

IMPACT ON URBAN HEALTH - WRITTEN EVIDENCE (FDO0040)

Impact on Urban Health is a part of Guy's & St Thomas' Foundation, one of the largest health foundations in the country with an endowment of nearly £1 billion. We take an applied approach, testing solutions to complex health issues. While we focus our efforts on inner-city London and work in areas that experience the widest health inequalities, we seek to generate evidence and learning that can benefit people in cities across the UK and around the world. Through our work, we challenge health inequalities and help urban areas become healthier places for everyone to live.

That includes a 10-year programme on the relationship between children's health and food. Our work shows that collaborative effort from policy makers, local government and, crucially, industry is needed to fundamentally reset our relationship with the food that surrounds us; in supermarkets, schools and our homes.

We warmly welcome the Committee's focus on food, diet and obesity, and are pleased to submit written evidence to supplement the oral evidence provided by Nikita Sinclair, Co-Head of our Children's Health and Food Programme on 14th March 2024.

Introduction

Our food system is broken. To underpin a healthy society, the food options most consistently affordable and available should be the healthiest, regardless of where people live. Instead, [per calorie, healthy food is three times as expensive as unhealthy food](#)¹.

The Committee will receive considerable evidence on the health, societal and economic impacts of our failure to ensure healthy food options are the most affordable. But at the heart of this broken system are deep inequities: food-related ill-health is not experienced equally by children, families and communities across the country.

From our work, we know that what surrounds us, shapes our health. All children should have the opportunity to be healthy, no matter where they live, and access to enough nutritious food is a foundation of a healthy life. The places where children live, learn and spend their time are hugely important factors in how easy it is for them and their families to access affordable, healthy food.

¹ [Ahead of the National Food Strategy New Report Shows Inequity, Obesity Levels and Affordability of Healthy Food are Top Priorities | Food Foundation](#) [accessed February 2024]

Yet for many, these places are failing to live up to their potential to create and improve health, and instead are flooded with unhealthy foods.

People living in more deprived areas are more often exposed to fast food outlets and advertisements for unhealthy foods; they frequently have fewer fresh and healthy food options in their local areas and may be more reliant on smaller convenience stores with limited ranges; and they are more acutely affected by a food industry which has been incentivised to make unhealthy options the most available: families on the lowest incomes would now have to spend up to 60% of their disposable income to meet [healthy eating guidance](#)² The intersection of these pressures plays out in consistent inequities:

- Most children in the UK do not have their nutritional needs met and children from families with lower incomes are less likely to get the nutrition they need³
- Children in these families are also more likely to be represented among the 1 in 3 children who leave primary school experiencing food-related ill health⁴
- Black children and adults, and Asian children, have higher obesity rates than the national average⁵
- 39% of women in the most deprived groups in England are living with obesity, compared with 22% in the least deprived groups, (30% versus 22% in men)⁶

A piecemeal approach to reforming the food environment, or policy reform which fails to acknowledge the centrality of how the most affordable and available food options shape our health, will not address the depth of these inequities or deliver the scale of change now needed. But we know from our work, and the work of our partners, that policymakers can take practical and joined-up steps to enable a more equitable food system which better serves health.

That means considering the food system in the round, and tweaking the incentives which steer key food environments to ensure healthy, affordable foods reach children, families and communities across the country. Our submission focuses on four key levers policymakers can pull:

- Addressing the inequities in access to healthy food in schools by expanding eligibility criteria for Free School Meals with a corresponding focus on nutritional quality

² [Healthy challenger brands - Report - Impact on Urban Health](#) [accessed February 2024]

³ [Good food in childhood Ver-7.0 web \(fph.org.uk\)](#) [accessed February 2024]

⁴ [Good food in childhood Ver-7.0 web \(fph.org.uk\)](#) [accessed February 2024]

⁵ <https://bmjopen.bmj.com/content/4/1/e003949>

⁶ <https://www.nice.org.uk/guidance/cg189/documents/health-inequalities-briefing-2>

- Building on the success of the Soft Drinks Industry Levy to incentivise the food industry to reformulate some its least healthy and most widely available options
- Concurrently, stimulating healthy innovation in the food sector to ensure a pipeline of healthier, affordable products hitting shelves
- Enabling a convenience sector which better centres health, supporting communities which disproportionately rely on smaller stores

1. Increasing access to healthy Free School Meals (FSM)

The Committee should consider the benefits of expanding FSM, including an immediate expansion to all children from families in receipt of Universal Credit. A third of school-age children in England (900,000) living in poverty do not receive FSM because of the restrictive eligibility criteria for the means-tested provision⁷.

Good school food helps children thrive, bringing significant benefits to health and attainment and can enhance lifetime productivity⁸. No single intervention can create the healthy environment that is needed to ensure that no child suffers food related ill health. But expansion of FSM provision to all children who need them, alongside a focus on driving up nutritional quality, can be a central part of the solution⁹.

In 2022 Impact on Urban Health commissioned PwC to undertake a groundbreaking analysis of FSM expansion, which demonstrated that increasing provision could support families through cost-of-living pressures, and support children's health and wellbeing in the long-term¹⁰. The current income threshold for FSM provision, which means children from families with incomes below £7,400 a year after tax are entitled to FSM, continues to be both insufficient and unpopular: polling by Public First found 71% of voters thought the threshold was inadequate or should not exist at all¹¹.

Concurrently, through our School Food Transformation programme in Southwark, and the work of the School Food Review working group, we

⁷ [Free school meals- third of kids in poverty miss out.pdf \(cpag.org.uk\)](#) [accessed February 2024]

⁸ Charlotte E. L. Evans et al. 'A repeated cross-sectional survey assessing changes in diet and nutrient quality of English primary school children's packed lunches between 2006 and 2016', *BMJ Open*, 10, (2020), doi: 10.1136/bmjopen-2019-029688; Dan-Olof Rooth and Petter Lundborg, Swedish school lunch reform, nutrition, and lifetime income, *VoxEU*, June 2021.

⁹ [FSM Evidence Pack 0.pdf \(foodfoundation.org.uk\)](#) [accessed February 2024]

¹⁰ <https://urbanhealth.org.uk/insights/reports/expanding-free-school-meals-a-cost-benefit-analysis>

¹¹ <https://www.publicfirst.co.uk/new-polling-for-the-school-food-review-working-grup.html>

are evidencing how schools, central government, local authorities and caterers can work together to drive up nutritional quality. The full benefits of expanding FSM provision will only be realised with this corresponding focus on centring nutritional quality. We would encourage the Committee to consider the work of the School Food Review group, and evidence on how concurrent ambition on procurement, accountability and funding levels can address significant variation from school to school, and ensure high quality, nutritional food for children across the country¹².

The importance expanding FSM provision to support child health has been recognised in Wales, Scotland and now London, with both Conservative and Labour candidates for the Mayoralty committing to extending provision for all primary school children through to 2024/25. Impact on Urban Health is supporting an evaluation of the extended rollout in London and would be happy to share our emerging findings with the Committee in due course.

2. Incentivising and supporting companies to improve the nutritional profile of food products

The Committee should consider the merits of introducing a financial mechanism to incentivise the reformulation of popular and widely available foods, reducing salt and sugar used in manufacturing, and creating a level playing field that supports progressive food businesses to produce healthier products while protecting both affordability and profitability.

Healthy food is disproportionately more expensive than unhealthy food, and sugar intake for children in the UK is significantly above NHS recommendations¹³. Families living on low-incomes are particularly impacted: more reliant on the foods which are most affordable and available and, currently, are often less healthy.

The Government continues to recognise the importance of reformulating the recipes of food and drink options, but a consistent failure to mandate this approach, instead encouraging voluntary action, has failed to deliver meaningful progress. The relative failure of recent sugar and calorie reduction programmes are a case in point¹⁴¹⁵.

¹² <https://www.schoolfoodmatters.org/what-we-do/campaigns/food-policy/school-food-review>

¹³ [Sugar - British Nutrition Foundation](#)

¹⁴ <https://www.gov.uk/government/publications/calorie-reduction-programme-industry-progress-2017-to-2021/calorie-reduction-programme-industry-progress-2017-to-2021>

¹⁵ <https://assets.publishing.service.gov.uk/media/6388cd71d3bf7f328c0ded27/Sugar-reduction-and-reformulation-progress-report-2015-to-2020.pdf>

Conversely, the Soft Drinks Industry Levy (SDIL) was a landmark public health intervention and demonstrated that through effective, clear and mandatory regulation industry can be incentivised to provide healthier products through fiscal measures without harming sales or profitability.

While sales of soft drinks rose by 15% in the four years after the introduction of SDIL, the total sugar sold in soft drinks decreased by 35%¹⁶ and there is recent compelling evidence that SDIL is already having tangible and positive health impacts for children, with some of the strongest benefits seen by girls living in low-income areas¹⁷. Further, evidence suggests that the largest reductions in sugar intake resulting from the SDIL have been in families living on low-incomes¹⁸.

Impact on Urban Health has been supporting the Recipe for Change (RfC) coalition to consider what an effective, equitable mechanism to incentivise reformulation in the food sector could look like. Their recent report¹⁹ set out [two potential models for this levy](#); an industry-wide levy on salt and sugar proposed in the National Food Strategy (NFS), and a category-based tax like SDIL (to include, for example, confectionary, but exclude staples like bread).

Modelling commissioned by RfC and carried out by the London School of Hygiene and Tropical Medicine showed that the levy proposed by the NFS could prevent up to two million cases of disease and provide gains of around 3.7 million quality adjusted life years, with an economic value worth £77.9 billion over 25 years. In addition, the levy is modelled as raising £2.9 to 3.4bn for the Treasury annually. Further, Recipe for Change have found that fears of such an intervention being regressive are not supported by current evidence²⁰.

¹⁶ [Institute for Government, Sugar tax](#)

¹⁷ Nina T. Rogers et al. 'Associations between trajectories of obesity prevalence in English primary school children and the UK soft drinks industry levy: an interrupted time series analysis of surveillance data', *PLoS Medicine*, 20, 1 (2023), doi: 10.1371/journal.pmed.1004160; Nina T. Rogers et al. 'Estimated impact of the UK soft drinks industry levy on childhood hospital admissions for carious tooth extractions: interrupted time series analysis', *BMJ Nutrition, Prevention, and Health*, 6 (2023), doi: 10.1136/bmjnp-2023-000714.

¹⁸ Nina T. Rogers et al. 'Changes in household purchasing of soft drinks following the UK Soft Drinks Industry Levy by household income and composition: controlled interrupted time series analysis, March 2014 to November 2019' *medRxiv* (2023); doi: <https://doi.org/10.1101/2023.11.27.23299070>

¹⁹ [Recipe for Change, Building support for an industry levy to help make our food healthier, September 2023](#)

²⁰ [Recipe for Change, Policy and Evidence, September 2023](#)

We would be pleased to share further original research on reformulation or connect the Committee with the Recipe for Change coalition.

3. Incentivising healthy innovation through a targeted grant and support programme

Even when retailers are motivated to promote and market healthier products, there remains a lack of healthy alternatives in the development pipeline. Innovative and healthy food and drink start-ups face severe challenges in scaling their businesses to reach customers, limiting the healthy options which retailers can provide.

There are 8,200 food and drink businesses in the UK, and since 2018, only 450 have raised investment. Research by Mission Ventures has found a severe early-stage funding gap for food and drink businesses. But when small-scale funding is combined with tailored business support, there is a decrease in failure of start-ups of 60%. The Good Food Programme, an accelerator fund which Impact on Urban Health has supported to scale Healthy Challenger Brands (HCBs), has supported 13 brands in this way over the last two years, including Urban Legend and Insane Grain. The brands have gone on to collectively raise £6.5million since joining the scheme in 2020, with seven securing supermarket listings, and evidence has shown consumers switching from unhealthier products to these healthier alternatives.

The Government can regulate to support healthier products reaching shelves, as above, but it can also nurture home-grown innovation through targeted support for HCBs. Building on the success of the Good Food Programme, with small grants of £15,000 demonstrably improving businesses' ability to scale, government can nurture and grow innovation, acting as the catalyst to grant HCBs the ability to scale and launch successfully into the marketplace and deliver healthier products to shelves.

This could be delivered in a small grant-style programme, similar to the existing Digital Growth Grant (DGG). This would include research and insights programmes, mentoring sessions, growth programmes and sector-specific support to HCBs in the Food and Drink industry; providing tools and support for HCBs to innovate and scale up.

The return on investment for Government is clear: fostering home-grown innovation and a more dynamic food and drink sector through small-scale investments, while also ensuring healthier products reach consumers.

4. Support a healthier convenience sector

The Committee should also consider the role of the convenience sector in creating healthier food environments. The convenience sector is worth over a [fifth of the total grocery market](#) and is disproportionately relied upon by many families on low incomes. Those stores, often located within urban food deserts, are often significantly less healthy than supermarkets, with smaller product ranges frequently focusing on confectionery, alcohol and fizzy drinks.

Research we have supported in Lambeth and Southwark found that many Black African and Black Caribbean families rely on these stores not just for convenience, but also because they may not be able to access foods of cultural importance in larger supermarkets. Research further found that health – in common with the broader convenience sector – has not been a driving factor for many of these retailers.²¹

Despite this, the convenience sector can play an enabling role in supporting healthier food options. Our Good Food Retail pilot works with convenience stores and wholesalers in Lambeth and Southwark to support healthier products to reach shelves. [That pilot](#):

- Saw retailers increased the availability of healthier options on the shelf by an average of 22% and saw the volume of sales of healthier range increase by 18% at Bestway.
- Found that all retailers intended to keep these products on the shelf and further grow their healthier ranges, demonstrating the sales value these products have brought to their businesses.

Impact on Urban Health is now working with Good Food Retail partners to scale this work across London. But there is an opportunity for the Government to support the convenience sector to deliver healthier products to families across the country.

That could be through building on the principles of the Good Food Retail scheme, and supporting local authorities with small-scale funding and insight to support them to drive healthier practice in their areas. But it can also come through an explicit consideration of the importance health-enabling regulation around HFSS, for example, applies to smaller stores as well as larger (which is often currently not the case).

5 April 2024

²¹ As-yet-unpublished analysis through our [Good Food Retail](#) programme