HOUSE OF COMMONS

Health and Social Care Committee

Oral evidence: Childhood obesity, HC 882

Tuesday 8 May 2018

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Watch the meeting

Members present: Dr Sarah Wollaston (Chair); Luciana Berger; Mr Ben Bradshaw; Dr Lisa Cameron; Rosie Cooper; Diana Johnson; Johnny Mercer; Andrew Selous; Martin Vickers; Dr Paul Williams.

Questions 92 - 212

Witnesses

I: Dr Emma Boyland, Senior Lecturer, Psychological Sciences, University of Liverpool; Shahriar Coupal, Director of the Committees, Committee of Advertising Practice and Broadcast Committee of Advertising Practice, Advertising Standards Agency; Stephen Woodford, Chief Executive, Advertising Association; Dan Parker, Chief Executive Officer, Living Loud; and Professor Russell Viner, Obesity Health Alliance.

II: Andrew Opie, Director of Food Policy, British Retail Consortium; Malcolm Clark, Policy Manager (Cancer Prevention), Cancer Research UK; Dr Jean Adams, Programme Lead, UKCRC Centre for Diet and Activity Research (CEDAR); Dan Parker, Chief Executive Officer, Living Loud; Susan Jebb OBE, Professor of Diet and Population Health at the Nuffield Department of Primary Care Health Sciences, University of Oxford.

III: Councillor Richard Kemp CBE, Leader of the Liberal Democrats on Liverpool City Council, Local Government Association; Chris Holmes, Managing Director, Shift Design; Maurice Abboudi, Vice Chair, British Takeaway Campaign; and Dr Burgoine, Career Development Fellow, UKCRC Centre for Diet and Activity Research (CEDAR).

Written evidence from witnesses:

- Emma Boyland
- Advertising Standards Agency
- Advertising Association
- Living Loud
- Obesity Health Alliance
- British Retail Consortium

- Cancer Research UK
- Local Government Association

Examination of witnesses

Witnesses: Dr Emma Boyland, Shahriar Coupal, Stephen Woodford, Dan Parker and Professor Russell Viner.

Q92 **Chair:** First, welcome to the Select Committee, and I apologise for the fact that this is a very hot room.

I would like to focus everyone's attention on the purpose of this Committee, which is to look not only at what we should do to reduce childhood obesity but at what is the evidence for what works on reducing the health inequalities—closing the gap that has been widening every year for the last seven years.

With that in mind, for those following from outside the room, may I ask you each to introduce yourselves and say who you are representing, starting with Dr Emma Boyland?

Dr Boyland: I am Emma Boyland. I am from the University of Liverpool, the Institute of Psychology, Health and Society.

Professor Viner: My name is Russell Viner. I am President of the Royal College of Paediatrics and Child Health. I am here representing the Obesity Health Alliance. I also have another job that I am not here for. Is it worth while saying that?

Chair: Please do.

Professor Viner: I am also director of the obesity policy research unit at the Department of Health, but I am not here wearing that hat very explicitly.

Stephen Woodford: I am Stephen Woodford, chief executive of the Advertising Association. The Advertising Association is the umbrella organisation for the ad industry, so it represents advertisers, agencies and commercial media owners. We promote the role, rights and responsibilities of advertising.

Shahriar Coupal: I am Shahriar Coupal, director of the committees of advertising practice, which write the UK advertising codes, subject to all the checks and balances you would expect of a modern-day regulator. The codes are administered by the independent Advertising Standards Authority, which is independent of industry and Government and other interests.

Dan Parker: My name is Dan Parker. I spent 20 years working in the marketing and advertising of junk food for the biggest companies that you can think of. In a moment of divine justice about four years ago, I was diagnosed with type 2 diabetes, stuck my head out of my bubble, had a look around and realised that I was part of the problem and wanted to become part of the solution. I closed down my agency and I now divide my time half between Living Loud, which I represent today and

which campaigned to reform junk-food marketing and use marketing for a positive message of health. I spend the rest of my time working on a project called Veg Power, which Hugh raised with you last week. I am the lead on that project, which is about using marketing to inspire kids to eat more vegetables.

Chair: Thank you very much. Johnny is going to open the questions today.

Q93 **Johnny Mercer:** Stephen, how strong is the case for further restrictions on marketing and advertising to tackle childhood obesity?

Stephen Woodford: We do not believe the case is particularly strong. We have in the UK some of the strictest rules in the world. As an example of that, in the UK we define children as under-16s. Most parts of the world define them as under-13s, or most countries as under-12s. Those rules have been in place on broadcasting since 2010, and in July last year they were extended to cover all media.

Those very strict rules that have been in place for 10 years in broadcasting now cover every single form of media—online media, posters, radio, every single media channel. There are two really important contexts to that. One is that any media where more than one in four of the audience are under 16 cannot advertise HFSS.

Q94 **Johnny Mercer:** HFSS?

Chair: Those following from outside the room might not know what HFSS is.

Stephen Woodford: High in fat, salt and sugar foods. You cannot advertise in any media where more than one in four of the audience are under-16s.

Secondly, you cannot design any of the communications in the content itself to appeal to under-16s, so they have to appeal to an adult audience.

In context and content, we believe we have the strictest rules in the world. We have supplied to the Committee some of that evidence in summary form, but we have, on a very country-by-country, granular basis, compared every single regulatory regime.

Q95 **Johnny Mercer:** Do you think there is a problem with childhood obesity in this country?

Stephen Woodford: Yes, of course there is a problem.

Q96 **Johnny Mercer:** Do you think advertising has any role to play in that?

Stephen Woodford: Regardless of what I think, if you look at the academic evidence that certainly has informed the regulators—

Q97 **Johnny Mercer:** I am interested in what you think. Do you think that

advertising—

Stephen Woodford: No, I do not.

Q98 **Johnny Mercer:** —has any role to play in childhood obesity at all?

Stephen Woodford: My view would probably be in line with the consensus of academic opinion: that advertising has a small impact on food preferences. In turn, it has even less impact on overall diet and even less overall impact on obesity—Professor Hastings, I think, said it had about a 2% impact.

That was the underpinning of why Ofcom, when looking at this 10 years ago, set the rules as they did. They in effect took HFSS advertising out of air time where under-16s were more than one in four of the audience as a precautionary principle. They said that, despite the fact there was limited evidence, they would take a precaution principle—they would in effect set the bar higher.

Q99 **Johnny Mercer:** Your view is that the advertising agencies have been pretty forward leaning and done more than they needed to on advertising trashy food around kids' TV programmes.

Stephen Woodford: My view would be that the industry has been evidence led and proportionate, but it is not really the industry itself but the regulators of the industry. The regulators of the industry call for evidence; it is all in the public domain. I think, ultimately, it is subject to judicial review. They have set the rules.

Q100 **Johnny Mercer:** We had evidence last week from Hugh Fearnley-Whittingstall and Jamie Oliver that when you watch programmes such as "Britain's Got Talent", or whatever—I cannot stand them—you get belt-fed junk-food adverts. Are you saying that that is not really the case?

Stephen Woodford: Unlike you, I like those programmes, so I do watch them.

Johnny Mercer: Oh, dear.

Stephen Woodford: If you look at what you are seeing on those programmes, yes, you are seeing HFSS advertising, but you are seeing other food advertising as well. You are seeing more financial services advertising than you are seeing—

Q101 **Johnny Mercer:** I have never seen an advert for a carrot.

Stephen Woodford: I do not think there are many carrot brands out there to advertise. If there was a brand of carrots out there or the carrot marketing board chose to get together, they could advertise. That is not the way the market is constructed. They do not buy advertising because there is not a body behind them that is going to fund it.

Looking at advertising in those high-rating shows on a Saturday night, as well as food advertising, they will be seeing advertising for all sorts of categories. If there are eight or 10 breaks around a long programme, they will see a lot of advertising. I think Jamie said last week that they will see an entire movie's-worth of HFSS advertising, but they will probably see two movies'-worth of bank advertising. Does that make a difference to their choices of preference of bank? Even the advertising they are seeing is designed not to appeal to them. It is designed to appeal to adults and not target the children.

The assumption underlying the rules is that children are watching with the family, which generally they are, and actually it is about parental choice. More widely, there is a whole bunch of programming pre the 9 pm watershed that no children watch, so we can focus on those shows, but the bulk of pre-9 pm air time has very little in the way of childhood audiences.

Q102 **Johnny Mercer:** Dan, what do you think?

Dan Parker: Advertising does not work—is that right? I am struggling with that idea. I think it has become a bit of a monster. If we go back a little bit, perhaps to the middle of the last century, we saw the industrialisation of farming, the growth of supermarkets, the growth of global brands and the invention of mass media, which at the time was a fuzzy little box in the corner where somebody with a plummy voice would tell you about a product.

If we jump forward to where we are now, marketing has a deep psychological insight. During the course of my career, I found that if you started with a brand they would tell you about their deep psychological customer profiling and exactly where the emotional buttons are. They use this creativity, which has the ability to make absolutely anything appear real, and we have gone from the fuzzy box in the corner to our kids staring at screens the whole time. We have advertising in our face the whole time.

Then we see things such as Cambridge Analytica and the volume of data that exists in advertising to know precisely every single thing—how it works and what it does; it is quite incredible. It has become this monster that knows how to manipulate people's emotions to influence their choice.

We are going to hear a lot of evidence today—there are people on this panel who are in a better position to talk to you about academic research—but I have worked in the industry and I think we should not lose sight of the moral question: do we want big corporations motivated by profit to use these techniques to influence our children to pester us to eat things that they know to be unhealthy for them, or do we want to cut parents a little bit of slack and return some of the choice to the parents? For me, that moral question is bigger than the evidence question; it feels morally wrong.

On the suggestion that advertising—and we have to take a broader sense of marketing—does not appeal to kids, look elsewhere in the world. Coca-Cola in China use dancing cartoon pandas in their adverts because they can get away with it there. I have run adverts and campaigns across sub-Saharan Africa that would break the regulations that exist here in the UK because they can. We know that cereal companies in America have just increased the amount of sugar in their breakfast cereals and have now put a unicorn into a packet of Lucky Charms that appeals more to little girls—37 grams of sugar per 100 grams.

We have to be realistic about what we are dealing with here. The idea that it does not appeal to children is utterly, totally and obviously preposterous.

Q103 **Johnny Mercer:** What do you think, Shahriar?

Shahriar Coupal: I do not think anyone is saying that advertising does not work. The evidence clearly and consistently shows that advertising has a modest direct influence on children's immediate food preferences, but the link to children's diets is tenuous and the link to obesity is more tenuous still. We all recognise that other factors, such as socioeconomic factors, parental demographics and the understanding of nutrition play a much greater part in childhood obesity.

As a regulator, we do not take a "Do nothing" approach. As Stephen said, we have some of the strictest regulations anywhere in the world and they are working. We have seen since 2010 a 40% reduction in children's exposure to TV ads for food and soft drink. Our policy objective has always been to reduce children's exposure to TV ads for HFSS advertising while avoiding unnecessary intrusion into adult audience time. That has always been the case.

Q104 **Johnny Mercer:** I am sorry, but, if it is not advertising, you say it is nutritional awareness and so on. People know more about the food they are eating nowadays than they have done before. You walk down an aisle and it tells you what percentage your daily intake is supposed to be. What do you think is making kids fat if it is not advertising, fast food and eating this stuff because it is cheaper and it is always advertised to you? In Plymouth's deprived communities, there is an increase in fast-food restaurants because they are cheaper and because there is a lot of advertising. What do you think it is that is making people fat if it is not that?

Shahriar Coupal: We all recognise that there are multiple and complex reasons underlying obesity.

Q105 **Johnny Mercer:** But saying that people do not know enough about their food is not true, is it, because people know more about their food now than they have ever known before?

Shahriar Coupal: I was talking more about schools' policy and children's and adults' understanding of nutrition.

Q106 **Johnny Mercer:** But it is better than it has ever been before. That is simply not true.

Shahriar Coupal: It can be improved. If one of those factors—

Q107 **Johnny Mercer:** Of course it can be improved, but it is not true to say that it is worse than it used to be. Let us stick in the realms of reality. That is simply not true, is it?

Shahriar Coupal: I am not saying that. I am simply saying that there are multiple and complex reasons for obesity. If we all knew exactly what the reasons were for why we were an obese nation, we would do that, we would tackle them. There is no silver bullet for this problem. Advertising certainly is not a silver bullet. The evidence indicates that it has only modest direct influence on children's immediate food preferences.

I do want to say one thing, however. While we have seen a reduction in children's exposure to TV HFSS advertising, we recognise that the regulatory settlement in relation to TV, including in relation to some of the programmes that you mentioned, was agreed over 10 years ago. That is why we think it is important to do a call for evidence. We have launched a call for evidence. We want to see the academic evidence, with any assessment of any cost or benefit of further restrictions—

Q108 **Chair:** We are going to come on to academic evidence in a minute, but I am keen to bring in our last two panellists before we pick up some points that others would like to take up.

Dr Boyland: The line that it has a modest direct effect on food preferences is from at least 15 years ago, and the academic evidence has been greatly strengthened since. We can see that even a single acute experimental exposure to advertising—just a one-off exposure to food advertising—will increase children's food intake by around 30 to 50 calories. We know that in the region of 48 to 71 calories extra per day is all that is required over time to generate weight gain in children.

It has also been shown recently that that increase in intake is not compensated for at a later eating occasion—kids will not adjust their intake at a subsequent meal to account for the snacking they did in response to food advertising. Food advertising will impact upon an energy imbalance and drive weight gain.

We know that it is not compensated for and it contributes to weight gain. We also know that it operates on a number of different levels—for example, affecting purchase intention, pester power, preference and food intake—but it is very difficult to isolate the effect of food marketing on diet or obesity. We cannot lock children in a prison to make a control group who will not be exposed to marketing and then see what happens to their weight over time relative to children in the free world where they are exposed to advertising.

While we can get as far as we can with what I have just said about direct effects on weight, we need to consider that we do not need direct evidence to show obesity. We know eating unhealthy foods leads to an unhealthy diet, which leads to weight gain, which leads to obesity. Let us focus on the fact that food marketing contributes to unhealthy eating behaviours. That in itself should be enough to make us think that we need to act.

Professor Viner: I concur. The academic community is clear: advertising has significant effects. Emma suggested the calorie version. We know that advertising affects what children want to eat—their preference, the brand, and, of course, advertising will say that is where they most aim. We also know that it very clearly increases or changes purchasing behaviour. It does not just shift brand preference; it changes purchasing. There is good evidence on that for high-fat foods: it is what you want to buy, what you buy, and then whether and how much of it you eat. So it also increases the amount of food that children eat when watching advertising compared with non-food advertising.

There is clear evidence— I think there is a consensus—and it is absolutely right. The modest suggestion that you heard from my colleague on the left is very old and from, now probably largely discredited, 1980s data from the US, so it really does not apply.

An important fact: 26% or 27% of the television that children watch is children's television. You probably know that already. Only about a quarter of the television they watch has the tightest controls in the world applied to it. If you apply very tight controls to a minority of the television you are watching, those are not tight controls. They are, I would say, loose controls.

The problem particularly is during so-called family viewing time: 4 pm, after school, through to 9 o'clock. You have heard from others about some of the most popular shows. You have probably seen this report from the OHA. If not, we can certainly share it. University of Liverpool researchers, who did some work with the OHA, found that around 60% of food and drink advertising during that 4-6 pm peak time was for high fat, high sugar. It was 6-9 pm, I am sorry. I have the person who did some of the work here with me. Only 1% of it was for healthy food, and in worst-case scenarios some children were seeing nine unhealthy food ads within a 30-minute section.

Q109 **Chair:** Would you read the name of your report so that we have it on the record?

Professor Viner: Yes. It is called "A 'Watershed' Moment" by the Obesity Health Alliance.

Chair: I will bring Luciana in next and then I know some other colleagues wanted to come in.

Q110 **Luciana Berger:** Mr Woodford, you talked about the strict controls. Do you know how many children watched the first episode of this season's "Saturday Night Takeaway"?

Stephen Woodford: I do not know how many children watched it because I do not look at the overnight ratings of those shows, but no doubt you will tell me.

Q111 **Luciana Berger:** It was 1.1 million children who would be exposed to what we have been told is one in three of those adverts being for foods high in fat, sugar and salt. Does that equate to a strict control?

Stephen Woodford: I would make the point that all the ads that they are seeing are designed to appeal to adult audiences, so they are not designed to appeal to those children. The premise is that they are watching with their families. I think the research would show that they are watching with their families, and food choices are a parental choice for the most part.

Again, going back to the evidence—this is one of the benefits of a programme like this, but also in terms of the calls for evidence that I think BCAP have put out—we continually keep these things under review to ensure that they are proportionate, effective and that they work. If there is new evidence showing that the codes should be tightened, the regulators would probably consider that in the round and make the appropriate changes.

Q112 **Luciana Berger:** Do you not accept the evidence or do you think there is evidence to the contrary that shows that there is not greater pestering of parents to buy junk food as a result of these adverts?

Stephen Woodford: I think in the round the evidence has shown that it has only a very modest impact on children's food preferences. We can debate the quality and the age of that evidence and so on, but this was the evidence that Ofcom considered in 2007 when it came to the view that a 9 pm watershed would be disproportionate and ineffective. Ten years ago, as you are probably aware, TV viewing was at a much higher level. Since then—in, I think, 2010—they said children had been exposed to 37% less HFSS advertising, and since then children have been seeing, as Shahriar said, about 40% less advertising.

Changing media consumption habits meant that industry regulators looked at all media and put the same codes across every single media—posters, radio or online. They all have the same strict rules that television has had for 10 years.

One way of looking at this would be that we have seen a massive reduction in HFSS advertising to children, yet obesity rates have not changed. It is a real-world test, if you like, going back to the point that Emma made about living in the real world. The real world is that children are seeing much less HFSS advertising than they ever did in history.

Q113 **Luciana Berger:** Is that across all platforms?

Stephen Woodford: It is since last July, across every platform.

Q114 **Luciana Berger:** Do you think it is right that the NHS and society pay the price for the profits of your members?

Stephen Woodford: I would not make that connection in the same way. Clearly, obesity is a huge burden on the NHS and a huge burden on society, but the causes of obesity are multiple, very complex and have been growing over time. In fact, obesity has been growing gradually, from the numbers I have seen, while advertising exposure has been declining, so that would argue, prima facie, that all the other factors are probably more important.

I think this Committee is going to see the work the Dutch are doing in Amsterdam. The things that really make a difference are interventions with communities that suffer most from obesity—lower socioeconomic groups—and they are complex, life-changing interventions rather than, if you like, population-wide advertising bans.

Q115 **Luciana Berger:** May I ask the researchers on the panels what, if any, are the most significant findings from the evidence you have found yourself or reflected upon over recent years that link childhood obesity to any form of marketing?

Dr Boyland: We have just completed work suggesting that kids do not compensate for their food intake as a response to food marketing in their later eating, so it does contribute to an energy imbalance that drives weight gain. That is the first time it has been demonstrated.

There is other academic evidence that places with legal restrictions on food marketing to children have seen a reduction in sales of high in fat, sugars, and salt foods, whereas countries with self-regulation or no regulation at all have seen an increase over recent years.

There is a strong argument that these regulations can be effective and a useful policy lever, but independent monitoring of the Ofcom regulations from 10 years ago showed that there was not a significant reduction in food advertising that children see. That has not shifted the balance in healthy and unhealthy foods that children are seeing, and we have already mentioned the number of children who are watching these adverts in family air time, and so on.

The banning of tobacco advertising did not fix the smoking problem overnight but was one of a number of measures that, over time, changed the environment, what was expected and what was reasonable smoking behaviour. The same applies now to eating behaviour. It will not cure childhood obesity overnight, and no one is saying it will. Childhood obesity is multifactorial, but this is one step towards reframing the food environment to be one in which healthy choices are easier.

Professor Viner: I absolutely concur with that. May I add that advertising is most powerful in those who need it least? It is most powerful in deprived communities. Some research quoted again in our "A 'Watershed' Moment" pointed out, from a survey done with teenagers, that those from deprived communities were 40% more likely to recall junk-food advertising than those from less-deprived communities. There is a range of reasons why that might be so, which we could go into if people wanted to.

First, potentially, advertising may be more effective among our deprived communities, who are perhaps least well placed to resist the lures of our advertising creatives.

Secondly, overweight and obese young people are more likely to eat more in response to advertising. They seem to be more susceptible to advertising. We have an issue that those in whom the problem is biggest are those in whom advertising is more of an issue.

We should also note that it is not just children—it is young people. Adolescents are uniquely vulnerable to advertising in different ways because of brain development. We would need to challenge the suggestion that advertising is not aimed at children. Children and young people, teenagers in particular, want to be grown-ups, they want to be so many things. Children have this magical thinking where they cannot really work out what is true and what is not. Even if an advert is not targeted at them with fluffy toys or unicorns, simply advertising will lead children to believe—and, even if it looks like it has adult colours and messaging, teenagers particularly are very vulnerable to that.

On the issue about children being exposed to less advertising, clearly things are shifting to different media. Children these days commonly will watch three screens at once. One of those often is TV, but they will be doing many other things at once, all of which may have advertising on them. Again, it is unclear whether there has been a decrease, and I think you are suggesting there is evidence that there has not.

Q116 **Andrew Selous:** From what we heard earlier, you would think that everything was fine in the garden. Are you aware that in London the childhood obesity rate is higher than that of New York, nearly twice that of Toronto and Sydney, three times that of Hong Kong and over five times that of Paris? Why should we treat junk-food manufacturers marketing really unhealthy products any different from the way we treat tobacco manufacturers, for example?

Shahriar Coupal: I will make perhaps a wider point, and I certainly do not mean it to be in any way dismissive. I think it is well recognised that no one thinks it is acceptable for a public health policy to encourage smoking in moderation, but it is widely acknowledged that one can have a variety of different foods, including foods high in fat, salt and sugar, in moderation. There is a distinct difference between the two.

In terms of, as I say, our expertise in advertising regulation, we recognise absolutely the public health context, and that is why the UK has the strictest rules anywhere in the world. The regulatory settlement on TV was achieved some time ago—10 years ago—by Ofcom taking into account what they understood to be a proportionate solution, which took into account Ofcom's concern for a plurality of media that is funded also by advertising. So, there are costs to regulation that advertising took into account, but that was 10 years ago.

We recognise that there is a public interest to look again at the regulatory settlement, including the number of children who might watch certain programmes, in considering whether it is proportionate to reduce further children's exposure to food and soft drinks advertising. I think we are in a slightly strange place when we are calling into question Ofcom's assessments of its reduction of HFSS ads. Ofcom said there was a 37% reduction in children's advertising. From a common-sense point of view, the very fact that you take out HFSS ads from children's channels, from any children's programmes, would, I imagine, definitely reduce it. I would be interested to hear, from Professor Viner and Dr Boyland, any evidence to the contrary, including, of course, the evidence they cite as part of our call for evidence. We would undertake, as we always do, to make transparent our assessment of that information.

Chair: We need to have slightly shorter answers because we are running rather behind. I do not know whether anyone wants to add to that.

Q117 **Andrew Selous:** Professor Viner, I would be interested in your views on the comparison with how we treat the advertising of tobacco products.

Professor Viner: Food, of course, is unlike tobacco in that tobacco is an unalloyed bad, a harm, and we all need food to survive. Yes, treats and things are part of our life and no one is suggesting that they should not be. However, the idea that we should push them or advertise treats in a way that we know potentially leads to harm would seem to be not sensible.

Q118 **Dr Cameron:** You said there was a modest increase in children's food preferences, but is there an increase in or an impact on parents' food purchases through adverts? Are parents being subliminally inundated with these adverts at family peak time?

Shahriar Coupal: It is quite clear that children and adults are exposed to advertising at all different times. Our policy objective has been to reduce children's exposure to advertising for food and soft drinks high in fats, salt and sugar. That recognises some of the vulnerabilities associated with children. We recognise those vulnerabilities not only in scheduling laws that ban advertising children's media but in some of the strictest content rules anywhere in the world. We do not allow any advertising that encourages pester power, no misleading nutritional health claims or anything else that can encourage poor nutritional habits. We put in place those strict rules and they are robustly enforced by the

independent Advertising Standards Authority.

Q119 **Chair:** Dan, would you agree with that?

Dan Parker: The rules are robustly enforced, but I think they are a wholly inadequate set of rules. One of my clients, whom I probably will not name for fear of being sued, had a motto with every piece of advertising, "What's in it for mum?" You would classically see that little piece of fruit. There is a great example of a Domino's Pizza ad where they are firing the pizza gun—that bit is for the kids and that is fun—and then the woman is there, and behind her is this kind of artisan box of vegetables miscellaneously on the counter of Domino's because Domino's get their vegetables delivered by an old man on a bicycle. That box is there purely to say, "Hey, Mum, this bit is for you. Don't worry; this is full of vegetables," and there is lots of pizza being covered in more pepper than you have ever seen on a pizza.

You will always see these two parts to much of the adverts. Cereal packets are a good example. Here we have a cereal packet and this part is dominated by a Disney character. I have literally walked down the aisle of a supermarket with my son and he has said, "I want that one," because it is all at his height. You pick it up and there in green it will say, "High in vitamin D," "Rich in calcium," or "Full of fibre," which will be true, but it exists purely to comfort mum, so the kid has said, "I want that one," and mum says, "It is high in vitamin D." Is that dishonest? It certainly does not break the regulations. Is it helping mums to make healthy choices? Absolutely not. My view is that you should not be able to make these healthy claims for what is fundamentally an unhealthy product.

Shahriar Coupal: And you cannot do so in advertising.

Dan Parker: Yes, you can. You can say, "Rich in vitamin D."

Shahriar Coupal: You talked about Disney characters. You are not allowed to show Disney characters, any licensed characters on advertising aimed at the under-12s where there is currently—

Dan Parker: But you can take a high in fat, sugar and salt product and say it is rich in vitamin D.

Shahriar Coupal: Not if it gives a misleading impression of the health benefits of the product.

Dan Parker: It would not be dishonest because it is rich in vitamin D. What it does is imply a health to this product at the same time as it is packing 27 grams of sugar per 100 grams.

Q120 **Chair:** Essentially, you can have two messages on a packet—one that is aimed at the children and another for the adults.

Dan Parker: Yes, and it is designed to confuse.

Shahriar Coupal: Forgive me, Chair, but I heard Dan talk about products in supermarket aisles. Our rules do not extend to those. Our rules extend to advertising, just to clarify that point.

Dan Parker: That is a deliberate choice—right.

Chair: That is a point. Thank you. I am very conscious of time. Luciana, had you finished your question?

Q121 **Luciana Berger:** Dr Boyland, you mentioned the research that compared those countries with voluntary rules with those with statutory rules. What is your analysis of the effectiveness of the 2017 regulations on adverts of food and drinks high in fat, sugar or salt?

Dr Boyland: I will be interested to see what the evaluation does show. The disappointing thing about it is the way it is set up to be reactive, so it relies on somebody essentially monitoring the internet and making complaints. I am not sure that is ever going to achieve what we want it to achieve, which is a proper reduction.

On a broader scale, self-regulatory action has been universally shown not to produce the desired reductions in impact of food marketing wherever it has taken place. I strongly favour a review that looks at whether that could be made statutory to make it more effective in achieving the aims we want it to achieve.

Shahriar Coupal: I would like to clarify that CAP, the non-broadcast committee, will review this summer its non-broadcast laws that cover online social media influences. We do not just rely on reactive complaints to the ASA to consider whether the rules have been effective. We are undertaking proactive monitoring as we speak with a view to enforcing any breaches of the code. We will be making that all transparent in our review when we publish it in the autumn.

Q122 **Luciana Berger:** Have you found any breaches of the code so far?

Shahriar Coupal: The ASA is currently considering nine complaints, three of which are from consumers, the rest from campaigning organisations, and it is due to publish its findings in June and July this year.

Q123 **Luciana Berger:** From your proactive work, have you found any—

Shahriar Coupal: We have undertaken informal monitoring throughout the period. We have 100 people working at the ASA and we all have our eyes open to see whether there are any breaches. We are undertaking proactive monitoring to ensure that we are looking at the wider marketing base to find out if there are breaches of the rules, including by looking at what children are seeing online.

About five or six years ago the ASA did some research where it looked at what children's experience was—but, of course, children might be delivered different ads from the ones we might be delivered online and it

is important that we see what children are seeing—with a view to considering whether there are breaches of our codes.

Q124 **Luciana Berger:** From both your formal and informal monitoring, you, as an organisation, since the rules were introduced last year, have not yet brought forward any complaint to be assessed or any wrongdoing.

Shahriar Coupal: We have not seen breaches, but, as I say, the ASA has nine complaints that it is currently considering with a view to making its rulings in June and July. This does follow quite extensive UK-wide public consultation, which left advertising in absolutely no doubt about what the rules are, and likewise the media owners. We did not really expect to see widespread non-compliance. We have not heard any evidence from the campaigning organisations, who, as you would understand, are very vigilant in this area, to suggest that there has been widespread non-compliance, but we are not complacent about that. That is why we are doing our own proactive monitoring and we will be producing the results later in the autumn.

Q125 **Chair:** Can we be very brief, because I have a lot of questions to get through? Stephen, you may have a very quick follow-up.

Stephen Woodford: I very quickly want to pick up on the three-screen point. Those three screens are all governed by the new rules, wherever you are looking at advertising, whether it is mobile, tablet or television.

The second point is that it does not rely on the public or NGOs reporting. All the manufacturers, their agencies and the whole supply chain, if you like, are very aware of the rule changes. It is absolutely clear to them what they can and cannot do. Industry knows what is now proscribed or restricted and they make sure that they stay within the codes. Let us say there are three or four complaints upheld. Those are very damaging things for those manufacturers. They do not want to get a complaint upheld by the ASA, so it is a powerful form of sanction. It is an important reputational sanction on those advertisers. You do not need the public to be out there reporting it; you need manufacturers to be aware of the codes, which they are, and their agencies will operate within them. That is, day to day, what the job is.

Dan Parker: I want to check that I am right, and you can disagree with me if I am wrong. This code does not include Google or any other search engine. It does not include YouTube or video-sharing sites; it does not include Facebook, Twitter or any social networks. It includes the children's YouTube but not the main YouTube. In fact, if you list the 50 websites in the UK, not one is covered by this code. It stops junk-food advertising on sites such as Disney, Nickelodeon, Moshi Monsters and those kinds of websites, which, to the best of my knowledge, have never run that kind of advertising ever in their entire history because it would be an absolute nightmare for them to do it.

This code is a masterpiece in that it has banned something that never really existed. The interesting question is: what advertising that did exist has stopped existing because of these codes? There are no compliance breaches because it does not exist. More specifically, it goes out of its way to exclude the most effective tools in the junk-food marketer's box—packaging, promotion, sponsorship, retail media, all specifically excluded because those are the things that they use to market to kids, even more so than TV advertising. It is a shocking sham—the whole piece of regulation.

Chair: Interesting.

Shahriar Coupal: That seriously misinforms the Committee.

Dan Parker: In what way?

Shahriar Coupal: You said that it does not apply to YouTube. Our rules clearly apply to YouTube. For example, they apply to influencers—social influencers. Where the audience of social influencers are more than 25% under 16, you cannot show HFSS advertising.

Dan Parker: If I go on to YouTube and watch a promotion for Stampy, which is Minecraft, which is watched by kids, you see junk-food adverts. I know because my child was watching one only last week.

Shahriar Coupal: If over 25% of their audience are under 16, that would be a breach of the rules and we would like you to report that to the Advertising Standards Authority so that we can pursue it.

Dan Parker: Facebook, Twitter and Google. If I type "My Little Pony" into Google, do I see junk-food ads? Yes.

Stephen Woodford: You should not if the audience is more than one in four children.

Q126 **Chair:** Can we come later to people saying what they think should be within the changes? Russell, will you be brief?

Professor Viner: Absolutely. On non-broadcast, it is the same issue as applies to broadcast. We may have strict rules, but they do not apply to the majority of media that children watch. It would be like the Government saying, "We have the strictest banking regulations in the world, but they only apply to a small proportion of our banks."

Chair: Thank you.

Shahriar Coupal: Chair, it is very fickle. We have had almost nine months of these regulations. Why in those nine months, given the campaigning organisations we have here, have they not brought these breaches to the ASA? That is all I would say.

Dan Parker: You are not regulating where the advertising is; you are not regulating the things that matter.

Stephen Woodford: It is regulated. That is completely wrong.

Q127 **Chair:** That point has been made. Your contention, Dan, is that it is just not reaching where children are watching, so they are consuming advertising.

Dan Parker: Yes, which is wrong.

Chair: This is a great discussion, but we have a lot of questions to get through, so I will come to Paul next.

Q128 **Dr Williams:** Russell, what role does marketing play in the health inequality aspect of childhood obesity?

Professor Viner: As I said before, there is clear evidence that children, young people and families from more deprived communities are more vulnerable to advertising, particularly advertising around low cost and particularly advertising around fast food. There is the evidence of recall, but there are also issues around the communities that they are in and the cost of those foods that advertise. Much of the advertising is done by relatively low-cost, high-fat, high-sugar type marketing companies around pizzas and burgers. Of course, they are a disproportionate part of the diet among some of our poorer communities.

We know that they are more vulnerable. I am not saying it is targeted, but it clearly affects the deprived communities more. There is clear evidence that advertising changes purchasing. It increases the amount that parents buy, and it increases the amount of food that children buy.

Q129 **Dr Williams:** Emma, is there anything you want to say about the evidence around health inequalities?

Dr Boyland: Yes. There is evidence that there is greater outdoor advertising in lower socioeconomic status areas and a greater proliferation of things such as fast-food outlets that we have already discussed. There is evidence of lower critical understanding of advertising in low SES groups and greater screen time and overall greater exposure in those groups as well.

Q130 **Dr Williams:** We will come to the industry and then the regulator. Given that people in more deprived communities are more susceptible, why is there more outdoor advertising of junk foods in areas of high deprivation? A study in Newcastle compared more deprived and less deprived areas of the city and found more food advertisements in the more deprived areas.

Stephen Woodford: I am not familiar with the study, so I cannot answer the specifics on that, but there is a point that Professor Viner made that is an interesting one to reflect on: why are lower socioeconomic groups more likely to buy these sorts of foods? You said it is because they are lower cost. So, is the answer to make them more expensive and make food more expensive for those families? One reason they are successful is that they are lower cost, they provide nutrition and

feed a family for less money than perhaps other ways of feeding a family, and these families are under pressure.

Q131 **Dr Williams:** Is the industry targeting the marketing of high in fat, sugar and salt foods to more deprived communities?

Stephen Woodford: Not as far as I am aware. I think the incidence of posters may be to do with, in effect, the real estate in those areas, or there may be more poster sites in those areas, so it is difficult to make a generalisation from a specific. Generally, advertisers will target population-wide—they will target a cohort of families of a certain age and demographic. I have worked on plenty of HFSS foods over the years, such as Marmite or Flora margarine, and have never been aware of specific targeting against more deprived communities. The industry is very aware of these issues, so I think it would probably almost compensate for those things by not doing them.

The prevalence of fast food in those communities is a reflection of all sorts of other things such as planning laws, education, in terms of the ability to cook at home, and pressure with two working parents—really complex multifactorial things. There is a danger of simplifying the argument and saying it is because there are more posters.

Q132 **Dr Williams:** Dan, you have worked inside the industry. Is the industry targeting HFSS foods at more deprived communities?

Dan Parker: It is always going to target where it can be most effective, isn't it? There are a couple of points I would make on this. I think we had the point that the "hungry" food—the cheap food—is the unhealthy food. I think you made the point last time about four sausage rolls for a quid, if I remember correctly. If you have four sausage rolls for a quid and you chuck in a bag of frozen chips, you can feed a family for £2.50. If you are living on a low income, you worry first about hunger, you worry about calories and then you think about nutrition last.

What I find a little upsetting is the phrase that has been very popular in all of this—that we have to make the healthy choice the easy choice. That is not right. We have to make the healthy choice the cheapest choice because that is the only consideration for people who are on a very tight budget. Part of the challenge as we look at this issue of health inequality is how we make the healthy food the cheapest food on offer.

The second thing to appreciate is that being poor is a very stressful state of being. They have an immense amount of emotional weight. All of us here stress eat. The idea of stress eating and comfort eating was created and permeated by the advertising industry. I will give you one example. You will be familiar with the current ad with Joan Collins where she is really, really stressed, and then she has a Snickers and she is okay. The message from that advert is, "If you are really stressed, have a Snickers." Advertising sells you a dream of a better future, it sells you a comfort, an ambition, and you see this in all advertising. If you are very

stressed, you are so much more susceptible and vulnerable to that appeal, whether it is one of us who has a bad day or whether you are poor. These people are much more susceptible to the power and the promise of advertising. I think that is quite clear.

Q133 **Dr Williams:** Is there anything that regulation can do to reduce that impact?

Dan Parker: There are some issues around putting some more honesty in certain areas of advertising that might protect that, but I think, above all else, our focus here today is protecting children. We have to lift that promise because that promise exists for children about being a cool kid, hanging out with the football star or doing the kind of stuff that you want to do as a kid. That promise is there throughout most of advertising and we need to lift that dream, that illusion, away from children and let us start there. That is the important point.

Q134 **Dr Williams:** Finally, is there anything that regulation can do to try to reduce the health inequalities impact of childhood obesity?

Shahriar Coupal: We acknowledge that as a national regulator we might not always be best placed to deal with localised issues. Certainly, in relation to alcohol, we know that there are pockets of the UK where there are greater alcohol harms than in other areas, and we have seen initiatives at ground level—in Ipswich and other areas—where they are taking real action on the ground to affect people's lives. There is very little a national regulator, or regulating advertising more generally, could do, although we are open to that evidence. If people can bring forward evidence that suggests that we might need to take a more nuanced approach to our regulation, we would certainly like to hear it, but you will understand the problems of a national regulator seeking to address the microscopic issues that we have addressed.

Q135 **Chair:** May I ask, perhaps starting with Professor Viner, what are your key asks from this updated strategy? If we are going to reduce health inequalities when it comes to the advertising and marketing part of the strategy, what are the key priorities that should be included?

Professor Viner: In terms of advertising and marketing, absolutely, a complete ban on high-fat and high-sugar foods before the 9 pm watershed, applying to broadcast media, catch-up and consideration of how that is done for non-broadcast. That is clear. It is likely to have the most universal impact and the most impact on inequalities in terms of advertising and marketing. Looking at local planning regulations, clearly there are issues about the siting of fast-food restaurants but also advertising and the general availability of images around that.

Dr Boyland: I concur with the 9 pm watershed. Surveys have shown that it has greater than 75% support among the general public, people understand it, it seems reasonable, and Ofcom itself said it would result in an 82% reduction in children's exposure to high in fat, sugar and salt foods. That is the level of impact we should be aiming for.

We need to consider whether the non-broadcast rules could be widened to include some of the things that Dan brought up before—packaging, in-store promotions and sponsorship. We have evidence that even the size of the portion of cereal on the front of a cereal box influences how much children will serve themselves and eat: when the cereal is bursting out of the bowl, as it often is, that represents a portion that is three times larger than the recommended serving size. When faced with that, children will serve themselves and consume significantly more cereal than when it represents 30 grams of cereal in the bowl.

Q136 **Chair:** Dan, do you have anything to add?

Dan Parker: I do, although I see the brief of marketing as being slightly wider. The single most important thing we can draw from this is simplifying nutrition. We need to look towards things like energy labelling, where we have an A to E. It is that simple. That is nutrition. It is our job as people who work in this space—nutrition—to do that work and stop saying it is complicated.

We need a mandatory labelling system, which reflects boldly and proudly on products and on their advertising, their ranking of that system so that everybody can make an informed choice. Let us get to honesty and truth and allow people to make an informed choice. If they want to make bad choices, at least they are making a bad choice rather than being conned.

I would add two other things. I agree absolutely that we need to stop all forms of marketing of junk food to our children in whatever form it is. We need to change the conversation from, "What do we allow?" to, "Under what circumstances is it okay to market junk food to kids?" Most people would say there are no circumstances.

Q137 **Chair:** Is that around the 25% threshold?

Dan Parker: No. It is the 1% threshold. If you talk about porn, sex or violence—the other things we do not want our kids to see on telly—we do not accept 25%; we do not accept collateral damage or "acceptable level of failure." We do not have it on the telly before 9 pm because we do not want our kids to see it.

The final thing, which I also consider to be marketing, is that we need to look at notably increasing the VAT on unhealthy products while zero-rating the VAT on their healthy alternatives. If a Coke was 99p and the Diet Coke was 70p—

Q138 **Chair:** We are coming on to that in more detail. Shahriar and Stephen, is there anything you want to add?

Shahriar Coupal: Yes, I would like to. First, I would like to say that correlating or in any way associating advertising of HFSS ads with porn is an extraordinary thing to do.

The Government and this Committee welcomed the new rules that we put in for non-broadcast advertising that ban HFSS advertising online, in cinemas and on posters next to schools. I hope that they consider our review of the effectiveness of those rules before taking action. I also hope that the Government take into account our call for evidence and our assessment of the evidence that comes in, with a view to considering perhaps further restrictions.

We all recognise that the imperative is to reduce children's exposure to advertising for food and soft drinks high in fat, salt and sugar while avoiding any unnecessary intrusion into adult viewing time. The overwhelming majority of channels and programmes broadcast before 9 pm are to an exclusively adult audience. I understand that this Committee favours a 9 pm restriction, but I would ask this Committee why it feels it is proportionate to ban HFSS advertising to the overwhelming majority of channels that have an adult-only audience and the overwhelming number of programmes before 9 pm that only have an adult audience. It would benefit us to know the Committee's understanding of why that is proportionate.

Stephen Woodford: There is not much I can add.

Q139 **Chair:** As we are short of time, do not feel that you have to say anything again.

Stephen Woodford: We would love to see in the next stage of the obesity strategy a focus on real evidence and on what works. We have seen, both in the UK and abroad, what works, and those are the much more complex, much more focused interventions into people's lives to help them eat and live better. That is what we would love to see and the industry can play its part in that.

Chair: Lisa, do you want to come in?

Q140 **Dr Cameron:** How can the Government's obesity plan look to tackle issues around non-broadcast media and childhood obesity? Some of those issues have been raised, but what needs to be done?

Shahriar Coupal: I may have pre-empted that question, Chair. We had a UK-wide public consultation where there was an overwhelming consensus from public health bodies, businesses and from campaigning organisations that led us to introduce in July last year a comprehensive ban across all children's media online, in cinemas directed at a child audience and on posters outside schools. My view is that the Government should absolutely hold us to account—should hold our feet to the fire—in our assessment of whether those rules have been impactful and effective. We will publish our results of that in the autumn of this year and the Government must consider that.

Q141 **Dr Cameron:** Dan, can anything more be done?

Dan Parker: I would come at the subject from a different angle and

would ask how these companies market to kids today, and I will be happy with it. For example, we talked about packaging. That is pretty obvious—the cartoon characters. There is also a massive amount of sampling, and I can show you a video of Kellogg's handing out highly sugared cereal to children at theme parks. Is that okay? I am not sure.

This Easter, at every National Trust home, you would have had toddlers and pre-schoolers scrambling around looking for Cadbury eggs because Cadbury is marketing to small children. That is why it does it. We have Father Christmas driving around in a Coca-Cola truck handing out free samples. We have McDonald's giving away toys to children to come and eat its food. This is how junk-food companies market to kids.

Frankly, it does not have as much to do with digital as people might think it does, and it has less and less to do with TV advertising. It is what they call below the line that is the good growth area. Let us look at what people are doing and study that, because it is there for us all to see, and then think about what regulations we might want to bring in to stop those things that we do not want to happen.

Q142 **Mr Bradshaw:** I was very struck, Professor Viner, by the evidence we received about the importance of early years, particularly the statistic that, out of 20 children who are overweight by the age of four, 19 will still be overweight by the time they go to secondary school. Only one will not be. Obviously, those early years are incredibly important. Some of those children are under two and I imagine are not—well maybe they are—consuming some of this marketing, but what else should we be doing when it comes to those first two years of life that are obviously so important in setting this problem going?

Professor Viner: How long do you have? What else should we be doing? I assume we are going out of advertising here.

Mr Bradshaw: Yes.

Professor Viner: The early years are key and a time when children set their behaviours and preferences, and we actually programme them. We are programmed from the womb: the weight of the mother has a programming effect, and the way the child gains weight in the first two years of life has a programming effect that in a sense programmes our weight trajectory across our life. So, early years are absolutely key.

We believe that a much stronger focus on early years in a whole number of ways is key. There are some simple things that we could do. We are concerned about this Government's public health cuts and the reduction in what has been health visiting, which is regarded around the world as one of the great bits of British medicine, and support to early years with public health cuts and cuts to public health budgets.

As to focusing on early nutrition, focusing on the promotion of breastfeeding, Britain has very low breastfeeding persistence rates. We have quite good initiation rates in that most mothers will try, but at six

weeks our breastfeeding rates drop, and there is good evidence that that is one thing we can be doing to prevent obesity.

There needs to be a focus on early nutrition, promotion of breastfeeding, promotion of feeding and getting away, later on, from follow-on formulae, which are heavily advertised. Actually, we think that follow-on formulae would be one thing that should not be advertised anywhere. They are unnecessary and a caloric burden on infants.

There are a number of things there. One key thing that we would argue for is expansion of measurement.

Q143 **Mr Bradshaw:** Down to what age?

Professor Viner: At the moment children are measured at birth by their GP at the six-week rate, but it is often not written down. They are measured at different times by different people. They are often measured quite a lot through their early life and the data are not gathered in one place; it is not put together. They are measured exceptionally well by the national child measurement programme at four and at school leaving at 11, but between birth and four the data are in no particular place, sometimes in the parent's red book, and after 11 there is no measurement.

Q144 **Mr Bradshaw:** What should happen to that data?

Professor Viner: The data systems should work together; it should be held by parents and by GPs. There should be systems that allow GPs to record and act upon that data purely through signposting. At the moment, our primary care systems are not designed to allow GPs simply to make every contact count. We do not want a child to turn up at primary school at age four already overweight and obese. We want GPs, nurses or others to advise parents on when a child is going off trajectory, heading towards being overweight, and to guide them back.

Q145 **Mr Bradshaw:** What about initiatives such as Sure Start? I used to have a number of excellent Sure Start centres in my community that did a lot of work with parents, and we talked about the importance of helping parents when it comes to these choices.

Professor Viner: Absolutely.

Q146 **Mr Bradshaw:** That is not happening any more, or is it? Are there some good models that we could reintroduce?

Professor Viner: There are very good models of health visiting in different local authorities around the country, but what we do not have is a strong, universal system. We have mandated elements, but we know from a number of early surveys that there have been significant cuts in many local authorities.

It is also a time when taste preferences are set. There is evidence that the amount of sugar that parents feed to children may in some senses

set their taste preferences long term. It is a time when children start to be vulnerable to advertising, really as early as 18 months.

Q147 **Mr Bradshaw:** Does anyone want to add anything about the early years?

Chair: To be clear, did you want a system where GPs were doing this on an ad hoc basis when children were turning up for other reasons, or did you want to formalise the reduction in the age at which the child measurement programme starts, but delivered through GPs? Could I clarify that?

Professor Viner: We would like information that currently exists in the system to flow naturally to GPs—birth weights, six-week checks and the two-year checks that are done in many local authorities—and for the national child measurement data to flow to the GP as a single holder who is the most respected adviser.

Added to that is the ability for GPs to use those data. Currently, GP information systems do not know what to do with a child's weight and height. The GP information system knows exactly what to do with the cholesterol in an 80-year-old or in a 50-year-old and calculate a risk. A GP information system does not know what to do with the weight in a two-year-old or weight and height in a seven-year-old. That is simple stuff to fix, and our data systems should be guided to fix those things.

Mr Bradshaw: May we may say, for the record and for those watching from outside, that the Advertising Standards Association has been repeatedly referred to as a regulator? It might be worth pointing out that it is not a regulator as many people would understand it, because it is an industry-run body. It is a voluntary body, not a statutory regulator.

Q148 **Andrew Selous:** I was talking to a mother last Thursday afternoon who had a letter from school saying that her daughter aged four had a weight problem. What had upset her and she had found really unhelpful was that there was no information on what to do about it. She had to rather bat round the area. She eventually found good voluntary-sector provision, but that was because she had the initiative and was determined to do it. She ended up going to the gym with her daughter on a regular basis, so it had a happy ending. Should we not give people a bit of a route map of what to do? When parents are told a child is overweight, should there not be solutions given?

Professor Viner: Absolutely. The national child measurement programme is mandated; all local authorities do it. The feedback to parents is not mandated. The way it is done is not mandated and actually doing it is not mandated. Some local authorities do not do it at all and others use a range of different outcomes.

Public Health England has a range of very good materials and is very interested in this area. We know that the great majority of parents are very happy with NCMP feedback. Of course single cases get publicity, but the great majority of parents really value it. We are not linking that with

the general practice system. We need to find a way to help GPs signpost and help the children and young people they see without that being a burden on the general practice system.

Q149 **Dr Williams:** People have contacted me recently about a reduction in breastfeeding support services. Will you say a little more about the role of breastfeeding as connected to childhood obesity?

Professor Viner: There is strong evidence from systematic reviews that breastfeeding is protective against overweight and obesity in high-income countries, so that is really very important because a lot of data comes from low-income countries. In high-income countries, it is one thing that makes a difference. Breast milk has fewer calories than most formula. There is maybe not randomness, but people will often add a bit extra to formula, particularly follow-on formulae, which can be started earlier by some and are high in calories. Breast milk generally results in a more natural growth pattern in the first six to 12 months of life. It does not protect everyone against obesity, but it is a clear factor.

Britain has less than 1%, I believe, of mothers breastfeeding at 12 months, which is a significant outlier—one of the worst figures in the world. I believe I am quoting the correct data. We are a real outlier compared with Scandinavia and other northern European countries.

Q150 **Dr Williams:** And there is large variation of breastfeeding persistence—

Professor Viner: There is incredibly large variation, particularly in very deprived communities. There is something about deprivation and something about generations in which families do not breastfeed.

Luciana Berger: We heard from Jamie Oliver last week, who believed breastfeeding to be the No. 1 public health concern for us all. I am paraphrasing, but he said it was at the top of the list. Would you agree with that or not?

Will you speak very briefly about what breastfeeding can or cannot do to help regulate the food babies take themselves by way of taking it from a breast rather than a bottle?

Professor Viner: Absolutely. I do not believe that there is a No. 1 thing that we can do. I absolutely believe that we need to look at all parts of this. Breastfeeding is absolutely important. It gives the best start in life. It reduces mortality, obesity, allergic diseases and a whole range of later outcomes. It is potentially one of the best things you can do. Some mothers cannot breastfeed and they need to be supported to feed using formula feeds in a healthy way.

There is significant evidence that breastfed babies regulate their food intake better. This may be about flow, it may be about the calories, the solute load or the density of the food. It may be about other bits of breastmilk that we do not really understand. Breast milk is incredibly

complex, and even our best efforts to replicate it in formula milk are absolutely nowhere near the complexity of breast milk.

Q151 **Chair:** You would like to see more in the obesity strategy about breastfeeding.

Professor Viner: About support for breastfeeding initiation but also maintenance of breastfeeding.

Chair: Thank you. With great apologies, unfortunately, we are now 35 minutes behind and it is a reflection of what an interesting panel you have all been; so, thank you very much for coming this afternoon.

Shahriar Coupal: May I add one thing in response to Mr Bradshaw's comments? The Advertising Standards Authority is the sum of different parts. In terms of broadcasting, we are in co-regulation with Ofcom, a statutory regulator; all rules must be approved by Ofcom. In terms of non-broadcast, we are the established means of consumer protection regulations—recognised by the Government as such—and in co-regulation with trading standards authorities as well. I just wanted to put that on the record.

Chair: Thank you. Thank you all for coming.

Examination of witnesses

Witnesses: Andrew Opie, Malcolm Clark, Dr Jean Adams, Dan Parker and Susan Jebb.

Q152 **Chair:** I am sorry we have kept you waiting today. As you may have heard from my introduction to the first panel, for the second round of the obesity strategy the Committee is trying to focus particularly on reducing the health inequalities associated with it.

Bearing that in mind, will each of you introduce yourself and say who you are representing here today? I know, Dan, we probably do not need you to do that again—you are the same person as before. Andrew, will you kick off with that?

Andrew Opie: I am Andrew Opie, director of food and sustainability policy at the British Retail Consortium. We represent all the major UK retailers.

Malcolm Clark: Good afternoon. I am Malcolm Clark, policy manager of cancer prevention at Cancer Research UK. Cancer Research UK works to prevent, diagnose and treat cancer, and is committed to reducing the number of preventable cancer deaths.

Dr Adams: I am Jean Adams, a senior lecturer at the Centre for Diet and Activity Research at the MRC epidemiology unit in Cambridge.

Professor Jebb: Hello. I am Susan Jebb, a professor of diet and population health in the department of primary care at the University of Oxford.

Chair: Thank you very much, and, Dan, welcome back to the second panel.

Dan Parker: I have no academic qualifications, I feel, after that.

Chair: Martin Vickers is going to kick off the questions.

Q153 **Martin Vickers:** Thank you. I would like to explore the role that price promotions play. How significant do you think the relationship between price promotions and childhood obesity is? May we start at the end and go along?

Andrew Opie: I think it is difficult to be exact about the link with childhood obesity. I was listening to the previous panel and the many mentions of HFSS products, for example, with supermarket offers and value across its whole range. There could be 20,000 to 30,000 products in a supermarket, many or a proportion of which would be HFSS. We have not yet seen clear evidence of the link necessarily between promotion and childhood obesity, but I am happy to talk about the way we promote food more generally if the Committee is interested in the role of promotions themselves.

Q154 **Martin Vickers:** As we are struggling for time, rather than develop that too much, could I hear from the other panel members first?

Malcolm Clark: We believe that legislation to restrict HFSS price promotions is a proportionate intervention precisely because of the impact that those types of price promotions have. A literature review on price says price promotions lead to increases in purchases of between 12% and 60% in the short term. Analysis by Cancer Research UK in Scotland last year identified that 110 tonnes of sugar are bought on price promotion every day in Scotland. Research also in Scotland has indicated that price promotions are the most salient form of marketing for young people. Importantly, as we are discussing childhood obesity, polling commissioned by us found that nine in 10 parents believed promotions impact their weekly shop, and seven in 10 believe that shifting discounts away from junk food would improve their children's diets.

Dr Adams: I am here particularly to talk about food at check-outs. I am not a particular expert in price promotion, but I can say that it is part of the wider marketing landscapes. The last panel was on advertising in particular, but marketing is more than just advertising, and price is one aspect of it. The literature on price promotions is what contributes to the conclusions that marketing in general influences children's food preferences, their purchasing requests or pester power and also what they buy themselves.

Professor Jebb: I think it is very like what we heard earlier. We know in a sense that we cannot make a direct link between a particular price promotion and childhood obesity, but we do know that promotions impact on what people purchase. About a third of all the food purchased in the UK is on some kind of promotion. It is having a big effect. We also know that price is incredibly important in driving purchases. The price goes up, purchases go down and vice versa, so I think it does not take a huge amount of effort to infer that this is part of what is shaping people's purchasing behaviour.

The other thing that is very important when we are thinking about promotions is that while this Committee is focused on childhood obesity—and that is clearly a very important problem—the bigger problem we face in the UK is adult obesity, and that gets rather little attention. In thinking about policies that might help our children to have a healthier childhood, we should be putting particular emphasis on policies that will have a whole-population approach. I suspect that promotions, if we are thinking in a supermarket context, are probably more impactful on adult purchasing and household purchasing. That is very important.

Dan Parker: I have run more promotions in my career in more countries than I would care to count; I dread to think how much obesity it has caused. It is really important for the panel to understand that there are many different kinds of promotions. If you do not get into the detail, you have a danger, first, of being ineffective and, secondly, of not actually stopping promotions that will do harm to people on low incomes. It is a much more complex business, it needs to be studied and one size does not fit all.

The other point, so that you understand, is that the interesting thing about supermarkets is that they are a market and they live in a highly competitive space. Supermarkets make available to people the things that people want. The primary reason why most of the products that are on promotion are high in fat, sugar and salt is that those are the ones that people want to buy. If you are going to change the promotion landscape, you also need to change the demand landscape, which on one hand says, "How can we reduce demand for the high in fat, sugar and salt products?" and on the other, "How can we increase the demand for the healthier products?" Those two things have to go hand in hand with changing the promotions landscape or you are going to make life very hard for the supermarkets.

Q155 **Martin Vickers:** You are saying that the supermarkets are promoting items that are already targets of customers.

Dan Parker: If we are talking about price promotions, we do need to talk about wider than discounting promotions. If you talk about discounting promotions or the promotions that you typically see from your supermarkets, you might get two-for-ones, you might get price promotions, you might get extra Nectar points, or whatever it is, if you make that purchase. Many of those promotions are co-funded with

manufacturers, so they will do a deal to match the cost of that, which is one reason why you see so few in product areas where there are no brands, such as fruit and vegetables and fresh meat, and things of that nature. They take quite a lot of money—hundreds of millions of pounds—off manufacturers to run these promotions.

The obsession with all supermarkets—and every single major supermarket in the UK has been a client of mine—is to get one more item in the basket. That is the language, "If we can put one more item in the basket then we are going to make £X billion." They are going to offer to you the thing you are most likely to put into your basket. They have very sophisticated algorithms to figure out, for each of you when you go to the shop, what is the thing that you individually are most likely to put into your basket. Unfortunately, the truth is that for most people it will be, typically, things like a pack of biscuits, which is a great example of incremental expenditure: "On a discount and I deserve a treat" is how it goes. All they are doing is reflecting society. It is not a cause; it is a harmful effect, I think, which is a subtly different thing.

Q156 **Martin Vickers:** Earlier you mentioned selling Coke at 99p and Diet Coke at 70p. If supermarkets are eager to get that one extra item in your basket, surely reversing that would make no difference; they are still buying one, two or whatever the number of bottles is.

Dan Parker: No. If you can get six for the price of four, that might tempt you to buy in a way that you would not otherwise have considered because it is a good saving.

Q157 **Dr Williams:** Do price promotions have an impact on health inequalities?

Malcolm Clark: Yes, simply put, because the lowest-earning 10% of UK households spend more than double the percentage of their disposable income on their food basket, compared with the highest-earning 10%. Promotions, particularly price promotions, encourage shoppers to spend more money than they otherwise would have planned and not save money on other products. The point of promotions is to get people to spend more rather than less.

The clear majority of multi-buy purchases are for unhealthy products that provide little nutritional content rather than the staple goods that families depend upon. For example, in Scotland over half of crisps and savoury snacks were bought on promotion compared with less than a fifth of plain bread. What you are talking about is, as I say, worsening the existing trends that are out there. What is needed is something that tackles that on a population-wide level because that is the most beneficial form of intervention.

I think you heard from Guy's and St Thomas' Charity on its report precisely on calling for interventions that reduce unhealthy choices as being best for tackling children's obesity in an urban diverse environment.

Q158 **Dr Williams:** Andrew, we have heard from Dan that there is a bit of complexity here because a lot of people on low incomes rely on price promotions to be able to afford to feed their families. I went on a constituency visit to a supermarket at the weekend that had chosen not to do any price promotions. It also did not have any junk food at the check-outs, although it did have booze and chocolate as soon as I walked in, so I am sure that no supermarket is perfect. What is the answer? Is it for a supermarket to be somehow encouraged to have a balance of price promotions with some healthy stuff?

Andrew Opie: You are talking a lot about promotions, but, as Susan has mentioned, even the use of price promotions has dropped quite markedly over the last three or four years and the drive is towards everyday lower pricing—prices kept at a level that everybody can afford. It is really important because many families out there are trying to struggle to get through and buy a healthy diet, and supermarkets can play a role in doing that. Promotions are important, but they are often an indicator of value that is within the store itself.

Customers are not stupid. We see that from the way that customers shop around much more than they ever did 10 or 20 years ago. So, some of these are indicators of wider value, and then the consumer will take advantage of all of those EDLP-type prices when they are in the store itself. Consumers are extremely savvy. They are looking for the best thing to feed their families. There is nothing wrong with that.

I come back to my point about HFSS. While I recognise Malcolm's comments about the promotion of crisps and various other things, we need to be clear what kind of promotions we are talking about here. HFSS, for example, would cover cheese, sausages and lamb, for example, and lots of other products that we would routinely buy and actually imagine would be part of a healthy diet if we were to cook and eat them as part of a balanced diet. We need to be careful what we are talking about promotions-wise. It is an indicator of value, but it is only one part of what a supermarket is trying to offer. What it is offering is value, of which price is one element within the value equation—the quality of the food, the clear kind of health advantages that there might be for the family who buy it, the provenance of the food, all of those things, alongside the clear price promotions that they might be engaged in.

Professor Jebb: I was going to widen it out a little bit to say that, if we are thinking about promotions, what is it that supermarkets could do? We buy a lot of food there; we buy a lot of calories. Promotions are a part of it, but it is proving really difficult to nail what exactly that intervention, if you were sitting to write the legislation, would be. That is one reason why we have not made much progress. We can all say, "Oh, we must do something on promotions," but trying to bottom it out is quite tough, because there is a real risk that if we say, "Well, let us do something on multi-buys," the spend just shifts to a different promotion.

The problem is that, while that might send out a message that this is a problem, and there is some value in that awareness-raising, one could waste an awful lot of time and political capital in pushing forward something that simply displaces activity elsewhere. If we are thinking in the retail space, we need to have a much more rounded view of it.

One area where we have done a little bit of work has been about positioning. We know that when items are put at the gondola ends of an aisle they get a very substantial increase in sales. In our analysis of a year-long set of data from a commercial company's dataset, we showed that putting carbonated drinks on the gondola end gave a 50% uplift in sales, equivalent to a 22% price cut.

If we are thinking about in-store, promotions are part of it, but we have to nail something that we think is going to be doable. My experience—and I am going on a little bit—comes from the Responsibility Deal, when I chaired the Food Network. We tried very hard to get voluntary commitments from companies around promotions. It was extremely difficult for a whole host of reasons, but I, who am naturally inclined to voluntary measures, reached the conclusion that promotions—such an area of competition for companies—probably could not be left to voluntary measures because the most progressive companies would be disadvantaged. One probably has to mandate.

If you have to mandate, we almost have to ask: what can we do, what is going to be practical and what is going to be effective?

Q159 **Dr Williams:** What is that?

Dr Adams: A good example of the more holistic approach to in-store retailing is the Healthcare Retail Standard for Scotland—I think that is what it is called. This is a regulation that NHS Scotland has imposed on food stores within its estate—the corner shops you find located in hospitals. It includes a package of measures about advertising within the stores, price promotion within the stores and about the balance of healthy to less healthy products. For instance, it mandates the balance of sugary drinks to water or to unsweetened drinks. There is an evaluation ongoing, led by the University of Stirling, but I think it is an example of a regulation that has been developed and imposed at least. We do not know if it worked.

Q160 **Dr Williams:** Is the health inequalities impact of that being looked at as well, making sure that there is still enough affordable food for people on low incomes?

Dr Adams: It is my understanding that it is, yes.

Malcolm Clark: Another practical point, and we look to Scotland again, is the Scottish Government's steps to tackle alcohol price promotions leading to restrictions. That has led to decreased purchasing, particularly a reduction in wine sales that were heavily promoted through X-for-£Y promotions—for example, three bottles for £10. That has seen a

reduction due to the restrictions that have gone on. So, there are some things, particularly once you start to focus in on specific forms of price promotion, and that is, certainly from Cancer Research's UK point of view, what we are suggesting: start with the multi-buy price promotions, enable retailers to get their store architecture in place, get the evaluations in place, and, if there is further evidence of needing to do more, increase the restrictions on other HFSS price promotions.

Andrew Opie: I want to build on something that Susan raised. It is absolutely right that you have to look at it in the context, but you have to look at it in the context of food retail within a wider food environment. Food retailers, to many extents, are competing with manufacturers who may be selling through different retailers. They are certainly competing with food-on-the-go-type shops and with smaller retailers, who might be outside the supermarket.

Returning to Susan's point about voluntary versus mandatory, there is no way in the competitive market that we have in the UK that you could simply say, "Right, all supermarkets, we expect you to do this," when you could just pick up your breakfast on the go, in a coffee shop, for example, you could go somewhere else or you could go down to your local convenience store and buy your crisps still on promotion compared with a supermarket.

That is the problem you have: that, increasingly, our tastes and the way we buy food is evolving. If you look at the growth in breakfast sales, for example, out of the home now, they have been pretty staggering over the last decade or so from where we used to be, with all of us eating cereal at home and then going to work. That has changed markedly and therefore we need to think about the food environment in its whole as well as retail.

Chair: We will come on to takeaways, but thank you very much for making that point.

Q161 **Dr Williams:** I was going to see whether Dan wanted to come in there, because you acknowledged before the complexities around health inequalities and not wanting to widen them by putting limits on promotions.

Dan Parker: Where we have to be very careful is that, generally, promotions—and I am not just talking about price promotions but promotions as a whole—have different reasons. Some will be for what is called reach, which is about getting more people to eat it; some are about frequency, which is getting them to have it more often; and some are about volume, which is getting them to eat more, consume more or buy more each time they go. Different promotions have different motivations.

The interesting thing is that some discounts are just about shifting expiring stock. We have to be exceptionally careful not to stop the

shifting of expiring stock, because for our poorest people it is the lifeblood of getting food on their table and it would add to food waste.

If you look at a price discount—"I am going to give you this bottle of water for 20p less than it costs normally"—what I am doing is putting money in your pocket. I am not putting more water in your pocket. You are probably not going to change the products that you buy, you are probably not going to buy more of it, but if I give you two bottles for the price of one, that is a volume driver. I am trying to put more bottles of water into your life, because if you add more bottles of water into your life you will consume more bottles of water. That is just the sheer fact of how promotions work.

Volume drivers are dangerous; frequency drivers are also dangerous; price discounts are probably a good thing.

I would like to illustrate something to you. I am going to "out of home." Can I go "out of home," or do you want to do that later?

Chair: We are going to come to the out-of-home sector specifically later.

Dan Parker: Okay. The interesting thing to look at is collector mechanics and competitions on a pack. There is a competition running on Coke right now where you can win tickets to the World cup, I think. Those promotions will say that you cannot enter more than eight times a day. Right there you have created an unhealthy message: you are saying to people that they can enter eight times a day. If you really want to win those World cup tickets or to collect all the pieces in order to be able to get the thing that you want to get, you are going to start consuming it right away today. A simple promotion should not allow or encourage a participation level that would be considered unhealthy. If Coke could make it twice a week, that would change the landscape for a start.

When you look at the collector mechanics and the competitions, it is all about driving frequency. I did a campaign for a major crisp company where the brief said that we had lunches nailed: "Everybody puts crisps in their lunch box, so we want to get people eating crisps at other times of the day. We want them at tea, mid-morning and as a bedtime snack"—that kind of stuff. So, we created a promotion that was designed to encourage you to participate in the promotion at other times of the day, which would encourage you to consume at other times of the day, the whole point being that after a while it became a habit; you got used to having a packet of crisps at tea time. Before you knew it, you were having two a day instead of one.

How we legislate against this is not my area of expertise, but we need to get into some of this detail to look at what it is that is driving volume and frequency and think about how we manage those.

Q162 **Chair:** Volume and frequency.

Dan Parker: Volume and frequency are the big ones. Reach is just being competitive, but volume and frequency are "eat more, more often."

Q163 **Luciana Berger:** Professor Jebb, you mentioned some of the research you have just done that looked at the gondola, end-of-aisle promotions. I saw some research from a company that evaluates what is in our shopping baskets. As I recall, their research from about two years ago showed that we consumed 40% to 45% of our saturated fat content from those end-of-aisle promotions. Does that chime with the research you have done?

Professor Jebb: We very specifically were looking at beverages that tend not to have that much saturated fat. The point is that that is a prime position in the store and because everybody goes past those end bits—you sometimes skip an aisle, but you do not skip the end bit—generally you have a single item there. It is very prominent. I think there is something about positioning and prominence in stores that drives purchases.

Dan Parker: You appreciate that those are paid for—right?

Professor Jebb: Of course.

Dan Parker: From that positioning—and not just gondola ends but things such as being at three quarter height or being near the check-out—Tesco makes £300 million per year from charging people for placement in store, so, to some extent, this is driven much more by the manufacturers than by the supermarkets.

Professor Jebb: It does not matter who it is driven by if you introduce—let us make it up as we go along—legislation that says you cannot have HFSS on the end of an aisle.

Q164 **Chair:** That would be something you would welcome in the next version of the strategy.

Professor Jebb: I guess it would, yes.

Q165 **Diana Johnson:** I have a small question. I was in Aldi in Hull last weekend, and at the end of one of the aisles there were the six super-fruits and vegetables on offer to encourage you to buy them. With the rise of these new discount supermarkets from Europe, do they come in with a different style of selling food than we have traditionally in Sainsbury's, Tesco and everything else? Is that making any difference?

Malcolm Clark: Aldi and Lidl were two of the first supermarkets to go completely, as I call it, junk-free at their check-outs across all their stores. They made that commitment in 2014, and Tesco was the other one in that year as well, so they obviously have come in with certain ideals. You have to ask them what their motivations are, but, irrespective of the model, the problem is that supermarkets often have good intentions, even on removing HFSS from the check-outs—they had

policies in place 10 and 20 years ago—but they do not keep to them. We keep on having to go back time and again to this issue with Andrew and his colleagues saying, "Voluntary is not working. We cannot get everybody round the room discussing price promotions, discussing these issues. Actually, we need that level playing field; we need some form of regulation." That, I think, is where we are left with the Government's next stage of their childhood obesity plan—to take that forward and not be left discussing it in a similar situation in a few years' time.

Q166 **Chair:** I know that point-of-sale purchases are your area, Jean Adams, but how significant a role do they play in childhood obesity?

Dr Adams: It is very difficult to say. There is very little research that has explored that. One study from Pittsburgh in the US found a simple relationship between the amount of in-store marketing, including food at check-outs, and BMI, so people who shop at stores with more of the less healthy food at check-outs have a higher BMI.

Q167 **Chair:** In driving purchases and sales, how much of an impact does that point-of-sale impulse purchase or flogging you a bar of chocolate when you buy a newspaper have? What do you feel we should do about that in the childhood obesity plan?

Dr Adams: We have done some work on this. The important caveat is that it is unpublished, so these are preliminary findings. We have compared supermarkets that have or have not committed to removing less healthy food from their check-outs, and we have looked at purchases of small packets of chocolate, crisps and sweets from those supermarkets.

We find that immediately after the implementation of those policies there is about a 15% drop in purchases of small packages of those things from the supermarkets that implemented a strong policy compared with those that did not.

After about a year, you only see that in foods that are being eaten on the go, so not things that get taken home, and that makes us think that it is particularly having a long-term impact on impulse purchasing—not planned things that were supposed to go in the cupboard but things that are eaten quickly before people get home.

Q168 **Chair:** Thank you. Susan, do you want to come in on this?

Professor Jebb: What we are trying to do is shape the food environment, to change the food environment. We talked about that in relation to advertising, which is that wider context. You are now talking about it in stores. One thing that really strikes me is the sheer availability of food everywhere, and places where that is incredibly obvious are DIY stores, clothes shops and goodness knows what shops that now have food, sweets, chocolate and so on, on the till. I think those impulse purchases do matter. Again, they are probably a small proportion of people's total calorie intake, but they are very iconic. If we really want to

shape the wider food environment, I would be just as concerned about those impulse purchases in non-food outlets as I am about the supermarkets, most of which we have tried to change.

The other caveat we need to look very hard at is what the sweets and chocolate are being replaced by. Of course, nuts are marvellous, full of all that monounsaturated fat and vitamin E, but they are extraordinarily calorific. There may well be a health halo about them, which means that more people will purchase them because they are quite healthy, but we need to think hard, if we are going to go down the road of "Chuck junk food off the check-out," about what junk is being replaced with and absolutely make sure that we capitalise on the value of that policy by ensuring that it applies across all outlets and not just the big chains.

Q169 **Chair:** For example, if you go into a garage now, you cannot escape a long line of confectionery.

Professor Jebb: Interestingly, Tesco and other supermarkets—I do not know why I picked Tesco particularly—did commit to chuck food off the check-outs. I think I picked Tesco because Andrew said they had been one of the first, although they did not do it in their petrol outlets because they make a lot of money from it. When I do public talks now about obesity, one of my top 10 rather silly little tips is, "Pay at the pump. Do not go into the kiosk." People really understand that. They get that. They have not done it in those outlets because they make a lot of money. If you were to mandate it so that nobody was doing it there, suddenly you have a level playing field. It does not mean that people cannot buy it somewhere else in the shop. We are not banning people buying these foods. We are just not prompting them at a weak moment where they just want to be home but now they are stuck in a petrol station.

Q170 **Chair:** Can you give us some idea of what percentage of calories are consumed in those points of sale, or do we not know?

Professor Jebb: I do not know offhand—Jean might do—but it is going to be small. Let us remember that biscuits, cakes and chocolate account for relatively small proportions of overall calorie intake, but obesity is caused not by people eating 2,000 calories a day too much; it is caused by small, incremental energy excesses. In an environment where we are struggling to find policies to tackle obesity, we cannot throw away even policies that have small impacts because, frankly, we do not have policies that have huge impacts.

Q171 **Chair:** Jean, do you want to come in on that, and then I will ask Andrew?

Dr Adams: I concur about the issue of food at check-outs in non-food stores. We also did some work on that and found that about 15% of non-food stores—this was in a big shopping mall—had food at the check-out, and most of it, 80%, was less healthy.

There is a lot of food at check-outs, and a lot of it is less healthy. Supermarkets really vary in their policies on what they propose to do

about it. One of them that has been mentioned has just removed food from the check-out. Others, as Susan has highlighted, have replaced it with some things that in small amounts we would say are healthy but probably should not become a staple. The fact that there is variety across the supermarket suggests that lots of different options are feasible for the supermarkets. Therefore, I would say that that is good news and that we can think of just removing food from check-outs or balancing it.

Q172 **Chair:** So you would like to remove it. Is it still your view, Andrew, that it needs to be a level playing field—that as long as it happens it has to be everywhere.

Andrew Opie: Yes, although I do sit here and think that we spend far too much time talking about sweets at check-outs. I recognise that it can play a part, but it masks the wider problem of obesity across the whole food environment. I understand why people do latch on to it; it is a totemic issue.

It is very difficult across the board—so with sweets and check-out promotions—to dictate this on a voluntary basis because each company is running its own marketing policy for its own customers. With all good faith, the supermarkets have reacted to what their customers wanted at the check-out. They would be mad not to do so in a competitive world where you can walk 100 yards down the road and go to one of their competitors. They will always want the flexibility of the way that they promote and sell products in their store. It is their brand; it is what they are selling; and, as soon as you go under that roof or through that door, you are in their store, you are in their environment and the way that they market—for two reasons.

First, I imagine it would breach competition law for us to try to get all of our members round the table and say, "We are going to do this, this and this," and, secondly, they are running their own businesses in a highly competitive environment, both with food retail competitors and other food competitors. I do not think you are ever going to get a full voluntary agreement on these measures.

Q173 **Luciana Berger:** The last question asks for your views. All of you touched on it in different ways, but if there was one thing the Government were going to include in their next tranche of the childhood obesity plan, but specifically to limit the effect of price promotions on childhood obesity, what would it be? In your response, it would be helpful to know whether you think that would require voluntary regulation or you would like to see non-voluntary, statutory legislation.

Chair: Unfortunately, we now have a Division in the House, which means that we are all going to have to disappear. The vote is likely to take about 15 minutes. As this is the last question, I would be very happy if you wanted to write to us with a final answer. Would you be happy to do that? Yes. Would you be happy, Luciana?

Luciana Berger: Of course, yes.

Chair: Otherwise, we will be detaining you for a long time. You may wish to give us the bullet points that you would like to see there in writing. We would appreciate that. Thank you very much for coming today.

Sitting suspended for a Division in the House.

On resuming—

Examination of witnesses

Witnesses: Richard Kemp, Chris Holmes, Maurice Abboudi and Dr Burgoine.

Q174 **Chair:** I welcome the third panel of today's hearing. As you may have heard from previous panels, we are trying to take a particular focus on how we reduce health inequalities in reducing childhood obesity. Bearing that in mind, may I ask each of you to introduce yourselves to those following from outside the room, and who you are representing today—starting with you, Chris Holmes?

Chris Holmes: I am managing director of a food programme and charity called Shift, which has designed products and services to help to serve social problems. My job is to find out how to develop new social enterprises that can take calories out of the takeaway estate and therefore reduce the calorific impact on people, particularly in deprived inner-city areas.

Maurice Abboudi: I am vice-chair of the British Takeaway Campaign. We work with lots of industry bodies to help to represent the takeaway industry in the UK.

Dr Burgoine: I am from the Centre for Diet and Activity Research and MRC Epidemiology Unit at the University of Cambridge. I am a post-doctoral researcher with interests in neighbourhood determinants in health.

Richard Kemp: I am deputy chair of the Community Wellbeing Board of the Local Government Association and a councillor in Liverpool in Luciana Berger's constituency, though not of the same colour.

Chair: Thank you. We will start the questions with Andrew.

Q175 **Andrew Selous:** To start with takeaways, Chris, will you tell us a bit about your work in London and Birmingham, specifically about boxed chicken? One brief told us that it was a great success and another tells me that it is not developing further because of long-term financial viability issues. Perhaps you could include that in your answer.

Chris Holmes: My team and I have spent the last 18 months living and working in takeaways in inner-city deprived areas and spending time with families who frequent those outlets, trying to get an understanding of the

dynamics in that space. Fundamentally, we are witnessing a shift in how people in the UK, particularly those at the lowest end of the socioeconomic spectrum, are sourcing their food. They are moving to a much more mixed environment of sourcing food from classic supermarkets to an environment where they are sourcing hot, prepared food. At the moment, what is available to them is what we would classically understand by the word "takeaway"—Indian, Chinese, burgers, fried chicken and pizza. Those are the main and dominant categories in that environment.

In the work that we did with boxed chicken, we asked, "Can you sell a chicken product that is appealing to the consumer at half the number of calories and at a price point that they are willing to purchase?" The short answer was, "Yes, you can, but you can't do so in a financially sustainable way if you are trying to achieve social impact." So, yes, you can set up the business and, if you are marvellously successful, you might get 1% market share, but what about the other 99%? Our role and the purpose of what we do is to try to create large-scale social impact. We used all that experience of running that to ask how you could get much larger-scale impact into the space that is hot, prepared food.

Q176 **Andrew Selous:** What is the answer in how we scale up delicious but nutritious and healthy takeaway food?

Chris Holmes: The really interesting policy challenge is whether we design the policy for how things are today, or for how things are in three to five years' time. If we are looking at three to five years' time, how do we drive the level of variety that is available in the supermarket environment into hot, prepared food? At the moment, if you go down the hot, prepared food route, which an increasing number of people at a low socioeconomic spectrum are, as a primary food source, you do not have any variety. You are shopping from what has been the classical definition of takeaway for the last 25 years, and it has not changed much because, in reality, 20% of those businesses are on the breadline in terms of financial sustainability at any one time. It is a hugely fragmented market, with 60,000 independent outlets; they do not have the resources and capacity that a Tesco or Sainsbury's et al have had to change and develop over time.

We have a change in how people are relating to food or accessing food, but that bit of the market is stuck in providing occasional treats, which are high in fat, salt and sugar and should be eaten occasionally, not four or five times a week.

Q177 **Andrew Selous:** Thomas, what contribution are takeaways making to inequalities at the moment?

Dr Burgoine: Let us say, first of all, that takeaway foods are in general not healthy foods. They are generally energy-dense, nutrient-poor, high in saturated fat and salt, and served in large portions. I think we are all familiar with that.

Regular consumption of takeaway foods has been linked to weight gain over time, and we know that people who regularly visit takeaway food outlets as a proxy for takeaway consumption also tend to gain weight over time, more so than those who visit takeaway food outlets less regularly.

We also know that people who use takeaway food outlets generally tend to have less healthy diets in a way that people who use other types of food outlets in their environments do not. They tend to have healthier diets. We know that from data from the national diet and nutrition survey—and that is UK data.

The question for me as a geographer is what the causes are of that consumption. One potential candidate is the environment and how it is set up to cue increased takeaway consumption. Access to takeaways at home and school is increasingly associated with takeaway consumption, unhealthy diet and weight, across a growing body of scientific literature, including studies using the national child measurement programme data, which we know are very good.

We are focusing on children at home and school, which are very important anchor points on a daily basis—environments in which children spend a lot of time—so there is a clear basis on which the hypothesis is built.

The consistency of findings across a growing number of studies and different settings and populations lend weight to the credibility of the evidence for a neighbourhood effect. Our work in the east of England, in adults—although it is not completely different, it is in adults—has shown that access to takeaways at home and work, and along commuting routes, is indeed associated with takeaway consumption, weight and obesity. In a sample of 5,000 individuals across Cambridgeshire, those who were most exposed to takeaway food were nearly twice as likely to be obese—one BMI unit heavier on average, consuming roughly a small portion of French fries additionally every week, relative to those people who were exposed to the fewest takeaways.

We have just replicated those studies. An unpublished study of 50,000 adults in Greater London, using UK Biobank, found very similar results. Those people whose home neighbourhoods are made up of a higher proportion of takeaway food outlets, where their choices may be influenced by having more unhealthy food outlets in their neighbourhood, are also more likely to be obese and consume processed foods more frequently. We know that processed foods are linked to things like higher coronary heart disease incidence over time as well. That is the evidence for the potential harm of takeaway food.

Q178 **Andrew Selous:** Thank you. To open it up to the whole panel, what can we do to make takeaways healthier? Maurice, perhaps you want to come in on that.

Maurice Abboudi: The fundamental thing is about education. There is no overnight magic wand that anyone can wave. We have to educate the parents. Earlier on, Professor Viner talked about the early years. It is fundamental that we start educating the parents.

Q179 **Andrew Selous:** But if there was really good education and people were making healthy choices, a lot of your members would go out of business.

Maurice Abboudi: That is the other point. It is multi-pronged. We have to educate our operators as well. They absolutely have to adapt to the market. They are becoming more aware of what is going on. One of our members is Just Eat, which is pushing out the message from the Healthier Catering Commitment—I do not know whether you are aware of that—with 22-odd points about using better and healthier cooking oils, for example, and looking at methods of cooking, such as air frying, roasting or rotisseries. It is that kind of stuff. That is what we have to be working on. It is a multi-pronged attack.

Q180 **Andrew Selous:** Why are portion sizes in parts of the west midlands more than three times those in America?

Maurice Abboudi: I honestly would not know. Those are the operators, and maybe it is because of the competitive environment: one operator offers that and the others feel that that is what they have to do. That is not anything that we would encourage or work towards.

Richard Kemp: To go back to your previous question, a lot of councils are working with the owners of takeaways, and there is a differential offering. For example, on Penny Lane, in my ward, there is a chip shop that makes all its own produce on the premises, which has a lot less fat involved, promotes five a day and will sell you fruit; others do not. So, a lot of councils are now proactively working with those outlets.

Q181 **Andrew Selous:** I shall just stop you there, because we are going to have a whole session on local government in a second, as it has an incredibly important role. My colleague, Mr Bradshaw, will come on to that.

Dr Burgoine: I just wanted to come back to the question about what is going on within the stores and what is prompting this increase in size. A lot of these places are co-locating, so you often find five, 10 or 15 takeaways on a single high street. The sense that I have is that all you have left to compete on when you are that close to your neighbours, all selling the same food, is to increase your portion size and increase value for money, reduce price and maybe cut costs in terms of your ingredients. That might be part of what is contributing to it.

We have data from the food environment assessment tool, which are Ordnance Survey and CEDAR data. We have seen a 10% growth in the last three years in England in the number of fast-food outlets. In just three years the numbers are up by 10% to over 56,000 outlets. In some places, such as Blackburn, we have seen a 25% increase in the number

of takeaways in the last three years. Clearly, there is increased competition.

From 1990, in one of our studies in Norfolk, we have seen a 45% growth over that 20-year period in takeaway numbers, which has outstripped growth in any other type of food retail establishment. So there is definite potential there for competition.

Q182 **Mr Bradshaw:** May I ask a question of clarification? Does that include all takeaways, such as Leon, which is a very healthy takeaway, in my experience, or is it just the unhealthy ones that you are talking about?

Dr Burgoine: In the headline numbers?

Mr Bradshaw: Yes.

Dr Burgoine: We have a definition of takeaway food outlet that we work with, which is hot food served over the counter with no wait staff, and you generally pay before you order and there is no seating. Leon would probably fit in to that definition of takeaway food. What we know overall is that, without discriminating any further by type of takeaway, the effects of using takeaway food outlets are associated with gaining weight and a poorer diet.

Q183 **Chair:** I just have another point of clarification. That definition would not include many of the big chains, such as McDonald's, where they would have seating.

Dr Burgoine: Actually, it would.

Maurice Abboudi: Would it include a Nando's-type situation as well?

Dr Burgoine: No, it would not include Nando's, because it is about primary purpose. The primary purpose of Nando's is different. We have some flex in our definition to include places that the public would see as fast-food outlets, so we include in that McDonald's, Burger King and the big chains.

Q184 **Chair:** So it includes the big chains; it is not strictly about having seating.

Dr Burgoine: There are a few exceptions, yes.

Andrew Selous: Chris, you wanted to add something.

Chris Holmes: Yes. On the issue of portion size, young entrepreneurs looking at the marketplace and trying to find a way in which to generate personal income and income look at the fast-food market and think, "I could go into that market and try to provide a healthier alternative, but I do not have deep enough pockets to last the two or three years that it might require to create demand. If I go in and start a fried chicken shop, I know there will be demand tomorrow. I know the minute that I open my doors people will be walking through the door and paying money." At

the moment, we have a system that effectively promotes copying what exists in the marketplace. Hence, we see extensive clustering.

What is interesting in the work that we have done is that all these outlets are reliant on 70% to 80% of their customers being regular customers, who come in every day. They are utterly reliant on four to six meals on their menu for in excess of 75% of their revenue. It is very focused on a very limited number of meals, which drives their businesses.

When they see additional competition, there are two things they do. One is that they instantly increase portion size to give better value for money, to try to protect and maintain their existing regular customers. To afford that, they tend to reduce the price of their raw ingredients. Broadly speaking, cheaper raw ingredients either have more fat, salt and sugar already in them, or they absorb more fat, salt and sugar when you prepare them.

At the moment, the competitive drive in the market is driving not only increased numbers of outlets but, effectively, poorer and poorer nutrition, as a competitive response to trying to maintain financial sustainability in a market. That is the sort of dynamic—and we can see that in the nutritional profiling of the food that we are looking at.

Q185 **Andrew Selous:** Mr Abboudi, how seriously do your members take the issue of health inequalities? The Camberwell Green borough in Southwark has more children of an unhealthy weight than a healthy weight. There has been a huge increase in takeaways—400 takeaways, a 7% increase in the borough since 2014, many of them located near primary schools. Are your members not concerned about the health inequalities issue, and that it is now the poorest children from the lowest income backgrounds who are now the most obese?

Maurice Abboudi: Our members are mom-and-pop businesses. These are micro-businesses, usually with a family working there. These are not the issues that concern them—and this is where we come in, to try to help to make this an issue that they will address. That is fundamental to what we are about.

Q186 **Andrew Selous:** I am not quite clear what you are doing with these really small, micro, mom-and-pop businesses.

Maurice Abboudi: We are trying to communicate the message exactly that we have to have alternative forms of cooking.

Q187 **Andrew Selous:** Has there been progress? Have you seen some of your members change?

Maurice Abboudi: Absolutely, it is happening. I can give you many examples. There are people who are air frying. If you walk along the high streets—

Q188 **Andrew Selous:** Do you track this? Do you actually have numbers? If

you look at all your members, could you tell us how many of them have healthy options?

Maurice Abboudi: Not at the moment.

Q189 **Andrew Selous:** If you do not have that data, are you going to start collecting that soon?

Maurice Abboudi: We are a new organisation. We started last year, because we are fully aware of this issue. When the childhood obesity action plan came on board, the industry began to get together and realised that something had to be done. We are not going to fight against this—we want to work with all the other parties to improve the health of the nation. We all have kids, so we are not away from this. We are all part of this issue.

Q190 **Chair:** May I ask a quick question, before we come on to Ben? Are you doing anything around bottomless refills and that kind of thing, which we sometimes see?

Maurice Abboudi: Again, we are trying to provide alternatives to the unhealthy drinks. We are trying to improve on things like meal deals and offer healthy options such as grilled chicken or corn on the cob—that sort of alternative. It is part of that parcel. Obviously, the sugar tax has just come in, so we will see what effect it has. Clearly, portion size on that is important, yes.

Q191 **Chair:** Chris or Thomas, would you want to see default sizing in the next round of the strategy—not having the supersizing or refills options?

Chris Holmes: Certainly, from my experience, portion size is probably the most direct specific lever that you could pull in reducing calorie content. The range of portion size is just huge. We have actively tried to look at voluntary mechanics to reduce portion size, but you very quickly run into very strong consumer rejection and, therefore—not surprisingly, because these people are trying to run businesses—they step back from the changes they have put in place.

We have tried it directly and overtly, with a message as to why, and we have tried it covertly through changing packaging formats, with a variety of different styles. The only way in which I can see that working over time would be with an equivalent approach to the FSA salts model, whereby you take a fractional volume out of classic takeaway packaging, and over the next three years have a 3% volume reduction every six months, so that in three years' time the size of a box for a chicken meal would be that bit smaller, and therefore you can get that much less in it. That is probably the only mechanic that would not receive resistance.

Q192 **Chair:** So you are talking about mandated reductions. Thomas wants to come in.

Dr Burgoine: Qualitative research from CEDAR research that is just about to be published shows that changes in portion size are generally

accepted by takeaway owners, as long as they are cost neutral, and can appeal to some consumers. So they could be seen as a positive thing.

The real question is how you get the message out, train and share that learning, and get takeaways on board. The studies that have done this have really taken a very intensive approach, whereby they have invited takeaway owners to seminars and explained to them the dangers and hazards of larger portion sizes and what they can do, and the potential benefits of introducing smaller portion sizes. That is a very intensive approach.

The really interesting question for the next round of the child obesity action plan, if this was in there, would be how we would scale up that roll-out to enrol takeaways into that. There are important questions to be asked.

Q193 **Mr Bradshaw:** Councillor Kemp, you started to talk about the role of local government earlier. We heard in our evidence that having more power or doing more things to control the explosion of fast-food outlets is one of local authorities' top priorities or concerns. You have new planning powers, but only 50 local authorities have so far used them. Can you give the Committee your assessment of why the new powers that are available are not being more widely used?

Richard Kemp: Indeed. The biggest reason is that it takes a long time to put a new planning policy in. Although we can very quickly produce supplementary planning guidance, which is effectively a codicil to our local development framework, it does not have as much power as changing the local development framework itself, which you do on average every 12 to 15 years. My own local authority has agreed a new local development framework, which is shortly going to go to the Government, and we have included that issue as an important part of it. Increasingly, you will find that, as new local development frameworks go in, they will include elements of this.

The other problem is that there is a certain amount of scepticism in local government, I must be honest, because when we use these powers we are often overturned by the Planning Inspectorate. I am on a planning committee and it is a very frustrating place to be, but what is particularly frustrating about it is that different inspectors are giving different rulings on what is basically the same issue. In some cases, we are losing a lot of money—if a big chain takes us on, such as McDonald's—to no avail. We would like to have greater clarity from the Government. We will do what we can, but, even if every local authority put it in their local development framework over a period, it would still not give us the authority that we wanted, because there is always a backstop somewhere else.

Q194 **Mr Bradshaw:** I think that it was Gateshead that was highlighted to us as an example of good practice—it has won an award. How has that local authority managed to do it when the other 50 local authorities have not, or is it also facing those legal challenges from fast-food companies?

Richard Kemp: Indeed. There is an intent from local government, and 50 local authorities have moved forward with that intent, but some of those 50 have lost appeals to the Planning Inspectorate.

Q195 **Mr Bradshaw:** Do you know on what basis or on what grounds? Is there a pattern? Could you send us more detail?

Richard Kemp: I can certainly look at that. The trouble is that there is a differential decision-making process within the Planning Inspectorate. If we had greater clarity, we would know how to phrase better the recommendations that officers make to the planning committee and the resolutions that we pass.

Q196 **Mr Bradshaw:** Do you have any idea what greater clarity you will be looking for? Do you want to come in on that point, Dr Burgoine?

Dr Burgoine: Richard talked about supplementary planning documents not having the same gravitas as inclusion in strategic and local planning documents, but that is not to say that they have not been successful. Gateshead gets a lot of attention, but it was actually following in the footsteps of many other local authorities that have made those types of interventions. Waltham Forest, for example, in 2009 said that on any given high street it would not have any more than 5% food retail given over to fast food. It also had a school-based exclusion. Since then, its own figures claim that it has rejected 83% of applications for fast-food outlets.

Q197 **Mr Bradshaw:** Successfully—without it being successfully appealed against.

Dr Burgoine: Successfully, yes. It is not necessarily that there have not been appeals, but people have not won those appeals. So that is an example of a successful SPD policy.

Sometimes I get the sense, from speaking with local authority planners and public health people, that they think that local authorities have done something that we cannot do. They may not quite get the potential levers and options that they have, how to evidence the policies, draw on local data, and what sort of data they can draw on to support them, as well as how they can rebut challenges from the food industry, be it McDonald's or a local retailer. There is a lot of learning to be done from each other in saying, "Here's a successful policy—it has been tested and overcame that challenge—and here's what we can learn for our policy going forward."

Q198 **Mr Bradshaw:** I shall come on to Mr Abboudi in a moment. Do you think that the LGA has a role in disseminating some of that information sharing?

Richard Kemp: Absolutely—and my officers gave me a little dossier to give to you, which I have left behind.

Q199 **Mr Bradshaw:** Perhaps you can send it in the post.

Richard Kemp: We have produced documents about this and had seminars, but we would really like to do more with Public Health England and have a much more joined-up approach with the other people we work with. A major part of our role now is to spread the good practice that you hear about, which is not just in planning guidance. As I was intimating before, it is also about the work of our health inspectors, and a lot about the guidance that we give to schools and the things that we do in schools, where we have only an advisory power. It is about how we use our parks, for example. We do a lot of work, and planning is only ever going to be a small part of that.

Maurice Abboudi: One of the questions is about having less of these places open, but that will just move the problem. If the kids do not have a fast-food outlet or whatever it is that they want to go and visit after school, they will go to a convenience store and pick up a Mars bar, some doughnuts or the four sausage rolls for £1 that we were talking about earlier. I am not sure what the benefits are. Surely, the benefits are in educating the operators and consumers, starting very early on. It is a multi-pronged attack, with parks and encouraging exercise, as you say. It is a multi-pronged approach. As I say, it is not about having one wave of a wand.

One question I had for Thomas was whether he has the figures for child obesity reduction in Walthamstow.

Dr Burgoine: It is not my analysis.

Maurice Abboudi: So let us have some proper research to support that, because it is quite an easy thing to say—

Q200 **Mr Bradshaw:** I think that they have only had the power for a year or so.

Maurice Abboudi: I think that you said it was from 2009.

Q201 **Mr Bradshaw:** I think that the new powers came in last year, or was it longer ago than that?

Maurice Abboudi: I think that they said 83% were rejected.

Q202 **Mr Bradshaw:** Perhaps we could write to Waltham Forest and ask them if they have had any—

Maurice Abboudi: It would be interesting to see what effect closing down, or not opening more, would have, so we have some real data to work on.

Chris Holmes: On the Gateshead question, I have met the team up there and know explicitly what they did. They had many of their planning decisions and refusals of planning overturned on appeal, so they went out and did a nutritional profile of their current fast-food estate. They did what is called a group 2 nutritional profile, which tells you the proportion of fat, salts and sugars in those meals. They basically put together a case

that said, "This is the load that our current fast-food estate is putting on our community, and this is why we are turning down these planning applications." Since they have done that and included it as part of their evidence, they have had no overturns on appeal.

Q203 **Mr Bradshaw:** So it is about doing your homework.

Chris Holmes: The inspector has said, "I'm taking this as effectively strong enough evidence, which sets a precedent for upholding a decision by the planning authority."

Q204 **Mr Bradshaw:** And now that public health directors are part of local government, you would have thought that this is a more seamless process.

Chris Holmes: And those nutritional data are now available more widely.

Richard Kemp: Gateshead, for example, features in our work. Whenever you pass a law, we have to learn how to deal with it, and we have to learn how to deal with it while someone else is trying to undeal with it, as it were. I am afraid that these things take a little time to gel into the best system, but the intent is there. Childhood obesity is a priority for almost every council in this country; their one public health priority is childhood obesity, because they know that it stays with you for life.

Chris Holmes: One policy watch-out on planning, which gives me pause for concern, is that it will be only a relatively short-term opportunity. There are three reasons for that: one is that we are seeing an increasing proportion of what are now known as "dark kitchens," which have realised that they do not need a shop front to run their business.

Q205 **Mr Bradshaw:** Things can be bought online.

Chris Holmes: Yes, they can run a business through delivery only. Given that, roughly speaking, an outlet's property costs are about 25% of its total costs, they can roughly halve that by having an industrial kitchen under the arches and use Just Eat, Uber and Deliveroo as a vehicle for getting their food out—or even, increasingly, Instagram, as a vehicle for selling food. So you have the growth of dark kitchens. Deliveroo Editions is a good example of that, where they are dropping 40-feet containers with industrial kitchens into locations to increase the footprint. So how do you deal with that in planning terms?

Historically, up until now, we have had a one-to-one relationship between kitchens and restaurants, so one kitchen equalled one restaurant. Now we do not have that. One kitchen can equal "n" restaurants. For example, I am working with outlets that are a chicken shop to the high street in Tower Hamlets and sell high-end sushi to Canary Wharf via Uber—and it is coming out of the same kitchen. So, the possibility that you suddenly grow "n" many new restaurants without changing the planning estate is very feasible, given the current environment. You could see the number

of restaurants change enormously without changing the number of physical kitchens.

One development, although it is still very hesitant, is the emerging gig economy around home cooks—people cooking at home who make an extra seven portions of lasagne, and there are now marketplaces available where they can sell those seven portions of lasagne to the local community and get an income from it. There is an emergent home cooking gig economy, which presents all sorts of challenges to local authority colleagues because of environmental hygiene, and the question of how we deal with all that. If that really moves forward, it will create quite a significant change. That is why I am asking whether we are writing policy for three years' time, when the landscape could look considerably different from where it is today.

Maurice Abboudi: The actual economic environment for restaurants at the moment is dire. You have probably read about all the major chains closing down shops and going for CVAs. That is just as applicable to the independent takeaways. The pressures are enormous. Someone said that 20% or under were on the brink at any time—was that you, Chris? So they are trading in a really difficult environment.

Q206 **Mr Bradshaw:** That may be because there are so many. I think that all of us have experienced a huge increase in their number across our communities.

Maurice Abboudi: Agreed, and that overcapacity is one of the issues we are dealing with as an industry. However, having that many people does not necessarily equate to more frequency, does it? That is the question I am asking.

Q207 **Mr Bradshaw:** To move away from planning, what about other greater devolved powers, Councillor Kemp? For example, there is the power to take down high street ads for high-saturated fat foods and salt.

Richard Kemp: I shall reply to that partly by going back to planning. In one council area there has been a 900% increase over the last two years in the number of people putting up telephone boxes. We have not changed our habits, but 90% of those telephone boxes have food or drink adverts on them. Because they are a telephone box, they are a permitted development under the terms of the Act.

Q208 **Mr Bradshaw:** But no one uses telephone boxes any more.

Richard Kemp: And no one wants to use the telephone box. They do not expect to make any money out of it—they expect to make money by selling the advertising space on the telephone box.

Q209 **Mr Bradshaw:** Where is this?

Richard Kemp: I shall find out which council it is for you. But it is a general problem. The figure of 900% staggered me, because I had written 90%—I thought that it could not be 900%, but it is true in every

council area. Because they are deemed to be a telephone box, with a telephone in them, they put them up and Ofcom just regulates them in some way.

We would like exactly the same approach that has been used with tobacco and gambling. If you look in a bookies now, they have a much better lay-out with gambling-aware adverts. We would like to restrict outlets near schools and other places such as that, but we have no powers to do that at all at the moment.

It is a question of not asking the Government just to set a figure—a 10% of this or 20% of that—because there are parts of Liverpool where you might say that there are probably not quite enough takeaways, such as in tourist areas. In other areas, you would want a different amount. In some cases, advertising of a certain level is acceptable, but not for other products.

We would like a more general power to use our local knowledge to make local decisions that will be effective to meet a group—a principle that you have outlined in your childhood obesity strategy. But that would involve all Departments of Government coming together. I always end up saying that in Select Committees, and it has never been done.

Chair: We need to visit places where it has been done as part of this inquiry.

Q210 **Rosie Cooper:** Hugh Fearnley-Whittingstall was here last week, and he is currently on TV doing a programme on obesity. One strand of the programme is his attempt to get a consistent standard agreed on labelling of food, incorporating both GDA and coloured traffic-light systems. Can you tell us about any interventions that have been tried in the UK, globally, whether they were successful, and, if they were, how they were successful?

Dr Burgoine: In the out-of-home sector the traffic-light system is not used, but we are all familiar with menu labelling and calorie labelling on menus, which as of yesterday is mandatory in all US chain restaurants with 20 or more locations. In the UK, examples would include McDonald's pledging to add calorie counts as part of the Responsibility Deal, in recent history.

There are examples of restaurants or fast-food outlets having done that, but there is very little evidence to suggest that it is an effective strategy for improving people's choices. I saw one figure from a study in the US that said that less than one third of people actually notice the calorie counts on the menus, and those who do tend to be certain types of people. Women tend to notice them more than men, as do people in higher income groups and people with a higher level of health consciousness, which is quite concerning, because they are the people who do not need that help from that intervention. We could be increasing or generating inequalities as a result.

The concern with those types of interventions is that they require a lot from the individual; they require the individual to see it and to process that information to make it a healthy choice. Those types of interventions do not seem to be effective anyway, but they can be somewhat concerning in terms of the population that will change.

Richard Kemp: We have to be careful about the way in which some of those interventions are couched. First of all, obesity is increasing across all demographics, and we need to be aware of that. Sometimes the way in which celebrities present these things is quite elitist. If you are trying to tell a mum and dad who are on different shifts how to deal with their kids, they do not particularly want to be lectured at by white, middle-aged men, who have probably never been in that position. We have to be very careful about how we message this, if we actually want to effect change.

Maurice Abboudi: One issue about even providing the information is the lack of resource for the micro-businesses that we are taking about. One thing that we have been talking about with Government is to have an online calculator, which may help the smaller operations to provide valuable information so that people can make informed choices. As someone says, it may be only for a minority, but it is nevertheless another tool in the box to help.

Chris Holmes: Education has been mentioned quite a few times. Certainly, in my experience of working closely with families in these situations, there is no shortage of general understanding of what is or is not healthy. However, the reality is that, in the moment when they have to make decisions about food provision for their children, they experience a whole range of other pressures on their lives, whether they be issues around personal or housing security, finance, personal wellbeing or personal mental or physical health. What invariably you find is that, in the moment of the decision, although they will say, "Yes, we'll order this or have this type of food next week," when they are faced with the other pressures of life they default to the convenient solution.

The reality is that hot, prepared food, which is currently expressed very narrowly in terms of the type of food, as Thomas was saying, is the perfect solution to a whole range of issues that have nothing to do with food and everything to do with other bits of life. That is the challenge for interventions that are information and education reliant—they do not address that fundamental moment of choice when those other pressures speak louder and are more impactful. They say, "We'll have something more healthy tomorrow—tonight we'll just do this." That is a real challenge in terms of inequalities, which we experience on a daily basis.

Maurice Abboudi: When a fast-food place has a healthier option and you order from that place regularly, is that not one way of approaching that whole situation, so that you have those healthier options?

Chris Holmes: Yes, and we have put healthy options into takeaways, obviously with their involvement and support; and we see a change in the purchasing profile of that takeaway. But the change is incredibly modest compared with the dominant four meals that account for 80% of that takeaway's turnover.

Maurice Abboudi: But that is a mindset change. It will take time to change our mindsets—repeating that message on everything that we do, whatever it might be, whatever the subject matter is. If we keep on repeating that, take responsibility and adding healthier options and asking our members to take on those healthier options and have them available, that change, whether it is in three or five years, will eventually happen—with the education, exercise and the online calculator, all those little bits and tiny little changes.

I am part-owner of a Japanese business, and we have added brown rice to the menu, and salmon salads. We have labelled high-protein, low-carb stuff for people who do not want carbs. There are changes that we can make—we can encourage all this kind of thing.

With kebab shops, it is not an unhealthy meal to have some pitta bread with grilled meat and a salad. That is actually a very balanced, healthy meal. We cannot just paint the industry with a brush and say that it is terrible and that it is not doing anything; we are actively trying to do these things, and we want to work with Government to do them. That is the fundamental message here: we want to work with Government whenever we can to help to do that.

Q211 **Rosie Cooper:** What you are describing will take a fairly long time, and we have been talking about this for many years. It is almost nudge theory, although we are not nudging very far. If there was one recommendation that Government could make about takeaways and childhood obesity, what would be your top tip or killer fact?

Richard Kemp: I would start by recognising that we are in for the long haul. I remember 40 years ago, when we were both young councillors, we would have raised this in the context of tobacco, and it has taken 40 years to go from 80% of people smoking to 80% non-smoking. That was done by a whole variety of measures. If you are looking for a quick fix, my first advice is that you will not get one.

What we all jointly need to do, in my view, rather than deal with some of the technicalities, is engage in a heart and mind process, as we did with tobacco. We had to win the argument that this was not a sexy or healthy thing to do but a killer. That took time—you are changing a culture. The Government, local government, everyone around this table, and the ones who were here before, have to set these long-term ambitions of changing the context in which we eat all our food and make sure that more of it is healthy. If occasionally you want to have a blow-out of something unhealthy, that is fine. We all do it, and I shall continue to do it, but it is an occasional thing, not a regular thing.

Maurice Abboudi: My only comment is that I would not want to equate tobacco in any way, shape or form with what we are facing here.

Richard Kemp: It is the process.

Maurice Abboudi: Understood. Okay.

Q212 **Chair:** Thank you very much. Are there any other questions for the panel? Are there any final points that you wanted to make but you were not asked about today?

Dr Burgoine: In response to Andrew's question, we did not actually talk about the takeaways and inequalities case. I just wanted to note firmly for the Committee that in the UK and elsewhere there is an established gradient in access to fast food across the socioeconomic spectrum. That is a problem that could lead to inequalities, and we have seen in our research that people in low-income groups respond differently to those takeaways. For low-income groups, where people are more price sensitive and value the value for money that takeaways offer, the effects of that access are greater for any given level of exposure. When you combine that with the high levels of exposure that they face in their neighbourhoods, that is a double whammy in terms of the effects of deprivation. Those two factors in combination are a particular risk factor for increasing inequalities.

Chair: Thank you—and thank you all for coming today and bearing with us running late.