

Health and Social Care Committee

Oral evidence: Childhood Obesity follow-up 2019, HC 130

Tuesday 29 October 2019

Ordered by the House of Commons to be published on 29 October 2019.

[Watch the meeting](#)

Members present: Dr Sarah Wollaston (Chair); Rosie Cooper; Angela Crawley; Anne Marie Morris; Andrew Selous.

Questions 1 - 123

Witnesses

[I](#): Professor Dame Sally Davies, Former Chief Medical Officer; Duncan Selbie, Chief Executive; and Dr Alison Tedstone, Chief Nutritionist, Public Health England.

[II](#): Caroline Cerney, Alliance Lead, Obesity Health Alliance; and Professor Susan Jebb, Professor of Diet and Population Health, University of Oxford.

[III](#): Jo Churchill MP, Parliamentary Under-Secretary of State for Prevention, Public Health and Primary Care, Department of Health and Social Care; Jenny Oldroyd, Deputy Director, Obesity, Food and Nutrition, Department of Health and Social Care; Nigel Adams MP, Minister for Sport, Media and Creative Industries, Department for Digital, Culture, Media & Sport; Viscount Younger, Minister for Faith and Communities, Ministry of Housing, Communities and Local Government; and Andrew McCully, Director General for Early Years and Schools, Department for Education.

Written evidence from witnesses:

- [Public Health England](#)
- [Obesity Health Alliance](#)
- [Professor Susan Jebb](#)
- [Department of Health and Social Care](#)

Examination of witnesses

Witnesses: Professor Dame Sally Davies, Duncan Selbie and Dr Alison Tedstone.

Q1 Chair: Thank you all very much for bearing with us while we went off and voted. We are grateful to you all for coming this afternoon. This is our follow-up session on childhood obesity and the progress that is being made.

It is a particular pleasure to welcome you, Professor Dame Sally Davies. Thank you for all the work that you have done in your role as chief medical officer. We are delighted that you were prepared to come back and discuss where we are. Also, Alison Tedstone and Duncan Selbie, we really appreciate you coming.

For those following from outside this room, could I ask you to introduce your roles and the context in which you are here today?

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

Dr Tedstone: I am Alison Tedstone. I am the chief nutritionist for PHE and also lead on diet obesity and physical activity.

Professor Davies: I am Sally Davies. I was the chief medical officer for England and the senior medical adviser to the UK Government until 31 October. I am Master of Trinity College, Cambridge.

Q2 Chair: Thank you. Sally, you chose to focus very much on childhood obesity in your final report. I would be very interested if you could take this opportunity to tell us what your key messages would be to the next Government or, indeed, this Government if they continue.

Professor Davies: Thank you very much. It is a pleasure to be here because I learned so much from doing this report.

One in three children, as they leave primary school, is overweight or obese. That has doubled in 30 years. It has crept up on us because we are flooded with unhealthy food and drink, and incentives to take them. I wanted to reframe the subject of overweight and obesity for children, both as environmental flooding and the fact that all these unhealthy products take centre stage, but also as a children's rights issue.

The fact is that we can solve this. There is no magic bullet. It needs a lot of different small things, but that does not mean that we cannot solve it. Meanwhile, if you look at the polling, the public want us to. It is an issue of commercial and social determinants coming together and being additive. I want to see our children's health and not commercial profits at the forefront of Government policy.

We have bold plans, but they will not get us where we need to go, and they have stalled. My ambition, coming out of this report, is to allow our children to grow up free from marketing signals and incentives to



consume unhealthy food and drink. I believe that the Government, now and in the future, have a responsibility to act and to rebalance the lives of our children and the environment that they live in.

Q3 Chair: One of the things that has been a particular focus is the widening health inequality of this from the child measurement programme. If the Government were to focus on wanting their main priority to be to stop that widening, what do you think would be the key measures that they should follow through on with real action that could make the difference?

Professor Davies: I think we do have to look at all children together. The problem is biggest in the most deprived, but it is a problem across all our children. There are environmental behaviours and cultures. For instance, we have a grazing culture. If you snack, you do not feel satiated. That goes across all of them.

If you wanted to be particularly progressive, you would look at the amount of money we give for free school meals and the healthy start voucher. You would make sure that we had good national standards for food that covered all schools and pre-school establishments. We would have only water and milk sold and used in schools. We would improve exercise and active travel, with the active mile and everything.

We have to sort this environment out for all children and families and take unhealthy food and drink out of the spotlight. That means things like the soft drinks industry levy being extended. It means that we need to look at our VAT regime and perhaps rebalance it. It is going to take a lot of different moves.

I would argue—and I am sure that Alison will give you the detail—that the voluntary reformulation has had very limited success. The evidence is a 2% increase in consumption of sugar, leaving out cakes. Unless the industry knows that we are going to take action at the fiscal level, they will not move. We need to put them on notice now. That means in sponsorship, sales and everything across the board. Each little action will have an impact, though not immediately, and together all these different actions can add up to something that will make a difference for our children.

Q4 Chair: I have one final question before we come on to some very specific questioning. We get a lot of pushback from people who say, “All we need is for children to run around a bit more and to have better education.” That is one of the key pushbacks you get—that all the rest of this stuff isn’t necessary.

Could you set the record straight, as you see it, on what the position is in terms of the balance of calories in and calories out?

Professor Davies: Absolutely; if only exercise would do it. Exercise is an important part of everybody’s lives, particularly for children. There is a consistently inverse relationship between cycling or walking to work and school and the levels of obesity. For about every additional 10% of trips



HOUSE OF COMMONS

by foot or bike to school or work, you can expect the prevalence among adults—and it should hold true for children—to drop by 2% to 3%. It makes a difference, but we talk about calories making up 80% and exercise 20%. We have to do both, but the big impact will be by reformulation, resizing and handling the marketing.

Chapters 1 and 2 of the obesity plan are great, but we now need to take action. I would put it on record that even chapters 1 and 2, the Green Paper and the long-term plan will not deliver the Government's intention target of reducing obesity by half by 2030. We need to do more. If we do it now, it will be less draconian than if we leave it to later. It is a bit like tobacco: the longer you leave it, the stronger you have to be.

I can envisage that, if they do not do things, or if the Government do not make them, in the end, society will demand plain packaging and all sorts of things. We have to take action sooner rather than later. If you look at the impact on children and the economy, we have a moral duty.

Q5 **Andrew Selous:** I am curious as to why it is so much worse in this country than in France. The London Health Commission Global City Comparison from September 2016 says that only 5% of children in Paris are obese whereas 22% in London are. That is nearly four and a half times as many. Why is it so different here from France?

Professor Davies: Just like there is no magic bullet, there are multiple different things. Children in France sit down in school to a shared meal that is nutritious. Our children in schools do not.

Q6 **Andrew Selous:** What about the quality?

Professor Davies: The quality is good.

Q7 **Andrew Selous:** It is less fattening than what we feed British schoolchildren.

Professor Davies: Yes; it is much more nutritious, and better. There are smaller meat portions and more fruit and vegetables. They take more exercise. There is not a grazing, snacking culture. It is a number of different things, but their food environment is very different. You do not see as many of them in the streets drinking fizzy soft drinks and everything. I think there are multiple issues.

Q8 **Andrew Selous:** Sticking with Europe for a second, Kathleen Kerridge, a freelance writer and campaigner for food equality, who contributed to the Food Foundation's Broken Plate report, said in her article that healthier foods are generally cheaper in Europe than rubbish, fattening food. It is the reverse in this country.

Was that your experience? Did you get to look internationally and, if that is the case, why is it? Can we take steps to reverse it?



HOUSE OF COMMONS

Professor Davies: Any experience I have depends on where the pound has floated to, so that is not relevant. I have not seen it properly laid out. Have you seen a comparison of purchasing power laid out?

Dr Tedstone: On the whole, our food is the cheapest in Europe. In GDP, the proportion we spend as a nation means that we are third from the bottom for the OECD countries. Europe has less heavily promoted food than we do. There is lower advertising spend, especially around digital marketing.

We can come back to you with some detail on the Paris figures. I do not have them off the top of my head. My general sense is that France overall is increasing its obesity rates, and it is not that far behind us.

Q9 **Andrew Selous:** The point I was making, coming back to the Chair's point on deprivation, is that at the moment the reason why a lot of poor children are more overweight is that the cheapest food in the UK is the most unhealthy.

The statement made by Kathleen Kerridge is that healthier foods, for some reason, are cheaper in Europe than they are here. I do not know if that is the case, and I certainly do not understand why it is the case. If it is, what can we do about it to make sure that cheaper foods are healthier in this country? The last bit is a policy question really.

Dr Tedstone: I cannot answer the question about how expensive fruit and vegetables are in France compared with here.

Q10 **Andrew Selous:** Do you agree, though, that it is quite an important point? If poorer people are able to eat affordably in a healthy way, that gets to the heart of the inequality issue, does it not?

Professor Davies: It absolutely does. I have recommended that we look at the VAT regime. I think we will have to look at local food production and whether we use some of the VAT from unhealthy foods to subsidise the healthy. Mums can't pay more. We need it to be healthy.

The other issue in deprivation is the clustering of fast food and unhealthy food outlets around schools and where people live. That, of course, is another reason why it is very cheap. If you go to France, there are far fewer fast food outlets, although they are on the increase.

Q11 **Andrew Selous:** It is a big issue, and it is perhaps not fair of me to spring it on PHE. Is that something you could look into and write back to the Committee?

Dr Tedstone: We have costed achieving the national dietary recommendations versus current spend on food. It would cost no more to eat a healthy balanced diet as we would advise. Some of the discussion on cost can be quite confusing because it talks about cost per calorie, and of course a custard cream will always be more expensive in terms of calories than a cabbage.



Q12 **Andrew Selous:** I will just challenge you on that for a minute. The Chair and I watched Hugh Fearnley-Whittingstall's three programmes. He was in the middle of Newcastle and someone said, "Come out to one of the suburbs of Newcastle; this is a fruit and veg desert." I am sure that what you say is true, but I think the experience of a lot of people living in relative poverty is that it is not very easy to get healthy food where they live. Again, what are your thoughts on that?

Dr Tedstone: We have researched food deserts quite a lot. All I can tell you is that distance to the shops—the distance to be able to buy fruit and veg, for example—is not a significant variable in somebody's diet. There are quite a few things that people will say that cause things. They all probably account for a bit of the variation, but distance to shops in a survey we did some while ago did not account for much variation, except for heavy things to carry like cartons of fruit juice and tinned tomatoes.

Duncan Selbie: It is a very pertinent question. Can we write to the Committee both to confirm what Alison has shared but also on the wider question about the continent and the difference between healthy and unhealthy food and why that might be?

Andrew Selous: Thank you very much.

Chair: Did you want to follow up on the sugar reduction programme?

Q13 **Andrew Selous:** I would be grateful for your comments on that; 2.9% is quite a long way from 20% by 2020, is it not?

Duncan Selbie: The last time we were here we talked about the first year, and we said it was 2% net. This year it is 2.9%. Last year we said that, if we do not see progress in the year that has passed, then we would want to talk to you about why that might be, where we were seeing progress and where we were not. What you have is a mixed picture, but nobody could argue that it is not disappointing.

Looking at the progress, there are some things underneath it to say, "Well, that is actually more than we hoped for," but there are areas where that certainly is not the case. Even within the different categories, we are seeing some companies really getting with the programme and some not paying attention at all.

We published what we call "Sugar Two" quite recently. We can share with you this afternoon and read into the record what we found, if the Committee is happy for us to do that. We want to be scrupulously fair about this, because it is not possible to aggregate and compare one against the other. If we can talk about individual food groups, the Committee might be interested in hearing a bit more. Would that be helpful?

Q14 **Andrew Selous:** I will just come back to you, Duncan, because you said some food companies had not got with the programme, or words to that effect. It is a bit worse than that, is it not? If we look at four



HOUSE OF COMMONS

manufacturers or supermarkets, they have double-digit increases in sugar. Tangerine Confectionery has a 12% increase in sugar in its sweet confectionery. Sainsbury's, of all people, has a 10% increase in sugar in its morning goods, and its dessert toppings are up by 12%. Waitrose's chocolate spread sugar content is up by 13%. Those are all double-digit increases.

Duncan Selbie: The first thing to say is that progress has been made. Dame Sally has made the point, and let me repeat it. That has been lost in the overall increase in sugar consumption. Although we see net improvements of 2.9% overall, we have seen a 0.5% increase in the amount of sugar consumption. Although products have less sugar in them, we are selling more of them, which is why chapter 1 and chapter 2 are so vital to make progress.

I have the report, and we said back in 2015, 2016, 2017 and 2018 that, unless we take action in all the areas that we set out in 2015, we will simply not see progress. We can take the sugar out of the food but, if industry is selling more food that has sugar in it, we are not going to see an improvement. We can give you the detail and speak to the facts as we found them, because we did promise to do this.

Q15 **Andrew Selous:** Forgive me, Duncan. I just feel you are pulling your punches a bit. I have given you four manufacturers with double-digit increases in the amount of sugar in their products. What do you have to say about that?

Duncan Selbie: Mr Selous, I am not pulling my punches. We are not satisfied. We have not seen the progress that we hoped to see, and we are not other than disappointed in this progress. It is not to say there has not been progress, but we have not seen it at the pace that we needed it.

I do not think that is pulling punches. If I may, we will go on to explain where we found progress and where we did not. We promised to do that, and we promised to do it publicly. We want to do that with you this afternoon.

Dr Tedstone: As Duncan says, overall, we have seen a 2.9% reduction in the amount of sugar in products.¹ However, because more high-sugar products have been sold, that has resulted in an overall 0.5% increase in the amount of sugar purchased in sugary products within the programme overall per person. We have not measured consumption data. We have not measured consumption; we have just been measuring purchases at the moment. That is clearly disappointing.

¹ Public Health England has provided a clarification on this point: For the in-home sector (retailers and manufacturers) reference to changes in sugar and sugar content are changes in the "sales weighted average (SWA) total sugar content per 100g" and for the out of home sector "sugar" and "sugar content" refers to the "simple average total sugar content per 100g".



HOUSE OF COMMONS

We have seen great progress in breakfast cereals. They are absolutely on target, and in yoghurts and fromage frais, but that has been washed out by the high-sugar products not only not always reformulating but also selling more.

For the out-of-home industry we have seen a reduction in sugar of 4.9%, but I want to put on the record as well that we have far more limited data for that. This relates to chapter 2 of the childhood obesity plan and the commitment to consider mandating nutrition labelling for that industry. In the industry at the moment it is very hard to find out your nutrition facts.

Looking at companies, which is what we said we would do today last year, the picture is mixed, as Duncan says. We have 326 retailer own brand and manufacturer brands in our report; 110 of those have shown a decrease in sugar of more than 2%, which is good; 62—19%—have increased the sugar in their products; and 154—45%—have made no change.

Our data suppliers insist that we get permission from companies before we can publish the company level data, so I cannot talk today about every company, but we do not have to get permission to look at their brands within their portfolios. I can give you a sense of what they are doing. Some big companies did not give us permission to publish business level data. The biggest ones were Kellogg's, Müller and Marks & Spencer.

For retail own label, we have seen reductions in some categories for all of the retailers. Asda, for example, reduced sugar in biscuits by 8%. Sainsbury's breakfast cereal was reduced by 23%. Tesco reduced yoghurts by 11% and Morrisons reduced yoghurts by 8%. Sainsbury's reduced sweet confectionery by 4%.²

However, in other categories, less progress was made. For example, Asda increased the sugar content of its sweets by 4%. Sainsbury's made no change in biscuits. Tesco made an increase in biscuit sugar content of 3%. Morrisons increased the sugar content of its breakfast cereals by 5%. Waitrose increased the sugar content of its chocolate by 3%.

Several retailers, however, improved across multiple categories: Tesco across five; Asda across four; Sainsbury's across four; Co-op across three; and Morrisons across three. Data was more limited for Aldi and Lidl.³ We did put them in the report but not back to 2015, so I won't put those on the record.

² Public Health England has supplied a correction to the transcript: 'Sainsburys reduced sweet confectionery by 4%' should read 'Waitrose reduced sweet confectionery by 4%'

³ Public Health England has provided a clarification on this point: The improvement in the number of categories which were reported for retailers did not include all the sugar reduction categories including: ice cream, lollies and sorbets; sweet spreads and sauces and the soft drinks industry levy (these are shown in Appendix Table 2 of the year 2



HOUSE OF COMMONS

Q16 **Chair:** We can probably publish this. We have quite a short time today. What I am keen to know from you, Alison, because we are going to be seeing Ministers later, is how this needs to translate into change. Where are the powers that you lack?

Dr Tedstone: We would say that delivery of chapter 2 is the most important thing.

Q17 **Chair:** For people who are following from outside who might not be familiar with what chapter 2 is, could you just say?

Dr Tedstone: In chapter 2 of the childhood obesity plan it said that Government would consider restrictions on advertising and introduce restrictions on promotions of food. When you look at our data, you can see that part of the problem at least is just more of things being sold that are high sugar. Therefore, things that potentially affect the volume of sales are the most important. We would say we need that suite of actions around advertising and promotions to bring them to bear on the industry.

The most recent data we have says that promotions remain very high in this country. You asked why our obesity rates are higher than perhaps they are in Paris. Our level of promotion is still much higher than it is in any other European country.

Q18 **Chair:** We are going to come on to that specifically.

Professor Davies: What is happening is that some of them are reducing sugar in food, but through marketing more is being bought.

Q19 **Chair:** That is a point that is made.

Professor Davies: So, first, on the reduction side, we need to put manufacturers on notice that there will be a fiscal or other lever if they do not reduce; and, secondly, we need to have an ambition to allow our children to grow up free from these marketing signals and incentives to consume. It is about the structure of our environment. I would argue that the human rights of a child absolutely give us a way into that.

Chair: Thank you. We are going to talk more about marketing and advertising in a minute. First, we will go to Angela, who is going to talk about the sugary drinks levy.

Q20 **Angela Crawley:** Obviously, we have the sugary drinks levy, and coming to your earlier point we predominantly associate junk food or food that contains high sugars with soft drinks and biscuits. We have discussed but not considered the fact that many convenience foods and ready meals also contain a high number of sugars.

Do you believe it would be appropriate to have the levy not only on sugary drinks but also on milk-based drinks? What other mechanisms would you recommend to reduce the amount of sugar in a variety of products?



HOUSE OF COMMONS

Professor Davies: I have said in my report that I think we should extend it to milk-based drinks. I think it is only a question of time before those will be increasingly marketed, and many have syrups added and everything.

I have also recommended that we look at that and how we can, first, rebalance it and, secondly, use it as a fiscal lever for unhealthy foods. I have made some recommendations.

Duncan Selbie: The Green Paper talks about exploring this around milky drinks, and it was part of our work back in 2015. To be completely blunt, if not boring, we must complete the actions in chapter 1 essentially on home labelling—because that is a big constraint on our being able to know what is going into the food and to do the sort of work that we have done for supermarkets and manufacturers—and those in chapter 2. We must address the promotions. The number we gave a year ago was 20%.

Q21 **Chair:** We will come on to that. We have quite a lot to get through this afternoon, so could you just talk about the sugary drinks?

Duncan Selbie: We need to be concerned about the wider calorific content of the food. Sugar is a way in, but there are other things in the food that we want to be concerned about. Looking at calories generally opens out a much broader conversation about a much wider range of foods that children consume and everyone consumes. Alison will talk a bit about the calorie point.

Dr Tedstone: The Government have said in the prevention Green Paper that they will consider milk-based drinks. PHE is monitoring. We have set targets for the milky drinks industry to achieve. We will report in due course on how they are doing.

Clearly, they are providers of sugar to the diet. Clearly, they are not plain milks; they have a lot of sugar in them. At the end of the day PHE is just here to monitor the evidence.

Q22 **Angela Crawley:** There is obviously a wider piece of work to do. As well as the sugary drinks levy, there is the wider work that can be done within education and other areas. In terms of the Treasury itself, would you support other fiscal measures to tackle contributory factors to childhood obesity? Specifically, what measures would you recommend?

Professor Davies: I started with VAT, but we need to have a look at a cap on calories per serving for food and drink sold in the out-of-home sector. I think we need to look at the business registration scheme. I have given a lot of options in my report. What I would say is, "Industry would say that, wouldn't they?"

Q23 **Angela Crawley:** You obviously have a number of recommendations. If you could make one clear recommendation, what would it be?

Professor Davies: It is about marketing, advertising and incentives.



HOUSE OF COMMONS

Duncan Selbie: For the record, the Government's position about future fiscal measures on the sugar reduction programme is that PHE would give its final advice on that in 2021. That was our commitment. It is a reasonable signal that, if we are at 2.9% at year 2 and we were hoping to be closer to 10% at that time, clearly, we need to see further fast progress. It is a big wake-up message to industry.

Technically, this can be done, and there are firms that are actually doing it. It can be done. These are choices. There has to be a will in industry. They will take that will from Parliament about whether or not Parliament has determined on this. What Public Health England will do is to work to implement the will of the Government, but we will give our advice without fear or favour about other fiscal measures. We are committed to do that in 2021.

Professor Davies: Can I just say that I am not anti-industry, but what I actually recognise is that they must reformulate? Obesity is rising everywhere. There is a global market. If we get them to do this for our children, they will find that they can sell all over the world. We need level playing fields so that they innovate, but the market elsewhere will be theirs.

Q24 **Angela Crawley:** On that point, would you support calls to ban broadcasting of advertising of foods with high fats or sugar content before the watershed? I think this has been backed by Public Health England, Food Standards Scotland, and the Welsh and Northern Irish Governments.

Professor Davies: I do; and I think that should extend to social media and digital. I think the watershed for children is becoming irrelevant with the way they use media.

Q25 **Angela Crawley:** On that point, if you could extend that to social media advertising and create parameters around the kind of targeted advertising to which young people have access, would you go as far as that?

Professor Davies: I would. We have to rebalance our society. It is sick at the moment.

Dr Tedstone: The Advertising Standards Authority has very recently released data on how the voluntary controls on social media and the internet aimed at children are doing. It reported that there were 1,000 breaches within a fortnight, including by big-named companies. The voluntary controls certainly do not feel as though they are working.

There is very interesting stuff going on in the advertising space. TfL has introduced a ban on the advertising of food on the London underground. It has told us—and is happy for us to say it publicly—that it has had no loss of revenue through that ban. Healthier foods are being advertised, so that becomes a win-win for everybody. In fact, its revenue has gone up slightly.



HOUSE OF COMMONS

Whenever these things are being proposed, it is always painted as though, "Something will fall over because...", but with regard to the history of the first controls that came in in the UK, we were the first country to do that and we are very proud of it. Now we have the TfL ban, and everybody adapts.

Q26 Anne Marie Morris: Marketing and advertising is clearly a key piece of the solution to this problem. In a way, I think Dame Sally put her finger on it because it is partly about how you deal with industry, how accessible you make food, and the quality of the food that is made accessible.

The other thing she referred to was culture, eating habits and so on. My concern is that I am not convinced that we have addressed the whole culture piece. I am not sure yet that we have said, "Fresh veg, great; sticky cake, bad."

If I could translate this into the smoking campaign, we began to take that seriously when two things happened. First, people realised it was bad for their health, but, secondly, it became socially unacceptable. I do not think that we have looked at either of those two things with obesity.

My question to you is, have we gone far enough on this whole obesity thing? It seems to me that we are only looking at one end of the telescope and not the other. Are we running away from trying to be more honest: that being obese is not good for you; it is not good for your job prospects; and it is not good for your health? This is taking the point a lot further than where we are now. Are we running away from this because we feel frightened as a Government that it will upset people and because it is now becoming so much the norm? If I look at a dress catalogue, it is always a mixture of "normal size" and "big size". Are we so concerned about bulimia, body image and so on—which I accept is a problem—that in a way we are not solving this problem, which in many ways affects many more people? Duncan, do you have a view on that?

Duncan Selbie: I am thinking that we still have to implement chapter 1 and we have not yet implemented chapter 2. We are consulting on chapter 3. We have a whole heap of things that we might be doing. Dame Sally has put out a series of possibilities and made the point that without doing more we will not reach the targets.

There are many things that we know we should be doing but we have not yet done. Beginning with marketing and advertising, we were saying earlier that the British people buy on promotion about 18% more food. They buy almost 20% more food each week than they otherwise would if we did not have these promotions. This is the "buy one, get one free"—the cut-price deals.

The issue about that is, of course, that they are either eating it or it is being thrown away. Even more importantly, if you have very little income, you spend a bigger part of your income on food that you would not ordinarily buy but for the way the retailers are selling it. This is the



crucial part. If we do not tackle the way in which we sell and promote food, and sell more and more food to people, however much sugar we take out of the food and however much we reduce calories, we will not see the difference that we need to see.

As for advertising, there is about a 100-fold difference between what the industry spends on advertising unhealthy food and what I have available to counter it with public information. That is not an exaggeration. TfL's example about what actually happens is an absolute cracker. Advertising is on all media channels; it is not just television. The point about all media channels is to have some form of restriction. We need to be bolder about it and not water it down. We need to go further.

- Q27 **Anne Marie Morris:** I would agree, Duncan, but, having lived with Government for as long as I have and sat on the Public Accounts Committee, can we just for one minute say what the right thing is to do for the people of this country rather than go through chapter 1 and chapter 2?

Professor Davies: That is why I wrote the report.

- Q28 **Anne Marie Morris:** Can we not just say, "I know there are all these things that we need to do, but actually they don't seem to be working and they are going too slowly"? Haven't we got to jumpstart this?

Duncan Selbie: My point is that they have not been implemented yet. They are the subject of consultation.

- Q29 **Anne Marie Morris:** But that is not the point. The point is that there are other things that we would all agree might have a bigger impact for lower spenders. One of the interesting things I thought Alison said was that it is not actually more expensive to eat good food, but we do not do a very good job of promoting it. Have we gone about this by only looking at one half of the problem and not the other?

Dr Tedstone: We have research on this. Most people broadly know what constitutes a healthy balanced diet. They will give you the healthy eating messages. They say they care about it, but when they get into that shop they find it very hard to enact. I would argue that is because people are being nudged towards unhealthy choices because that is where the profitability is.

We have tested harder messaging with our families in the Change for Life campaign. We know that they disengage if we start using language that some health campaigners would advocate. We know that families disengage, and it is very important that we keep families engaged in making those changes.

- Q30 **Anne Marie Morris:** Were there any parallels in terms of how you look at this problem and smoking? In a sense, you are trying to stop two behaviours that are not optimum for human health. In smoking, we did have those bad messages. I remember as a child seeing pictures of tar



HOUSE OF COMMONS

being breathed out of a cigarette, and that was me done: I thought "I'm not touching a cigarette." How come, in smoking, it did not turn them off—or maybe it did—whereas, when we are talking about obesity and any negative reaction, we are inclined to run away from it?

Dr Tedstone: We are not running away from the negative reaction. We have to decide the best way to spend the public money that we have. As Duncan says, it is not that big. We think we punch above our weight, but there are choices that can be made. Ministers are involved in those choices.

With smoking, it is a very different thing because you don't need to smoke. You do need to eat. The nuance—

Q31 **Anne Marie Morris:** But you don't need to eat junk food, do you?

Dr Tedstone: You do not need to eat junk food, but the nuances are more complicated. There has been campaigning going on recently through Veg Power about the promotion of fruit and vegetables. We await the report and what after-effect that has had. Of course, that is an important part of the mix.

Q32 **Andrew Selous:** I think Anne Marie is really on to something here. This might be a bit shocking, but we have no compunction at all. You put pictures of someone's tar-stained lungs on a pack of cigarettes, so what about pictures of amputated feet on a pack of jam doughnuts or something? Is that going too far? You are calling for bold action, but this is ultimately the consequence. There were 26,000 amputated lower limbs last year through type 2 diabetes. That is the bit that the public do not really see, and they do not associate, do they?

Professor Davies: We will end up there. After all, when I was a young doctor, type 2 diabetes was called "adult onset". We started to see it in children in 2000. We get an extra 100 a year. If you look at what is happening with obesity and the impact on children, it shortens their lives by two and a half years, it dramatically impacts their life chances, and it impacts our economy, as the OECD said only a couple of weeks ago, by 3.4% of GDP.

Actually, food could be cheaper if manufacturers stopped spending £300 million a year on advertising unhealthy food compared with £16 million on fruit and veg. I think that we have to stop that advertising. We have to really be quite tough with them, get them innovating and change how supermarkets and shops sell these things, to make sure that the healthy ones are easily reachable. In that way we will change norms. It will then become much more acceptable, if you look at the tobacco story, to do exactly that on a packet of doughnuts—to have the amputated leg or whatever you choose.

Asthma is higher in obese children, as is cardiovascular disease, musculoskeletal problems and mental health issues; and people do not understand that or the implications.



HOUSE OF COMMONS

Q33 Anne Marie Morris: Alison is quite right. People understand the difference between healthy food and unhealthy food; they do not really understand what the consequences are of eating unhealthy food.

Going back to some specifics, where have we got to with the nutrient profiling model?

Dr Tedstone: The work is finished and we are working with the Department of Health on the publication of it.

Duncan Selbie: We are still doing the work on the technical side.

Dr Tedstone: We are still doing work on the technical guidance.

Duncan Selbie: So early next year.

Q34 Anne Marie Morris: Early next year?

Duncan Selbie: Well, what would the spring be?

Dr Tedstone: The Department of Health consulted on the current nutrient profiling model for the advertising and marketing restrictions.

Duncan Selbie: We need to do quite a lot of work with industry in order to complete the technical guidance. We will be doing that over the next few months.

Q35 Anne Marie Morris: The sense I am getting is that the Government are moving very slowly with this. It seems to me that the problem is getting worse and that we have not really taken account of the speed of that problem changing. Therefore, we are going down the same old road. Those are very good steps, and thanks very much for what Sarah and her team did. Clearly, I am new to this Committee, but I cannot help feeling that there are other things that we could and should be doing. I am going to be saying that to the Ministers.

Professor Davies: Can I add one more worry to you?

Anne Marie Morris: Please do.

Professor Davies: It relates to breastfeeding and infant food. We are not giving enough support to women to initiate breastfeeding. They were at the average but poor levels, and then they don't continue. Meanwhile, formula is marketed, and by the age of 18 months about one in four children are overweight. We need also to look at formula and its marketing, and infant foods and portion sizes. A poor mum buys a bottle and thinks it is right for any age her child is, and it might be two portions for a six-month-old child beginning weaning and one portion for a two-year-old. We need to work on that area as well.

Q36 Anne Marie Morris: Dame Sally, do you agree that we need to kick-start this and move faster, and the Government, while they have made a great start, need to be given a bit of a push, because without them, frankly, we are not going to fight industry? It is there. From what you



HOUSE OF COMMONS

said, we need to make that change and are going to make that change.

Professor Davies: I absolutely agree. Let me put it on record that I would have said the same while chief medical officer, not just as demitted. This report was written while I was chief medical officer.

Q37 **Chair:** Thank you. We are running rather behind now, but there is a final point in closing. The Prime Minister has talked about wanting to see evidence that things like the sugary drinks industry levy has worked. He has used terms like “sin taxes” and so forth. Do you have a clear message for the Prime Minister about whether this has been helpful or not, based on the evidence?

Professor Davies: Yes. We know that each year at least 30,000 tonnes of sugar is coming out of drinks, yet on the side of industry their sales have gone up 10%. That will feed through into weight stability, so it is working.

Dr Tedstone: The sugar levy has been remarkably successful. It is the biggest change I have seen in my career as a nutritionist. There has been a 28.8% reduction in sugar levels per 100 ml of drink. That is phenomenally good. The evidence base is clear. The randomised control trials show that, all things being equal, that should result in weight improvements in the population.

The point I wanted to make, though, is that all things are not equal. We see increasing sales of high-sugar foods. That means that the playing field is not remaining equal. The pressures on families to eat more is only increasing.

Professor Davies: There is no magic bullet, unfortunately—not even exercise. We have to do a lot of different things in order to get the impact we need.

Duncan Selbie: This is my last word. Industry is part of the solution to this. Manufacturers have shown that they can do this, but they are not all doing it. Government are part of the solution to this, because only Government and Parliament can conclude on the chapter 2 consultations. It is only by the combination of everything that we will begin to see the progress that we want to see.

Chair: Thank you all very much for coming this afternoon.

Examination of witnesses

Witnesses: Caroline Cerney and Professor Susan Jebb.

Q38 **Chair:** Thank you very much for bearing with us. I am sorry we are running a little bit behind. Welcome to our second panel on childhood obesity. Would you start by introducing yourselves and who you are representing today to those following from outside the room?



HOUSE OF COMMONS

Caroline Cerney: I am Caroline Cerney. I am the alliance lead at the Obesity Health Alliance, which is a coalition of health charities and medical colleges.

Professor Jebb: I am Susan Jebb. I am professor of diet and population health at the University of Oxford. I lead a number of research teams there, working mostly on obesity. I was the science adviser for the Foresight obesity report back in 2007 and have been engaged somewhat in various policy initiatives since then.

Chair: Thank you and welcome back. Anne Marie Morris is going to kick off the questioning.

Q39 **Anne Marie Morris:** Professor, how strong is the link between advertising and obesity, and do you think that the measures that the Government are proposing with regard to advertising restrictions are enough?

Professor Jebb: That is a very specific question about the research evidence on advertising, which is not a topic that my team particularly works on, so I am going to hand that over to Caroline.

Caroline Cerney: The Department of Health has an obesity policy research unit that earlier this year published a paper. It was a meta-analysis, which meant that it looked at all the available research into the impact of unhealthy food advertising on children.

It concluded that every four minutes of unhealthy food advertising that children see can lead them in the short term to eat 60 additional calories. We know that all it takes is around 46 extra calories a day to cause extra weight gain in children.

Q40 **Anne Marie Morris:** Did the research identify that they eat something different that is just worse in terms of sugar and calories, or do they eat it in addition? What goes on in a child's mind? Does it want it as well as or instead of, and it is just a worse product?

Caroline Cerney: I do not think it made a distinction between what they eat, but it clearly showed a link between seeing food advertising and then wanting to eat more. It does not really matter when it comes to calories. It is the extra calories that lead to weight gain rather than what the food eaten is.

Q41 **Anne Marie Morris:** Did they do the reverse and show them vegetables and other yummy healthy food to see what the reaction was in children then?

Caroline Cerney: Not as part of that.

Q42 **Anne Marie Morris:** What do you think, Susan?

Professor Jebb: The meta-analysis tried to take all the data and put it together to give you some quantitative assessment. It is sometimes more powerful to think of individual studies. There was a lovely experiment



HOUSE OF COMMONS

done by Emma Boyland at the University of Liverpool. The researchers brought children into the laboratory and showed them some TV with an advert break in the middle. It was either for food or toys. Before the children went home, they were allowed to have something to eat. After they had seen the food adverts, they ate significantly more snacks than after they had seen the toy adverts. She then went on to show them particular branded adverts and showed that that specifically increased consumption of those branded foods.

There is extremely good experimental evidence that you get very direct links between what children see and what they then want to consume. There is also a general priming effect with advertising. If we walk outside of the lab and down the street, there is food everywhere. It prompts us to think about food and to think about eating. I think it fuels this general desire to eat that is driving us to overconsume.

- Q43 **Anne Marie Morris:** Forget for a minute what the Government have promised to do. In an ideal world, what should we do in terms of advertising to change the pressure on children to eat more, worse food, if I can put it like that?

Professor Jebb: We have to strip much of the advertising for unhealthy food out of our environments, whether that is on television, on billboards or in sports stadiums. We have to avoid this constant repetitive stimulus to eat, which is what it essentially amounts to.

- Q44 **Anne Marie Morris:** Is most of the stuff that is promoted snack food? Is there any particular category of food that is causing most of the problem?

Caroline Cerney: We did some research that we published last week. We looked at the advertising that was shown during "Britain's Got Talent", which is the most popular programme with children. It is watched by nearly 1 million children. We found that food and drink was the biggest food category, and of those food and drink adverts over half of them were for unhealthy food. We saw lots of pizza delivery companies; lots of food delivery companies such as Just Eat, Deliveroo and Uber Eats; but also lots of chocolate biscuits and ice cream. It is very much food that we can definitely say is not good for children to eat.

The food industry will tell you that things like the 9pm watershed will stop them advertising food such as olive oil and pesto. We did not see any adverts for olive oil or pesto. We also did not see any adverts for Veg Power, which is the initiative to get children to eat more vegetables, which ITV is very vocal in its support of, but it did not show a single one of the Veg Power adverts in a programme that is most popular with children.

- Q45 **Anne Marie Morris:** It would be interesting to see what would happen in an experiment if you had "veg" advertising and the toys, and how that would impact—whether it was just food.



Professor Jebb: The Veg Power campaign has an evaluation that the Food Foundation is leading. I know that it has almost completed that, so it may be possible for the Committee to ask for an early sight of that report.

Q46 **Anne Marie Morris:** That would be really helpful. In terms of price promotions, can you give us any examples as to evidence of how that impacts on buying habits—I presume on both the mums and the kids?

Professor Jebb: The price of food is incredibly important in how much people purchase of it. That is why fiscal measures that increase the price are incredibly powerful in reducing purchasing of particular foods. When you see price promotions, you are often getting a double whammy. You are getting an economic benefit, which is appealing to people, but you are often also getting a lot of advertising and marketing in the store announcing that there is this price promotion on those particular products, which draws people's attention to them. They may be on the end of an aisle, for example, where they are going to be very prominent.

For sure, these price promotions significantly influence what people purchase in store. It is not quite price promotions, but we have shown that, if drinks are put on the end of an aisle, you can increase the sales of those by, in the case of soft drinks, about 50%. That is simply due to the positioning and the prominence. Very often those end-of-aisle displays will be complemented by a price promotion.

There is a whole raft of things happening when you are in the grocery store that essentially shape and frame the food that people purchase.

Q47 **Anne Marie Morris:** One final question from me on calories. Is there any evidence that having calorie information on food makes a difference, and I suppose, for the sake of argument, on menus in restaurants or takeaway outlets?

Professor Jebb: We did a big systematic review, a meta-analysis, of this, which we can provide you with.⁴ The answer is, yes, there is some evidence that it is helpful and leads to lower-calorie purchases. The impact is rather small. It appears to be stronger in eating-out type places than grocery stores. That is perhaps because when you are eating out you are making a decision about what to eat right now and a particular item, whereas in the grocery store you have a whole basket and maybe it is less meaningful. There is a small but significant beneficial effect of calorie labelling on consumers.

⁴ Information provided by the witness following session: Rachel A Crockett, Sarah E King, Theresa M Marteau, A T Prevost, Giacomo Bignardi, Nia W Roberts, Brendon Stubbs, Gareth J Hollands, Susan A Jebb, 'Nutritional labelling for healthier food or non-alcoholic drink purchasing and consumption', *Cochrane Database of Systematic Reviews* 2018, Issue 2. Art. No.: CD009315. <<https://doi.org/10.1002/14651858.CD009315.pub2>>



There is probably also an effect on businesses. There have been a couple of studies done that have looked at out-of-home eating establishments and at the calories available on the menu before and after labelling. They have shown a significant reduction. It may be that business, when it starts labelling the calories, polices itself to some extent and thinks, "Maybe that is not so acceptable, so I will offer a lower-calorie choice."

- Q48 **Anne Marie Morris:** I take the point about the shopping basket because you are not going to look at every single item to see what the calories are, but should there be something simple such as colour coding? Is there enough interest? If you make it easy to work out what is low calorie and what is high calorie, would it make a difference?

Professor Jebb: I think so. We have front-of-pack calorie labelling on much of our food in supermarkets. I think there is a strong case for that to be mandatory and for it to be a consistent format, and certainly for there to be calorie labelling out of home. At the moment that is not possible because of EU laws, but there may be an opportunity to do that in the future. It seems to me that there is a consumer right to that kind of information about what goes into our food. If we are not preparing it ourselves, we want to know what somebody else has put into it.

The fact that it slightly helps is good enough for me. I do not think you need it to be a big effect. It is reasonable to expect that that information should be there. It is a bit like the washing label on your clothes. You do not always look at it, but, when you do want to know, you want the label to be there.

- Q49 **Anne Marie Morris:** Do you think in addition that it should be simpler? When we are particularly talking about children, I do not imagine that they go round looking at their lollipops to see how many calories are in them.

Professor Jebb: I think these are mostly going to be pitched at adults, in reality. Adults are making a lot of decisions for young children about what they eat. The minutiae of exactly how it is enacted is of second order principle. First, let us get it in as mandatory labelling.

- Q50 **Andrew Selous:** Could you tell us what key things the Government need to do next to get this back on track?

Professor Jebb: I was thinking what I was going to recommend and—do you know? —I almost don't think that we need to go through the whole list of policy possible actions. Sally Davies's report, in a way, brings them all together. This Committee has considered them time and time again.

What we most need to say now is that we talk a lot; we set targets; we say it is important; but, actually, Government are not really doing anything. They are not really doing anything at all. They have not enacted most of what was in chapter 2. There have been a few consultations, but they have not really done anything else.



HOUSE OF COMMONS

What this Committee really needs to think about is why, despite the strong support from the public to take action, and despite the rhetoric we are hearing from Government, when it comes to it almost nothing is happening. Until we start getting at that, there is something systemic or cultural or some reason why we have no problem at all with saying, "Oh, it is a terrible crisis and we must do something; we have a duty of care to protect our children." We are fantastic at hand wringing, but it is not difficult to do something about it. This is not a great geopolitical discourse. Some of these things are very simple, but Government are choosing not to do them.

- Q51 **Andrew Selous:** I asked you about Government deliberately. Thinking of the responsibility to put this right, I guess some of that falls on central Government, on local government, on food manufacturers and takeaway providers, the out-of-home sector and, indeed, parents.

Professor Jebb: Yes.

- Q52 **Andrew Selous:** Would you like to talk a little bit about the other three as well?

Professor Jebb: A lot of it does start with national Government. If we are thinking about the food industry—and it is a big part in this—then a Government set the framework in which industry is acting. I would love to be able to call on industry to change, but we have seen that that does not get you very far. In truth, it is a very competitive industry. The companies who might be willing to do it are then going to be disadvantaged commercially. In that kind of environment we need a level playing field and Government have to provide that, so that some of these restrictions, which will infringe their commercial success, absolutely are going to have to be on a mandatory basis.

A national Government are going to have to do that for the big multinationals. There are things that probably local authorities can do in their local areas to deal with the chicken shack and the kebab van, but those are much harder to manage. The things we could do centrally are relatively straightforward.

- Q53 **Andrew Selous:** You have not talked about parents.

Professor Jebb: Parents mostly want to do the right thing. No parent is actively trying to do things that will undermine their child's weight or health. What parents need is support to be able to do that. The best way we can support them is to stop it being so flipping hard. It should not be hard to help children to have a healthy diet. You can do everything you like as a mum to offer healthy food at home, but when your child goes out of the home they are bombarded by a whole raft of things.

- Q54 **Andrew Selous:** Hold on a second, because it actually starts much earlier than that, does it not? I do not know if you were in the last session, Susan, but Dame Sally told us that by 18 months one in four babies is overweight. Whose job is it there? Is it a role for public health



HOUSE OF COMMONS

within local authorities? Is it a Government advertising campaign? Do we need to help parents?

Professor Jebb: A whole raft of things. We need to help more parents to breastfeed. There is a role for employers; there is a role for Government; there is a whole infrastructure that is needed to support mothers to breastfeed. We definitely need to look at infant feeding. We need to look at the advice and support that health professionals are giving mums, particularly around weaning. Weaning is probably the most complicated time when you are bringing up a baby in terms of food.

Yes, there are things we can do, but the biggest problem of childhood obesity is not in the under-18 months. This is a problem that is getting worse and worse throughout childhood. While I do not want to discourage you from worrying about the very young, we should not lose sight of where the bigger issues lie.

Q55 **Andrew Selous:** Do you think we need interim targets? The year 2030 is comfortably far away for Government, is it not?

Professor Jebb: I have mixed feelings about targets. Having this ambitious target has not got us anywhere so far.

Q56 **Andrew Selous:** But that is because it is in the distant horizon. No one has been hit over the head for having missed it, have they?

Professor Jebb: But we have a target for reducing sugar by 20% by 2020. We are never going to get there. That is next year, and we are never going to get there. Having these targets makes the Government feel better that there is one, but, unless it drives action, I am less fussed about targets and more fussed about action.

Q57 **Rosie Cooper:** I suppose this is a rather depressing conversation in the sense that this is a huge problem at our feet, and all I have heard this afternoon is that we keep either hiding the ball or dropping the ball, which is quite frightening when we have the information in front of us. I am going to ask my question, but I feel that we know the answer already.

We have talked today about the content of food, advertising and location. I am going to ask essentially about the relationship between price promotions and obesity; by that, I mean “buy one, get one free” and “multibuys”—all those kinds of things. People make those instant decisions, especially about high-calorie foods, and it might be it is such a good offer that they will eat them over a week or whatever it is, and all those calories are consumed very quickly. How significant is that relationship in whatever studies you have done so far?

Caroline Cerney: We could sit here and fill our 40 minutes telling you about the evidence on price promotions, unhealthy food marketing and calorie labelling. You already know it. This Committee knows that this is the right thing to do. The Government know it is the right thing to do, which is why it was all in chapter 2 18 months ago.



The argument on the evidence is that we do not need more evidence on this. We have really good evidence and we know that it is a problem. We know that, despite chapter 2 and promises of regulation, industry is still continuing to make and to market unhealthy foods quite aggressively. We have already highlighted some of the double-digit increases we have seen in sugar production.

I also wanted to show the Committee this, which came out the week after the sugar reduction. This is Oreo cookies. Not only do they have an Oreo cookie now, but they have a chocolate-dipped cookie, which doubles the sugar and doubles the calories. They are marketing it aggressively to children. Just last week we submitted a complaint to the ASA about an advert for this product that was on a YouTube video aimed at children. This is not an industry that is worried about Government regulation. That is, as you say, because there have been so many delays in introducing these measures.

So it is not about the evidence any more. It is about political will. It is about standing up and doing something—and doing it now. We do have this target in 2030, but obesity in reception-age children and severe obesity in year six children increased in the past year, despite that target.

Professor Jebb: There is one other thing to add on the evidence. We heard about the sugar targets. The sugary drink levy has been a huge success. We have seen real reductions, but in many of the other products we are seeing very little change. Reformulation, I think we have to acknowledge, is a part of it, but it is not going to deliver the whole answer. I think we are a bit too wedded to believing that somehow we can reformulate our way out of this problem. We have to do something to reduce the overall sales, and I think we heard that a bit from PHE.

The two options on that are, potentially, reducing advertising, but there is also something about price. We should not shy away from using price as a lever. One of the reasons why fruit and veg seem expensive is that chocolate and biscuits seem remarkably cheap. We have certainly published data looking at modelling the impact if you were to increase the price of, say, confectionery or other high-sugar snacks. You are likely to get a very significant reduction in purchases. Because those foods and sugary drinks contribute far more calories into children's diets, you would get an effect that was probably more impressive and more helpful even than the sugary drink levy. That has stimulated reformulation, but, as we have done with tobacco, price can also be used just to reduce overall sales. I would really urge you to think seriously about that option.

Q58 **Rosie Cooper:** Absolutely. We also have the psychological association between reward and food. I think that is a huge challenge for families because food is always there. Have you done any further assessment of the evidence linking product placement with childhood obesity? Has it changed since your report in 2018? How do we get into the psychological placement of advertising? We talk about it, yet we continue to do it.



Caroline Cerney: Do you mean placement of promotions in stores?

Q59 **Rosie Cooper:** Yes; in stores and on TV. I used to be in PR, and one of the things we did was to try to get stuff placed because people saw it subliminally and then did it. That is my relationship to the psychological thing. We see reward by food, which is incredibly powerful.

Caroline Cerney: Yes. I think we need to understand where the association between reward and unhealthy food comes from. It has come from the advertising industry, who are feeding us messages constantly that we deserve a treat; we deserve some chocolate; we have had a hard day, so order a takeaway if you do not have time to cook. That is a manufactured relationship that has come about from an industry that wants to make money from us buying their products. That is not going to change. They are not going to change on their own, and that is why we need regulation.

Q60 **Andrew Selous:** I am a little bit confused on the price point. The Food Foundation's Broken Plate report makes the case quite strongly that the cheapest food is the unhealthiest food and that is why obesity is worse among children who are more deprived.

If I heard Dr Alison Tedstone correctly earlier, I think she was saying that it is possible to eat healthily no more expensively. I am a bit confused because we seem to have slightly contrary views there. I also read that education has only limited value in changing behaviour. Theoretically, I guess, if healthy food is not more expensive and it is out there, then we should not have a problem. Are we just weak-willed? Is there not enough education? What is going on here?

Professor Jebb: Gosh, there are a whole load of things tied up in there. Let me try to separate them. The price one—the cost of healthy food—is really a tricky one. It depends how you analyse it. People can eat all kinds of different foods. You could have even the same foods but different brands, and the prices would be completely different.

If you are cooking from scratch, from basic seasonal ingredients, you can indeed cook very healthy meals very cheaply, but that requires you to have time, cooking skills, knowledge, and so on and so forth. If you are trying to buy your salads already washed and prepared so that they are convenient, it is going to be very expensive. It is tricky.

At the end of the day, as a nation, as Alison said, we spend a relatively small proportion of our income on food, but for low-income families it is considerably higher. The price one is a tricky thing.

On education, goodness, nobody is going to sit here and say that better education is not better. More educated people have a lower risk of obesity. At some generic level, education, of course, is a fabulously good thing, but we have an undue faith in its ability to change behaviour in the short term.



The sugary drink industry levy gives you a great example of this. We have seen sugars drop by 29%. That is almost entirely about reformulation. The amount of that that is consumer behaviour change is a few per cent.—less than 10%. If you think of all of the advertising and the education, there can be nobody in the country who is not very clear that sugary drinks are bad for your health, but it has had a minute effect on actual consumer behaviour. The impact has been through reformulation.

People do know that broccoli is good and that biscuits are bad, but that just does not translate into what we eat.

Q61 **Andrew Selous:** Just going to a different area, I believe I am right in saying that, for GPs, the QOF—the quoted outcomes framework—specifically excludes children's weight so they are not paid for doing anything about it, which I find quite extraordinary.

Professor Jebb: I am not sure that “specifically excludes” is quite the right phrase, but, no, it definitely does not include it. There are lots of things it does not include. You can keep a register of adult obesity, but not to do anything about it. There are opportunities to do more in relation to the care of children who are already seriously overweight. That is not just in primary care but in secondary and tertiary care as well.

Most of the discussions we have had today have been very much about prevention. They have been trying to ensure that children have a healthy childhood and grow up with a healthy weight, but we should not forget that children who already have an established weight problem are going to need more individual care and support.

The upsetting thing is that we have made much less progress in finding effective treatment programmes for children with obesity than we have done for adults. We have a good idea how to help adults, but with children it has been really difficult. There is a paucity of services. There is only a handful of hospital services for seriously obese children in the whole country. Families sometimes have to drive hundreds of miles to get to those clinics. It is incredibly hard then for them to engage in treatment programmes if it means a 100-mile-plus round trip.

When it comes to treating obesity, we absolutely need to think about hospital services. We do need to think more about what can be done in primary care. Until we know what it is that we want GPs to do, and we are confident we have the evidence that it will have a positive impact, I am slightly cautious in asking primary care just to go around weighing and measuring children until we know what it is they can actually do that is going to be helpful.

Q62 **Andrew Selous:** These conversations are supposed to be happening anyway through Making Every Contact Count. I know that you have written an academic paper, because I have read it, on how to get GPs to try to do this better and to make it happen at all.



HOUSE OF COMMONS

Professor Jebb: For adults it is very clear, and we have a good evidence base for how to do that. When you are raising the issue of weight with an adult, almost always they know they are overweight, and so one is able to raise it in the context of offering them support to deal with a problem that they know exists.

We know that the issue of overweight in children is exquisitely sensitive for families. Many parents do not recognise that their child may be overweight, so it is a much more complex conversation for the doctor to have.

- Q63 **Andrew Selous:** But is it not really important that there is a bit of challenge from the doctor? The doctor is not being kind to the child just to skirt over the issue because it is a difficult conversation.

Professor Jebb: I agree, but we also need to know what we want to happen and that we are confident we have some evidence it will be effective in helping the child and their family to manage their weight. Sadly, and I really regret this, I do not think the evidence is there that really tells us what to do.

If the doctor were to raise the issue with some families, it would be a light-bulb moment and they would think, "Oh my goodness," and go and take the necessary action. The risk is that that widens health inequalities. We need to think what we can do that will support all families to help their children to manage their weight. There is a really pressing need for research in that area. It often gets overlooked, because, rightly, we are working hard on preventing the problem from arising in the first place.

- Q64 **Chair:** It is very surprising to hear there is really such little research going on in this area.

Professor Jebb: There is research, but it just has not got us to any good solutions.

- Q65 **Chair:** So the research is there but it has not really clarified this.

Professor Jebb: There is some, but not for children. We really are struggling to know what to do for the best in the sense of very specific formalised programmes, and certainly what can be done by a GP in a busy surgery. With adults, the tactic has generally been to signpost people to other services. We have shown that that is effective, but we do not really have a nationwide, highly effective service that we can offer for the treatment of obesity in children. As I say, specialist clinics are few and far between.

- Q66 **Chair:** Was there anything that either of you really wanted to make as a point before you left today that you have not been asked about?

Professor Jebb: No. I would just reiterate the point of trying to understand what it is that is stopping action happening. It is not that we do not know what to do; it is just that there is something getting in the



HOUSE OF COMMONS

way of actually doing it. When we have not even done things in chapter 2, are we really at the point of moving on to chapter 3?

Chair: The Ministers are up next, so we can ask them that. Thank you very much. It has been very helpful to hear from you.

Examination of witnesses

Witnesses: Jo Churchill, Jenny Oldroyd, Nigel Adams, Viscount Younger and Andrew McCully.

Q67 **Chair:** Thank you for your patience. I am sorry we are a few minutes adrift starting, with all the votes. First of all, thank you so much all of you for coming this afternoon. I think we have a great visual representation here of why this can be so complex because there are so many Departments involved in this policy area. We do not have the Treasury with us either, so we could have squeezed in another place on the end.

It would help all those who are following this debate from outside if you could introduce yourselves and which Department you represent.

Viscount Younger: I am James Younger from MHCLG—Ministry of Housing, Communities and Local Government.

Nigel Adams: I am Nigel Adams, Minister of State at DCMS. I do sport, media and the creative industries.

Andrew McCully: I am Andrew McCully. I am the director general for early years and schools in the Department for Education.

Jo Churchill: I am Jo Churchill. I am the Minister for public health and prevention at the Department of Health and Social Care.

Jenny Oldroyd: I am Jenny Oldroyd. I am the deputy director for obesity and food and nutrition in the Department of Health and Social Care.

Q68 **Chair:** I will start with you, Jo, to give us your overarching assessment of where you think we are now. We are obviously three years on from the publication of the first chapter of the childhood obesity strategy.

Jo Churchill: Thank you, Madam Chair. This is the first time that I have been in front of a Select Committee, so if you need to guide me then do feel free.

This is one of the most challenging issues that faces us. Since somebody from the Department was last in front of the Health Select Committee in this area, we have launched chapter 2 and chapter 3 of the obesity strategy, and the prevention Green Paper.

Having taken those steps, we are starting to see the policy direction. We have had the sugary drinks industry levy, which has been enormously successful, driving £320 million into education and reducing sugar in the



drinks that it targets by 28.8%. That has been really helpful. We have started to build things forward: looking at sugar reduction programmes in chapter 1, built on with calorie reduction in chapter 2; energy drinks in chapter 2; and then moving on through promotions and price, out-of-home labelling, and so on.

As you can see, we cover an enormous spread in those chapters, where we are trying to enable everybody—children and adults—to start making the right choice and healthy choices, and enabling the environment around them to support that.

- Q69 **Chair:** What is your assessment of the impact that it has had on children's health in terms of what is happening about the overall level of obesity and the widening inequality gap between the most and the least deprived communities?

Jo Churchill: In the weight management programme, we have not seen that reduce at the top end. That is what we are driving for. The whole aim of this is that, by 2030, we see a reduction: we halve childhood obesity by 2030. That is the overall aim. While we have some slowing, we need to do more. We need to—

- Q70 **Chair:** That is what I would like to pick up on. I do not know whether you caught any of what our previous panels were saying, but their sense is that they know the range of measures that we could implement, and there is a sense of frustration. There are a lot of things that we know could help to contribute to make a difference, but they just aren't happening.

My question to you is, how are you going to speed this up, Minister?

Jo Churchill: So, I have a plan of announcements in order that we start to see progress—a bit like the sugary drinks industry levy that drove it down. Secondly, we have seen some good movements forward. For example, infant feeding is an important area where we need to help parents make better choices because, at the moment, the labelling that we have on infant food is not necessarily helpful.

For example, many products have misleading claims on them. There is a high level of sugar in many of the infant foods on the market, and parents do not have the correct information in order to make the right choices. We must make sure that what is confusing and unnecessary comes off it. I want a consultation next year in order that parents can help inform how they—

- Q71 **Chair:** On that point, Minister, we have a number of consultations that are still open. We are waiting for the Government to respond. Opening another consultation is all very well and good, but there has not actually been a Government response to a number of them that have already started. What we are asking for is, where is the follow-up on these consultations and the actual action?



Jo Churchill: In the wide range, we have actually had an enormous number of responses, particularly under the prevention Green Paper. It takes time to evaluate and go through those individual areas in order to drive down and make the correct policy decisions based on evidence so that we can move forward.

Q72 **Chair:** We appreciate that they take time and they do not need to be rushed, but a lot of these consultations have been going on for a very long time. There are a number of them that are open. Are you able to tell us when they are going to be completed and when we can expect to see the follow-up?

Jenny Oldroyd: It might be helpful if I set out that, since chapter 2 was published, we have taken forward consultations on price promotions, which I know you discussed earlier; on location promotions at the end of aisle; on calorie labelling in out-of-home settings; on energy drinks; and also on advertising restrictions. We have received over 6,000 responses to those consultations.

In some of those consultations—which are all now closed, I should say—we gave the opportunity for different options to be considered as to the different policies and ways to go forward. Advertising is a good example of that. On other consultations, we were very clear that we want to take action and on the kind of action we want to take. The consultations included quite detailed options on how we enforce policy, which foods it should apply to and which stores it should apply to where that was relevant. That is the work that we are now doing to understand the policy decisions that flow from those options.

These are not straightforward, simple consultations that we have put out. That is why we are still doing the work—to get the policy right—but I understand the desire to get the result.

Q73 **Andrew Selous:** Minister, it is not a happy picture. Obesity prevalence in reception-age children has increased between 2017 and 2019. In the briefings this Committee has had for our session today, if I just take one, Diabetes UK says: “Our assessment is that the Government has failed to take meaningful action to address obesity.” They have a RAG rating of all the different measures in chapter 1 and chapter 2. There is only one that is green, which is the sugary drinks industry levy. The rest are red and amber.

This is a really serious issue. There are 26,000 lower limb amputations a year as a result of diabetes. The Royal College of Paediatrics and Child Health says that we are on course for 30% of the most deprived boys in England—a third in fact—being obese by 2030. There really is a need for urgency and further action.

Jo Churchill: I could not agree with you more, but I would draw you back to the UNICEF report published earlier this month saying that the UK is paving the way to ensure that all children grow up in a healthy food environment. The World Obesity Federation said that the UK is doing



HOUSE OF COMMONS

better than most other countries. Actually, it is about making sure that we have the right information.

I would agree with you that we know that obesity costs the national health service £5.1 billion a year. It also has an emotional load on young people. We are really taking this seriously, but we need to make sure that we are doing it in a way that we can measure the results. There is no silver bullet. There is no quick fix. It has been 40 years in the making, with all due respect.

Q74 Andrew Selous: Just coming back on your European point, I am slightly surprised that UNICEF said that. I will read out to you the London Health Commission Global City Comparison overview from September 2016 for rates of childhood obesity. Paris was 5%; Hong Kong was 7%; Sydney was 10%; Toronto was 12%; New York was 21%; and London was 22%. We are worse than New York. There are more obese children in London than in New York. We are an outlier—and quite a serious one. We are nearly four and a half times worse than Paris just over the channel.

I am not quite sure we have grasped how awfully bad it is in this country compared with some of our close friends and neighbours.

Jo Churchill: I would, with respect, just gently push back. I do think we have grasped how challenging this is. I do think that we have had a series of chapters building up and giving us the evidence on which we can then build the response.

For example, we have to help families to have support. Last week I met with the charity SHINE from Sheffield. They are supporting families with children who are overweight, and weight management programmes are part of it. Ensuring that their diet at school is healthy is another part. You have four Departments here, and, as you say, the Treasury is involved as well. This is being taken seriously across Government.

We know that very often a child who is obese has a parent who is overweight in the house as well. If we can start to reframe and improve the relationship with food and educate better, then we start to see the results. That is when we will see through the weight management programme what we need to see, which is that we do not have more children coming out of school obese in year six than are going in at year five. It is not good for them and it is not good for us.

Q75 Andrew Selous: Given that we are supposed to have halved this by 2030, and given that there are more reception-age children who are obese in 2019 than 2017, when is the curve going to start coming down? Don't we need some interim targets? Frankly, 2030 is comfortably far too far away. What about some interim targets to drive this so that we can take corrective action if we are not on course?

Jo Churchill: When we begin to see the support around breastfeeding, the support around early years food and infant labelling, and as we go through life the support around making sure that schools are feeding our



HOUSE OF COMMONS

children well, building up exercise patterns in young people's lives, we will start to see that, once we start to see all these steps coming into place. I agree with you that we should not take our foot off the gas. One of the things that Dame Sally Davies's report said was that it is going to be challenging to get to that 50% by 2030. I take that on the chin. It is, so we need to make sure that we work hard on this agenda. It is not only childhood obesity. It then travels through the teenage years into adult obesity. That then creates all sorts of challenges, problems and costs right across the healthcare system.

Q76 Rosie Cooper: Minister, the two previous panels before this third panel were expressing despair that we are not getting on with doing what we know and what we have evidence before us to do. I was really quite shocked at the idea that the Department thinks we are paving the way. Frankly, that must be a very low bar. I would challenge the Government to think about what you could achieve if you really were trying hard.

Minister, you said you have a series of announcements. My comment and my question about those announcements are: how many of them are realtime actions and not more recommendations or consultations? Frankly, we are drowning in consultations. We need to start doing something but doing something positively.

I am not asking you to tell me what they are. I will measure them as we go forward. You are saying you have a series of announcements, but how many of them are realtime, not just continuing to support or push the targets away? How many of them?

Jo Churchill: Every consultation or review then gives us more evidence on which we can do it. For example, there are trailblazers at the moment within local authorities around advertising in local areas and about the environment that we create for our children to make the right decisions. Lewisham has one and Blackburn has one. That information comes from those trailblazers in different areas. It may not be the same response in an area because of health inequalities. An area with high deprivation and greater health inequalities may need a very different approach to somewhere that is a leafy suburb. It is really important that not only do we have consultations but we then trailblaze or understand how we can target best, and then we do it.

As I say, this problem has been 40 years in the making. One of the issues is portion control—portion size. We are looking at the calorie labelling on packets. The traffic light system has been found to be very effective. We are looking at how we can extend that and roll it out, and how we can put on better labelling. The review for that will start in the new year.

Q77 Rosie Cooper: Minister, if you were to challenge industry, supermarkets and food manufacturers, and get reformulation and sugar tax in whatever form it is over various foods, you could help mitigate what may be bad choices. You could help reduce the problem. Yes, you have to deal with it at source. You have described that it has gone on for 40 years, but are



we going to sit back and wait for 40 years to let it see itself out?

Jo Churchill: The sugar reduction programme has done exactly that. We have seen really good strides. Yoghurts have reduced the sugar content in them by 10% and cereals have reduced by 8%. If you look at what has come from that, grazing food—sweets, confectionery and things like that—have seen almost nothing; it is under 0.5%. We know that it can be done. Promotions in supermarkets—

Q78 **Rosie Cooper:** When are you going to do it then? That is the question. When are Government actually going to take that action? The panels before you were very clear. Everybody knows what will produce the results, but there seems to be some invisible thing that stops Government taking on big money, big business, big supermarkets and big food manufacturers. What is stopping it from happening?

Jo Churchill: I actually think that we have been quite bold. The sugary drinks industry levy has shown the way forward and has given positive results. We have already seen that promotions within supermarkets are possible. For example, Sainsbury's has taken all the end-of-gondola promotions off—the "buy one, get one free".

Q79 **Rosie Cooper:** Can we now be sitting here as a Health Select Committee looking at you, Minister, saying you agree that it works? So can we see our foot go on the gas and is action going to go faster?

Jo Churchill: I promise you—I have been in post 12 weeks and we all know the current environment as of today—if I am in this position going forward, my foot will be on the gas. Those young people—our young children—need the best start in life that we can give them to make it much easier for them to make healthy eating choices.

Q80 **Rosie Cooper:** So you are putting industry on notice.

Jo Churchill: Yes, in effect.

Chair: A lot of what we have heard from our previous panels is, "We know what works; we don't need more evidence; we just need people to get on and do it." One of those areas is the soft drinks industry levy. Andrew has some questions on that.

Q81 **Andrew Selous:** I was going to ask if you are extending the sugary drinks industry levy to milk-based drinks.

Jo Churchill: As the sugary drinks levy has been so successful, the Government have already said that they will extend as it is. As I say, we have £320 million in, which is helping to drive sports and healthy eating in schools. The Government will consider the evidence on milky drinks, and by the end of 2020 we will decide. Again, we have done it for sugary drinks, and, if a 400 ml bottle of a milky drink has 300 calories, the industry needs to perhaps look at reformulation and get on with it.

Q82 **Andrew Selous:** What about further fiscal measures to make sure that healthier food is always affordable? If you read the Food Foundation's



HOUSE OF COMMONS

Broken Plate report, they claim that a lot of the unhealthiest food is the cheapest food in this country, and that is particularly the cause of the poorest children being the most overweight. Is there anything we can do to rebalance that so that it is easier to buy more affordable healthy food?

Jo Churchill: Many outlets and supermarkets are fronting up—Aldi, for example, with 69p. Arguably, in my view, it is more complex than that. You can buy vegetables to make, say, a soup, but that family may not have the time to do it or perhaps the skill base. It is more complex than just saying that healthy food should be more available in the price range.

It is among the range of measures that are needed, but giving people more help and understanding what the choices are in front of them, and where choices are unhealthy or maybe where they can be helped to make a healthier choice, is also a very important part of this conversation.

Q83 Andrew Selous: You told us just now that the sugary drinks industry levy had put £320 million towards schools, and that was partly towards better school food. In the first session this afternoon—I think you might have been sitting behind, Mr McCully—you would have heard Dame Sally Davies say that our school meals are a lot worse than French school meals, and, by the way, only 5% of children are obese in Paris as opposed to 22% in London. Why are our school meals not as good as the French ones?

Andrew McCully: I also heard Sally Davies talk about the cultural factors there.

Q84 Andrew Selous: What is the cultural thing? These are Government contracts. It is nothing to do with what happens in the home, is it? It is public money for providing school food, and theirs is better than ours. You have had extra money to do this.

Andrew McCully: My job is to zealously pursue the commitments that were made in the child obesity plan. Certain colleagues were talking about the level of enthusiasm. I think we have been pursuing things across the range of all activities, whether it is in breakfast clubs supported by the levy, as you say—I am very glad to say that we were able only last week to confirm the continuation of that for another year through our family actions contractor—or through the new Ofsted framework, which again increases the expectation on personal development and the standards there.

There are new food standards. We committed to renew and improve the food standards. We are making progress on that. There is more to do.

Q85 Andrew Selous: Can you tell the Committee that school meals or school lunches in England will be as good as those served in France from a nutritional, health and obesity/overweight point of view? It did not sound hugely complicated. It was to do with portion sizes, slightly less meat and a bit more vegetables. France is fairly close. We should be able to take the learning from that and just bring it over here. Is that something that



HOUSE OF COMMONS

the Department is working on?

Andrew McCully: I think it is a path of improvement. The introduction of the mandatory standards of food in 2015 was a very significant development. We committed to renew those standards. We have had the propositions from Public Health England only in the last few weeks and we are able to make progress on that now. You will see action, consultation and the introduction of secondary legislation next year, I hope, to renew those. It is a path of improvement.

Q86 **Andrew Selous:** Where else in the world are you learning from to improve school food? Are you looking to Amsterdam or anywhere else in particular?

Andrew McCully: We take our guidance on the right standards from Public Health England. From listening to colleagues in Public Health England in the earlier session, there is a great deal of expertise that we could learn from, so I am following the experts here.

Q87 **Andrew Selous:** But I hope you are following the evidence from Amsterdam, where the Committee went last year. There has been a significant reduction in childhood obesity, and schools have been a very big part of that. I would hope the Department would be all over that evidence and research.

Andrew McCully: I spent some time in the Netherlands because it has a great school system and we could do well to continue to learn lessons from the Netherlands.

Jenny Oldroyd: It is worth saying that both Departments are learning from that. We have also been to Amsterdam and looked at the programme there. We are following the data quite closely.

Q88 **Andrew Selous:** What changes are we going to see as a result of that?

Jenny Oldroyd: School food informs, but it also informs much of our thinking across promotions and other activities. Just to come back to some of your earlier points, I would be clear that we are picking up policy at national level and there is not low-hanging fruit here. That is why we are pushing so hard on chapter 2. We are taking on the policies that are challenging but that will make a difference. That was what the UNICEF report was pointing to.

Q89 **Chair:** Minister, Nigel Adams, could I come to you next? Just to follow up on the consultation that closed in June on further advertising restrictions for products high in fats or sugar, could you tell us what your assessment is of the effect that marketing and advertising has on children's consumption of these products?

Nigel Adams: There is clear evidence from research that has been done before that exposure to high-fat, salt and sugar advertising does have an impact. This particular consultation looks at three different options. One of them, as you will be aware, is a complete 9 pm watershed. There is



another proposed sliding scale of advertising restrictions. We are also looking at views on voluntary industry-led options.

What I can say is that we have had a significant number of very detailed responses to this consultation. There have been over 1,700. I know that our Department and the Department for Health are working to analyse those. It would be wrong of me to pre-empt the results of those consultations. It is a very complex area, given children's consumption of TV and online, which has changed dramatically over the last few years. We will be analysing that evidence and the data that has been provided. We will be setting out our response and what our next steps will be.

Q90 **Chair:** Can you give us any thoughts on when we are likely to see the Government's response to that consultation?

Nigel Adams: As soon as the analysis is complete, Dr Wollaston. I cannot sit here and give you a date. That would be wrong of me because I do not have one. I do know that—

Q91 **Chair:** Have you set yourself a target for when you would like to see that response?

Nigel Adams: Clearly, we would like to see the results out there as soon as practically possible. This marketplace has changed dramatically over the last few years. You will be aware how much TV viewing among children has fallen since 2010. Between 2010 and 2017 it has fallen by 43%, so the exposure to HFSS TV ads has changed. Some of that activity may have moved online. That is why we are doing a consultation as well in terms of the online arena.

We do have some pretty strict regulations around TV advertising now, but we are keen to see the results on some more stringent measures.

Q92 **Chair:** Our previous panels have been very clear about the impact of this and that, if we are going to change the culture of our food environment, we have to act on the evidence that it does make a difference. It is just saturating children and increasing the amount that they are consuming.

What is happening is that we are reducing the amount of sugar through the sugary drinks levy in some products, but in other areas, overall, there has been an increase because children are consuming more overall. Even if we reduce the content in the individual products, overall, they are consuming more. For that, the panels lay the blame firmly on advertising.

What we want is a sense of urgency from you, Minister.

Nigel Adams: Absolutely; you are 100% correct, but we have to be mindful of the way behaviours have changed. There is a significant change in TV consumption now by children. I cannot think of the last thing my own four children looked at on terrestrial television, for example, but they are certainly in the online space a lot more and streaming. That is why we are consulting in that area as well.



HOUSE OF COMMONS

In 2005, a study concluded that children saw 12 billion high-fat, salt and sugar TV ads. Recent estimates have seen that this has fallen to 3.6 billion in 2017. It is absolutely right that we get this done scientifically and correctly. I completely get the frustration. The consultation is over, but we will be bringing forward the report on that and what our next steps will be, hopefully in short order.

Q93 Chair: Did you hear the evidence that we were presented with earlier? For example, TfL, when they banned advertising of these products on the tube, were told that revenues would fall, but in fact revenues have not fallen. This is something that industry has used repeatedly over the years to say that they cannot manage unless they have this advertising. Are you going to be really pushing back on that kind of message?

Nigel Adams: One hundred per cent., but that is why we need to review all the evidence. There are two sides to every consultation. Of course, broadcasters and the advertising industry have made their views known vociferously, as I understand it, as have those lobbying for the other side. That is why we have to be rather careful. It is complex, but I totally agree that we have to look at that evidence in particular from the TfL study.

Q94 Andrew Selous: The evidence from Amsterdam council was that they had reduced public advertising in the space as well, but does it not come down to a matter of political will and priority? If this really matters to our Government, if we really care about children's health and wellbeing, and if we do not want the NHS to be overloaded with ever more demands, don't we just have to get on and do this?

There is strong academic evidence. We have heard it in the earlier two sessions. Very respected academics from Oxford University and the Obesity Health Alliance, which comprises most of the royal medical colleges, are saying that actually we just need to do it.

You are a little bit equivocal that the broadcasting industry are a bit concerned. I am just worried that you are being very finely balanced here. We as the Health Committee feel pretty passionate about this, and we think we are backed up with very good evidence.

Nigel Adams: You are absolutely right, Mr Selous. The point is that I cannot pre-empt the results of the consultation. It would be wrong of me to do so. Officials are analysing them, and they will provide us with reports and a recommendation in due course.

We are absolutely at one in that we have a problem with childhood obesity. That is why it is a priority for my Department. It is a priority for the Government, and the Prime Minister is passionate about ensuring that young people and children lead healthy and active lives. That is absolutely crucial, not just for their physical wellbeing but for their mental wellbeing. That is why I am encouraged by some of the other measures we are taking as a Department.



HOUSE OF COMMONS

Q95 **Andrew Selous:** Can I just press you? Could you define “in short order”, which is how you defined it? Governments normally say “in due course”, which is a wonderfully vague phrase.

Nigel Adams: I can give you another one: “as soon as practicably possible”.

Q96 **Andrew Selous:** You said “in short order”, which got my hopes up.

Nigel Adams: We do want to do this correctly, though, Mr Selous. I think you will appreciate that we have to do these things. There were over 1,700 responses. It is very detailed and very complex. The sectors have changed, as have people’s viewing habits. Just to reiterate, our Department is completely committed to ensuring that children are living healthy and active lives. That is why I am really excited.

Q97 **Chair:** We are looking for your assurance that you are going to put the health of children above the interests of some very big and powerful pressure groups.

Nigel Adams: Absolutely. We are not in the business of kowtowing to pressure groups. We have asked for evidence. We have been fairly specific about some options on advertising on TV and online. We will analyse them, publish them and make some recommendations. I do not want you to think that we are not doing anything about it.

Q98 **Chair:** As I said, there are a lot of open consultations and we would like to see some action from them.

Nigel Adams: It is done. We are just waiting for the results.

Q99 **Chair:** They are not open. I mean that they are closed, but we want to see the Government action that results from them. That is what I am saying.

Nigel Adams: Quite right.

Q100 **Rosie Cooper:** I would like to ask a question, which is how you intend to address the effect that price promotions have on childhood obesity. We talked earlier about “buy one, get one free” and multibuys. How are you going to address that?

Nigel Adams: My understanding of that area—and I don’t know if Jenny wants to come in—is that the ASA has some play around that and some influence.

Jenny Oldroyd: I think this is a question about retail environments and price promotions. You heard the evidence earlier from different panels about the impact of price promotion and location promotions as well—those end-of-aisles. We have consulted on ending price promotions that encourage volume purchases, particularly for unhealthy foods. We have consulted as well on ending promotions of unhealthy foods around the till, the front of store and the end of aisles. We know it will make a difference. That was a consultation where we were clear we wanted to go



HOUSE OF COMMONS

forward with it, and we were consulting on how to bring in that policy and what the rules around it should be. That consultation has concluded. We are working through the evidence at the moment and we hope to say something early next year on where we might be able to go with that as a policy.

Jo Churchill: And we do buy more on these types of promotions than any other country in Europe. So this is about retraining probably all of us.

Q101 **Rosie Cooper:** Consumers are consumers, and that is what people pray on. There is that magic word again—consultations. It is almost the new emperor's clothes. We hide everything behind it and nobody sees what is going on. I suppose I do hear you and genuinely accept what you say.

Jenny Oldroyd: I genuinely wish I could take you back to the office so you could see my teams working flat out on these policies, because it feels very different to us where we are really exploring these hard questions, to bring forward policy that you do not see in other countries around the world. This does make a difference and we are working very hard on it.

Q102 **Rosie Cooper:** Okay. I have two questions. You said early next year, and nobody is going to pin anybody down to months. Roughly where in the beginning of next year is that likely to be? What are the barriers that will stop you doing it? Is it Government or almost will? You did, Minister, suggest that of course you want to look after the health of our children, but we have not actually done it. Why haven't we done it? We have the evidence. Yes, we are out to consultation on a number of things, so, really when, how and what is stopping us?

Jo Churchill: My commitment to this is that we have already consulted on out-of-home calorie labelling. We have consulted on the best way to achieve it, and by the end of this year we will be setting out what we are going to do about it. There is a timeframe. There is not much left of the end of this year, and that is one thing that I am happy to commit to. The response will be there by the end of the year on calorie labelling.

Q103 **Rosie Cooper:** Okay; what about anything else? What about some of the other big things?

Jo Churchill: Okay, so, on weight management review, there is concern particularly around tier 3 services in weight management for children. The challenge to me is that you are announcing a review, but if I do not know where the best services are, because we know there is a degree of patchiness, I do not know how to best lend the solution to it to help those individual children.

There will be a root-and-branch review looking at the treatment pathway, the role of GPs and what other support is out there. As I said, I had the most moving meeting with Cath, who runs SHINE in Sheffield East, an area of high deprivation, and she laid out how six-week programmes



HOUSE OF COMMONS

directly working with children on behavioural change give positive outcomes and weight loss. That is what we are after.

Q104 **Rosie Cooper:** Minister, I totally applaud all those things, but the problem is I am not hearing anybody tackling big business, supermarkets and food manufacturers—those powerful influences out there, who really have driven this agenda. You can give me all the support you like. I need you to help me make a difference.

Jenny Oldroyd: I appreciate how frustrating this conversation may feel, but that is where not publishing consultations on two sides of A4 and coming up with high-level policy is making a difference. If we get the policy right now in the way we have taken forward the work, it can make a real difference in this space.

Q105 **Rosie Cooper:** Absolutely. The problem I have is the timescale. All I hear is people talking about talking about talking. I do not see any of that producing a real difference. I have seen it in the sugar levy. There are great noises that say that people do not really want to see that go any further and all that kind of thing. I suppose I and many people are looking to you to see whether this is going to slow down or if you are going to put your foot on the gas, but do something. You can't just keep on talking about supporting overweight children, families and all the rest of it. You have to help them make a difference and you will do that by action, not just supporting them.

Nigel Adams: I would just commend to you something that we have published and that we are acting on, which is the school sport and activity action plan. That is in place. That was published in July. That is being rolled out. We want to see every youngster in school having at least 60 minutes of activity a day. That is something that has been widely welcomed. That is action. I know it is not in the scope of talking about big business and what-have-you.

The sugar levy is having an impact as well. A considerable amount of money has been raised that is going into schools. I would like to ensure that all that money is being spent correctly, in the right areas, and certainly in terms of delivery of sport and PE within schools.

But we are doing things, Ms Cooper, I can assure you. Also, the broadcasters do get a bit of stick in this arena, but I would also like to commend what ITV, Channel 4 and Sky are doing in terms of their £10 million promotion of the Daily Mile programme, which is a significant programme. A number of schools I am aware of are now doing the Daily Mile programme. It has a great impact.

Rosie Cooper: I totally agree with you. I would be even more impressed if they did that and took some of the high-fat food, sugar, salt, whatever advertising off at the same time. There are no angels on the field here. Everybody has an interest. I absolutely applaud what they are doing, but they need to show those responses in the bottom line as well.



HOUSE OF COMMONS

I will stop now, but what I will say is that perhaps those in the ministerial team, when they next make an announcement, will think how many of those announcements are tackling big business, whatever it is, those big powerful lobbies out there. If you are not dealing with that, you are running away.

Q106 **Chair:** Could I bring you in next, Viscount Younger, to discuss with the Committee what greater powers you think local authorities need to have to help them contribute to this agenda? They are very keen to do that. I wonder what more powers you think they might need.

Viscount Younger: I also recognise the need to take a holistic approach to this very serious problem. I know perfectly well from what I have heard, and the best advice I have heard particularly up at the Lords end, that one of the key reasons for childhood obesity is simply that children eat too much. That is a separate matter, but I want to focus on my Department's contribution.

Can I just say, first of all, that we are really committed to supporting the cross-Government activity to tackle this problem and we are working with other Government Departments, particularly with relevance to planning, which is probably the gist of your question?

Our strategy is very clear, because the Government's planning rulebook has already been revised to give a clear and unambiguous message that local authorities need to plan for healthy places. We have worked closely with the Department for Health and Social Care on the new chapter 8 of the NPPF, which gives a clear message that planning policies and decisions should enable and support healthy lifestyles. This is actually happening, and further guidance was provided in July.

We have also published something called the National Design Guide, which highlights the importance of health at the design stage. This is design of houses, the positioning of houses and, of course, the need to have healthy designs for urban areas and green spaces, which we can probably touch on again.

Q107 **Chair:** If planning authorities think there are too many fast food outlets in their area, will they have the powers to decline planning permission for further outlets?

Viscount Younger: Absolutely. That is a very important point. There are two things. One is that you cannot say we are going to reduce what we call hot food takeaways—that is the planning definition of it—just by saying, "You must stop your business," but what we can do is to stop new hot food takeaways starting up. In addition to that, we have brought in regulations for permitted development rights to support the change of use so that you can change the use from a hot food takeaway to residential or office use. To that extent, you can create the reductions needed. It is very important indeed that we do not have these inducements too readily available for children if they are in school. That we totally recognise.



Q108 **Andrew Selous:** Can I just follow up on that, if I may, James? The Centre for Exercise, Diet and Activity Research at Cambridge University, who are a very impressive academic team, told the Committee that there is evidence that the number of fast food shops within 400 metres of schools is increasing at the moment. What do we need to do to make sure that local authorities are really on this? I think, from memory, Gateshead and Waltham Forest have been in the vanguard in taking the lead to try to crack down on this. The evidence seems to be that the policy of what is happening on the ground is not quite aligned yet in terms of outcomes. What more do we need to do?

Viscount Younger: Waltham Forest is one of the areas we are putting a lot of focus on and it is one of our integration areas, and hot food takeaways are part of that. The answer is that I think it is fair to say we need to do more to press local authorities to use the updated guidance that we have given them, and that is very much up to us. Government form the framework and it is up to local authorities to use this. It is up to us to do more to press them.

I absolutely take what you say, Andrew, about the statistics. I have not got those statistics on me to take them back and discuss it. It may well be that it is simply a time lag of the message getting through. If there is more messaging that needs to be done to local authorities, we will do it, I can assure you, and we will do it quickly.

Q109 **Andrew Selous:** In the first panel, Dame Sally Davies, the former chief medical officer, told us that by the age of 18 months one in four babies is already overweight. Obviously, public health has been devolved to local authorities. I wondered what your take was on the capacity of local government to get in there in the first 18 months of life with new parents on the amount of baby food and so on that was being fed to children. It is really worrying if a quarter of the population is overweight by the time they are a year-and-a-half-old. That greatly concerned me, and I wondered what you thought public health officials in local councils could do in that area.

Viscount Younger: I am probably not best placed to answer that because that is more of a health matter. Obviously, we are responsible for local authorities, but my area is more the use of green spaces, encouraging people to get out and take exercise, and healthy environments. That would be my area. I would suspect that is probably more of a health and social care issue.

Q110 **Andrew Selous:** Sure. If I may, with the Chair's discretion, as we are very fortunate to have a Health Minister with us, perhaps I could ask you to take that issue up, Jo. If I may as well, there is an issue in primary care in that the quality and outcomes framework, which is the mechanism by which we pay GPs to take every action they do, does not include weight management for children. I am a bit worried about that lack of inclusion of children's weight in what we pay GPs to do, aligned with the fact that by the age of 18 months one in four of the population is



HOUSE OF COMMONS

already overweight. I am a bit worried that public health officials in local authorities are behind the curve on that. Could you address those two areas, please?

Jo Churchill: Certainly. I would like to thank you for exemplifying how complex this is in the joining up of all these bits of the jigsaw. The weight management review is specifically going to look at the role of GPs, where we have got the gaps, where we are missing things. I am concerned, like you, that we have that level of obesity in 18-month-olds and that, in particular, parents very much need to be enabled to make the right decisions about the foods that they give their youngsters at that age, which is why we are going to have the review of infant food. I want to hear from parents first about how this is the easiest way and how they would find it easy to take the information on board, because they are the ones feeding the babies.

There are some sugary foods that have a lot of sugar fruit-based product in them, but they are marketed as savoury. That does not help. Very often, the pots are not clear as to whether it is one portion or two. There is a lack of confusion around information about when you should wean your baby. Now, it is recommended that mums give their babies a milk-based diet until they are six months. Many of the products have “wean from four months” on them.

Q111 **Andrew Selous:** Can I just stop you there? Personally, I think putting sugar in baby food is, frankly, an immoral action. I do not think there is any other word for it. We should just call it out for what it is, because, to be honest, some of the food manufacturers are trying to induce a lifetime of addiction to sugar, and to do that to very young children sticks in my throat. Personally, I think it is awful. I would be interested in your reaction.

Jo Churchill: But very often baby foods have high levels of natural sugars, such as fruit sugars, fructose and so on, so they will market them as “no added sugar”. That is why it is really important that the products display honest and accurate information so that parents can make the right decisions over what it is they are purchasing and what it is they are feeding their children. The decisions they make need to be informed by the labelling of the products that they buy. That is why early next year the marketing and labelling of foods will be consulted on so that we know that parents and carers can really have confidence in the decisions that they are making. Some of the aisles that you go into in supermarkets are unbelievable with the number and display of products that they have.

Andrew Selous: I was going to come on to the enforcement of calorie labelling anyway.

Chair: Would you like to do that now?

Q112 **Andrew Selous:** I will go on to that now. I am pleased to hear you raise that area. Can you give the Committee some assurance that the policy intention anyway at the end of the consultation, once you have the



HOUSE OF COMMONS

evidence, is that we could look to some form of enforcement mechanism for mandatory calorie labelling, to have that helpful information to guide parents about the total amount of sugar, natural and artificial together, that is put in these products? Parents can then make wise choices so that not a quarter of all babies are overweight at the age of 18 months. Jenny might want to come in on that.

Jo Churchill: Absolutely, and I will refer to Jenny. All these things are part of that programme of making sure that people are enabled to make better choices, whether it is the traffic light system, labelling on the front of packages, the out-of-home calorie labels on which, as I have just said, we will be setting out our response by the end of the year, or the review of baby foods. Accurate and easily accessible information is the thing that is going to help.

I think in Dame Sally Davies's report there were pictures showing how the size of our portions had grown over the past 20 years. If you are working off the calorie content of a pizza that is half the size or you are finding it quite tricky to understand whether the calorie content is per 100 grams or for the whole food item, that is not fair. Making sure that we have clarity in the labelling is really important from a baby's first food right through the family. Jenny, do you have anything to add?

Jenny Oldroyd: I have nothing to add.

Q113 **Andrew Selous:** I have one final question on calorie count. I am puzzled about how this is supposed to work for the population. Public Health England very helpfully announced a couple of months ago, I think it was, that men on average should eat no more than 2,500 calories a day and ladies 2,000. How is most of the population supposed to know how much they are eating when they cook the typical sort of meal that we eat in this country? How are we supposed to get that information? Otherwise, there is not much point in PHE putting those guidelines out there.

Jo Churchill: No, but I think the more we can make nutritional labelling, including calories, available on menus out of home, which we are already beginning to see come through, on food when you pick it up, the more understanding we all have. Again, I think it was in Sally's report. I was blown away by the number of calories in a plate of fish and chips, which was just over 1,600. Not being funny, it is a treat for a lot of families, and understanding that that is three quarters, or more than three quarters, of my daily intake makes me check that I would not have that meal on a regular basis.

Q114 **Andrew Selous:** Here is just a final suggestion from me, with the Chair's indulgence. When we all sit in a GP's waiting room, do you not think it would be quite helpful to have typical British meals up on the wall with the amount of calories you would find in them? Typically, a takeaway pizza, I think, is 1,800 calories or something like that. A quite average fish and chips, you have told me, is 1,600. Don't you think it would be helpful to have that information up there so that we could get it



HOUSE OF COMMONS

in our minds with the overall daily amounts? As a Health Minister, would you say that would be a useful way to use GPs' wall space?

Jo Churchill: I would slightly push back on it being when you are in a GP's surgery. Many of us do not tend to visit it very often. Making sure that we have clearer calorie labelling as we are making the purchase is what I would like to do. Your 1,800 calorie pizza many of us have divided in two, when it is actually a three-portion pizza. That 1,800 calorie pizza is three portions at 600, which is the recommended amount. Most of us, including me, have bought the pizza and cut it in two. I would like to make sure I know when I have had half a pizza that I have consumed 900 calories. Even with a nice healthy salad, knowing that I have had half my daily calorie amount is much more helpful for most of us than us putting advertising, say, in the doctor's surgery.

Q115 **Chair:** Viscount Younger, you wanted to come back on a point.

Viscount Younger: I wanted to add one more thing in terms of the question asked about the role of local authorities. Councils must have confidence in the planning system and its consistency. As I said earlier, the framework is engineered by us in our Department.

I wanted to alert you to the fact that, in chapter 2 of the Childhood Obesity Plan, the DHSC and my Department have been working together to improve the guidance and training for planning inspectors. We see this as pretty important, because, having already updated the policy and guidance, there are two key things to point out. One is that planning inspectors must be up to date to understand local plans, processing of local plans and the policy on hot food takeaways.

Secondly, on the appeal system, they must be up to date in understanding and being able to process the appeals process. This is absolutely key to ensure that no more than necessary hot food takeaways are in place.

Q116 **Chair:** Thank you. You touched earlier on trying to have more green spaces. Could you update us on whether your Department is doing work together with schools to look at active travel to school, because that sets a lifetime of good practice of active travel?

Viscount Younger: Absolutely.

Q117 **Chair:** Parents are not going to let their kids cycle to school if there are not 20 mph limits and safe off-road routes. Are you actively looking at this?

Viscount Younger: Yes, we are. I am very aware of the initiatives in the Department of Transport. Again, talking cross-departmentally is very important, because, instead of getting into a car to go to school, is it not better to bike or to scooter to school? It is very much not my area, but I know it is important.



HOUSE OF COMMONS

In terms of planning and routes to school, I think the best thing to do is to guide you towards something that we have done called the Building Better, Building Beautiful Commission, which is an independent body that is advising Government on how to promote and increase the use of high-quality design for new build homes, but also for the neighbourhood. It is very important that neighbourhoods, particular for the new homes, are designed in such a way that fathers and mothers and children can walk to school safely and get exercise at the same time. That is very much under way.

Andrew McCully: From the school's end of the spectrum, that is an important part of the new healthy schools rating scheme. When a school is assessing how much they can do and how much more they can do for active travel, with cycling—

Chair: Yes, because I have seen examples. There is a Steiner school in my area where they actively went out and looked at the routes to school and pressured successfully for an off-road route.

Q118 **Andrew Selous:** Just to go back to the healthy active travel issue, so that I fully understand it, is it the case that the preferred choice would be for all new communities, new housing estates, to have new cycle routes designed into the local school, to the station, to places where people work? Is that the intention for all new communities that we build—that active travel will be designed into these new communities?

Viscount Younger: Absolutely, but the “but” is that it depends on the community; it depends on the area; and it depends on the plans presented. It will be up to the local areas to make that plan. But, absolutely, that is a wish, a desire, and it all makes sense.

Q119 **Chair:** Thank you. I am conscious we are holding you all up. There is a final overarching question I would like to put to you, Jo. During his bid to become leader of the Conservative party, the Prime Minister promised to deliver a review of measures such as the soft drinks industry levy and promised not to introduce any further fiscal measures or what he referred to as “sin taxes” until that review had been completed. Do you worry that there is a dampening down on these kinds of measures and a reluctance when you hear terms like “sin taxes”? Does that concern you?

Jo Churchill: I would rather look at the fact that cross-Government we have every Department lined up to start delivering these things, and the Prime Minister has in fact said himself that raising levels of activity in children and making sure that we deliver on these things to ensure that the challenge of obesity is tackled is a much more productive way of going forward. We have recommitted to the sugar drinks industry levy, and we have committed to looking at the tail end of next year at milky drinks. We are challenging industry to reduce the calories in their food and so on.

Q120 **Chair:** We all accept that activity is important, but there is a concern that people will say you do not need to do any of the stuff that is challenging



HOUSE OF COMMONS

around advertising, taking calories out of food or fiscal measures because it is all about getting kids to run around a bit more. We think they should do both. Whatever your weight, you should be active. Do you worry that we might be moving in that direction so that we do not have to do the more challenging things that perhaps the Prime Minister does not want us to do?

Jo Churchill: I have laid out a range of things that we are moving forward with. The banning of energy drinks was also laid out in the prevention Green Paper. If you like, our actions will speak louder than our words.

Q121 **Chair:** Have you had a chance to talk to him about Sally Davies' report and about the evidence base to persuade him, because our previous panels have been unequivocal that the soft drinks industry levy works? Have you had a chance to talk to him about this?

Jo Churchill: I have not spoken to the Prime Minister directly, but I have spoken to the Secretary of State directly about it. We have welcomed Dame Sally's report. It is wide-ranging. It had 78 recommendations there, and the pathway that we are following lays out almost up to a third of the recommendations that Dame Sally's report came back to us with. I would point out that the Secretary of State commissioned that report from Sally, and we all know—

Q122 **Chair:** But there has been a change of Prime Minister since then. What we want to know is that you are going to be very clear with the Prime Minister that there is good evidence here and he should not be putting the brakes on these kinds of measures.

Jo Churchill: I am extremely clear that childhood obesity is probably one of the biggest challenges facing us.

Q123 **Chair:** That was not what I asked you. I asked you about these kinds of measures, because when he uses terms like "sin taxes" it makes people nervous. There is a kind of atmosphere of not wanting to use these kinds of measures until a review has been completed. Well, a review has been completed, and there is very good evidence that the sugary drinks industry levy works and should be extended. Are you going to be telling him that loud and clear, Minister?

Jo Churchill: I will be telling him that the sugary drinks industry levy tax has been successful, which is why we have extended it, and the Prime Minister is behind that extension. Also, with that particular levy, we have seen a 10% rise in the soft drinks market, so these things are about reformulation, they are about improving education and so on. Very much the message that I want to leave the Committee with is that we are fully committed to this agenda across Government, because making sure that our children grow up into healthy teenagers and then into healthy adults is surely what is best for all of us.

Chair: That is a good note on which to end. Thank you very much all of



HOUSE OF COMMONS

you for coming. We appreciate your time.