

Health and Social Care Committee

Oral evidence: Childhood obesity, HC 882

Tuesday 22 May 2018

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

Questions 213 -384

Witnesses

I: Duncan Selbie, Chief Executive, Public Health England; and Dr Alison Tedstone, National Director, Public Health England.

II: Steve Brine MP, Parliamentary Under-Secretary of State, Department of Health and Social Care; Dr Alison Tedstone, National Director, Public Health England; Margot James MP, Minister of State for the Department for Digital, Culture, Media and Sport; and Nadhim Zahawi MP, Parliamentary Under-Secretary of State, Department for Education.

Written evidence from witnesses:

- [Public Health England](#)
- [Department of Health and Social Care](#)

Examination of witnesses

Witnesses: Duncan Selbie and Dr Alison Tedstone.

Chair: Good afternoon. While everyone is taking their seats, as a Committee, alongside the rest of the House, we are going to observe a minute's silence at 2.30 for the victims of the Manchester attack. We expect that the Commons bell will sound for that.

A one-minute silence was observed.

Q213 **Chair:** Can I welcome you to the final session in our childhood obesity inquiry? We are very pleased that you have joined us to comment on the work of Public Health England. Thank you for sending us an advance copy of your sugar reduction and wider reformulation programme. For those following from outside the room, could you introduce yourselves?

Duncan Selbie: I am Duncan Selbie, chief executive of Public Health England.

Dr Tedstone: I am Alison Tedstone, chief nutritionist at Public Health England.

Q214 **Chair:** Thank you. For those who are following events today and who have not had a chance to catch up fully with your excellent report, could you summarise the findings for us today and the wider reformulation programme?

Duncan Selbie: Thank you for having us. Everything that I know you have been concerned with has been about how we address inequalities. The report looks through the lens of inequalities, essentially based on population measures.

Just to set the scene, we are quite encouraged by the beginning, but it is early days. Alison will run through what the findings are. We would be really pleased to get into the depth of anything that you want to ask this afternoon.

Dr Tedstone: To set a little context, in August 2016, the childhood obesity plan set out the ambition of taking 20% of sugar out of the top categories of foods providing sugar into children's diets by 2020.

In March 2017, PHE published guidance to help industry on two things: the amount of sugar in products and calorie reduction ambitions for products that are often consumed on a single occasion by a single individual.

PHE then published purchase data in August 2017, which was quite early days for this programme. The data was published one year after the childhood obesity plan was launched, so we are seeing relatively early movement by industry on that.

Also, PHE is measuring what people are buying. This is shopping-basket data. For a product to appear in there and to affect our data, it needs to



HOUSE OF COMMONS

go all the way through the supply chain: from manufacturers testing the products, to developing the recipes, finding out whether they are acceptable or not, running through the factory, to supermarket stocks' turnover and people buying at the other end. It is quite a long supply chain.

In terms of results, we have seen a 2% reduction for own-branded retailer products and for manufacturers' products in both the sugar content of those products and in the amount of calories in products that are likely to be consumed on a single occasion. That definition is different from what you see quite often on the back of pack, where a different portion size is described, but PHE is measuring what people are actually eating, so it is different.

As to changes in sugar levels in products, we have seen reductions in five of the eight categories where we have been able to measure progress. We have seen yoghurts, breakfast cereals and sweet spreads achieve the 5% reduction set for the one-year target, so that is really good news. We have seen smaller but significant reductions for ice creams and sweet confectionery, but we have seen no changes for biscuits and chocolate confectionery, and puddings have increased. We have not been able to measure the progress for morning goods—things like croissants—because of limitations within the data, and the same applies to cakes.

For manufacturers and retailers, in four of the six categories where we set portion size guidance, progress has been measurable. We have seen reductions. For biscuits, chocolate, confectionery, ice creams and yoghurts they have all reduced, but again for puddings there has been an increase in the amount of calories per single-serve portion. Again, we have not been able to measure progress for cakes and morning goods.

Our report focuses very much on retailers and manufacturers. The ambition was set for retailers and manufacturers as well as the out-of-home sector, such as coffee shops, pub chains and pizza shops, to reduce the amount of sugar in their products. In this report we have not been able to measure their progress since 2015 because PHE made the decision to change data supplier for the out-of-home sector. It was a difficult decision to make because we knew we would not be able to measure progress if we did, but it has enabled us to have much richer data so that we will be able to give a much better assessment of progress going forward.

However, in the report there is a lot of "now" data for the out-of-home sector that looks at how their products sit against the products of manufacturers and retailers. On the whole, their sugar levels are roughly the same, but their serving sizes are much greater; they are double that supplied by retailers and manufacturers. A pudding you buy from a supermarket is likely to be half the size of one that you would buy through an out-of-home supplier.



In this report we have also assessed what is going on in terms of drinks included in the sugar levy, and we are very pleased to report that there has been a large change in sugar. Per 100 ml of a sugar-levy drink, we have seen a reduction in the amount of sugar in it by 11%, which is a big reduction. We have also seen calories fall in single-serve products by 6%, so that is another big change. When we look at sales volume across the drinks industry, we see a shift in volume towards the products that do not bear the sugar levy. I think we can report a large success of the sugar levy. Of course, this has happened before the levy has come into legislation and clearly many products now will not be bearing the sugar levy.

I have just a couple more things to say. We have looked at what brands and manufacturers are doing within this report at company and product level. For each category, we have looked at the top 20 brands. That accounts for roughly 60 companies. We have the same companies. Nestlé, for example, appears in breakfast cereals, sweet confectionery and chocolate confectionery, so it is across the food chain. Those 20 brands, ranked by sugar, represent over 90% of the sugary products being sold from our retailers, so it is a lot. We have captured an awful lot. We have seen 33% of those companies reduce their sugar content; 56% have not changed; and 12% have increased sugar content.

One question that arises and a worry that was thought about in this programme was whether, if you take sugar out, there would be an adverse consequence on the products. For the 33% of companies that have reduced sugar, we have seen only a small percentage of products, in nutrition terms, getting worse: 6% of products have increased calories or saturated fat; 13% have decreased calories and saturated fat content; and 37% did not change calories or saturated fat. We expect that, because in products such as breakfast cereal, if you take the sugar out, you have to replace it with something, and it is being replaced with things that are obviously not reducing calories.

Also, in the report, industry has supplied case studies for us, which show that some of industry made changes before 2015, which we have not assessed. Also, many companies have big changes afoot, which they have told us about, which do not yet appear in our data. That is why we are confident to say it is going in the right direction, more could be done, but it is looking promising.

Q215 Chair: Thank you for that summary. We would like to unpick various areas of that. To reflect on your final point, you set the 5% target yourselves, and it has come to 2%. Are you disappointed with that or are you confident that you are still going to meet the 20% target that you have set by 2020?

Dr Tedstone: We will feel more confident next year to be able to say whether the 20% target will be hit because by then we will have had two years of the programme and we will have much more data. Companies



HOUSE OF COMMONS

will have certainly had enough time for products to go through reformulation cycles, so we will have a better sense of that then.

We feel, though, that it is “glass half full” and that significant progress has been made. Underneath the headline numbers, there are some really big numbers coming from some companies. Those indicate that you can do it. For example, for breakfast cereals we see a great range of sugar in the products. We have seen some high-sugar breakfast cereal companies commit to reductions, which they have announced. But we have seen companies that are in quite a good position already—Weetabix would be an example—committing to making further changes to lower that already low-sugar product more. So I think there is a great sense of ambition out there.

Duncan Selbie: We have obviously thought about the 5% and how disappointed we should be, and we have struggled to be disappointed because it is such early days. We wanted to be ambitious, but, if another year passes and other things happen, we could expect to see further progress accelerate. Of course we do not know this, but would we have got the progress that we are reporting today if we had not been that ambitious?

Q216 **Chair:** You have touched on the fact that some companies have done a huge amount. Does that mean that there are some companies who have ignored this altogether?

Dr Tedstone: We are certainly seeing a mixed picture. We are cautious about saying that companies are ignoring it, to use your language, because we only know what companies tell us. Some things we know before they are announced and other things we do not know until after they are announced.

Q217 **Chair:** They had to consent, did they not, to share their data?

Dr Tedstone: They had to consent to share their company-level data. For example, if you go to the biscuit section of the report, you will see that some companies gave consent for their business-level data to be shared for all biscuits that they produce. Some did and some did not, but they did not have to consent to give information about products, so we have all the product information there just as it is. That is a complete reflection within the product section. You can see if products have gone up, gone down or stayed the same.

Q218 **Chair:** Are there some companies that you would like to name and shame while you are here from whom you have had very little co-operation and that you would like to see do better over the next year?

Duncan Selbie: No.

Q219 **Chair:** No? Right.

Duncan Selbie: Well, we have set out—



HOUSE OF COMMONS

Q220 **Chair:** It seems a bit of a shame if you have some companies that have been very co-operative and made very big reductions.

Duncan Selbie: Yes, but it is such early days. We have produced this report, and it is the first report of its kind in the world. It is the most fiendishly technical report that we have yet been involved with and it is caveated. We think it is honest, authentic and exactly what you asked of us, and we have published it. Next year we will publish something that is more comprehensive still, and we will be prepared at that stage to say, because we will know.

I would add to what Alison was saying about what we do not know. We are not always told by companies what they are planning to announce. Kellogg's, for example, did not tell us in advance about its plans for taking 40% out of its cereals, which of course is a huge contribution, whereas we have had an openness from some of the out-of-home sector—people such as JD Wetherspoon, McDonald's, Greggs and so on—about their ambitions. We are at pains, without apology, to say, actually, it is just too early for us to say X has done seriously well and Y has not.

Chair: I know that both Ben and Luciana would like to come in on this point.

Q221 **Mr Bradshaw:** If you say it is too early, why did you set a one-year target, which has failed miserably? Dr Tedstone, you said the glass was half full, and, Mr Selbie, you say you struggle to be disappointed. What would it take for you to be disappointed, given that you have set a target of 5% in the first year and you have achieved 2%? Some would say the original target was pretty unambitious. In fact, our Committee said so at the time. What would it take for you to be disappointed and do something towards these manufacturers?

Duncan Selbie: In 2015, as you well remember, we published a seminal report about child obesity. We made recommendations about action in eight areas where, if action were taken by Government, industry and the public, we would expect to see a serious improvement in childhood obesity. Those included things like price promotions, advertising restrictions and a whole range of other things. We had what is now known as chapter 1 of the childhood obesity plan, which was to pursue reformulation, which was our no. 1 recommendation. It would not be right—I simply don't see it in the same way—to be disappointed by a significant start.

Q222 **Mr Bradshaw:** But you set it at 5% and it is 2%.

Duncan Selbie: What industry has achieved is 5% or slightly better in a number of the categories.

Q223 **Mr Bradshaw:** But not overall. Overall, it is 2%.

Duncan Selbie: We have explained that, yes.

Q224 **Mr Bradshaw:** Is it at all significant, in your view, as the person who is



HOUSE OF COMMONS

supposed to be the champion for public health in this country, that the only area where there has been significant improvement is where there has been statutory action, that is, in the sugary drinks tax? Do you think that is significant?

Duncan Selbie: This was one of our recommendations. We made this recommendation to the Committee and we are delighted in its progress, but we also made number of other recommendations where we have yet to see progress. On reformulation we are encouraged, and we will not be dissuaded from that. This is a major programme that has not been attempted anywhere on the planet at this scale. We have set out where we have seen progress and where we have not. I feel absolutely personally accountable for the success of this programme.

Q225 **Chair:** We need shorter answers because we have a lot to get through. Are you saying that you think next year there will be a catch-up? Do you think we will see very much more significant progress?

Duncan Selbie: There is further action in the pipeline. To get to the shopping basket, industry would say it takes between a year and 18 months, so it is just too early.

Q226 **Chair:** So you are expecting more next year. My question to you was: are there some companies that are just ignoring this, or do you feel that this is something that is sufficiently strong?

Dr Tedstone: The point is that we are not sure. Undoubtedly, some companies will be taking reformulation less seriously than others. At the moment, though, it is quite hard to be sure who those are because the situation changes quickly. I think we will have a clearer understanding of that next year.

Chair: So next year you think there will be more progress.

Q227 **Mr Bradshaw:** Would you like the same statutory approach that there has been to the sugary drinks tax in the other areas? Would that make your job easier?

Duncan Selbie: We did not recommend that, and you will remember that we said why. We did not want to spend the next three years in a legal argument about whether a Jaffa Cake was a biscuit. We wanted to get on and work with industry. I know you want succinct answers, but these are quite fundamental questions. We have engaged with more than 100 companies. In the main, we have seen motivated people who want to engage with this. If there is no progress—and we have always said this—if we get to 2019 and we are not seeing the progress, then we will be asking for further action.

Chair: Luciana has a follow-up question.

Q228 **Luciana Berger:** People who might be following this from the outside world would say that it is not just about what has happened in the last year but what has happened since 2010, since the responsibility deal, or



HOUSE OF COMMONS

the lack of success of that, and where we are today nine years on. The purpose of this Committee is to look very closely at our obesity figures, not only the increase in the number of children leaving primary school who are obese but also the increase in the disadvantage and the inequality in that as well, which is a massive concern for all of us around this table.

On that issue, which essentially is what is driving us and why we are so concerned sitting here today, would you not accept that this piecemeal approach and the fact you have identified that there are still manufacturers that are not minded to follow this does a disservice to those that are?

Dr Tedstone: We have put the data out in the public domain, which gives everybody an opportunity to scrutinise it—for the NGOs and companies to scrutinise other companies' data. PHE's job is to describe the data as accurately as possible.

We do think—and our experience on working with the Treasury on the sugar levy reinforces that—that, as Duncan has said, it is hard to define those categories, but it might be that at the end of the day legislation is needed. We do not think we would be further ahead at this moment if that had come in.

Duncan Selbie: That is crucial. Please don't misunderstand. We understand that the point here is to have fewer overweight children and to close the gap between the poor and the affluent—we know that. This is about everyday foods; it is about taking sugar out of everyday foods. We have not talked about the calorie-reduction problem that we will look at more widely again. We could not be more motivated than you. We could have a competition, but we are as motivated as you are to see this succeed. It will not succeed on its own. It needs a range of other measures and we have always been clear about that.

Q229 **Diana Johnson:** Have you seen what the Food and Drink Federation said about this report? It talked about the technical challenges of taking sugar out of products, and it said that the targets were very ambitious and will not be met across all categories. A year in, if they are saying that, it is not likely to be met across all categories. I want to ask you specifically about what is going wrong with puddings and sweet confectionery and why we are not seeing the changes there. Do you think it is acceptable for manufacturers just to say, "We will reformulate, but it takes a long time"? Surely, if we can put a man on the moon, we can reformulate products sooner than a year or two years on.

Dr Tedstone: Obviously, puddings are disappointing. They have gone in the wrong direction. Companies can do things to reduce sugar, and that is evident from other areas of the programme that are working. Part of the point of the data coming out is so that that is apparent. Our manufacturers and retailers producing those puddings need to do better.

Q230 **Diana Johnson:** Why are they not? What is the problem?



HOUSE OF COMMONS

Dr Tedstone: I do not know why they have not, and we will be pressuring them to do more in that area. It clearly needs to be different.

Q231 **Diana Johnson:** You described in your opening comments the effect on reformulation of the sugary drinks levy. If there was a threat of a sugar tax, that might spur these businesses to take some action. Is that your understanding of what might happen?

Dr Tedstone: The sugar levy has changed the context of the whole of the industry. I think I have said before at the Committee that it has made the whole of the industry engage differently in reformulation, but that is setting aside the puddings data, perhaps.

Duncan Selbie: I have the press release from the Food and Drink Federation. It is saying that it is committed to the programme and that it is difficult. We know that, but we are publishing the results, whether it is difficult or not. It is not using this language, but it is making the point that there needs to be a level playing field. It wants to see the out-of-home sector coming in just as much as retailers and manufacturers.

Q232 **Diana Johnson:** Okay, but should they not be sorting out their own backyard first?

Duncan Selbie: I think they cover the full range. We said to you last time, and the time before that, that we were concerned about the out-of-home sector, because they were saying it is really not for them, and the sugar-reduction programme is very much for them. Next year, we will be as open about the out-of-home sector as we are about retailers and manufacturers. We have seen 20—is it 20?—of the biggest committing not to nearly make the 20% or to try to make the 20%, but to achieve the 20%. You simply could not have imagined that a year ago. That is JD Wetherspoon, McDonald's—

Dr Tedstone: Pizza Hut.

Duncan Selbie: Costa—the places where people go. The 3 million sales points that McDonald's has every day are saying, "We'll do this."

Chair: We will come on to the out-of-home sector in more detail in a minute. Diana, did you have any other points?

Q233 **Diana Johnson:** I want to ask you again about some of these figures. What is your take on the fact that 70% of the top 20 brands ranked by total sugar sales showed no change or an increase in sugar content from 2015?

Dr Tedstone: Obviously, there is more to be done; more companies need to do more. We know that if we were to measure today, because there are now things on shelves that were not there in August 2017, it would look much better than the 35% that had done something by August 2017. Yes, there is lots more to do; that is undoubtedly true.



HOUSE OF COMMONS

Q234 **Diana Johnson:** Would that be mandatory targets?

Dr Tedstone: We believe that we need to wait and see what is in the data next year.

Duncan Selbie: If it is necessary and possible to regulate and legislate, I am sure that is what you will advise.

Q235 **Chair:** One problem here is that you have come to the Committee today and you are not prepared to say which companies are not doing their bit. Will you next year be very clear about it so that there is some sanction for companies that are not doing their bit?

Duncan Selbie: It is a very practical thing today. This is not us being cautious; this is just that it would not be a fair and reasonable thing to do.

Q236 **Chair:** I understand that you want to have a constructive relationship with people at this stage, and I think we would all understand that, but we have to be clear that, if there are some companies not taking part and not doing their bit, you will be prepared to say it.

Duncan Selbie: Can I be clear that it will be a delight to be able to say that, because no company will be in a position to say they either did not know or did not have sufficient time; no one will be able to say that.

Q237 **Chair:** You feel that you are on target for the 20% by 2020.

Duncan Selbie: Yes. You have to be ambitious. You cannot go for something and then—so there is a magic to this as well as—

Q238 **Chair:** But I am asking you, do you feel—

Duncan Selbie: Yes.

Chair: Great. I wanted a yes or no answer and I have got it. That is good.

Q239 **Andrew Selous:** I am going to come on to the out-of-home sector, which we have talked about, but before we leave chocolate, which I see has a 0% reduction in sugar, we heard evidence in an earlier session that there are other countries around the world in which chocolate is sold without sugar in it but not the UK. Is that on your radar? What is your take on that?

Dr Tedstone: We listened to Professor Winkler making that comment. International examples of what else is going on are really important. Yes, we heard him, and we will see what else is going on in chocolate confectionery across Europe. We are part of EU work on sugar reformulation, and things like that will get picked up, so there will be lessons learned.

Q240 **Andrew Selous:** Given that the UK has the worst childhood obesity problem in the whole of Europe, are you going to have conversations with



HOUSE OF COMMONS

the chocolate manufacturers asking why they are not making that available here in the UK?

Dr Tedstone: Yes, we will do that, and also Professor Winkler was making a point about the use of intense sweeteners in chocolate and how acceptable that is in the UK. We will take a look at that as well.

Q241 **Andrew Selous:** I want to come on now to the out-of-home sector, which you have quite properly mentioned, and we are not insensitive to the fact that the food manufacturers want to know what action is being taken in that area as well. Your report points out that the average calorie content of products is double in the out-of-home sector compared with the supermarket sector. What is the action plan that we need to see there?

Dr Tedstone: We need to see them reduce their serving sizes. There are some very big serving sizes. We have today published guidance for milky drinks. A lot of milky sugary drinks are sold by the out-of-home sector. It really struck me how big some of the portion sizes were that we see just through a drink in the out-of-home sector. We clearly have some very big portion sizes going on. People tell us that they want smaller portion sizes. That clearly comes through in our research.

Q242 **Andrew Selous:** Have you set out what you think portion sizes should be?

Dr Tedstone: Yes, we have. We have set maximums. We have set calorie caps as well as changes in the averages that apply to the out-of-home sector as much as they do to retailers and manufacturers.

Q243 **Andrew Selous:** Are there any teeth or sanctions if that is not complied with?

Dr Tedstone: If we do not see movement, this comes back to advising that we are not seeing changes, and additional levers will be needed. In the detail of the report there is a lot about, for example, pudding sizes in the out-of-home sector; they are big, and you will see individual companies called out about that.

Q244 **Andrew Selous:** What about reformulation in the out-of-home sector?

Dr Tedstone: Yes, and reformulation is also important for the out-of-home sector. One problem we have going on at the moment is that there is very little nutrition information available—well, not very little. As a consumer, you cannot see what is in your products at the point of choice. That also affects our assessment of how these companies are doing, because sometimes the nutritional information available on websites is often incomplete, which makes it difficult. One thing we would like to see as a change is that companies have to provide nutritional information at the point of choice.

Duncan Selbie: It is just one of our recommendations about calorie labelling in the out-of-home sector. Some do it, but very few.



HOUSE OF COMMONS

Dr Tedstone: Yes. McDonald's is a very good example of doing it. Some companies are bringing it in and some companies do not do it that well; they have legibility problems. For example, they exclude things that you think should be included.

Part of that is about driving a level playing field between different parts of the food industry. Retailers have to do it and manufacturers have to do it. Information is the foundation of a healthy choice in that if there is not the information available it is harder to make that healthy choice.

Q245 **Andrew Selous:** Can you assure the Committee that you are giving the Government robust advice on what the out-of-home sector needs to do in terms of the Government's anti-obesity strategy and the next chapter?

Duncan Selbie: Yes. Was that loud enough?

Q246 **Andrew Selous:** Yes. Just coming back on the portion size issue, we had evidence provided to us that there is pizza being served in parts of the country in portion sizes three times as big as is common in the United States of America.

Dr Tedstone: That may not be true.

Duncan Selbie: Anyway, they are large.

Dr Tedstone: They are large.

Duncan Selbie: We agree with that.

Q247 **Dr Williams:** I want to come back to the labelling and information provided to consumers. Duncan, you said that total calorie count is something that is a recommendation that you would like to see published. We have also heard evidence of perhaps a traffic-light system, whereby there is some kind of agreement about the nutritional value of products, to make it very simple for people so that they have a total calorie count and whether or not they are buying a red, amber or green product. Would you support that as well?

Dr Tedstone: The basic thing would be calorie information. There has been little consumer research about what works best in the out-of-home sector, so I am not sure how well traffic-light labelling would work, but I would certainly encourage exploring it. One thing—and this has been considered for a number of years—that companies always say is, "Well, we have limited space on our menu boards." Sometimes they have a point and sometimes they do not have a point.

Q248 **Dr Williams:** They could just change the colour, could they not?

Dr Tedstone: They could. The States has just introduced mandatory point-of-sale calorie labelling, and that is a great thing to see.

Duncan Selbie: The thing about the out-of-home sector is that it is growing. More food is being consumed out-of-home, so we cannot not be



HOUSE OF COMMONS

concerned with this. It has been the hardest to get the data from because there is no requirement to label, which is why we said in 2015, repeated in 2016 and confirmed again in 2017, that this would be a smart thing. This would be probably the most important thing to do for the out-of-home sector.

Q249 Dr Williams: That is calorie counts, yes. Because it is probably not going to be led by the industry, would Public Health England be prepared to look at whether it could design some type of mutually acceptable traffic-light system?

Dr Tedstone: Food labelling is not part of PHE's remit. That sits with the Department of Health and Social Care. I am sure if we were asked we would gladly look at it.

Q250 Dr Williams: They would need to ask you rather than you advise them.

Dr Tedstone: Yes, because it is their legislation.

Dr Williams: We will ask them later to ask you.

Q251 Chair: Would you agree that one problem that you find is that, often, even if there is calorie labelling, it is almost illegibly small? Is that something on which you are also going to work with retailers?

Dr Tedstone: Under the public health responsibility deal, standards were issued for labelling of products in the out-of-home sector and not all companies comply with those, so obviously there is great room for improvement. But, yes, like you, I find it very frustrating when you cannot even see it with your glasses on.

Q252 Dr Cameron: Do you have any thoughts on the "all you can eat" buffet-type restaurants, because people might think they are getting really good value for money, but they are likely to be eating far more than they require in calories and perhaps also more sugar and so on?

Dr Tedstone: We have not particularly explored "all you can eat" buffets. It is a similar thing to the bottomless cup where people can carry on having sugary drinks until the end of time for the price of one cup. My questions would be: how much is it really out there; how much of a problem is it? We do know that we now have such a high density of fast-food restaurants in some places that they are competing on portion size and price, and that leads us to buying and spending more.

Duncan Selbie: I was in Gateshead yesterday and they have made a terrific difference in the last 10 years. In the poorest part of Gateshead they have 26 hot-food fast outlets. So they compete on price, and you can get 900 calories for £1. That might not be an "eat all you can get," but it is about portion size at a cost.

Q253 Chair: What are you recommending that we do about that?

Duncan Selbie: We wondered if you might ask us about planning, because there are good examples around the country where local



HOUSE OF COMMONS

authorities such as Gateshead—but there are others—have intervened in planning. They have introduced supplementary planning guidance about restricting fast food near to schools or places where they have just got so many of them that they want to see fewer of them. But it is not universal and we would want more encouragement for local authorities to be a bit bolder. We see it really working where there is political determination accompanied by officer support, and then it is possible. So, you say, well, if some can do it, why can't everybody do it? We think it is mostly to do with a reticence, if you like—not being sufficiently bold.

Chair: We have some questions on planning, so perhaps I can bring Martin in here at this point.

Q254 **Martin Vickers:** You just said that you wanted to give local authorities more encouragement. Are you suggesting that they should be instructed that fast food takeaways, or whatever, are not allowed within a certain distance from a school?

Dr Tedstone: Public health is devolved, so we can only make recommendations. We have set out in a series of guides what local authorities can do in this space. We can amplify good practice. We have done things with the LGA and various toolkits and what-not, but PHE sees that there is scope for improvement in the planning and licensing regulation that would help local authorities in this area. For example, there could be better alignment of planning and licensing. At the moment, one problem is that you can make takeaways healthier, but where you have a very high density of takeaways such as Gateshead it is a problem. Those takeaways can be there forever because they just carry on being a takeaway once they have permission.

Q255 **Martin Vickers:** Do you think local authorities should retain independence, shall we say? They should not be mandated by central Government to prevent that. You are in favour of them retaining their devolved powers.

Duncan Selbie: Yes, and we have had this conversation with the Committee before about why bringing public health back into local government was a very smart and sensible move, but it does mean that there is variation, particularly political determination, which is not consistent around the country. I am using Gateshead just because I was there yesterday, but there are lots of other examples. Gateshead has not approved a fast-food takeaway since it introduced that supplementary planning guidance, and it has succeeded in appeals to the planning inspector, who has upheld the council's decision. There are other examples. Swindon, I think, is another. If you need me to, I will have to write separately to you, but there are quite a number of examples.

We would like to see more explicit encouragement about joining it up, as Alison has said. Planning officers are now part of public health, so every local authority is now a public health authority, but it is still only five



HOUSE OF COMMONS

years in, so there are places where planning decisions are not quite as connected to the public health director or the health agenda as might be.

Q256 **Martin Vickers:** So you do think that health should be a material consideration in the process.

Duncan Selbie: Across the whole, yes.

Q257 **Martin Vickers:** Widening it to, say, high-street advertisements and big hoardings, should local authorities have power to restrict them?

Dr Tedstone: Some of them do. If they own the hoardings, they have the power to restrict them. In London, Sadiq Khan has said he is going to restrict advertising around schools and advertising on TfL, and we really celebrate that.

Legislation could, of course, help local authorities. I am very aware, though, that local authorities have a problem: our high streets are not particularly diverse any more. They are struggling to get rents and to have vibrant high streets. At the moment, PHE describes the problem: local authorities are given tools to help with the problem, but it is tricky because they want to maintain a vibrant high street.

There is one thing I want to say about the sugar levy, which has done a good trick. Before the sugar levy came in, industry said it would lead to loads of people being made redundant. The sugar levy has managed to pull off the trick of having a vibrant drinks industry without people being made redundant. The products have just got better. Whether you can do that for a high street, I am not certain, but it is an interesting reflection.

Duncan Selbie: Gateshead considered the economic impact of not having more rented properties—what that does to business rates—but discounted it completely because of the cost of obesity, the services it has to put on and the costs it incurs. Working with the planning profession, the various representative bodies and the Local Government Association, we would further encourage joining this up.

Chair: Thank you. We need shorter answers. Is that everything?

We are now going to come on to price promotions, and Derek is going to lead.

Q258 **Derek Thomas:** May I take you back in-store? Price promotions and product placement practices are used to push primarily high in fat sugar and salt products, and these efforts have certainly been quite effective. I want to lump two questions together. Has Public Health England made any analysis of the way these practices affect different groups and health inequalities? Since your last appearance before this Committee a year ago has your assessment of the evidence linking product placement and childhood obesity changed?

Dr Tedstone: In 2015 we said that about 40% of purchases were on price promotion, and that that was leading to a 20% increase in what we



HOUSE OF COMMONS

all buy. That was independent of social class, so it was having the same effect on the most disadvantaged as it was on the most advantaged. For the most disadvantaged, that was potentially hugely detrimental: being cash poor, spending 20% more than you need to—buying more calories than you need—was being partly driven by promotions.

We have not done a new analysis of social class, but I can tell you that promotions are still high. The latest data state that 34% of what people buy is on promotion. When you look at high-sugar products, 40% of sugary products are bought on promotion. Promotions are still having a deep effect, we still have very high levels in this country, and that will be leading to people buying and spending more than they need. I would predict it is still absolutely independent of social class.

Duncan Selbie: When we published this, we also said that it was about twice the rate of the European average. We do not have data for America or Asia, but the British like a bargain, and, to put it succinctly, the 20% more that is being bought than would otherwise be bought is either being consumed or wasted—even more so if you are poor: you are paying 20% more than you would otherwise if we were not having these products promoted. That cannot be right.

Dr Tedstone: Research on place-based promotions has not moved on greatly. Professor Jebb was at the Committee the week before last. She described the data as it is, which really does show that place-based promotions, particularly at the gondola aisle, do drive purchases. They are premium sites in supermarkets and people want to use them.

I would say, though—Hugh Fearnley-Whittingstall has exposed this as well—that place-based promotions go way beyond our supermarkets. We are seeing food being sold out of more and more establishments now than we ever envisaged, and that could be addressed through the licensing regulations and planning to try to pull it back. Whoever thought that you could go to a DIY shop and buy lots of chocolate or confectionery? It has completely changed. We are being prompted to buy more food every time we go into any shop. The out-of-home sector is part of this as well—the upselling and what-not that occurs.

Q259 **Derek Thomas:** With the next chapter of the childhood obesity strategy, are you expecting, or do you want, the Government to have some statutory obligation around price promotions and product placement?

Duncan Selbie: I think you are seeing the Minister next.

Derek Thomas: Yes.

Q260 **Chair:** But we are asking whether you would like to see it.

Duncan Selbie: Definitely.

Dr Tedstone: We have always been consistent: PHE wants to see action on the things that are structurally driving us to buy more food and



HOUSE OF COMMONS

consume more calories, and that includes advertising and promotions in all their guises.

Duncan Selbie: We have not changed our view.

Q261 **Derek Thomas:** I grew up in a fairly large household of eight children. It might have been slightly different then, but my mum and dad would sometimes buy promotions and put them in the cupboard. Are we saying that “buy one, get one free” always leads to eating more and wasting more, or that sometimes it is just good housekeeping?

Dr Tedstone: PHE analysed two years’ worth of the retailers’ data, and, yes, industry would say that those promotions mean that, if biscuits are on promotion, you buy two packets, you eat one this week and put one in the cupboard for next week. The data do not support that notion. The data support that next week you just go and buy the same packet of biscuits.

Duncan Selbie: And I have three teenagers.

Dr Tedstone: I am sure that some people use it as a good way of budgeting, but we all feel that, overall, the data say it does not help budgeting. We cannot say what happens to the food once people purchase it because we have used industry’s own data to do this and it is just about purchasing, but we know it is a big effect and it happens. We cannot resist a bargain. That is what it comes down to.

Duncan Selbie: It is a British thing.

Q262 **Luciana Berger:** Do you think that Government action to date on both marketing and advertising of HFSS foods to children has been sufficient?

Dr Tedstone: In my earlier days I was involved in the first controls in the UK. We are very proud of them because they were the first in the world to influence advertising. They influenced a narrow range of what families see. Our children see ads in family viewing as well as children’s viewing, and we clearly would like—as we have said before—to see a reduction in the number of ads that children see, and that inevitably means widening it from the current restrictions.

Q263 **Luciana Berger:** When were those initial measures brought in?

Dr Tedstone: In 2007, I think, off the top of my head—10 years ago.

Q264 **Luciana Berger:** Do you think there has been enough Government action since to contend with the evolving nature of how children consume adverts?

Dr Tedstone: We would certainly like to see more action. In 2015 we described advertising on the internet. We have seen the Advertising Standards Authority introduce some controls, which came in only last June. We really want to see the evaluation of those controls.



HOUSE OF COMMONS

The ASA gave evidence to the Committee and talked about a 40% reduction in ads that children see. We have been in contact with the ASA to try to understand that a bit more because it just did not seem right, and actually that is just about television. Overall, I think the Advertising Standards Authority's own data show that our children are seeing more ads.

The sophistication has changed. Bus-stop adverts keep on getting brought up. They used to be very dull, boring things, and now they are well-lit, attractive and, I suspect, more impactful than they have been before. We do not really understand their effect.

The opportunities for being advertised at are ever increasing. We now get adverts on the sides of our shopping baskets, we get them on our till receipts and we get them on our bus tickets. We are being pervasively advertised to and our children are seeing lots of adverts.

Q265 **Luciana Berger:** Duncan, do you want to say something?

Duncan Selbie: We agree that we wish to see further action in this area, not just on terrestrial television but on all media channels.

Q266 **Luciana Berger:** You have strong evidence bases from all the work that you do internally from the research that you conduct and commission. Where do you believe the evidence base is strongest in favour of marketing or advertising interventions in the next round of the Government's childhood obesity plan?

Dr Tedstone: The research evidence base has largely explored television. That is where most research has been done. From the evidence that we reviewed back in 2015, though, any form of advertising that we looked at—it might not have been great quality research—was all saying the same thing: advertising works; it affects what people buy; it affects what our children want to have; it affects food preferences and food choices independent of the channel.

There is some literature on advergames that is quite powerful; it suggests that it does affect children's food consumption. The obesity research policy unit that Professor Viner talked about earlier at the Committee has been commissioned by the Department of Health and Social Care to take a more in-depth look at advertising and it will be interesting to see what that says, but PHE does not see that there is evidence to support the claim that advertising has a minimal or a small impact. We just do not think that is supported by the evidence that gets cited by the industry.

Q267 **Luciana Berger:** If it is not having a minimal impact, what, therefore, should be done to minimise the impact?

Dr Tedstone: We are encouraging the Government to consider controls around family viewing, for example.



Duncan Selbie: On all media channels. I think that is the modern word.

Q268 **Mr Bradshaw:** Exactly what controls are they?

Dr Tedstone: One thing that is going on at the moment as part of the childhood obesity plan that Public Health England was charged to review is the nutrient profile, which defines foods high in salt, fat and sugar, and foods need to pass it if they can be advertised on children's television. That is a tool that could be used for other settings as well.

Q269 **Mr Bradshaw:** How about non-children's TV? Lots of children are watching TV after nine o'clock.

Dr Tedstone: Exactly. Many of our children see food advertisements around family viewing, for example, on a Saturday evening and in soaps.

Chair: Luciana, do you want to finish that?

Q270 **Luciana Berger:** Obviously you have focused very much on the television setting. We have to look at just one report that was done by Ofcom two years ago that showed that young people aged 5 to 15 are spending around 15 hours per week online, more time than they spend on television, and not just on social media platforms but on things like Google, YouTube and so on, which accounts for 50% of online advertising. What specific work have you done on that area, because it is not new news that that is where children go?

Dr Tedstone: As part of the obesity policy research unit, they are assessing the exposure of children to advertisements on those platforms. It is quite a difficult area because companies such as Facebook would say that children do not see ads on their platform because they are not allowed to be on that platform. We all know that they are on those platforms, so it is not as easy to assess as television, but the information that we do have for the internet, such as advergames, suggests that it is a powerful medium for driving food choice.

Duncan Selbie: The evidence that we have gathered says that advertising drives purchasing and consuming, and we know that the way that people are using media now has been changing. Although the evidence is weaker on the non-television side, our advice to Government is that any restrictions, should they choose to apply them, should apply to all media channels, including digital.

Q271 **Luciana Berger:** Do you have any recommendations about the 9 pm watershed and the rules as they have currently been set?

Duncan Selbie: We have given advice to the Government. There are choices about how they might take that forward, and you might ask the Minister.

Q272 **Chair:** What advice have you given?

Duncan Selbie: Different ways in which you could approach restricting advertising. The watershed is one; another might be about how many



children might be watching at a particular time irrespective of time. There will be a number of different ways in which this might be done.

Chair: Thank you very much, both of you, for coming, and, Alison, if you are happy to stay on for a second dose with the Ministers, that would be much appreciated. Thank you very much.

Examination of witnesses

Witnesses: Steve Brine MP, Dr Alison Tedstone, Margot James MP and Nadhim Zahawi MP.

Q273 **Chair:** Thank you very much. It is great to have a trio of Ministers here, reflecting the importance of this issue.

May I reiterate what I said at the start of all our hearings? We would like the key focus of this inquiry to be on trying to reduce the health inequality around childhood obesity as well as addressing it overall. For those following from outside the room, will you introduce yourselves, starting with Nadhim Zahawi?

Nadhim Zahawi: I am Nadhim Zahawi, Minister for children and families at the Department for Education.

Margot James: I am Margot James, Minister for digital and the creative industries.

Steve Brine: I am Steve Brine, Minister for public health and primary care at the Department of Health and Social Care.

Q274 **Chair:** Thank you, and thank you for staying on, Dr Tedstone.

We have just returned from Amsterdam. It was a superb visit. One of the most striking things was the cross-party, whole-system approach that has been taken to childhood obesity. An analogy that was shared with us was that they thought of this as a sandbag wall and that if any of the sandbags were missing the whole system did not work as effectively.

Starting with Steve Brine, will you set out some specific examples of how you are leading cross-departmental work so that we get a whole-systems approach, because that is how they feel they have really managed to get to grips with reducing inequalities as well as tackling childhood obesity?

Steve Brine: Yes. You have just come back, have you not, from a two-day trip to Amsterdam? Lucky you. I managed only a few hours, but I have already been there this year with officials, just before the city elections, to have a look at what they are doing. I was impressed with what they are doing.

I, too, noticed the fact that it is a whole-systems approach. They have little platoons—I suppose what somebody in this place used to call the big society—which is groups of people working in communities or cook-out lessons, all that stuff. Although it is not independently verified, they have a 12% reduction figure, and there is no reason to doubt it. What they



HOUSE OF COMMONS

have done has been quite impressive, not least among ethnic minorities. I saw photos of you, Chair, with various members of the ethnic minority community in Amsterdam.

Deputy Mayor Eric van der Burg would love to have a sugar tax, as we have. I do not want to diss Amsterdam—I want to learn from Amsterdam—but it is different. Amsterdam is one city, and they are in control of that city. They are not in control of the entire national Government, which is why he said he would love to have the sugar tax that we have. He does not have that and we do, but then he does have control over all the levers of local government in his area. I went there with Baroness Jenkin of Kennington, partly because she heavily tagged my copy of the CSJ report off the scales, which was of course heavily based on their visit to Amsterdam and what they saw there.

I would say, referencing back to your question about leading cross-Government, that a review of the activities of the Amsterdam healthy weight programme suggests that most of the 10 pillars that underpin the actions they are doing are to a greater or lesser extent in play in local authorities in England.

The “first 1,000 days” approach, from the start of pregnancy until age two, has much in common with our Healthy Start scheme, which of course works across health and education. Their schools approach aligns with our primary PE and support premium money, which we may come on to. That has come out of the sugary drinks tax, which of course works across the Treasury, health and education. The Amsterdam healthy schools rating system, their school food plan and their support for their early years setting are similar to the things we are doing. Finally, their help for children who are overweight or obese to regain a healthier weight has quite a lot in common with PHE’s “Making Every Contact Count” work.

It is important to recognise when other people are doing it well, but also not to run ourselves into the ground.

Q275 **Chair:** It is fair to say that an extraordinary degree of leadership is shown in joining the whole system up.

Steve Brine: Yes.

Q276 **Chair:** We have lots of little separate policy areas, but it is about the system leadership.

Steve Brine: I agree.

Q277 **Chair:** There is also the enthusiasm and energy that goes into it. What are you going to do, Minister, to try to drive that similar approach? I take the point about a lot of it not being fully published yet, but they are achieving even greater results. We were hearing results of around an 18% reduction in the most deprived communities—12% overall. It is narrowing that health inequality gap that, as I said at the beginning, is of



HOUSE OF COMMONS

most interest—and that takes system leadership, drive and enthusiasm. I wonder what you are doing to make that happen here.

Steve Brine: And commitment. If you look at core recommendation 1 of the CSJ report, the very first thing it says is about the leadership and commitment that Government, specifically the Prime Minister, must take to end childhood obesity. I would refer you back to what the Prime Minister said when she first became Prime Minister about burning injustices. Our figures on child obesity are still not where we want them to be, putting it mildly.

Q278 **Chair:** The gap has got worse every year for seven years. What are you hoping to see in the strategy that is going to make the difference to narrowing that gap? What are the key things that you want to see there, Minister?

Steve Brine: There is a whole suite of things that we have already done in publishing a world-leading plan. I suspect that Duncan told you that we are doing something that nowhere else in the world is doing. Former Chancellor George Osborne deserves a lot of credit for taking the courageous action on the soft drinks industry levy, which lots of people said would not work and would cost lots of jobs. We decided to lead on that, as in the Prime Minister, the Chancellor of the day and the Health Secretary, who is still the same Health Secretary—

Q279 **Chair:** We are all agreed that that was a fantastic example of how you can apply a national lever and make a difference without the sky falling in, as some people predicted. What we as a Committee are asking you is: what is the next part—the next lever that you want to apply—and how are you going to bring the whole system together to drive it as a cross-departmental effort?

Steve Brine: We will come on to all the different areas, will we not, but the way we are driving it is through delivering on the world-leading plan, part 1, and the things that we have talked about: the sugar tax; the money that is going into the school plan; the sugar-reduction programme you have just been talking about with Alison and Duncan; and the calorie-reduction programme?

I do not think my personal commitment could possibly be questioned. I am also the cancer Minister, and the line that Cancer Research UK has drawn between obesity and cancers—a third of which are preventable and two thirds of which are just unlucky—could not be clearer, could it? That is work we have to do.

It is time to reflect on part 1, which is what the report is about. Although it is possibly the worst-kept secret in Westminster, I can tell the Committee today that we will be publishing a second chapter of the childhood obesity plan shortly.

Chair: Great. Luciana has a follow-up point and then we will come to Paul, looking at local and national collaboration.



HOUSE OF COMMONS

Q280 **Luciana Berger:** May I challenge you, Minister? You keep calling it a “world-leading plan” and you referred to George Osborne and the previous Government. I do not know whether you were privy to the former manifestation of that obesity plan—what it looked like before and what it looked like when it was finally published—and whether you have seen the television programmes or the two editions.

Steve Brine: I am familiar with the two editions, yes.

Q281 **Luciana Berger:** There were two editions. In terms of it being a world-leading plan, what was finally published was a plan that did not have a specific target to reduce our country’s obesity levels, it did not include measures to tackle issues to do with what our children see on television in promotions and advertising, and it did not tackle what happens in our promotions and point of sale. So, why is that a world-leading plan?

Steve Brine: It is because I think it has made significant progress. I think the soft drinks industry levy, which, as I said, the mayor in Amsterdam, would love to have, has seen half of the products that were initially in the scope reformulated, and that is about 45 million kilograms of sugar taken out every year. We should not lose sight of the fact that the funding generated from the levy goes straight into the hands of every headteacher, including in your constituency, to transform physical activity. The money that we have, therefore, is protected from the industry levy, even though it had not yet come in—the money that is going into breakfast clubs in schools in Members’ constituencies and the sugar-reduction programme that you have just been talking about with Alison and Duncan. So I do think it is a world-leading plan.

Many countries in the world would love to have a plan like ours, and, yes—I know you have been talking with PHE about this—the results of the first year are not where we want them to be, but I think it is early days. It is a very honest report, which you have. I am a “glass half full” person and the report is a very “glass half full” kind of report, but where would we be if we had not shown ambition in producing that report? I do not think it is very helpful to keep looking back to the report that was changed.

Q282 **Luciana Berger:** But it is not just about the report, Minister, is it? It is what has happened since 2010 and what was, effectively, an unsuccessful responsibility deal, and now we are in the place we are at with this one-year plan. We are essentially looking at an increase in obesity levels of children in this country both when they get to primary school and when they leave. As we have said, the real focus of this Committee is on the increasing levels of inequality—of more children from the most deprived backgrounds facing obesity. How does that contend with your ambition to reduce cancer in this country?



HOUSE OF COMMONS

Steve Brine: For a start, I do not think it does anyone any credit to suggest that childhood obesity suddenly arrived as an issue when the Conservative coalition took over in 2010.

Luciana Berger: It has got worse.

Steve Brine: This action could have been taken by a previous Conservative Government or by the Blair or the Brown Government, so let us put that on the record. The work we are doing with this plan is a major programme. It takes an awful lot of time to get stuff from reformulation in the lab through to the shopping baskets—some companies say it takes 18 months to do that.

Chair: We have a number of other small points, so Diana and Andrew want to come in—briefly because we have a lot to get through.

Q283 **Diana Johnson:** When we were in Amsterdam we found there is a target of 2033 for obesity to be eradicated in children in Amsterdam. What is your target? At what date will we see obesity eradicated in the UK, do you think?

Steve Brine: I am not going to pre-empt exactly what I am going to put in chapter 2, but I will say that I and the Secretary of State have been very clear that there should be a north star, which I suppose is the expression I would put to it. We were discussing it with Jamie Oliver, who I know has appeared before this Committee.

Q284 **Chair:** So there will be a target.

Steve Brine: Correct.

Chair: Thank you.

Steve Brine: A north star, otherwise known as a target.

Chair: Great. We are clear about that. Andrew has a question.

Q285 **Andrew Selous:** In some of our major cities 40% of children are obese or overweight. Amsterdam may not have all the levers that we have, but they have moved the numbers in the right direction. Again, by when do you think we will have our major cities moving in the right direction, as in Amsterdam now?

Steve Brine: It is not all about what national Government can do. National Government can set strategies, they can set childhood obesity chapter 1 and chapter 2 and, who knows, maybe chapters 3 and 4, but it has to be a mixture of national action—we saw taxation through the SDIL—and culture change that then engenders within that.

It makes commercial sense for us to do the right thing. Yes, I do believe that parents and family should be in that mix as well and that they have a responsibility to do it. I do not know whether Duncan and Alison went



HOUSE OF COMMONS

through some of the good examples that we see in local authorities around—

Q286 **Chair:** We are going to come on to local authorities.

Steve Brine: There are very good ones.

Q287 **Dr Williams:** I thank the three Ministers for being here today. It is a shame that we do not have somebody here from the Ministry of Housing, Communities and Local Government because the next question relates to how the Government are going to work with local authorities to make sure that the next chapter is implemented effectively. Perhaps you, Nadhim Zahawi, could start: how are the Government going to work with local authorities?

Nadhim Zahawi: Let me say how we are working centrally—an important point that the Chair raised. The moment I was promoted to the job of children and families Minister, one of the first inter-ministerial meetings we had was between our three Departments to work together.

In terms of our work with local authorities and disadvantaged children, the free school meals—healthy hot meals—available for 1.1 million children is a very important part of that process. If you step back, philosophically, we want schools to do the right thing. Ultimately, that is the process you go through. There are some very good examples of how local authorities have delivered, Leeds being one.

If I take one lesson from Amsterdam, it is that this is multi-agency work. You take the leadership at the top—here in Whitehall—but the leadership cannot do everything. We need every agency, including all our schools, primary and secondary, to work together to make sure that we deliver this.

Steve mentioned breakfast clubs. We have put £26 million into breakfast clubs aimed at those schools in the most disadvantaged areas, including the opportunity areas. There are a number of ways in which we are working with local authorities to deliver. That is not all new breakfast clubs. It is also existing breakfast clubs that we are expanding. There is a lot of good work being done.

Again, Steve mentioned the work with the Treasury on investing £320 million per annum into PE in the sports premium. Over and above that, there is a capital programme where we felt there are some schools who simply cannot deliver some of the challenges that we are asking them to do, so we have £100 million in a capital programme to help schools have the facilities so that they can deliver a healthy outcome for kids.

Q288 **Dr Williams:** My kids like breakfast club because it is where they get the chocolate spread to put on their toast or on their bread. That would not happen in Amsterdam. Part of the reason for that is the strong local leadership that is influencing local schools. Steve Brine and Margot James, how are you going to get local government to provide that strong



leadership?

Steve Brine: Especially where we have directly elected mayors, who have executive authority, there is good opportunity. I am perfectly happy to pay tribute to the Mayor of London, who talked to Jamie Oliver about the work he is doing around TfL and advertising. I know Jamie did a lot to get over the line, but they both deserve credit for doing that. It is a good example of where devolved government is doing the right thing.

I suspect that Gateshead has been mentioned, so I will not go on about Gateshead, but, Dr Williams, in your own area they have adopted PHE's Be Food Smart campaign, which supports parents in helping to make healthier choices, highlighting how much sugar, salt and fat is in everyday foods.

There are good examples from the local authorities of members sitting around this table. Exeter, Mr Bradshaw's constituency, was a Sugar Smart city in 2017. So there are good examples where local authorities take the lead.

This comes back to my point: yes, parents have a responsibility, but we have to remember that since the Health and Social Care Act we, as a Parliament, agreed that all top-tier local authorities are local authorities and planning authorities, but they are also public health bodies. As a public health authority, they have responsibility to address health inequalities through the powers that they have. Yes, they are then answerable through the ballot box. They are answerable to parents like us about whether they are doing enough and doing the right thing working with the powers that Government give them. It is not always about what Government dictate.

Q289 **Dr Williams:** You mentioned that you met Eric van der Burg.

Steve Brine: Yes—a highly impressive individual.

Q290 **Dr Williams:** Part of this comes from very strong political leadership.

Steve Brine: Yes.

Q291 **Dr Williams:** There are some areas where there is the potential for directly elected mayors to show that strong political leadership. How are the Government going to influence and provide some of that strong political leadership so that we see Alderman van der Burghs in every town and every city within England and Wales?

Steve Brine: I have already talked about us setting an ambition, and we will set out further thoughts in chapter 2 of the childhood obesity plan. I want to see these good local authorities—call them beacons, pathfinders, or what you like—testing what works really well. PHE will have a role to play in testing and in providing local authorities with toolkits to do some of the things that are going on in good local authorities such as yours.



HOUSE OF COMMONS

It cannot just be down to how good the executive member is or how good the director of public health is. I spend a lot of time talking to the Association of Directors of Public Health and to individual DPHs. I ask them reaching questions about what they are doing to tackle inequalities in their area.

Q292 Dr Williams: Will you expect every local authority to have a childhood obesity plan?

Steve Brine: I will certainly expect local authorities to have regard to the inequalities in their area. Not every area has the same obesity challenge, does it? I would expect them to have regard to tackling health inequalities, which is their job under the legislation passed by this place. I think it is good business sense and good politics. Those who do not do it will soon notice that the public will respond.

Chair: We will come on now to marketing and advertising—your area, Margot James. Martin is going to lead on this.

Q293 Martin Vickers: I address the first question to Steve. Can we presume that in the next round of the obesity plan the Department of Health and Social Care will want a nine o'clock watershed for TV advertising?

Steve Brine: You cannot presume anything, Mr Vickers. All will be revealed.

Q294 Martin Vickers: I thought you might say that, but I thought it was worth a try.

Margot, what would be the view of your Department, the sponsoring Department for the broadcasters? Would you seek to resist a nine o'clock watershed?

Margot James: There is quite a lot to say about what we are doing already, working with companies, working with the enforcement bodies on advertising. A lot of work has been done over the last 10 or 15 years. I do not think we are at a point yet where we could make a pronouncement in terms of me being able to answer your question directly, but hopefully at some point we will be closer to an answer.

Last July, we commissioned University College London to establish the obesity policy research unit, which is assessing and analysing the impact of promotional activity on eating habits, with children in mind. There has been quite a lot of research in this area already, but I am hopeful that the obesity policy research unit will be able to give us some definitive answers over the next 12 months in terms of its remit and answering on it.

Q295 Martin Vickers: But if the evidence pointed to a nine o'clock watershed being effective, you would not resist that. It would of course be damaging to the broadcasters.



HOUSE OF COMMONS

Margot James: We have to bear in mind the big picture, but if it were to be demonstrably proven it would be hard to resist. I am being a bit cautious because, although there has been a lot of research in this area, there is hard data from when restrictions were first introduced in 2005 on the impact in reducing the exposure of children to the advertising of these products. It has had a substantial effect on the reduction of exposure, which has not corresponded with any reduction in childhood obesity. That is the reason for my caution in answering your question.

Q296 **Martin Vickers:** Steve, you wanted to come in.

Steve Brine: It is always important to remember what we have done and are doing. We already have some of the toughest restrictions on advertisements for these products during children's programming. We monitor that very closely. We said in chapter 1 that we would update the nutrient profiling model, which is a lot less boring than it sounds. A consultation on that closes in the middle of June—the 15th, I think. We update the products that fall within scope and are not allowed to be advertised during children's programming.

As a parent, as well as the public health Minister, I still see examples that irritate me. I sat down with my children to watch the Six Nations tournament and, lo and behold, the entire coverage was sponsored by a McDonald's Signature meal. As I tweeted at the time, so it is a matter of public record, "#bad decision." I think it was a bad decision. We do not miss those things. I certainly do not.

We will update the nutrient profiling model around stuff that can be advertised during children's programming, and the PRU, as Margot rightly said, is doing some research for us that will conclude in the next 12 months. I expect to see some early results very soon. We always said we would act further if we needed to.

Q297 **Martin Vickers:** What if a local amateur sports team, encouraging youngsters to take their exercise, was sponsored by a local business selling fizzy drinks and sugary cakes but was precluded from doing so by the ban on sponsors?

Steve Brine: Are you asking whether we should do that?

Q298 **Martin Vickers:** No. I am saying we want to encourage young people to participate in sport, but much of amateur sport is supported by local businesses, some of which sell fizzy drinks and cakes. Should that be allowed?

Steve Brine: My little boy's football team is currently looking for a new sponsor, but if it was from a sugary drinks or a sugary cakes company I would have to repeat "#bad decision."

Margot James: One thing that my Department did in conjunction with the Department of Health and Social Care and the Department for Education was to develop a set of principles for sports bodies to consider



when entering into sponsorship deals if they have these sorts of products among their product range. While not ruling it out, it is discouraging, but when it does not rule it out at least the principles insist that the finance is reinvested into sport so that at least we are getting more resources into getting children active.

Q299 Luciana Berger: I want to move on to non-broadcast platforms. We have received evidence that the July 2017 CAP Code is failing to reach many sites and places where children go online—things like Google and Facebook, which specifically fail to meet the criteria of having a children’s audience of over 25%. Do you acknowledge and recognise the fact that this has an impact on our childhood obesity strategy?

Margot James: I certainly acknowledge that viewing online is a significant factor. The advertising and promotional content that children view online have to fall within the scope of the regulations. It was good that last July the ASA introduced this new requirement to extend the current restrictions into the online environment and to strengthen the current restrictions, as you pointed out, by bringing within scope programming online or offline that is drawing 25% or more of its viewership from children. They are now in scope online as well as offline.

We have to give these new restrictions a chance to bed down. It has not been 12 months since they were brought in and it is notoriously difficult to police things online. I will speak generally rather than just apropos this particular subject, but at least it is a start and it is a recognition that it is pointless to look just at the terrestrial broadcasting if we want to restrict children’s viewing of these sorts of products’ commercial promotion.

Q300 Luciana Berger: Do you think there is a risk of imbalance between the broadcast and non-broadcast media rules on marketing to children, particularly when the upcoming restrictions on TV advertising come in? What are you going to do to mitigate that imbalance between broadcast and non-broadcast?

Margot James: In terms of the difficulties of enforcement, what do you mean when you say “imbalance”? In theory, there is no difference between the restrictions, online and offline, so there should not be that concern, but, in practice, it is much easier for the ASA to police what is going on in the traditional broadcast category. It also has the backing of Ofcom, so it is a sort of co-regulation rather than just self-regulation when it comes to traditional broadcast.

Online, it is harder to police and it is reliant, obviously, on complaints. You are in practice relying on parents to observe what their children are seeing online because it is unlikely that a child is going to report the fact that they have seen a promotion for a high in fat, salt or sugar product. So you are relying on adults, but it is happening: people are complaining and advertisers are being brought to book, but it probably needs more than nine months for us to get any definitive data on how effective it has been.



Q301 **Luciana Berger:** Reflecting on the evidence that we had—

Margot James: Yes, I would be very interested, because I have not yet had the chance to read the *Hansard* reports of all of your previous sessions. I am keen to learn from what your Committee is inquiring into about the effect thus far of the online restrictions.

Q302 **Luciana Berger:** My takeaway message from it—I do not have the evidence in front of me and I do not know whether it is shared by the Committee—was that there was not very much proactive work going on by the regulator to identify where anything might be flouting the regulations.

Margot James: Yes, that will be a weakness. The fact that the system is complaint-led indicates to me that we are on the lower slopes of where we need to be with regard to policing what is going on online.

Chair: Thank you. I am going to move on to price promotions, and Derek.

Q303 **Derek Thomas:** It is generally accepted that price promotions and product placement practices are effectively pushing high in fat, salt and sugar products. With this new chapter of this very secret obesity plan, are you intending to have statutory obligations to address this kind of promotion?

Steve Brine: That is another good try. The culture change that we want to see, through our sugar and our calorie-reduction programme, will help tackle promotions because it will change the very products that are being promoted. A culture change is going on among families and children. Schoolchildren from my constituency visited me this afternoon. They were asking me about this subject because they know this is the job that I do. One told me that his dentist told him that his MP was dealing with childhood obesity.

A ban on smoking in public places seemed like a heavy-handed move at the time, but nobody now would think that that was not the reasonable thing to do. A culture change is going on, and we welcome forward-thinking retailers that show that they can take action on discounting and price promotions. I do believe in naming and praising when people do the right thing, and Lidl and Aldi are two of the best examples on location promotion. In 2014 Lidl banned all sweets, chocolate bars and crisps from their check-outs in 600 UK stores after talking to and doing a survey of parents on so-called pester power. Those of us with children know all about pester power. They replaced the unhealthy products with healthy options such as dried and fresh fruit, oatcakes and juices, and in 2015 Aldi committed to remove it all themselves.

As widely reported, the so-called budget supermarkets are having great commercial success, and I wonder whether that is about more than them positioning themselves on price. I hope so. I hope that parents are voting



HOUSE OF COMMONS

with their feet and that all retailers will take their lead. We have always said that chapter 1 was just chapter 1. If we do not see sufficient progress, we will take further action.

Q304 Derek Thomas: With chapter 2, is there not a benefit or an interest in engaging parliamentarians who represent different parts of the country, right across the UK, who are fairly closely connected to their communities, schools and their health professionals? They are quite integrated. Why are we being excluded from the drafting of the second chapter?

Steve Brine: Mr Thomas, with the greatest respect, I do not think that anyone could say that parliamentarians have not inputted into the discussion around the childhood obesity issue. I have been doing this job for a year next month and I have had continuous debates in Westminster on the subject, continuous parliamentary questions. I continually engage with colleagues—Mr Selous on a weekly basis—and questions at health orals. It is constant. Even a very good debate in Westminster Hall last week about the history of the NHS ended up being largely about obesity.

Colleagues across the House have had their input and do not miss any opportunity to talk to me about it. I have always said that I think Government will have more of a challenge if they do nothing than if they do something.

Derek Thomas: We look forward to the end result; thank you.

Steve Brine: Excellent.

Q305 Chair: We have heard that people want a level playing field. You have rightly drawn attention to the fact that there are some very responsible retailers, but they are being discouraged by the fact that others are not doing their bit. Are you planning to do anything to level the playing field?

Steve Brine: All I would say, Dr Wollaston, is that levelling the playing field between retailers and businesses that are doing the right thing and others is critical to combating obesity. You can quote me on that.

Q306 Chair: Thank you for that. May I give an example? The other day I was at Paddington station and I went into Accessorize where in front of the till, at child height, there were two huge vats of sweets with little dispensers clearly aimed at children. The shop assistants were directly saying to the child, with the parent in front of me, "Would you like to ask your mother to give you some sweets? All we need is her email address." It was the most disgraceful example in every way. You do not go into a shop such as Accessorize to buy confectionery, and it was deliberately being targeted at and promoted to children. It was disgraceful. They have not responded to my comment on that, but I hope they will take the opportunity to do so and to withdraw the offer.

Are you going to do something, as we have heard very powerfully from Dr Tedstone in our previous session, about having confectionery—the



HOUSE OF COMMONS

obesogenic environment—in every location? Even going into my local council offices, you have charity promotions that are marketing confectionery. Are you going to try to take some of those empty calories from locations where people do not want them?

Steve Brine: I think we need to level the playing field.

Q307 **Chair:** So they are on your radar.

Steve Brine: Yes. I have bought a healthy meal deal in Tesco and been asked whether I would like to add a bar of chocolate.

Chair: Quite.

Steve Brine: I think it is unacceptable and needs to be called out and made more unacceptable, as smoking in public places was.

Q308 **Chair:** Yes. It is a key part of marketing, but you do recognise that it is an important part of the obesity strategy to reduce the obesogenic environment.

Steve Brine: It is a key part of marketing, but a key part of cleaning chimneys was sending children up them and we do not do that any more. Retailers need to understand that the public have moved on this, that parliamentarians have moved on this—

Q309 **Chair:** But will you force them all to do it?

Steve Brine: —and Government are listening to both.

Q310 **Chair:** So you are listening to that argument—

Steve Brine: Correct.

Q311 **Chair:** And we can possibly expect to see some action on it.

Steve Brine: My ears are big.

Q312 **Mr Bradshaw:** Can you level the playing field without statutory intervention, and, if so, how?

Steve Brine: Possibly, Mr Bradshaw, yes. There is not an awful lot more I can say at this stage. I think we need to level the playing field and retailers need to—

Q313 **Mr Bradshaw:** I would be interested to hear how you think you can level the playing field without statutory intervention. Let me put the question another way. In our first session we heard that the year-on update from Public Health England had shown that, as opposed to the 5% target of sugar reduction in the year, they had only managed 2%, and that the only area where there had been significant progress was on sugary drinks, which happens to be the only area where the Government have statutorily intervened. Would that not seem to suggest to you that what is needed is more statutory intervention by the Government—that the voluntary approach has completely failed?



HOUSE OF COMMONS

Steve Brine: I do not think it has completely failed. This is a major programme of work. It takes time to get products from reformulation to the shopping basket. All companies need to do as well as the best, so next year no one will be able to say, "Oh, we did not know about this," or, "We have not had time to work on this." I think the ambition we showed was absolutely right, but it is very early days.

For fear of sounding like a former US politician, there are things we do not know that we do not yet know. Kellogg's did not tell me before it launched its product change that it was going to do it, so there will be things that we do not know and there are things that we do know that are in the pipeline that are not yet out there. My answer would be that it is "too early days" to say that it is time for a very big stick, but the sugary drinks levy and the success that it has had is a matter of fact, Mr Bradshaw, and it speaks for itself, does it not, in what it has done?

One thing I want to say about the sugary drinks tax is that I visited Suntory in Uxbridge last year. It makes Lucozade and Ribena, which, for the record—I get a lot of flak for saying this on social media—I do not think tastes any different; I think it tastes great. I was just talking about the culture change that has been achieved within the company, about the staff satisfaction levels and the people who want to work at the company because it is doing the right thing. That is real change and is what part 1 has achieved, which is impressive.

Q314 **Chair:** But that was with a stick—that is the point—and the sky did not fall in. We did not see unemployment as a result. Do you think that there is a case now for more mandation, because people would welcome it?

Steve Brine: I still think it is early days, but on the stick that Lucozade responded to, looking back, I wonder whether it would eventually have done it anyway because I think the country is moving, so Kellogg's—

Chair: "Eventually" being the word.

Steve Brine: The change that Kellogg's has made does not have any stick behind it. It did it because it thinks it is good business sense. Let us remember that these are commercial entities trying to make money, and they have done it because they think it is good business sense. Good on them.

Q315 **Mr Bradshaw:** It is very welcome that the three of you are here today, and other colleagues have stressed the importance of effective, joined-up cross-departmental Government working. What structures do you have within Government to formalise and—not just appearing before a Select Committee for a couple of hours, but going on—to deliver this strategy, to make sure that the Treasury, Transport and all the relevant Departments are involved and committed to your work?

Nadhim Zahawi: The £320 million per annum that is going into PE and sports premium is work between my Department and the Treasury. We hold regular inter-ministerial school sports boards, which is DFE, DCMS



HOUSE OF COMMONS

and the Department of Health and Social Care, and of course partners including Sport England—

Q316 **Mr Bradshaw:** That is great, but is there a way you collectively formalise all this work that is happening?

Nadhim Zahawi: That is the whole point, Ben, I am sorry. It is regular, formal inter-ministerial meetings and we have a DCMS-led inter-ministerial group on healthy living. On healthy eating, we work closely with the Department of Health and Social Care and Public Health England on expanding the breakfast clubs and on the update to the school food standards. This is all formal structures on which we all work together. I opened by saying that one of the first meetings I had was with Steve, the sports Minister and myself.

Steve Brine: I am sure that Alison said in the previous session that PHE, for which I have direct ministerial responsibility as it is an arm's length body of my Department, work with and advise across Government. Without wishing to embarrass Alison or Duncan, it is well respected around the world for the independent advice it gives to Ministers—to lots of Ministers. So it is not just about Ministers and whether they talk. PHE acts as a kind of umbrella, a fulcrum that holds us together and makes advice recommendations to us.

Nadhim Zahawi: The point is that it is not ad hoc. It is not just, "Well, we think we have a problem here, so let's do something." It is formalised.

Chair: Thank you. Luciana has a quick point and then we are on to Diana.

Q317 **Luciana Berger:** In the previous session with Dr Tedstone, she told us that one of the greatest challenges is sugar-based milk drinks—their calorie content and size. I wonder whether you are specifically looking at them in the next phase of your report. You talked about the success of the sugar tax, but currently that does not extend to those drinks. Are you looking at those drinks?

Steve Brine: We committed to review the exclusion of milk drinks and milk substitutes in 2020 based on evidence from PHE's assessment of the industry's progress against the targets. The Treasury was very clear at the time—the former Chancellor was very clear—that it wanted to give the industry levy time, which, let us remember, is not even two months old in statute. We have said that we will review it in 2020, which is not that long away now.

Q318 **Luciana Berger:** We heard that sugar and size of products was a key issue in the calorie intake of young people. Do you believe you should look at that in advance of 2020?

Steve Brine: Anything can be changed and everything is reviewed all the time, but with taxation I cannot overstep my place in this wheel. Taxation



is a matter for the Treasury—financial events—and it can bring it forward any time if we decide that the evidence has changed.

Q319 **Luciana Berger:** But you have to make that case on behalf of the NHS and the health and wellbeing of the nation to the Treasury.

Steve Brine: The Treasury position is that they are going to review it in 2020, which is not far off, but they are not our big problem.

Dr Tedstone: Today we published guidelines for milky drinks. There is an interim target for a 10% reduction by 2019 because that will enable PHE to be able to say to Government whether milky drinks are actually reducing their sugar content.

Q320 **Diana Johnson:** I want to ask about takeaways. Many Members of Parliament know that on our high streets there are many takeaways that are often in the most disadvantaged parts of our constituencies. I want to know—and I think this tests what Ben was asking about with cross-departmental working—what conversations, Mr Brine, you have had with the Ministry of Housing, Communities and Local Government about what more needs to be done to support local authorities in being able to use powers to tackle some of these problems with takeaways.

Steve Brine: I might bring Alison in on something related to this in a minute, but I personally have not had that conversation with MHCLG Ministers.

Q321 **Diana Johnson:** You have.

Steve Brine: I have not. That is not to say that my officials have not; I am sure they have because they talk to all the Departments all the time. We know that many areas face the challenge of a high number of fast-food outlets that offer these unhealthy foods on the high streets near schools. Local authorities already have the powers to limit the opening of new fast-food outlets where there is supporting evidence, and there is a load of tools and guidance available to support them, including a map that PHE has of fast-food outlets, and it has introduced guidance on the regulation of them.

Hull, which you represent, is using planning powers well—it is a good example—to limit the over-concentration of fast-food outlets in proximity to schools. So it can be done, but I think it is worth asking Alison if she wants to say a quick word about the work that you are doing to support local authorities, because there is no question but that there is a challenge with regard to the planning inspectorate, which you know I am very interested in looking at, and you have asked me to do so.

Dr Tedstone: Yes, there is scope for improvement. We see the planning inspector not necessarily upholding local decisions; they are far more likely to uphold them if local authorities have supplementary guidance around obesity, but sometimes they get overturned. Last year the guidance was strengthened on a national level to say that health needed



HOUSE OF COMMONS

to be taken into account. There clearly needs to be work so that that gets fully taken into account when decisions go to the inspectorate.

It costs a lot of money for local authorities to deal with appeals on planning, so that will also caution local authorities about that, particularly if there is a risk that the inspectorate will not support decisions made on health grounds. Clearly, there is a job of work to have the spirit of what is within the national guidance interpreted into final decision making.

Q322 Diana Johnson: That is guidance. We know that the Local Government Association has called for greater planning powers at a local level, such as making health a material consideration in the planning process. What are the Government doing about that call from the Local Government Association?

Steve Brine: We are considering it is the honest answer. I not think I can give you a definitive answer on it, but I have certainly heard loud and clear the argument about material grounds and supporting local authorities to make those good decisions on behalf of their areas. Gateshead is often given as an example. It is a good example. I think the Mayor of London is also taking powers to restrict the opening of new hot-food takeaways within 400 metres of schools, but many are not taking action. We are looking at the barriers in the way.

Q323 Diana Johnson: Minister, do you think that there are any other powers that local authorities need to have? One example we talked about earlier was billboards and being able to stop advertising of high-fat junk food.

Steve Brine: I will talk to the LGA about its report. Where local authorities own the billboards, which is why Mayor Khan is able to do what he is able to do with TfL in London, their powers are quite significant in being able to act on them, but I understand that local authorities facing a difficult financial situation, as they do, see it as an income, a revenue stream. So, we have to look at what the LGA is saying. Officials say to me that local authorities are not screaming for more powers. They actually do have powers in this area. We just need to support them to make them more effective.

If you want to add anything on that, please do, but that is right, is it not?

Dr Tedstone: I think that is a fair summary. As I have said in the previous session, there could be some better alignment of planning and licensing that would help local authorities. We have seen the 400 metres around schools, which is what a number of local authorities have set out. We have seen a planning decision overturned by the inspectorate because he or she felt that there was a particular reason, which we did not quite understand, so there is clearly a need for a bit more clarity on it.

Q324 Diana Johnson: Can I ask a final question on the 400 metres? Why don't we just say that that is not allowed anywhere in this country—that you cannot advertise junk food within 400 metres of a school? Why don't



HOUSE OF COMMONS

we just do that? That is a political question, so it is to the Ministers.

Steve Brine: It is just not currently the position, Ms Johnson.

Q325 **Diana Johnson:** Yes, but why don't we do it? You are just saying it is not the position.

Steve Brine: We could do anything.

Q326 **Diana Johnson:** Yes, we can do anything.

Steve Brine: It is probably more of a marketing question.

Margot James: I ought to answer that simply because we are the Department responsible for advertising policy. There are currently proposals in front of us to take a position on, but you ask a good question and I will take it back and work with the DFE on the practicalities of what you have asked, because I cannot think, off the top of my head, of a decent reason why not.

Nadhim Zahawi: Local authorities also have an opportunity to work with businesses on delivering healthier out-of-home food, and I think Public Health England has the toolkit to help it to do that.

Luciana picked up the point about technology. There are now Uber Eats and so on, but it is good to see companies such as McDonald's, for example, refusing to deliver near schools. Some of this stuff is moving faster than we can even begin to think about.

Margot James: I should have prefaced my remarks by saying that advertising is self-regulated. It would be up to us to discuss this with the Advertising Standards Association, but there is no reason why we should not do that.

Steve Brine: If you are running a local authority, from talking to Deputy Mayor van der Burg in Amsterdam, you are selling a product, are you not—that city or area as a destination? PRU is going to publish some analysis of its work in this area, and we will get PHE to send it to your Clerks. If you are selling an area as a local authority, maybe it is not a great look for you to have massive billboards of fast food. If I was running a local authority in a city, I would want to think very hard about the look that I portray to the outside world when I am looking to attract businesses to come to have conferences in my city, for instance. That is all part of how they market themselves, how they make a good business decision, and whether the residents who vote for them or not think they are making a good political decision.

Q327 **Chair:** Can we go from billboards to labelling? Looking at the issue of labelling and trying to narrow the health inequality gap, where do you think labelling could play a role in helping to narrow that widening gap? Every year for the last seven years, the child measurement programme has demonstrated that the gap between the most and the least disadvantaged children is getting wider. Some people would argue that



we need to make sure that messaging is very easy and accessible. That goes for labelling as well. What do you think you can do in your next strategy to narrow inequality through clear labelling?

Steve Brine: I will throw it to my left in a minute, but we can signal our intention to make the most of one of the opportunities of leaving the European Union, which is the greater flexibility that it will give us to determine what information should be presented on packaged food and how it should be displayed. That is in the shop sector.

In the out-of-home sector, and my officials said that you had mentioned this in the first session, there are retailers that do it. I have already criticised McDonald's once, so I will give them some credit. McDonald's has been very good with its traffic-light system on some of its products, and JD Wetherspoon is also a good example. Again, there are plenty that have not, and there are all sorts of whinges that we hear about the size of menu, but I am sure that they can find a way round it through a different colour code or whatever. Our opportunity on leaving the European Union gives us a chance to—dare I say it? —take back control on labelling.

Q328 **Chair:** Would that include things like teaspoon labelling?

Steve Brine: Teaspoon labelling?

Q329 **Chair:** How many teaspoons of sugar there are in a product.

Steve Brine: I am sorry. It could include absolutely anything. When I was in Amsterdam, as well as talking to the deputy mayor, I visited the supermarket, which name escapes me. It is their biggest supermarket chain, and I suspect you went there as well. The work that they have done was very impressive and they are working hand in hand with city government.

Is there anything that you wanted to add on labelling? Have I forgotten anything?

Dr Tedstone: The research shows that, for the people who engage in health seeking and read food labels, relatively straightforward labelling on the front of pack is helpful. I worked on the traffic-light labels, so obviously I am a fan of them, but the research supports that clear labels on the front of products help consumer choice.

The issue is getting people who never look at a food label to look at a food label. That is really tricky. I am not certain that a teaspoon label in research would prove to be any better at enabling choice than the labelling formats that we would support. It will be in the evidence, but there is clearly a need for consistency and minimum standards, and, as the Minister says, there will be post-Brexit opportunities on this.

One other area where there is clearly room for improvement is the nutrition and health claims that happen on the pack, because that



HOUSE OF COMMONS

confuses customers. For example, a high-sugar breakfast cereal can carry a nutrition claim to say that it is high in iron and vitamin D, and yet it can have a very high sugar and high salt content.

It was always envisaged—it is written within the legislation of the food information regulation in Europe—that a nutrient profile would be applied to those foods before those health claims could happen, and that has not proved possible within Europe. There is clearly an opportunity, if it is politically taken, to stop that confusion, because, as a parent, what do you think is the most important: to give your child a source of iron or to worry about sugar? Somehow, the source of iron claim confuses you and gives you permission to buy something that you perhaps would not have bought if you did not have that information. Anyway, I think there is room for improvement.

Steve Brine: Not only has it proved difficult within the context of our membership; I think the European Commission has initiated infraction proceedings against us, against the UK front-of-pack labelling scheme, on the ground that it constitutes a barrier to trade. We have addressed and responded to its concerns and we are awaiting the outcome of it, so I probably should not say any more, but exit has an opportunity there.

Q330 **Chair:** Looking at packs from a slightly different aspect, are you looking to address the issue of cartoon characters on unhealthy products?

Steve Brine: Again, I will probably be led by the evidence on that, but I am not—

Dr Tedstone: The research shows that cartoon characters do engage children. They are a reason for pester power, a reason for children wanting them. They are in part of the current restrictions that exist on advertising, but it is only the—

Q331 **Chair:** It is on the actual packs, though.

Dr Tedstone: Yes. Those are not restricted, and there is obviously a political decision around that.

Q332 **Chair:** That is something where you have seen the evidence and you think it does increase—

Dr Tedstone: The evidence shows that cartoon characters on packs engage with children and encourage their desire to want the product.

Chair: Thank you. Did you want to come in on that, Luciana?

Q333 **Luciana Berger:** Yes. I have a quick question on the point that you made, Minister, about taking back control of our labelling. What discussions are you having at the moment with the Department for International Trade, because they have various working groups looking at future trade deals with countries beyond the EU? We know that one country, in particular, deploys very aggressive methods to counter labelling—particularly America against countries in South America that



HOUSE OF COMMONS

have adopted labelling measures. What conversations are you having in that area?

Steve Brine: I cannot tell you I am, but I can write to the Committee; I can find out what official-level conversations are being had. Unless I misunderstand your question, it is not so much about countries from which we import products; it is about what we are allowed to mandate products that are sold in this country to do, because the European Commission sees that as acting as a barrier to trade. I think it is wrong.

Dr Tedstone: You might also be referring to the US challenging Chile's labelling changes in the WTO at the moment.

Q334 **Luciana Berger:** It is, yes. Could you write to us about that?

Steve Brine: I will.

Q335 **Mr Bradshaw:** I want to pick up on that because it is a very serious issue. You said a moment or two ago rather flippantly that you thought Brexit would be the opportunity to take back control on all of this, but the Americans have made it quite clear that any future trade deal with them will require us to lower our regulatory and other standards around food, food production, labelling and everything else. I am slightly surprised that you are not engaged with this debate and that you, as a public health Minister, are not making it absolutely clear to your colleague Mr Fox that anything along those lines would be totally unacceptable to you as a Minister and as a Government.

Steve Brine: This sounds to me rather like the chlorine-washed chicken argument. We have made it very clear that there is nothing about our exit from the European Union that will see us water down our environmental standards or our food standards.

Q336 **Mr Bradshaw:** But you say you want a trade deal with the United States. You may not have a choice.

Margot James: It is a matter of negotiation.

Steve Brine: Of course it is.

Margot James: It does not mean to say that we have to agree just because the Americans have stated that this, that and the other will be a precondition. It will be very much a matter of negotiation.

Q337 **Mr Bradshaw:** Come on, Minister, we are a country of, what, 70 million people up against the most powerful economy in the world. We are going to be desperate for this trade deal because we will have excluded ourselves from our main markets on the continent.

Margot James: No. I think you are going a bit fast here. We hope not to exclude ourselves and we are working very hard not to exclude ourselves from the European Union. That is 45% to 55% of all our trade and we do not intend to jeopardise it. It is not my brief, but if I were in the



HOUSE OF COMMONS

Department for International Trade I would not be rolling over at such proposals.

Q338 Mr Bradshaw: I am pleased to hear you say that you do not want to exclude us, but part of the condition of that would be to stay regulatorily aligned with the standards that we have just been talking about. You can't have your cake and eat it in an obesity inquiry like this. So what is it? As the public health Minister, do you want us to stick closely to the much higher consumer and food quality standards of Europe, or are you prepared to sacrifice them on the altar of these wonderful new trade deals you are going to strike with the United States?

Steve Brine: I fear you are becoming the Select Committee of Health, Social Care and DExEU. I would point the Committee very clearly to the article that my Secretary of State wrote recently where he was absolutely crystal clear that we do not see Brexit as an opportunity to water down our food safety standards, and I agree with him.

Chair: Thank you. We are coming on now to education, starting with early years, and that is Paul.

Q339 Dr Williams: There is a change of direction to early years. As you know, the first 1,000 days of a child's life, including pregnancy, have more impact on healthy behaviour than at any other time in their life. At the moment we measure the impact of the early years by measuring children when they start school. There are 50,000 children who started school obese this year, and the number each year is increasing.

If we look at what is happening in the early years, we have some of the lowest breastfeeding rates in the world, and that is an important influencer of childhood obesity, yet many local authorities are cutting breastfeeding support services. We have seen a reduction in health visitors since 2015, and we have seen almost half of our Sure Start centres close since 2010.

Do you agree that the first round of the Government's childhood obesity plan neglected early-years provision with regards to childhood obesity?

Nadhim Zahawi: No, I do not, and you will not be surprised at me saying that. Last November we published early-years menus and guidance in line with the latest dietary recommendations to support early-years settings. The offering has to be healthy food and drink to children in their care. Parents can also use them to help prepare healthy, balanced meals at home and introduce new foods.

I will get to the point about children's centres as well, but, on the point of parents, we talked about the breakfast club aimed at about 1,700 schools in the most disadvantaged areas, including our 12 opportunity areas. We also have the holiday enrichment programme of food and education. We are going to run pilots this summer with a £2 million investment in that—and then next summer, which is the bigger scheme in that. We will learn from those pilots about how we not only deliver enrichment for kids of



HOUSE OF COMMONS

healthy food, but also educate and help parents in understanding food nutrition.

It is not my Department, but health professionals—particularly midwives and health visitors—have a key role in supporting parents to give their child the best start in life; and healthy weight and nutrition are a focus of the universal Healthy Child Programme delivered by health visitors.

We have developed resources to support health professionals initiate conversations about weight and to make every contact count, because that is the best contact in many instances.

Public Health England has also developed a set of consistent healthy weight guidelines to support health professionals to advise women before and during pregnancy, and for children from birth through to school age. They will be published shortly with other useful resources.

On your point about children's centres, I have been up and down the country and looked at what local authorities are doing. I think you will agree with me, because we have been talking about it earlier, that, if you take the philosophical argument that it is local people, local schools and local authorities who should know best what the local area needs—

Q340 **Dr Williams:** They don't have enough money.

Nadhim Zahawi: Hold on a second. First, if you look at what Newcastle, Staffordshire or other parts of the country have done, the most disadvantaged families are not necessarily the ones who are walking through our door at a children's centre. It is not about bricks and mortar. If you look at Staffordshire, they have kept their children's centres in their most disadvantaged areas. They have closed a load of other children's centres, but they have used their resource to reach out and knock on the doors of those families that you and I both want to get to, and give them the confidence to engage with us on this issue, and on other issues, including their child communication, where we have a big programme to close the development gap—the word gap—in our Department.

I would not necessarily buy the idea that bricks and mortar is going to solve the problem. It is about making sure that we reach those families who need that help, who need that additional sort of guidance, "There is a better way of doing this in terms of your child nutrition, and that is the way to do it."

Q341 **Dr Williams:** So, Steve Brine, things are going in the wrong direction still. Is it connected to the pressures on breastfeeding support services—on health visitors?

Steve Brine: I do not know. We know that maternal obesity—and you as a doctor know this—before and during pregnancy increases the risk of obesity in children. About half of pregnant women are overweight or obese, notwithstanding their pregnancy, so that is why maternal obesity



HOUSE OF COMMONS

is a real focus in the maternity transformation programme. We announced last month that that comes coupled with a large rise in the increase in the number of midwives. The care that women and their partners receive from the same midwife throughout pregnancy, labour and the postnatal period is a really important part of that consistency; and health visitors have a very important role to play in supporting women throughout that journey, for the reasons that I have said.

Nadhim Zahawi: Support and information is available to parents through a variety of sources, and you will know this better than I do, including the Start4Life information service for parents.

Steve Brine: Start4Life is very good.

Nadhim Zahawi: Later this year, the Scientific Advisory Committee on Nutrition will publish its report on feeding in the first year of life, and the National Institute for Health and Care Excellence will update its guidelines on maternal and infant feeding, which will provide us with the opportunity to review current action and hopefully identify further measures.

Q342 **Dr Williams:** We know, though, Steve Brine, how important breastfeeding is in this, and yet we know that eight out of 10 women who are breastfeeding stop earlier than they would have wanted to largely because of a lack of support. Will there be any specific measures around breastfeeding in the next round of the Government's plan? Is that something that we have looked at?

Steve Brine: I agree with you, Dr Williams, that breastfeeding is very important, and the Start4Life programme offers lots of advice in this area. But there are an awful lot of examples of the third sector helping people, and I bet you every Member of Parliament in this room could point to them in their constituencies.

I know that in those dark early days when we first had children—not that long ago—an organisation called BABIES based in my constituency in Winchester, which was a charitable organisation, an offshoot of the local NCT, was an absolute life saver and works within the local obstetric unit and then out in the community. They play a key part in that and link in with the PHE Start4Life campaign.

Q343 **Dr Williams:** There are some amazing individuals and organisations. Sadly, I have been approached by breastfeeding peer support groups in my constituency, though, that say that the funding and resources that are provided to commission them are being reduced, and that is because of financial pressures.

Steve Brine: We have to understand that we as a Parliament passed public health to local authorities. We took a decision to do that in 2012.

Q344 **Dr Williams:** And then cut their budgets.



Steve Brine: I know you would say that you did not agree to do that—it was before you were in the House—but we as a Parliament did; the coalition Government agreed to do that. One part of devolution in that sense is difference. There are local authorities, and I represent part of the Eastleigh borough, that commission breastfeeding services very well. There is difference across the board, but it is a local decision where local authorities decide to commission those services. I do not know what it is like in Stockton, but I know what it is like in lots of Hampshire.

Q345 **Dr Williams:** My local director of public health tells me that budgets are really tight, and they are not able to do all the things that they know they should be doing because of restrictions on how much money they have available.

On one specific measure in the next plan, we have heard recommendations that, if there is one in 10 children who is starting school already obese, it might be worth doing some kind of measure earlier, and perhaps linking that with what is happening with general practice measurement, so that people can make every contact count by being able to plot where a child is on a growth chart and identifying them very early on.

Steve Brine: As they are doing in Amsterdam, for instance.

Dr Williams: Yes.

Nadhim Zahawi: Do you want me to take this?

Steve Brine: Yes, you can take it. Alison, I know, has very strong views on this, but the national child measurement programme is already one of the biggest in the world.

Nadhim Zahawi: It is one of the largest and most sophisticated child weight surveillance systems in the world, as Steve says. I do not think we feel it is proportionate to have additional measurement. We know enough from the reception and year 6 data to work out the trend in these years. Additional data points would be nice to have, but the cost would be high for minimal additional information.

As you heard a few weeks ago, some local authorities, such as Greater Manchester with its CHAMPs programme, have chosen to carry out additional measurement years, but in all these cases they are using the measurement to identify and offer support to overweight and obese children, and are also embarking on an extensive range of population-level interventions—school programmes, local campaigns and so on. We will look at all the results of those programmes with real interest.

Q346 **Dr Williams:** There are plenty of opportunities to be able to measure, and I am sure children are having their weight measured at various opportunities, but it is just not being collected systematically. With just a little bit of leadership in this, there is potential for improvement.



HOUSE OF COMMONS

Steve Brine: I hear you, and, as the primary care Minister, as I said at the start, I am slightly nervous with two GPs looking right at me, but they are under great pressure. There are great challenges of people coming into surgeries with co-morbidities, and they tell me that even a 15-minute slot is often not enough. One thing that came through in Hugh Fearnley-Whittingstall's marvellous documentary a few weeks ago was around that element of the making contact count, and it is something that I am looking at.

Q347 **Dr Williams:** Yes. It might not take a GP to measure the weight of a child—

Steve Brine: Indeed, because practices have multidisciplinary teams and there may be other people who could be part of that mix, yes.

Q348 **Dr Williams:** We have to remember that, of the 50,000 children who start school obese, only one out of 20 of them will not continue to be obese the next time they are measured. So, if we are not getting the very start right, then most children would be on a trajectory that they will not improve from.

Steve Brine: All I would say is that, if we were to work with primary care settings in the area that we are talking about, it will be something that we will have to discuss through negotiation through the contract. Alison feels very strongly about this subject matter.

Dr Tedstone: I feel strongly on this subject and a number of areas, actually. Yes, there are opportunities for the mandatory contact points during a child's infancy for that data to be made better use of, and it is something that PHE would like to see and something we are raising through officials in the Department of Health, because some of this comes back to software issues with the software suppliers. That requires NHSE to step into the space.

Can I say a couple of things about breastfeeding, because that is a subject I know a little bit about? It is not only the support to parents that counts; it is the confusing messages out there for parents. I am proud to live in a country where infant formula is not promoted, yet we do have follow-on formula that is promoted, which is normalising, and that has an effect.

The other thing is that there are many weaning foods out there that have on their front of pack "suitable for a child from four months," yet the official advice is that a baby should not begin to be weaned until it is six months old. If you read the detail of what those companies say, and even some companies that have a health halo around them, they will say, "Oh, but every child is different." There is scope for improving the information to parents that goes on those products.

Also, for infant formula itself, if you were to feed a child according to what is recommended on the back of pack for infant formula, you would be giving your child too many calories. These are all post-Brexit labelling



HOUSE OF COMMONS

opportunities that the Minister has already talked about, and there is a whole area in infant foods, just on basic labelling, from a nutrition science point of view, that requires attention. If you overfeed a child a few calories every day from birth because it is being formula fed, you will end up with an overweight child. So it is important stuff.

Q349 Luciana Berger: Further to that, I happen to know the regulations in this country and that we are not supposed to promote that infant feed, but I was in my Tesco just the other week and had to call on a manager to remove baby infant formula for stage 1 from the clearance aisle under a promotion. That is not supposed to happen, and yet you look on Twitter and it happens time and again. So, I share with you that there are many examples where we have these regulations, but they are not put into practice across the country.

If I can move to schools, Minister, you will know that in the first round of the childhood obesity plan a large section of the recommendations focused on school-based measures. Could you update the Committee about what specific progress you have made on updating the school food standards, introducing a healthy schools rating programme and running a campaign to encourage academies also to sign up to school food standards?

Nadhim Zahawi: That is a great question. Thank you very much, Luciana. The things that we have delivered are doubling the PE and sports premium that we have talked about with you—the £320 million a year; we have invested £10 million a year in expanding the breakfast clubs; we have established the new £100 million capital programme that we talked about; and with Public Health England we have commissioned the Children’s Food Trust to develop revised menus for early years. These are all things that we have delivered.

There is an online tool to help schools to plan 30 minutes of activity a day. The Department for Education will lead a campaign encouraging exempt academies, which I think you ask about, to commit to the school food standards.

Ofsted has also carried out a thematic review on obesity in 50 to 60 schools, which will be published this summer. The Department, supported by Public Health England, will update the school food standards in light of new Government dietary recommendations on sugar. From September 2017, we will introduce a new voluntary healthy rating scheme for primary schools. It will be referred to in the Ofsted handbook. It is quite complex, but I think we will be there by the summer term on that. We are making really good progress on the first chapter and we look forward to chapter 2.

Q350 Luciana Berger: Forgive me, Minister, but it would seem from what you have just told us that none of the specific measures I asked you about has been implemented; is that right?



HOUSE OF COMMONS

Nadhim Zahawi: You asked about the school food standards. We have committed that, with the support of Public Health England and in light of the new recommendations on sugar, we will update those.

Q351 **Luciana Berger:** You will update them, but the obesity plan has been out for a while.

Nadhim Zahawi: Yes. We have delivered a whole load of stuff. Just off the top of my head, it is £570 million-worth of investment, and we focus very much on that, because that in itself as a challenge to deliver is a pretty major one. My officials working with other Departments have done really well to deliver that.

Q352 **Luciana Berger:** The recommendations you talk about are what happens before school at breakfast clubs and in terms of physical activity, but I specifically mentioned three things that, as yet, your Department has not done. Is that fair?

Nadhim Zahawi: We are committed to making sure that they happen. The commitment is there, as is the leverage that we have with schools. You will remember that I opened by saying to you that, philosophically, we have to trust school heads and school governing bodies to do the right thing. Parents have a way of challenging schools through the governing bodies if they are doing the wrong thing when it comes to nutritious food. But we do have the thematic review of Ofsted, and we will see that published this summer. I think it is a pretty good delivery outcome.

Q353 **Luciana Berger:** We have received a number of pieces of evidence that say that people are concerned that progress has not been made specifically on the measures that I just asked you about at the start. What are you doing personally as the Minister to feed into the next stage of the Government's obesity strategy?

Nadhim Zahawi: Loads, but I can't share it with you. No, I am being slightly flippant. We will be publishing chapter 2 shortly, as you have heard from Steve. Parents will always have the responsibility for food and what their children eat, but the Government can drive industry, local authorities and schools to stop parents having to fight against an environment that encourages over-consumption and unhealthy eating.

Going back to the philosophical argument, that is where I am at, and I believe passionately that we have to make sure that, yes, it is the responsibility of the parent, but, as Steve put it, let's create a level playing field so that they can actually do the right thing.

I cannot really say more on the content of chapter 2 at the moment, but I can be clear that we will set out ambitious action plans, and we believe that that will make a real difference. We welcome your Committee's input. You have heard from all three of us that what you are doing is going to be invaluable to us.

Q354 **Luciana Berger:** But you, Minister, personally have been involved on



HOUSE OF COMMONS

behalf of your Department.

Nadhim Zahawi: Totally.

Luciana Berger: Thank you.

Q355 **Chair:** Minister, may I urge you to visit some of the schools in Amsterdam to see their Jump-In programme, which very specifically looks at targeting the most disadvantaged schools and the work they have done around completely taking empty calories out of children's diets? Combining that with a whole lifestyle approach to wellbeing is very encouraging. I hope you will take the opportunity to visit them and look at whether that could have a place in what you do in the future.

Nadhim Zahawi: My question to my officials on every submission is, "Who is doing it really well? Show me who is doing it well."

Chair: We were very impressed with the enthusiasm and drive that Amsterdam is showing to narrowing inequalities, and that is not happening in many places.

Q356 **Andrew Selous:** We were all very impressed with the Jump-In programme in Amsterdam. The schools allow only milk and water, no juice, and have huge involvement among the parents. We do not yet have those aspects here in the United Kingdom.

Steve, are we leaving children who are already overweight and obese behind?

Steve Brine: No, not at all, because they did not just get obese or overweight and then the sugar-reduction programme stopped. They are still consuming products, so the sugar-reduction programme is vitally important to them, the calorie-reduction programme is very important to them—and the healthier lives work around the school mile, which is happening in lots of schools across the country, and things like Sustrans, which does a brilliant ride and scoot to school programme. I do not think we are leaving them behind because reformulation and Active Lives together are about turning their lives around.

Q357 **Andrew Selous:** I am remembering Dr Williams's point about the number of children who enter school obese and that we manage to turn around only a very small percentage. This debate sometimes can get polarised between a preventive approach, which we all completely support, and service provision to children who are already overweight and obese. The evidence we have heard is that you need both together. May I specifically ask your view about the availability of tier 3 and tier 4 weight services around the country at the moment?

Steve Brine: No, not that I can give you. Alison, can you answer that?

Dr Tedstone: PHE did a review a couple of years ago, and it is patchy. That would be the way to describe it. Not everybody would have access to it. There is pretty good coverage of tier 2 weight management



HOUSE OF COMMONS

services. As part of the first childhood obesity campaign, PHE was charged with developing digital approaches and we are working on that at the moment.

Q358 Andrew Selous: I do think this is a huge issue. I met a group of school children from Sheffield recently who came down to the House of Commons. They are part of the SHINE Health Academy programme, which is lottery funded and doing fantastic work there, but I do think there is a real issue about children who have, unfortunately, already become obese and the services that are available for them. Are you aware, Minister, that the rates of bariatric surgery in France are higher than here in the United Kingdom and yet Paris has under a quarter of the number of obese children compared with London, for example?

Steve Brine: Yes, and we do not want to mirror that. You are dead right that it is polarised between prevention and action, but, for the reasons I have said, I think it is both. The scale of the challenge that we face is that the UK is now ranked among the worst in western Europe, as I said at the start, so the action we are taking and will take is justified by the profound effects that childhood obesity has on my children, our children. We know that life is very difficult for those children. They suffer bullying, stigma and low self-esteem, which lead to mental health challenges. They are very likely to have type 2 diabetes in childhood, which was a condition that was once rarely seen outside adulthood. They are more likely to become obese adults and at risk of developing some of the cancers that I have talked about and diabetes, heart and liver disease.

I think the country has moved on and I know that Parliament has certainly moved in step with the country. I have said this many times publicly and many times to you, Mr Selous: this is a publicly funded health service and in a few weeks we are going to celebrate its 70th birthday. We are passionately committed and have shown that through year-on-year increases in the health budget. We are passionately committed to a health service free at the point of use, funded by general taxation, as this is. If we want it to get to its next 70th birthday, we have to be serious about prevention, and obesity is the biggest thing hanging in that locker. Not only would I say that we have a right to do that as public Ministers and the public health Minister, but I think we have a responsibility to do that because if we love the NHS as much as we do this is part of protecting it.

Chair: I think we need shorter answers because we have quite a lot to get through.

Q359 Andrew Selous: Moving on to tax, which you referred to just now, looking at Public Health England's report that has come out, what is your reaction to the fact that we have only had a reduction in sugar content of 2% when we were aiming for 5%?

Steve Brine: I have already said that it is very early days. It is a very honest report. I think it does present itself in a "glass half full" way, but



HOUSE OF COMMONS

the ambition we have shown has started to shift this wagon, and it is a big wagon to turn around—no pun intended. Next year will be much more authentic and I am confident that there are many things still coming down the pipeline on reformulation. This is a major programme of work. It takes time to get it right and we need companies to step up to the plate so that those that are not doing as well as the best start to match the best. We have always said that chapter 1 was the start of the conversation, and that conversation will be continuing very shortly.

Q360 Andrew Selous: Given that the Government obviously accept the public policy rationale for a tax on sugary drinks, what reason could there be for not extending those taxes to other problem food types?

Steve Brine: It is because it is very early days. We are going to be led by the evidence—we think that is right. The approach we are taking is right and we think that it will bear fruit.

Q361 Andrew Selous: But we have already seen early evidence that the sugary drinks industry levy has been hugely successful, because that has turbo-charged reformulation. We know we are in a crisis and we know it threatens our beloved NHS.

Steve Brine: Okay—and the nutritionist to my left may wish to contradict or otherwise here—but I would say that it is easier to take sugar out of sugary drinks than it is to completely reformulate a complete suite of products across the board.

Q362 Andrew Selous: What about milk-based drinks, specifically? That is a pretty close cousin to what you have already done.

Steve Brine: We will review them in 2020 as per the Chancellor's commitment.

Q363 Andrew Selous: So that is definitely being left. There is no policy flexibility.

Steve Brine: That is the Treasury's position.

Q364 Andrew Selous: Is that an ongoing discussion that the Department of Health and Social Care could have with the Treasury?

Steve Brine: Everything is an ongoing discussion.

Q365 Andrew Selous: I think the view of this Committee is that, until we see the actual childhood obesity numbers coming down, every policy lever needs to be looked at.

May I ask you about VAT and what your thoughts are? Do not, please, just tell us that it is a Treasury matter so it is not for you, because we are having a general discussion about how tax could be used. Has VAT on unhealthy food and the ability to vary it—perhaps to have lower rates to promote healthier food—been part of your thinking?



HOUSE OF COMMONS

Steve Brine: I am sorry to disappoint you, but taxation is definitely a matter for the Treasury. Most healthy foods such as fruit and vegetables—fresh fruit and vegetables—are zero rated anyway and many unhealthy foods are subject to VAT at 20%. Until we leave the European Union, our rights and obligations in respect of being a member state remain unchanged, and that includes adherence to VAT law, although there may be opportunities to make changes to that in the future.

Q366 **Dr Williams:** Have the Treasury been involved in any way in this childhood obesity strategy given that financial incentives—

Steve Brine: Just a little bit, yes. Every Government Department was involved. As you know, every policy goes right round and everyone is involved, rightly so—one Government, led by a Prime Minister who says that we will tackle the burning injustices, and this is one of them.

Q367 **Andrew Selous:** Are you satisfied with the take-up rates on the Healthy Start scheme?

Steve Brine: Yes. I think it is doing well. It is a good start. PHE probably will have more to say on this than me. Would I like to see it do even better? Yes.

Q368 **Andrew Selous:** We have been told that it is currently less than 70% and it is particularly low for pregnancy and children between two and four years, and this is the scheme that makes healthy food more affordable.

Dr Tedstone: May I just check whether you said 17%?

Andrew Selous: I said 70%.

Dr Tedstone: Yes. It is slightly less than that.

Q369 **Andrew Selous:** Should you not be aiming for take-up rates of 85% to 90%?

Steve Brine: Yes. We always want to do better, undoubtedly, and that is PHE's job.

Q370 **Andrew Selous:** I heard from the children I met who came down from Sheffield recently and I hear from my own children about the price of fruit. One policy lever is to make unhealthy food more expensive.

Steve Brine: Or to make healthy food less expensive, yes.

Q371 **Andrew Selous:** Absolutely. Why do you not look at that perhaps on a net—

Steve Brine: This is the substance of the issue. We do actually, because there is the—

Q372 **Andrew Selous:** Target it as well at those communities that would particularly benefit.



HOUSE OF COMMONS

Steve Brine: We do look at that, do we not, through the voucher scheme?

Dr Tedstone: The vouchers on Healthy Start are for people on low income. As you have said, there is a 60% or so uptake of the vouchers. Clearly more could be done. When people are talking about the price of a healthy diet, it is sometimes difficult to know what they are referring to because, for example, you were talking about the discounters, Aldi and Lidl. They have excellent promotions on fruit and vegetables. I think Aldi is one of the few supermarkets around campaigning on fruit and vegetables. That voucher would go a long way there.

Steve Brine: It would go a long way in Lidl.

Dr Tedstone: So it depends what people mean. Sometimes they mean healthy food is more expensive because they are thinking of ready-made things, not cooking from scratch. It is always complicated.

Q373 **Andrew Selous:** Hugh Fearnley-Whittingstall was particularly focused on the marketing of fruit and vegetables. His analysis was that only 1.2% of all the advertising spend on food and drink went on fruit and vegetables and I think only, from memory, 0.2% went on vegetables. Who is going to stick up for the humble carrot and the cauliflower in Government? It is actually a very serious issue in terms of children eating particularly vegetables as well as more fruit. Have you given any thought to marketing these essential components of a healthy diet that we are going to need to replace all the unhealthy rubbish that we are trying to see less of?

Dr Tedstone: Would you like me to—

Steve Brine: Yes. I did see that part of the programme when he was in Bristol and the kids were doing the various marketing campaigns.

Dr Tedstone: The research tends to show that marketing that focuses on fruit and vegetables changes intention but not choice. In PHE we research the Change4Life campaign all the time and we research what parents would find the most useful. They actually prefer single-minded things such as “Cut sugary drinks”—very single-minded messaging—rather than saying “Have a few more fruit and vegetables. Have a healthy balanced diet.”

The research supports things that are quite focused. We have a limited spend for advertising, and whether that should be spent on vegetable advertising is a question mark given what the research says. When the overwhelming advertising is for unhealthy products, it is quite hard through a bit of vegetable advertising to overcome that. You have to consider the unhealthy as well as just doing a bit more of the healthy.

Q374 **Chair:** On the point about messaging to parents, one thing that struck us in Amsterdam was the way they had researched what messaging cuts through best. For example, they found that for some communities



messaging about dental health cut through more effectively than messaging about weight. Is that something you are also researching? We are talking about narrowing inequalities, so it is about messages to communities where maybe the message you think is getting through is not getting through. Quite clearly it is not, because inequalities are widening.

Dr Tedstone: We know from our research that parents do not want us talking about obesity. They are happy for us to talk about unhealthy weight. They do like us talking about teeth. We are informed by our research, and in the most recent Change4Life campaign we did talk about teeth.

Q375 **Chair:** They found that very effective in Amsterdam. The other thing they do, as you say, is not use pejorative messaging around weight and obesity. They talk about health and wellbeing. Is that another thing you are learning from programmes that have been successful overseas, because that is the point, that they have been very successful where we have not been in this country?

Dr Tedstone: We focus our research on C to E parents, so the parents at the lower end of the social economic spectrum, and we research our messaging very carefully. What the Amsterdam messaging shows is that parents want a similar thing: they do not want pejorative language; they do not want to be turned off by it; they do not want to be told they are bad, so it is actually quite consistent in the different countries that are doing research. As to parents, we know that if we were to run obesity messaging parents would dissociate from it and say, "It is nothing to do with me."

Q376 **Chair:** You are now going to actively implement how you change that messaging to target—

Dr Tedstone: We are doing it anyway is what I am saying.

Q377 **Chair:** The other thing that really struck us was the messaging around sleep. They have a big focus on sleep in the Amsterdam programme, and of course we know—and, Margot, you will know particularly—that screen time particularly at night is a huge issue in reducing sleep. Are you going actively to look at sleep in our obesity strategy?

Steve Brine: Please do. I think my public health officials sometimes roll their eyes at me on this one because they have been round these wheels many times, but I think that sleep is an increasing public health issue. We talked about this the other day in passing, and I am reading a book at the moment by Matthew Walker called "Why We Sleep," and there is a lot in there about obesity. There is lots of research out there that suggests an infant who sleeps 10 and a half hours a night as opposed to the usual 12—if only—has different outcomes on weight. I think it is a really interesting piece of work—

Q378 **Chair:** Are you going to look at this in the strategy, because it is very



HOUSE OF COMMONS

striking?

Steve Brine: I would like the Policy Research Unit to do some work for me on it, yes.

Chair: You have asked to look at that. Thank you.

Margot James: There is also relevance for our internet safety strategy from your question there, Chair.

Chair: Yes, about wellbeing.

Margot James: Yes. The internet safety strategy will result in a White Paper that we are going to work on between now and the end of the year. Your views and the views of others will be very welcome. It is not just about what children and young people see online; it is also about the time they spend online. In the time they spend online they clearly cannot be doing physical activity at the same time, so that is a no. 1 issue. An equal no. 1 issue is the number of children who have devices in their bedrooms. There should probably be an awareness campaign, and I will certainly be looking at this, to make parents aware of the risks for children of having devices, televisions and computers in their bedrooms. If you want good learning outcomes and good health outcomes, it is strongly advisable for children not to have any of these things in their bedrooms, certainly not after they are supposed to be going to sleep.

Chair: It is very welcome that Dame Sally Davies is looking at this idea as well—the impact of the internet.

Steve Brine: It is very interesting.

Q379 **Chair:** The other point is about exercise. This Committee has said before that we think exercise is important, whatever your weight, irrespective of the strategy around childhood obesity. We know that a lot of the money that had been earmarked from the sugary drinks levy towards activity programmes in disadvantaged schools was diverted into the core school budget rather than from some of these programmes, but, Nadhim, can you assure the Committee that within the schools programme you will really be focusing on making sure that we are targeting those wellbeing programmes around exercise in schools?

Nadhim Zahawi: Very much so, and obviously it is a big spend—£320 million per annum. We want to make sure that it is absolutely well targeted.

Q380 **Andrew Selous:** May I raise active travel, which the Chair raised in the Chamber during today's urgent question on air quality? I guess a good vision for the future, certainly with all the new schools and housing that we are building, would be proper cycle routes to schools and making sure that cycle routes are joined up. In Amsterdam you cannot move for bicycles. There are more bicycles than cars or anything else. Is that part of your thinking, because a lot of these cycle routes are not very joined



HOUSE OF COMMONS

up, not connected to schools? At least with the new housing we are building, can you please all feed in that a housing estate needs to have a proper cycle route so that we can get all the children cycling safely to and from schools? Is that message really being pushed?

Nadhim Zahawi: You will be very pleased to hear that we have an inter-ministerial group chaired by Jeremy Hunt and Matt Hancock that includes Jesse Norman from Transport. He has this issue and the strategic thinking around it absolutely front and centre of his mind.

Steve Brine: We are very much involved in Jesse's cycling and walking strategy from a health point of view.

Q381 **Andrew Selous:** It is probably not a coincidence that in Amsterdam 30% of all journeys are by bicycle and in London it is 2%. We do have a long way to go to mainstream this.

Steve Brine: That has transformed. London used to be rock bottom from that point of view.

Nadhim Zahawi: To your point, Chair, about testing messages, it is really fascinating that when we are looking at the pilots on what we all hear in Parliament referred to in the debate as holiday hunger—our colleague Ruth Smeeth has been a great champion of this issue, because they already have real experience in her constituency on this—if you call it holiday hunger parents will not turn up. They will not come because there is a stigma attached, which is why, if you call it “enrichment activities,” they will engage with it. It is very important that we test these things because sometimes—

Q382 **Chair:** Yes, community goals.

Nadhim Zahawi: Well-meaning politicians and policy makers can get it completely wrong when it comes to domestic—

Q383 **Chair:** I am very conscious, Minister, that you have to go, but, just before you leave, will you update the Committee on your plans for folic acid and flour enrichment?

Steve Brine: Yes. We had a debate last week in Westminster Hall, called by the Member for Pontypridd. I think we are coming to the end game on this one. There is a little bit of research that I am waiting on from the Committee on Toxicity around the maximum level of folic acid and the negative health impacts thereof, but all the evidence is stacking up behind this and I want to move to a satisfactory conclusion ASAP.

Q384 **Chair:** So we can expect some further announcements shortly. Thank you all very much for coming. We appreciate it.

Steve Brine: Thank you for the work you are doing.

Margot James: Thank you very much. We look forward to reading your report with great interest.



HOUSE OF COMMONS

Chair: Our plan, just to clarify, is to produce a very short interim report with our key recommendations as headline points and then we will produce our full report after the Government's strategy is published. Thank you very much for your time. Thank you, too, Dr Tedstone.