then nothing. My question is, what does the enforcement landscape for the different policies look like at the moment and, possibly, how should it look?

Professor Vogel: Great. Sorry for pre-empting that, but I am glad we are moving on to it. That is a really good point. It is interesting, because there are different structural regulations. The sugary or soft drinks industry levy tax was excellent, because it was done at a macro level. It could be done at a central location and then it just spread through. We did not need a lot of enforcement.

However, other regulations need implementation at the local level, like retail outlets, schools, and out of home—calorie labelling. School food standards, the placement regulations and calorie labelling are all not being well adhered to. What is the reason for that? Partly that is because of the incentives internally—you can make profit from not adhering—but also because there is not strong enforcement.

The reason is that there is not ringfenced funding for enforcement officers. It is also not clear, necessarily, which foods are healthy and unhealthy. Therefore, again, having a front-of-pack HFSS warning label would be beneficial not only for consumers but for enforcement officers, and it would help to incentivise reformulation. Yes, we are nudging less healthy foods to be healthier, but for products like breads and yoghurts, that is actually very important. Those are some of the key reasons—in enforcement, local authorities have been really underfunded.

Q127 **Jayne Kirkham:** What more could we do to help our local authorities?

Professor Vogel: We need decent, ringfenced funding. We need a range of things, including good, ringfenced funding. The money that you talked about was woefully insignificant—£179,000 across 317 local authorities for the first year of implementation did not allow anything to happen. Trading standards are absolutely, woefully under-resourced, and therefore they are putting the money towards Natasha's law on allergens, or knife crime



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or tobacco control. They are putting it towards immediate health risks, which is understandable. What they need is much better funding and resourcing, but ringfenced to say, "This is important." Also, an element of training resources is required. At the moment, there has not been much training, and no central Government training; it has all come from representative or industry bodies trying to support enforcement.

There is also a need for clear understanding of which products are in and which products are out. We did a survey with local authorities, and 81% of local authorities across England responded to it, which was an amazing response rate. They told us that on average, they think they need one day a week of a registered food standards officer to be able to enforce these regulations.

Q128 Jayne Kirkham: Do you agree with previous parliamentary recommendations that the Food Standards Agency should take on a bigger role?

Professor Vogel: I do agree with that. There is some excellent evidence from Action on Salt. The FSA did take a very strong role there from 2007 to 2011. It could not implement fines, but it could name and shame publicly. That led to reductions in hypertension prevalence and reductions in cardiovascular disease mortality, and it shifted behaviour.

The fines are also very important. An infringement of the promotion and placement regulation is £2,500—that is it. Plus the processes for local authorities are very complex. The money does not go to the local authority; it goes back to national Government. What we really need is a sliding scale based on turnover that is a real incentive. We are finding that most of the enforcement is looking like support.

There are also some conflicts of interest potentially where primary authorities that are supporting the big companies are in the same local authority where their head office is based. There is potential for conflict of interest if there are personal relationships that may be undermining that. There must be strong enforcement.

Q129 Jayne Kirkham: What more do you think Government could do to support the FSA to take on some of that enforcement?

Professor Vogel: To really regulate. In Henry Dimbleby's national food strategy—and it was in the House of Lords report—he clarified the role that the FSA could have. It needs to be an independent statutory body that is required to report to Government but also to support local authorities in a meaningful way, so that they can actively and accurately enforce regulations at the local level.

School food standards is an interesting one. While I recognise that it does not come under the Department of Health and Social Care, it is really important that that is joined up. Who is responsible for monitoring school food standards? Is it the governing bodies of schools? What is their role, and how do they link into the Food Standards Agency?

Q130 Jayne Kirkham: It is harder when you have academies as well, of course. This is my last question. What are your views on the role, remit and performance of the Advertising Standards Authority?

Professor Vogel: It was responsible for the online enforcement of practices related to the promotion and placement regulation. The promotion regulation has only just come in, but the placement regulation has been in place for three years. It is very hard to know how to make a complaint. Members of our team have actively tried to make a complaint because they have seen online infringements of stores, and they do not know where or how to make that complaint. That is not adequate.

Q131 Jayne Kirkham: Does anybody else want to come in on that?

Lauren Bowes Byatt: I would reinforce what Christina said on the Food Standards Agency. It already is a regulator, more on the food safety side, so you can absolutely see that being extended for the health purposes as well. It is essential that it has sufficient powers to enforce a fine that is sufficient to incentivise the right kind of behaviour.

Michael Baber: I would just add that when it comes to enforcement, what is the penalty for non-compliance? It needs to be significant enough to shift behaviour.

Jayne Kirkham: I am getting that from all of you. Thank you.

Q132 Jen Craft: To pick up on the potential role of the Food Standards Agency, I know that a couple of the well-known takeaway apps provide a clear link to an establishment's Food Standards Agency rating. It very clearly says, "This does not determine the content or quality of the food." Is there a potential role for a rating system that determines whether people will get a healthy meal from an establishment? My colleague Alex McIntyre did not name the particular shop he has a penchant for, but for example, under this rating system you could see that it was rated one out of five on, "Am I going to eat a nutritious meal from here?" Would that be useful?

Lauren Bowes Byatt: This is where the data point is really interesting. Although it was not the predominant driver of action, it is really great that the Government have committed to mandatory data reporting, because that will enable the type of policy you are talking about to be implemented.

Currently, how do you define whether a business is healthy? They sell a range of different products, and there is no way of knowing whether their portfolio as they sell it is deemed healthy overall. With mandatory data reporting, I think we are the first in the world to have such extensive information on what food is sold, which will provide an amazing basis for that type of policy.

I would add that, although it is very good to give consumers information and so enable them to make informed decisions, my real push would be on the industry-shift side. Creating ways to identify healthier brands gives an incentive to a business—you would hope that a business would want to

be identified as a healthy brand—in the same way as B Corp programmes work, where businesses want to be identified as being good for the environment.

Q133 Jen Craft: Is there something about equipping people with the knowledge they need? We spoke about food labelling earlier. I know there are international examples—I think it is the Nutri-Score in France. I was talking to someone on the way in who said that they were recently on holiday in France and their kids said, “This is so much more obvious. I can see which food is good for me, which is healthy and which isn’t.” Is that a good measure we could adopt to be more obvious about what is and is not healthy food?

Lauren Bowes Byatt: We back the Nutri-Score as a way to identify good food, but it is not enough in its own right. It is really good and taps into people who are going into the supermarket looking for a healthier choice. From an equity perspective, you want everybody to be able to eat healthier foods, even those who enter a supermarket not necessarily looking for the healthier option. It is good to give consumers information—I am all for that—but is perhaps not going to drive the levels of impact that we need.

Professor van Tulleken: I would look at the South American model. This is a tube of Colombian Pringles. The warning labels, particularly when there are a lot of them, do shift consumer behaviour quite significantly. Here is a pack of Colombian Pingüinos. The most important thing is that they go hand in hand with a lot of other logical things. If a product is high in salt, it cannot simultaneously be healthy.

That is one of the illogicalities we have in the UK. We have unhealthy food, which is high in sugar according to our guidance, yet it is also a source of fibre and supports your family’s health in other ways. The World Health Organisation and Governments—in particular, those of Mexico, Argentina, Brazil and Chile—have been clear that if a food is high in salt, it is not good for you, and cannot have health claims. Then, the monkey comes off the pack; the product is not in schools, not sold to children, it is put on a high shelf and so on.

Q134 Chair: Do we need a Government definition of the word “healthy”?

Professor van Tulleken: We need a tight definition of unhealthy food. We have all said HFSS is not bad. The new nutrient profile model that is coming is not bad. Is it as strict as I would like? Probably not. It is not as strict as they have in Mexico, Brazil and Chile, but it is not bad. Having made your definition strict, you need to sew up all the loopholes.

As Laruen and Christina have said, if the brand is allowed to advertise, you do not need to see a burger, you just need to see some golden arches. You need a jingle. With Coke sponsoring the Olympics, you never need to see the can; you just need to have the link between the fancy writing, even the colour red, and the athlete. That is what we did with cigarettes. If you made a cigarette, you could not advertise anything.

Chair: I want to bring in Michael Baber on some international comparisons.

Michael Baber: I am interested in France's nutrient profile. We could learn quite a lot from some of our near neighbours, particularly France and the Netherlands. It covers a whole range. We could also address some of the fundamental points about policy making. In the UK, there has not been a political consensus around how best to tackle obesity, so policies have come and gone as Governments have come and gone, and sometimes as Prime Ministers have changed. That has left a bit of a vacuum, which has allowed the food industry to become not a voice but the voice influencing food policy.

In France and the Netherlands, which have less than half the childhood obesity of the UK, there has been a long-standing central Government focus on bringing down obesity. In the Netherlands in 2018, they were looking at almost every conceivable out-of-home place where you might eat—motorway service stations, theme parks and so on—looking for where people eat and ways to make it healthier.

The other thing they have, which we in the UK do not have to anything like the same extent, is the recognition that central Government can do a lot, but so can communities. There are something like 220 community-based programmes in the Netherlands, and about 270 in France. When you have central Government and communities working together, you can achieve more than just what is done locally or nationally. A lot more can be done to look at what other countries with lower childhood obesity levels are doing. Are there ideas that we can borrow or adapt?

Q135 **Jen Craft:** What kind of things do community organisations do?

Michael Baber: They do some of the things that are already done in the UK—in schools, for example, you drink water, healthy school meals are provided, there is education about fruit and veg—but they tend to do it in a more consistent, holistic way. They say that children live in three environments—school, home and the community—so you have to take all three together. You have to involve the parents for the home, you have to involve the school, and you look at faith groups, sports centres and shopkeepers. You take a holistic view. One of the problems in the UK is that often there are well-intentioned initiatives, but they run only until the funding runs out, maybe after three years.

These countries have come up with a relatively affordable model. I hesitate here, because one of the ways it is funded is through corporate sponsorship as well as national and local government, but they take a lot of care to ensure that there is no conflict of interest and that the companies are not gaining an obvious financial advantage.

What it means is that they can set up a small central team that provides support, advice and materials for all the localities in the area. In each local project, a locally appointed, locally employed project manager then builds a coalition of the willing, with a voluntary expert committee. It actually



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does not cost a huge amount of money, but it gets so many partners involved that it starts to make a difference. It does not rely on this quick fix of three years of funding and the project stops when the funding runs out. It is a more sustainable model. We could learn quite a lot from that.

Q136 Jen Craft: Is there a risk from corporate sponsorships being so heavily ingrained? If you have a healthy eating local community partnership sponsored by Coca-Cola or the golden arches, there will not be a financial gain for them but there is a reputational gain, as it links those two things as synonymous in someone's mind.

Michael Baber: It is a clear risk, and it has been the subject of debate in both France and Holland. They are quite careful to make sure that it is pro bono corporate social responsibility, as it were, rather than of direct or indirect benefit. It has to be managed carefully, but it does enable things to happen and to be sustained.

Q137 Jen Craft: To come back to the point that Alex made earlier that you do not need alcohol or cigarettes but you do need food, given some of the stuff that you have brought here today, do we need to come up with a definition of "food" when talking about what people need to sustain them, give them energy and allow them to carry on with the day, versus what companies have put a lot of time and effort into making us believe we need to put in us? Is there a question around what we call these items that you have in front of you? Do you call them food, or is it something else?

Professor Vogel: I would like to come in, because this links to two other points. I think we need a strong, interlinked, joined-up regulatory framework. If we are defining unhealthy food, we start with what we've got—HFSS. We start with the 2018 model, which is already in the NHS 10-year plan—excellent. It is not great, so we then mandate a refinement of that, so that we review the scientific evidence every three years. We have a potential two-year implementation period where we are continuing to nudge, but to the public, it looks like a high-fat label. This is an example of what it could look like. It is a warning label. The nutrient labels are excellent, and they are showing that they are having some benefit, but consumers do not eat nutrients. I don't know if I need sugar, fat or salt. I eat foods.

Michael Pollan nicely highlighted a clear link in the 1970s between consumption of red meat and an increase in cardiovascular disease. That was supposed to be put in the American dietary guidelines. It was watered down to say, "Actually, it's saturated fat; it's not red meat per se." Since that day, we have had a much more molecular and micronutrient focus, which makes sense for the scientific nutrition community and for designing things that are healthy for us physiologically, but it is frightfully confusing for the consumers. That has been exploited, so you now have marketing with characters.

We need to say that anything that has HFSS cannot be advertised in sports events. You cannot have characters on it. You cannot put nutrient

claims on it. You cannot put any kind of health claim at all on it. Then we have a nice communications campaign that says, "You know what? We've got a pretty good "Eat Well" guide. It says that a third of our diet should be fruit and vegetables." Then the Government puts warnings on unhealthy products saying, "This is a warning that this is bad for your health. It can lead to dental caries, childhood obesity and cardiovascular disease."

The current definition of HFSS needs to be refined over time as the scientific evidence comes in. That would be a real way of linking everything together. You then link it to mandatory reporting, which potentially answers the question about whether we can say that a high street outlet is a healthy food outlet or not. Maybe that could link to planning or tax benefits in terms of rates, exemptions or reliefs.

If you are not meeting certain targets that are defined by the mandatory reporting targets that go beyond retailers—as Chris was saying, we are working towards a 10-year or 30-year plan—we have the mandatory refinement, the closing of loopholes and the interlinking of all the possible Government leverage points of regulation to utterly change our food environment.

Jen Craft: They all interplay with each other. *[Interruption.]* I am being told that we need to move on.

Q138 Danny Beales: I want to ask about advertising. Lauren, you talked about a portfolio approach to companies. Chris, you talked about the brands as much as the products. Is there any food company with a healthy portfolio or any healthy food brand that would be advertised? Are we talking about ending advertising of food companies in out-of-home venues? Are there any food brands that you think should be able to be advertised or any company portfolios that are healthy on balance?

Lauren Bowes Byatt: Our approach is more focused on thinking about making things healthier. As I mentioned at the beginning, it is less about a binary definition of good or bad or healthy or unhealthy. All food is on a spectrum.

Q139 Danny Beales: But are you aware of any company or brand with a portfolio of products that is generally healthy?

Lauren Bowes Byatt: It is hard for us to fully know the answer to that question because the information is not available. That is why I spoke about data reporting. Having that information and knowing what people are selling is helpful for us to put that in place. Chris might want to come in with a suggestion of what is a healthy brand.

Professor van Tulleken: If I understand you, Danny, you are asking about fine detail of how we design a marketing restriction: if a company mainly sells fruit and veg, but also does sell unhealthy foods, would they be allowed to advertise?

Q140 Danny Beales: What company sells fruit and veg and advertises fruit and



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veg on TV? My challenge is whether we are talking about ending food advertising as we know it. All companies that currently advertise would not be able to.

Professor van Tulleken: There are a lot of very credible nutrition academics who say behind closed doors that we should just not advertise food. That is not an unreasonable position. Is that a realistic position? Possibly not. In terms of the achievable, I completely agree with Christina that there is food that we can just call bad—if you eat lots of it, it will harm you—and there is food that forms part of a healthy dietary pattern. There is a lot of negotiation around what we call a healthy product. There is line detail about how you limit the influence of—

Chair: I am afraid we need to move on.

Q141 **Danny Beales:** Your point was that it is about branding, not just products—that we need to stop the brands. My question back was, are there any brands that you know of that would still be able to be advertised?

Chair: Oddbox, for example?

Professor van Tulleken: Maybe some fruit and veg or whole-food companies.

Chair: You can write to us. I am afraid we need to move on.

Q142 **Joe Robertson:** I would like to take us back to the definition of healthy food. The Government's 10-year health plan will require supermarkets and large retailers to set a new standard to make the average shopping basket of goods sold healthier. That, obviously, leads on to the definition of healthy food. Perhaps I could put this to Lauren: how do we define whether a food is healthy?

Lauren Bowes Byatt: Currently, we use the nutrient profile model, which assigns a score to a product based on the healthy or less healthy ingredients that make it up. It gives scores for salt and for fruit and veg, and those things balance each other out. Obviously, food is quite complicated and is made up of lots of different things. Assessing whether a ready meal is healthy requires a full, holistic assessment of what is in the product.

We think that the current nutrient profile modelling is good enough and does a good job of that. There are planned updates to it, and it should absolutely be updated as the nutritional science improves, but we think it is a distraction to focus too much on the debate around whether we have the right definition of healthy. We do not believe that that is why policies have failed in the past; they failed because we have had the wrong types of policies and because policies have not delivered enough impact.

Q143 **Joe Robertson:** The panel has focused quite a bit on the argument around what is healthy and what is not healthy, and it seems to me that there is not a consensus there. We have heard a very credible argument, put forward by Professor van Tulleken and Professor Vogel, about



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something being not healthy in the main just because it is high in fibre or protein, but is high in salt. I would suggest that most foodstuffs carry a food label if just one bad factor in that food made it unhealthy. I would give the example of full-fat milk. Is that good or bad?

Lauren Bowes Byatt: I think it is a good part of a diet. As I have said, I really want to shift us away from this definition of foods as good or bad as part of balanced diet.

Q144 **Joe Robertson:** Or healthy or unhealthy. We are defining foods as healthy or unhealthy, so is full-fat, blue-top milk healthy or unhealthy? I know what I think the answer is, but you are the experts who will be forming part of the Government's decision making. Is it healthy or unhealthy?

Professor van Tulleken: In the case of milk, this is pre-decided, because the Government have made sensible legislation saying that the objects of interest are industrially processed packaged goods. We have 13 categories of them. There is a long list. That is pretty sensible. Whether whole milk is healthier than semi-skimmed is a very hard question to answer, and it is not of great interest. You are not going to start labelling whole foods, and no one is saying we should do that.

There are two big problems. I think most of us agree that there are lots of ways of defining unhealthy food. Unhealthy food is the problem. Nailing why a food is healthy is less important than saying, "We have masses of evidence and great agreement that this whole pile of stuff is unhealthy. How shall we create law?" There are two big problems in UK law. The best example is Nutella. I think everyone on this panel and in this room would agree that Nutella is an unhealthy food—it is less healthy. There are no traffic lights on it. It cannot be called less healthy using HFSS, because chocolate spreads are exempt.

Q145 **Joe Robertson:** Can I ask you two things that I would imagine you would agree with? There is nothing wrong with having some of that stuff, in small measure, and most people would understand that a great big whacking jar of Nutella is not particularly healthy for you.

Professor van Tulleken: That is possibly true, although I think people are entitled to know. How far do we extend that argument? Most people might understand that Coco Pops are not healthy, yet there are 10 health claims on the pack. Similarly, having one cigarette every few months is not that bad for you, and having the odd glass of wine is not that bad for you. Having Coco Pops every day versus one cigarette a year may be comparable.

The difficulty is having the recommended one teaspoon of Nutella. The difficulty with your ice cream—I think everyone has had this experience—is you make yourself a bowl of ice cream, you put the lid back on the tub, the tub goes back in the freezer, you eat your ice cream, and then, as if drawn by some unseen force, you go back and refill your bowl. That is because the ice cream has been engineered using brain scanners so that you do that.



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We can make the definition of unhealthy food coherent. It needs to have no loopholes, and I think the HFSS nutrient profile model works pretty well, but having defined unhealthy food, you then need to do really bold, strict things about it, and that is where we can learn from tobacco. This seems very adversarial, and I know it is confronting for the Committee and for all policymakers.

If you start comparing tobacco and ultra-processed food, everyone gets very anxious. That is how people felt in the '60s when physicians from the Royal College of Physicians and Action on Smoking and Health started saying that cigarettes are bad for you. In the '60s, everyone in this room would have been smoking, so I feel a little bit nuts comparing Coco Pops with cigarettes, and I know they are not entirely equivalent, but if we are talking moonshots, that is where we have to look.

Hopefully, in 20 years, I will not be able to sit and compare them, but my feeling is that, unless we use tobacco as the template for regulation and as the approach guidance, I will come back in 10 years, 20 years and 30 years, and we will keep having the same conversation, as we did 10 years, 20 years and 30 years ago.

Q146 Joe Robertson: Lauren, given that it looks like supermarkets are going to have to report on healthy baskets, is it not the case that one cannot tell how "healthy" the contents of a person's shopping basket are without looking at their other lifestyle choices? You cannot talk about the health of a particular food choice in isolation. Is that fair?

Lauren Bowes Byatt: The healthy targets proposal would encourage a shift in baskets overall. What is key to this, and it speaks to your point about personal taste and choice, is that when you look at that in an illustrative basket, the changes are very small. It is not a complete shift in what you purchase; it is more about small and subtle changes, and opting for product X rather than product Y.

We are not asking people to change absolutely everything that they eat overnight, because that would not be effective. I have tried dieting many times in the past, and any time I try a crash diet of any sort, it never works. It never works for me because it is such a sudden change. We want those small, sustainable changes over time that ultimately lead to differences, so that then you can adapt that within your existing diet and your existing preferences in a way that is not as noticeable.

Q147 Joe Robertson: To go back to my milk example, I genuinely do not know whether we are saying that a supermarket would be doing a good thing to put the full-fat milk behind the skimmed milk and to ensure more food baskets had skimmed milk rather than full-fat milk.

If you are doing an analysis based on fat, that would suggest that, yes, it is better if people buy red-top milk. The Government have to tackle this and be able to design legislation; this is not me being against the policy. If you are happy to answer the question on milk again, that would be great. Otherwise, I have an open question: what should the Government be doing when they are designing this legislation?

Lauren Bowes Byatt: Each product will be assigned a different score, as I explained earlier.

Joe Robertson: Every product?

Lauren Bowes Byatt: Every product. They already have it, because the current regulations on HFSS require that information in order to put the put the regulations in place. To calculate whether a product is HFSS or not, the nutrient profile model score has been taken into account; whether it scores over four or not is the deciding factor there. That already exists.

We want supermarkets, through the healthy targets for supermarkets policy—I am talking about our proposal from Nesta, rather than the work the Government will take on—to encourage people to make their baskets healthier overall, and that will mean different things for different people. It will also mean different things for different supermarkets, who might have different ways of achieving what they need to achieve.

Q148 **Chair:** So it is not a maximalist approach that you are advocating?

Lauren Bowes Byatt: No; it is not that everybody should move from product X to product Y.

Q149 **Joe Robertson:** I do not quite understand how a basket would be different from one person to the other, because you then have to have data on who has actually bought that basket of food.

Professor Vogel: We are looking at reporting from the chain level or from local authorities. If they were to report at the local authority level, that comes back to my earlier point that it could be used for tax rate relief or planning regulations, because you would be able to say, “No, you cannot have a new planning regulation because you are not meeting your target, or your levels of reporting are too high.”

For mandatory reporting to be effective, we believe there should be four components. One is the average nutrient profile model score, which is for all foods and we would like to get a shift in that.

The milk point is really valid, but in all honesty, people are consuming high-sugar drinks or sugar-sweetened beverages—they are not really drinking milk. Many people are not drinking milk. If people would just shift to milk, that would be great. We need to be focusing on the HFSS foods.

In addition to the average nutrient profile model, we would want the percentage of sales that are coming from high-fat, salt or sugar foods. That might be 25%, and it would be excellent if you could make that 22% in three years. Similarly, we would want all companies to be asked for the percentage of sales coming from fruit and vegetables. For many of them, it will be zero, and that is okay—but it might encourage some portfolio development and some inspiration in how we might incorporate fruit and veg within that.

We know that companies are very good at long-term investment, but at the moment they have no regulatory incentives to do that. We have heard



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from companies that said, “The HFSS placement regulations and advertising regulations have forced us to think about high-fat, salt or sugar foods differently and how we approach that.” That is excellent, but we need to use our markers of healthy food, which is fruit and veg, and our markers of unhealthy food, which is HFSS, and everything in between, so that we can shift the median.

The other thing to say is that retailers really are being targeted. Our evaluation of the promotion and placement regulations has shown that there is a potential for unintended consequences, redirecting that to the convenience store sector. We know that the wholesalers play a big role there. There are four big wholesalers in the convenience store sector whose current income is over £1 billion a year, and they collectively hold about 75% of that market. There is a huge risk that that could be rechannelled if they are not included in mandatory reporting and targets.

Q150 Chair: That brings us nearly to the end of this panel, which has been, as predicted, rich and complex and given us a lot to think about. I am now going to make you all Prime Minister for 30 seconds. This is a very unhelpful question, but it helps us to understand your priorities. If you were to pick one—I might stretch to two, if you make a good case for it—change in 30 seconds, what would it be? I have heard that there are 10, and it is complex and woven in, but what would your top two be?

Michael Baber: Probably to ban the advertising of high-fat, sugar and salt food—that would start to level the playing field—and to encourage constructive input from the food industry, but to find a way to make sure they are contributing to but not determining food policy.

Lauren Bowes Byatt: Mine would be to implement healthy targets for supermarkets through the healthy food standard that the Government have already announced, but to do that in a way that delivers real impact. What is essential for that policy is that the ambition is set high enough to deliver real levels of impact on obesity. That could be a 20% reduction in obesity if Government set the ambition and the target high enough.

The second thing attached to that is it will have to have sufficient enforcement behind it. Key to both of those things is doing that as quickly as you possibly can, ideally within this Parliament, so that we can start to see action now. Given the obesity issues and the scale of the challenge we face, we cannot keep waiting much longer.

Professor van Tulleken: I would deconflict the policy environment so that Government committees at all levels and food charities no longer have people working within them who have financial conflicts of interest with the companies that sell and deliberately market the food that is causing the crisis we have seen grow over the last 30 years.

I would have very clear definitions of unhealthy food. I agree with Christina: there are lots of possible definitions. They would be tight, and that definition would then be used to implement South American or WHO-style regulations, where you put warning labels on food, you have



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marketing restrictions, you take the health claims and the cartoon characters off, you stop selling them to kids, you take them out of schools, institutions, hospitals, prisons and the military, and you bring in a whole suite of fairly straightforward regulations around those clearly defined, tightly regulated unhealthy foods.

Professor Vogel: I have one and a half, and it links closely to Chris's. I would introduce a framework around HFSS and the 2018 nutrient profile model with a front-of-pack, front-of-menu warning label across all settings that says, "This product should be consumed in small amounts." It would be associated with a communications campaign revising the Eatwell Guide five a day and the fact that these foods should be eaten in small portions. They would not be allowed in schools. They would not be allowed in early years settings.

This definition would apply across all settings to all foods, but back of house we would make sure that it is appropriate. For out of home that might mean accounting for portion size or calorie content, and for infant and toddler foods it might mean accounting for protein, because we know that is important. There would be some differences, but to the public it would look like one homogenous label and message, which is really clear.

The second change would be to boost fruit and vegetables. The reason I call it a half is that I would tweak existing regulations, because that is the easiest thing to do. The way to do that would be, rather than repealing the food promotion and placement regulations, refining them to close loopholes and add fruit and veg, so that fruit and veg is required to be placed at the checkout or the front of the store.

We have scientific evidence that that is effective, particularly if adding healthy food is done in combination with removing unhealthy food. I would not stop there. There are the advertising regulations—1% or 0.5% of companies' advertising budgets would go into a pot so that something like Veg Power could promote it—and the third one would be to make sure that fruit and veg is added into mandatory reporting. All three of those are existing regulations.

Chair: Lovely. I asked for two, but you gave us a bonus one, and that is fine. I am afraid that we are 10 minutes over, so we need to move on to the next panel. Thank you all so much for your time. We really appreciate it.

Examination of witnesses

Witnesses: Dr Kawther Hashem, Katharine Jenner and Nika Pajda.

Chair: I am so sorry, second panel. You were watching the first panel; we tried our very best to get through it as fast as possible. With a little discipline from those answering and, in particular, our MPs, we may even finish on time—let's give it a go.

Q151 **Andrew George:** Welcome, panel. As you know, the Government



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completed a consultation on its sugar levy in July, but it has not yet responded. Are you satisfied with what the Government proposed and—taking a lead from the last panel—that the industry is not overly influencing the process? I do not know who would like to start. I think we should allow our panel to introduce themselves, too.

Chair: I am so sorry—yes. In all the chaos, I forgot. Will you please introduce yourselves?

Nika Pajda: Hi. My name is Nika Pajda. I am head of policy and research at Bite Back. We are a campaigning organisation working with young people to create a fairer, healthier food system. I think you met two of our young campaigners, Alice and Jayda, a few weeks ago.

Chair: Yes, they were wonderful. Thank you for sending them.

Dr Hashem: Hi. I am Dr Kawther Hashem. I am a senior lecturer in public health nutrition at Queen Mary University of London. I also lead our work at Action on Salt and Sugar. I am here representing the Recipe for Change campaign.

Katharine Jenner: Hi. I am Katharine Jenner. I am the executive director of the Obesity Health Alliance, an organisation of 65 members representing the world of trying to improve population health. I am a registered nutritionist. Just for the record, we have no conflicts of interest.

Andrew George: Let me clarify that I am referring to the soft drinks industry levy. Katharine, do you want to start?

Katharine Jenner: It has been really interesting seeing the consultation unfold. When the sugar reduction programme started, it was deemed that milk-based drinks would be kept out of the soft drinks industry levy.

The current review is showing that the soft drinks industry levy was effective at reducing sugar in sugary drinks and there is now scope for potentially improving it. It is recommending bringing in milk-based drinks and milk-alternative drinks that are high in sugar—so sugary milk-based drinks such as milkshakes. It also recommends reviewing the thresholds at which the levy applies. Currently there is a high level of tax at 8g or more, a medium range of tax between 5g and 8g, while less is applicable under 5g. The review is looking to lower the threshold down to 4g rather than 5g to bring more products into scope or encourage them to reformulate.

There was meant to be a higher level as well. That was discussed early on, and we know that discussions happened. That higher threshold has been removed from the consultation. We also said that the higher level should be brought in as well. We know that there is lots of work going on behind the scenes that we are not necessarily privy to in trying to undermine that and say that it is not actually going to be very effective.

I have a circular email from Coca-Cola, which I am happy to submit to the Committee. I will briefly pull out a couple of points. It is an interesting example to include, because it shows the kind of lobbying that goes on



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and the messages that are sent around to people without any justification or rationale behind them. You cannot see the evidence behind them, and the claims it makes are really powerful in trying to undermine progress in this area. I am going to quickly mention just a couple.

First, it says that the revised threshold—changing it from 5g to 4g—will have a minimal health benefit, less than “half a grape per person”. Saying “half a grape” is obviously trying to trivialise it. A grape is nutritious and there is nothing nutritious about soft drinks. Those average numbers across the population also hide and mask individuals who are having lots of sugary drinks. The Treasury estimated that the change would remove 15 million calories per day in children and 46 million in adults, which is far from trivial.

Next, Coca-Cola says that it is going to cost the industry £200 million to implement. Nowhere does it say what that money is, who it would be spent by, what it would be spent on or over what period. Euromonitor data estimates that sales of soft drinks in the UK last year were £14.9 billion and the Treasury estimates that the levy could deliver £4.2 billion in health and economic benefits over the next 25 years. That cost argument is thrown out there.

Coca-Cola also says that reformulating below 4g is not possible, but many products, including Coca-Cola’s portfolio, are well below 4g. Coke Zero and Diet Coke—which has been around since 1983—were mentioned earlier and are well below 4g. Of course, companies reformulated to just below 5g when the levy came in, and then to just below 4.5g when the advertising restrictions were planned. I do not think that is a coincidence or down to technical feasibility. We are certain that it is not a technical limit. It, of course, tries to say that the change will put up prices as well.

Coca-Cola says that the costs would rise by 75p on a 24-can pack of its products, which works out as about 3p per can. Even if you had one every day—which is definitely not recommended in the Eatwell plate—that works out as 21p per week, and consumers can choose alternative options of products that are not taxed. Again, I do not think that is a valid argument. It also makes claims that it will hurt retailers and hospitality providers, many of whom make their profits from selling the low-sugar products. I do not think that stands up.

Then they go for the big hitter: that this is going to damage growth, which is the agenda at the moment—everything has to be about growth. Growth in sugary drinks is not going to be a national success. That is not what we want to see. They are discretionary products, have no nutritional value and no role in a healthy diet and are not on the Eatwell plate. After the first soft drinks industry levy, the soft drinks industry actually grew by about 15% from the lower-sugar products. There is potentially a healthy growth story in there, but that is not something that Coca-Cola has leaned into. It can, of course, dispute that and provide evidence for its claims as well; that is what we have asked for in the consultation. We think that it has been particularly emboldened because this higher threshold, which

would have been a really good evidence-based approach, has been dropped from the consultation. That is my point on Coca-Cola.

Andrew George: That is obviously part of their own response to the consultation.

Q152 **Chair:** How widely would this have gone out?

Katharine Jenner: It is difficult to say. I was sent it recently and I will happily submit it to the Committee. It says that it was from a newsletter. We have also seen lots on social media about the British soft drinks industry levy. I use this as an example because it is relevant to this consultation, but it also happened the first time when the levy was coming in. There was a big campaign called "Can the Tax". It is happening with the advertising restrictions, and it will happen in every single policy that is discussed here today and that you put forward as well. It is worth being aware of that.

Q153 **Andrew George:** You say that this is going on behind the scenes and there is a behind-the-scenes consultation. Do you know whether the industry itself is part of those behind-the-scenes discussions?

Katharine Jenner: It is an open consultation, so everybody is entitled to submit their evidence, but things will be going on behind the scenes as well.

Q154 **Andrew George:** Are you aware that the industry has a direct line to the process behind the scenes?

Katharine Jenner: Yes, absolutely. They will have discussions with officials, just as we do—we try to bring them around to our case. There is meant to be quite an open line of consultation, and there was a pre-consultation period, before the consultation, when those companies spoke to—

Dr Hashem: Which is really suspicious. Why was the higher tier dropped from being consulted on more widely? Probably, I suspect, because the biggest companies, which are producing the products that would be in the higher tier, if a higher tier was ever introduced, did not want to have that in the consultation. That is a huge missed opportunity because there are huge levels of sugar and it matters that those products are still on supermarket shelves.

Q155 **Andrew George:** What changes have you been pushing for other than going back to the higher tier and getting that reintroduced? What other actions can the Government take?

Dr Hashem: Another action the Government can take is to learn a lot from the soft drinks industry levy. That could be applied to foods: there could be a new tax on foods that are HFSS or that are high in salt and sugar across the board, in that the producers, when they are purchasing sugar and salt into their factories, would have to be taxed at that amount. That would have a trickle effect, throughout the supply chain, of reducing



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just a little bit the amounts of sugar and salt in those products that are contributing to excess sugar intake in children and across the board.

We would like to see huge learnings taken from the soft drinks industry levy and applied to food. There are many mechanisms suggested. There is also new research, which will be published, showing that there is a huge impact, potentially, in reducing obesity and diet-related diseases.

Q156 Andrew George: All three of you agree that levies are a good policy and the right direction to go in. We heard from our first panel that there should also be warning labels. Are levies more effective than warning labels, or should they be working together?

Katharine Jenner: I think we heard that a range of solutions are going to be required. Labels are necessarily more about the information to the consumers, whereas the way the soft drinks industry levy was designed meant that it was targeting the industry itself. First, it was mandatory rather than voluntary—that was the big thing about it.

Secondly, it was aimed at the manufacturers rather than at individuals—it was not requiring them to change their behaviour. It was designed not necessarily to raise money, but to encourage reformulation, which, again, does not put the onus on the individual to change their behaviour. And the manufacturers were given time to prepare—to reformulate and to try to find alternative measures. They could have promoted their less sugary products, reduced their portion sizes, reformulated their existing products or paid the levy, but they were not allowed to dilute the policy, necessarily.

That will be one thing. If they have labels on the front of the pack, they may currently have a high sugar warning label; if they reformulate their products, they will lose that label, and then they may be able to market their products more effectively, or have the health claims that we would rather not see on products, either. It does need to be a package.

Q157 Andrew George: Should it be focused solely on sugar or should there be anything else? I don't know whether I have given you a chance to speak, Nika.

Nika Pajda: I will leave the levy to Katharine and Kawther. I am here to talk mainly about advertising.

Q158 Andrew George: Okay. Should it be focused on anything else?

Dr Hashem: We should definitely focus on sugar. It is still a big contributor to children's intake, but we should also be looking at salt intake and fat intake, and HFSS is the model that is doing that. It definitely needs to be improved and to take into account the 2018 nutrient profiling model. We should be focusing on all those—

Q159 Andrew George: And the levy could be expanded to cover—

Dr Hashem: Certainly. On food, it should be expanded. The soft drinks industry levy was focused on drinks, and the main contributor to ill health



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is sugar. In food, some products might need sugar reduction, some products might need salt reduction, some products might need fat reduction, and for some it will be a combination. With food, it needs to be more holistic and applied to more than just sugar.

Q160 Andrew George: Can more be done in terms of portions, minimum pricing or anything of that nature? Has either of you looked at those as options?

Katharine Jenner: One of the approaches to try to reduce sugar and salt, as well as reformulating products, is to reduce portion sizes. That is a valid approach, but then again, as we saw with some of the packaging earlier, the portion sizes on the packet may not be entirely relevant to how much you consume. Also, what is on the packet at the moment is very much aimed at an adult's recommended daily intake, rather than a child's. There is potentially more to do there.

Talking about children, at the moment the scope of the levy covers packaged sugary drinks, so you would need to change the structure. For example, it excludes growing-up milks, which we would describe as baby milkshakes; they are sugary drinks that are not necessarily very different from first infant formula. That could be brought within the scope of the existing levy, as could powdered drinks—hot chocolates and suchlike—which are also very high sugar contributors.

Q161 Ben Coleman: Thank you for coming today. I think that, like me, you probably listened with great interest to the previous session and are keen to say things now. I would like to ask about the Food Standards Agency, but you mentioned Diet Coke. I do not know if you have read Chris van Tulleken's book, but there is a very interesting bit in which Donald Trump says that he thinks Diet Coke is garbage—it makes you gain weight and makes you hungry—but he is going to keep drinking it anyway. Do you think that people's being aware of the damage that particular food can do to them will, in itself, stop them eating or drinking that bad food?

Katharine Jenner: We had some great discussions earlier about what the Eatwell plate and a healthy diet look like. Most people know what constitutes a healthy diet, but they are not currently doing it. We are eating far in excess of healthy amounts of salt, sugar and saturated fat, and less fibre—particularly in low-income groups, where people are having hardly any oily fish and much lower fibre intakes.

So, no, awareness is not enough on its own. Awareness is created by the food industry through advertising, promotion, placement, packaging and messages on the pack. They are really educating us. That is a several-times-a-day education that we are getting to reverse what we would consider to be our own biology.

Q162 Ben Coleman: What do you mean by education?

Katharine Jenner: If you walk into a shop and see a packet on the shelf that says it is high in fibre or low in sugar, you are going to think it is a healthy product. Regardless of what you know about how eating fruit and



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vegetables is healthy, you can be tricked or misled into believing that those are healthier products.

Q163 **Ben Coleman:** "Education" is a positive word. Do you mean inculcation and propaganda?

Katharine Jenner: Certainly misleading, I would say.

Dr Hashem: I agree. A lot of the claims on products can be misleading. Let us take yoghurts, for example. Yoghurts that are targeted towards children are packaged in appealing packaging. I find it absurd that I cannot find a plain yoghurt portioned for a small individual—in other words, a child—in appealing packaging. Big yoghurt manufacturers should be able to put a colourful, sugar-added yoghurt product beside a plain yoghurt product, to give the option.

By referring to education or being misled, we mean that we are going to supermarkets where products are almost always geared towards unhealthy options with added sugar and salt, and plain products that do not have added sugar or salt are not as widely available. To the consumer, those claims suggest that they should buy those products, because that is the option that is available. It is full of claims. It still has added sugar, but is masked with cartoon characters and appealing packaging, and you think that is the best option for your child.

Q164 **Ben Coleman:** I am pushing back on the use of the word "education", because it is used a lot by manufacturers, and it is well proven that there is a very significant difference between education, which teaches you maths or French or science or what is in foods, and making perhaps spurious claims and saying you are informing the consumer. The arguments we have heard just now for education that says, "This is high in fat, sugar and salt," are things that maybe Bite Back has focused on.

Nika Pajda: Yes. Industry is really good at creating norms in society when it comes to our food and drink consumption, and partly through exactly that—marketing tactics. To broaden Kawther's point, we found when we looked at products with child-appealing features—things like cartoon characters and bright, fun packaging—that the vast majority, 78%, were high in fat, salt or sugar and so definitely should not be targeted at children. That goes beyond packaging to advertising as well. With advertising, we are seeing industry telling us that certain products should be associated with reward and feeling good. It is not education per se, but it is very much creating new norms.

Q165 **Ben Coleman:** I have been looking at the dictionary definition of "food" in the OED, Chambers and Merriam-Webster. They all talk about food being something that puts nutrition into your body. Do you think that a lot of the things that we are talking about should no longer be called food? Diet Coke is an example that Donald Trump has laid into—I mentioned that. My colleague talked about KFC's use of condom lubricant—he didn't name KFC, but I will. Do you think that these things should properly be called food if they lack nutritious value, or should the dictionaries go back and try to find different definitions?



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Katharine Jenner: It is a great question. You have obviously read Chris's book as well, because he talks about how it should not be called food; it should be called an industrially produced substance that people eat. Food absolutely should be nourishing—I do think that should be some element of it. It should not just provide empty calories, which is what a lot of the food on our shelves does at the moment. I do not know if we need a new definition of food, per se, but the question of how to define in terms of what we need to down-regulate is certainly interesting.

Q166 **Ben Coleman:** "Unfood" perhaps. The Food Standards Agency has been much discussed. At one point it was quite closely involved in regulation and in trying to encourage voluntary compliance by the industry on salt. Its role has diminished and it has been taken over by Public Health England and the Department of Health and Social Care. If we are talking about reformulation of products, do you think that the Food Standards Agency should have more of a role than it does at the moment? If you do, why, and if not, why not?

Katharine Jenner: We were involved right at the beginning, when the FSA set up the salt reduction strategy in 2003. It did a great job of it. The whole nutrition team moved over to Public Health England. The idea was to move it more closely under ministerial control, because policy design needs to be reportable to Ministers.

I do think it is important that that policy aspect is retained by Ministers, and that targets can be designed and reported to the Minister, but the FSA, as a great regulator, has a role in surveillance, reporting and data capture. It has all that capability at the moment, and it could certainly be given a wider remit to capture that, but it does necessarily design it.

Q167 **Ben Coleman:** The FSS in Scotland has more of a remit than the FSA in England, doesn't it?

Katharine Jenner: Yes, it does, actually. There are quite different policies across the different countries, but at the moment they are pretty distinct. I would veer away from anything that would disrupt that again, because it was hugely disruptive to move the team, which is now within the Office for Health Improvement and Disparities. It is a great team, which is under-resourced and should have more, but moving people around has not helped; it has only held back policy.

Policy should remain where it is, under ministerial control. The FSA has the role of surveillance, transparency, reporting and data capture. That makes it baked in, because it is slightly further away from ministerial control. Once that is all set up under the FSA—the healthy food standard, say—it remains outside of electoral cycles: whoever gets voted in, it still exists and can be baked in for future Governments.

Dr Hashem: I agree with that. The success of the early years of the salt reduction programme demonstrated how effectively the industry can respond to a request for reformulation. The soft drinks industry levy has accelerated that. There are huge learnings to be taken from those two models. You can have a regulatory body that will enforce a policy; it just



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needs to be maintained and resourced. The soft drinks industry levy has given us learnings that we could apply to other types of food.

Q168 **Ben Coleman:** Such as?

Dr Hashem: Chocolates, for example. Make chocolates, or cakes and biscuits, subject to levies so that the industry are encouraged to make their products a little bit healthier.

Q169 **Ben Coleman:** All chocolates? Some of Cadbury's products have hardly any chocolate in them now. Other chocolates on sale have lots of chocolate in them. Would you put it on all chocolates?

Dr Hashem: It would only be fair to apply it across all companies. There are always progressive companies that want to do the right thing, but they exist in a market that pushes them to make products that are unhealthy. If they want to do the right thing, they need to have a level playing field that they all operate on. If we want to draw on the success of the soft drinks industry levy, we need to do it across the board.

Q170 **Ben Coleman:** Finally, Nika, on the level playing field, the idea of the industry being asked to do certain things voluntarily makes it incredibly difficult, I would have thought, because some of them are going to do it and some of them are not. None of them wants to be the first company to do it and lose money. Is it essential that the Government come in to regulate so that there is a level playing field for all companies, rather than leaving it to the voluntary approach?

Nika Pajda: Yes, absolutely. Mandatory regulation is needed across the board. We see it in what companies are selling. Our analysis shows that 70% of what the top 10 biggest manufacturers in the UK are selling comes from unhealthy food and drink. Only a couple have that as a quite low percentage, and are selling healthier food and drink. The vast majority of what those companies are marketing to children through packaging is unhealthy food and drink.

We are now also seeing that with advertising. The October moment was when the TV and online regulations were supposed to come into place. The industry said that they would comply with it on a voluntary basis. I do not know if you have come across any of the Halloween and Christmas adverts so far, but also beyond those, that is very much not the case; we are still continuing to see less healthy food and drink advertising. To Kawther's point, there are examples of businesses acting in a more responsible way, but that puts them at a commercial disadvantage.

Q171 **Danny Beales:** That segues nicely into the questions about advertising, so thank you for setting that up. What lessons do you think the Department of Health and Social Care should learn about the implementation of the 9 pm watershed?

Nika Pajda: So many. At Bite Back, we really welcome the regulation that is coming in on 5 January to restrict the advertising of less healthy food and drink on TV before 9 pm and online at all times. Remembering that the policy was intended to protect young people's health, in the context of



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yesterday's figures, which showed that young people are at risk of food-related illness—that is particularly stark in deprived areas—we have come a really long way from the original version of it.

I do have a couple of props with me to show you—I would also say that, in that time, we have seen watering down and three delays with implementation. That has resulted in young people continuing to be exposed to less healthy food and drink products. It has also meant that we have not kept up with the environment. We are seeing a lot of innovation and a lot of inequity when it comes to outdoor advertising, which I can also speak to.

Danny Beales: My colleague is going to pick up other forms—

Nika Pajda: Perfect. So I will go back to the TV and online restrictions, and why this is particularly problematic. I will start with this illustration—hopefully you can all see it but I can email it around afterwards. The left-hand side shows the intent of the regulation—so there is an HFSS pizza, and the idea is that from 5 January onwards, we would not see that; it would be covered by the regulation. That is the good news.

The bad news is that there are two significant loopholes and exemptions to the regulation. The first is the broad brand advertising exemption. It might sound like common sense, but if you dig deep into what the evidence shows and what the effect is on people, at the end of the day, the exempt brand advert here is promoting a less healthy food and drink product. Although there is no pizza in the advert—it is just the packaging—if a company is reliant on selling unhealthy food and drink, and what is available in their shop is HFSS, at the end of the day, it has the effect of promoting a less healthy food and drink product. That is the first exemption, which we would like to see closed.

The next example is where it becomes really problematic. The advert is of a Cadbury Freddo bar—another HFSS product—and, again, the good news is that it will be covered by the TV and online restrictions. Cadbury Freddo is a very child-targeted product. The watering down of the brand advertising exemption means that it now includes brands of a range of products.

We have had a hard time getting our heads around this, which is why I brought visuals. It is quite challenging to understand, and it will be up to the regulator. Our understanding is that Cadbury Freddo is not just one product, one flavour; there are multiple Cadbury Freddo variations—there is milk chocolate, salted caramel and so on. That means it now falls under the brand of a range of products exemption—

Q172 **Danny Beales:** Is there any product within that range that is non-HFSS?

Nika Pajda: No, there is not. Exactly to your point, the example I have here has the effect of promoting less healthy food and drink. And Cadbury is a really interesting example, in that—I think this was also mentioned in the previous panel—it is not just Cadbury Freddo; it is Dairy Milk and Buttons. Cadbury has an interesting brand structure, where there are



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multiple ranges of products. To give another company its due as well, I have an example of KitKat adverts. The good news is that the advert that clearly shows a KitKat chocolate bar will be covered by the 5 January regulation. However, again, with KitKat Chunky, there are multiple flavour variations, so we could expect to see brand advertising for KitKat Chunky. To answer your question before you ask it, there are no healthier KitKat Chunky bars available on the market.

Chair: I should add that all companies mentioned in today's hearing will be asked for right of reply.

Q173 Danny Beales: I very much understand the point about the broader range of products and the ludicrous nature of a restriction that does not then apply if you slightly tweak it, but it is the same product ultimately. We are coming to a pure brand point. I understand the challenge that you are putting to us—that advertising Domino's, McDonalds or Coca-Cola as companies still promotes those brands.

The devil's advocate point would be: are there any out-of-home businesses that do not ultimately sell largely HFSS foods? Are there really any big food companies that do not sell HFSS foods in a way that would still be brand advertising? In a sense, if we get what you want, is it an end to all advertising of out-of-home food outlets and food sold in supermarkets that is largely sold today?

Nika Pajda: What I would say about everyone here, on this panel and previously, is that we are really pro-seeing adverts for healthy food. That is the space that we are trying to create. Right now it is being dominated by advertising for unhealthy food and drink.

For brand advertising, the evidence base shows that it is almost as powerful as product advertising, so it is shaping young people and the public more generally when it comes to preferences, what we consume and what we purchase. We did a survey of young people where we showed them different brands—confectionery, crisp and out-of-home brands, for example—and asked what product they associated most with that brand. You won't be surprised to hear that, for example, 85% of young people associated Walkers most with Walkers Original, and only 7% of young people associated them most with Walkers Baked, which is their non-HFSS line.

What we are seeing is that the evidence base has really evolved since this regulation was first introduced. We really need to update and strengthen it, so that when we go back to the original intent, which is protecting young people from less healthy food and drink advertising, we can achieve that and support the Government's ambition of creating the healthiest generation of children.

Q174 Danny Beales: If we think about the amount of energy that has gone into these regulations—political energy, Government energy—and the challenges you are presenting, a huge amount of time has been spent trying to design them, but as you said, there are a number of loopholes and challenges, which raises questions about their effectiveness. Do you



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think advertising is the most effective intervention, based on the limited Government time and limited time for policy making? Colleagues talked earlier about taxation of advertising to promote healthier products or having ads in the advertising space, and there are lots of other interventions. Do you think there are still merits to doing more on advertising in terms of policy making?

Nika Pajda: Absolutely. At Bite Back, we have been campaigning on advertising since we were founded in 2019. It is something that young people feel really strongly about, and there is a strong evidence base for it. As colleagues have said, it is one in a toolbox of policies that we need. I know everyone here is interested in advertising, and I would also say that, from an equity position—and going back to my point about what has resulted in some of the delays—we have not shifted our focus on to unregulated media, and outdoor advertising is a really significant example.

Danny Beales: My colleague is going to come on to that.

Nika Pajda: I would echo what other people have said: advertising is a key policy. What we are trying to do is create space for healthier products and brands to be spotlighted.

Katharine Jenner: I would add that, as well as changing the appeal of the food—so, changing the culture—there is a huge amount of excess calories associated with unhealthy food advertising, because when you put these restrictions in place, companies will try to define themselves as not being an unhealthy company, so that they can get round the restrictions. That means creating healthier foods or improving the products they have already got to put on the shelves and on your plates. So whether or not you see the advert for KitKat Chunky or whatever it is, if you go into the shop and buy it, in the future it may be healthier than it is now.

The way the restrictions are designed is not necessarily to say that any company is a bad company, but to give them room to improve themselves in future. We would know that through the healthy food reporting and targets, so we may be able to add definitions of what is an unhealthy food brand that can or cannot advertise, but at the moment, any advert that has the effect of promoting a less healthy product should be within scope of the restrictions, and they are not, so they need to go much further.

Chair: To round us off, Paulette Hamilton.

Q175 **Paulette Hamilton:** My question is about mobile phone advertising and the fact that young people are getting mobile phones at a much younger age. The problem is that they are being influenced by the apps on their phone and the advertising that is then produced on those apps. What do you feel is the impact of these apps and that advertising on young people?

Nika Pajda: I would say that the digital environment overall is really fast moving, and regulation needs to keep up with it. We found that six in 10 young people have a food or drink brand app or delivery app downloaded, including about half of 13 to 15-year-olds. That gives brands the opportunity to send really personalised, regular correspondence to young

people encouraging them to purchase things at certain times of the day— young people are getting notifications around lunchtime or dinner time, for example—and also to target them with promotions, and we know that young people in particular are very price sensitive.

We do not have a clear policy solution to that. I would encourage the Committee and the Government to consider what action we can take now that will have a significant impact. I want to bring this in now because I know we are running out of time. In the same way that the digital environment is evolving, we are seeing that in the outdoor advertising environment as well.

We are all used to seeing static billboards. Over time, we are seeing those replaced by digital billboards, where communities are being bombarded by unhealthy food and drink advertising while they wait at a bus stop to get their shopping or go to school. It is an unjust issue, in the sense that communities facing disadvantage have 44% of all HFSS outdoor advertising. In the most deprived quintile, 44% of all HFSS advertising is there, compared with only 4% in the least deprived community.

Q176 Paulette Hamilton: You have given me all the negatives. I know that you are right—spot on—but if there was something that you wanted us to support you with to help change that, what would that be? What would you want us to tell the Government?

Nika Pajda: I don't know if we are coming to closing statements, but I can give a bit more detail. Overall, I would want the Government to move to a complete end to HFSS food and drink advertising. That could be through a new piece of legislation that replicates the Tobacco Advertising and Promotion Act 2002. There are immediate steps the Government could take to close the loopholes and strengthen the current legislation with TV and online. We talked about brand advertising—

Q177 Paulette Hamilton: What about mobile phones? I asked a question about mobile phones and you have talked about everything else. I am talking about young children who are influenced by phones. What could we do? What could we suggest in that area?

Nika Pajda: I do not have a clear policy answer for you there. If we take action through a lot of the routes that are currently available to us, that will send a clear mandatory message to businesses that they need to take action to promote healthier food and drink products. We want them to do that across all their touchpoints with consumers.

Katharine Jenner: There will be routes into doing it. For instance, when you sign up to websites, you could have an age-restricted website, just as you have for alcohol. There are potential routes for doing it, but I don't think what they are yet has been fully explored. At the moment, owned media is excluded from advertising restrictions. If you go on to a Domino's site, they can put whatever they want on there; that is not included in the restrictions. That is an extra exemption, if you like. That could be brought in, so there are some potentially viable routes to doing it.

Q178 **Paulette Hamilton:** It has just not been done yet.

Nika Pajda: You can also make social media accounts private.

Paulette Hamilton: So that could be a recommendation.

Q179 **Chair:** Lovely. I will ask you the same questions as the other panel. You are Prime Minister for 30 seconds only and you are allowed only two things; which two things would you change and in what order?

Katharine Jenner: I would start by ensuring you implement the 10-year health plan, as promised, which includes lots of things we have mentioned today. Bring that in—that is my No. 1. Secondly, I would look to end advertising unhealthy food to children, as the House of Lords recommended, and look to the Tobacco Advertising and Promotion Act, which was heavily fought against by tobacco at the time but has proved to be transformational in the advertising of tobacco.

Dr Hashem: Mine is about taxation: applying a new tax to encourage more reformulation. On food, reduce consumption, as well as look at operating on the sugar tax, reducing the thresholds, and reconsidering why the higher tier was dropped.

Nika Pajda: Mine would be on advertising. To echo Kat, I would like to see an end to all HFSS advertising by the end of this Parliament. I would like urgent action taken on strengthening the TV and online regulation to close the brand loopholes, and expand the restrictions to cover outdoor advertising.

Chair: That is very clear—spot on. We are over but thank you for your forbearance, which is much appreciated. Thank you to everybody who took part today.