

## **HOLLAND & BARRETT - WRITTEN EVIDENCE (FDO0051)**

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### **Executive summary: A trusted health and wellness adviser**

Holland & Barrett is pleased to have the opportunity to respond to the House of Lords Food, Diet and Obesity Committee inquiry. We have a proud legacy of delivering health and wellness advice to our customers for over 150 years and are able to draw on an extensive body of expertise, insights and data which we hope can inform the findings of this inquiry.

We have always been known for our food offering, having started as a grocer in 1870 in Bishop's Stortford. In recent years, we have invested in a transformation of our business to provide our customers both on the high street and across digital channels with unprecedented choice and information about new products to help them live healthier lives.

Our approach to health and wellness is informed by our 'wellness missions.' These include gut health; women's health; aches and pain; immunity; energy; sleep; stress and anxiety; heart health; cognitive function; weight management; skin; and sexual health.

Our missions are designed to bring customers on a journey based on their needs across these categories. This means we provide testing and preventative solutions, as opposed to just being an early port of call when something goes "wrong".

Research shows that getting gaining a healthy nutritious diet is the cornerstone to our overall health and wellness. Making informed dietary choices is the first step in preventative health.

Our customer-facing colleagues are Qualified to Advise, with over 5,000 store colleagues having completed a cumulative 250,000 hours of specialist training to enable them to provide advice and support to our customers on their health, wellness, diet and nutrition.

The contents of this submission are based on the research, insights and data that we have gathered through our extensive work in supporting our customers with their diet and wellbeing. We hope these will be useful to the Committee and to wider public health policymakers who may be interested in this inquiry.

We believe that there is an increasingly important role for specialist retailers to be a trusted source of advice and support on a number of public health topics, with diet and nutrition chief among these, particularly

at a time of increased pressures on the NHS and when consumers may not need to seek formal medical advice in the first instance.

Whilst the entirety of the Committee's call for evidence is not applicable to Holland & Barrett, we have provided evidence below that addresses the specific questions and broader themes in which we have acquired industry-leading expertise – namely on trends in food, diet, and obesity; consumer attitudes to addressing health concerns; prevention measures; technology and innovation; UPF and health outcomes.

**Author:** Adam Davison – Group Corporate Affairs Director, Holland & Barrett (submitted on behalf of the organisation)

### **Food that loves you back – responding to changing dietary trends**

Holland & Barrett has recently relaunched our entire food range, completing two years of in-depth research, data analytics and transformational investment into the business.

This research has demonstrated changing consumer attitudes to food and diet which our relaunched product range is designed to reflect:

- Over 60% of consumers are actively trying to pursue a healthy diet, while speed and convenience in food decline as consumers get older.<sup>1</sup>
- 26% of consumers believe that their current diet is unhealthy.<sup>2</sup>
- 49% of consumers want products that are healthier, plant-based and more sustainable; in contrast, 10% consider plant-based products unhealthy; highly processed, lack nutrients and include additives.<sup>3</sup>
- Our customer base is more likely to be on special diets such as vegan, vegetarian or reduced meat, and are therefore likely to seek out products that are more specific.<sup>4</sup>
- When choosing products, low/no sugar items are the clear priority for consumers (48%) followed by natural ingredients (34%); low calorie (33%); and sustainable packaging (33%). 28% tell us they look for products that are clearly marketed as being made in the UK.<sup>5</sup>

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<sup>1</sup> Source: Statista Global Consumer Survey – UK 2022 Update 2

<sup>2</sup> Source: Recent Holland & Barrett Diet U&A study N;2000 UK adults

<sup>3</sup> UK Plant Based Consumption Study, Toluna, 2022 / \*\*UK Diets/Exercise Study, Trinity McQueen, 2021 / \*\*\*Euromonitor Health and Wellness: Euromonitor from trade sources/national statistics

<sup>4</sup> Source: Statista Global Consumer Survey – UK 2022 Update 2

<sup>5</sup> Ibid.

As part of the product relaunch, we became the first high street retailer to include the concept of 'Plant Points' on food labelling, helping to encourage our customers to eat at least 30 different plants a week to support their overall wellbeing. Our ambition is for our customers to positively change their relationship with food and promote healthier eating habits with informed decision-making supported by clear labelling.

In another first, customers will be able to have free conversations with trained advisors in all stores and online who can personalise a menu that includes the best nutritional solutions based on a customer's goals. We have put over 5,000 colleagues through training, significantly up-skilling our workforce in the process.

As a specialist retailer, our size means that we can work with small producers across the UK and Ireland to bring local, first-to-market products to our shelves. Research we commissioned showed that 28% of consumers consider the signpost 'made in the UK' important when choosing products, and we are proud to elevate British firms across our supply chain.

To continue our work at H&B in helping the nation eat a more nutritious diet, we are now working on a second food launch with over 150 new product lines which provide simple, healthy swaps for customers to add to their daily diets.

### **H&B&Me – unlocking prevention through digitisation**

We are also preparing to launch H&B&Me, our digital personal wellness companion app, which is our most important technological development to date and seeks to help users add quality years to life.

Our research is clear that people want to be proactive about their health and wellness, but often face significant hurdles in doing so. Lack of knowledge is a major issue, for example, 40 percent of adults have high cholesterol, but many do not know this.<sup>6</sup> Lack of access is also a problem, with one in five suggesting that they do not want to bother their GP.<sup>7</sup> Sustaining change can also be hard, with 63 percent of people suggesting they do not achieve their wellness goals.<sup>8</sup>

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<sup>6</sup> British Heart Foundation Factsheet - <https://www.bhf.org.uk/-/media/files/for-professionals/research/heart-statistics/bhf-cvd-statistics-uk-factsheet.pdf?rev=5c76af77f68e4c43b19f957890005bbe&hash=D31DB43089AAD361320212D15D4B70FB>

<sup>7</sup> Annual GP Patient Survey 2022; Research conducted by Ipsos Nori on behalf of NHS England

<sup>8</sup> Noom 'State of Healthy Behaviours Report' 2021. Research conducted by Kelton Global; 2024 UK Adults

H&B&Me has a focus on preventative health, giving users control of their wellness in one place, driving long-term healthy habits in nutrition, fitness, sleep and emotional wellbeing. In doing so, it has the potential to drive long-term behavioural change which in turn should help to reduce demand on the NHS and other healthcare services.

H&B&Me assesses the wellness score of each user and correlates it to a person's 'Biological Age', which helps identify habits to be improved such as enough fibre and protein in a diet, sleep hygiene, and a mix of cardio/strength/stability. Users are then guided through simple behaviour change programmes around these habits and can watch their 'age' improve, all with a view to helping them add quality years to life. The data and analytics are underpinned by partnering with a digital health platform that is based on over 400 million person-years of scientific data. Our expert H&B&Me leadership team includes Professor John Deanfield CBE, Professor of Cardiology at UCL and Director of National Institute for Cardiovascular Outcomes Research.

### **How can we better understand and prevent obesity?**

While the existence of the UK's obesity epidemic is well established and understood, there is a real risk that policymakers fail to grapple with the drivers behind this, and crucially the barriers which make it harder for people to make better dietary choices.

Through our recent study of the attitudes of 2,000 UK adults towards diet and exercise alongside wider qualitative research, Holland & Barrett has clear evidence that a significant portion of the UK's adult population have some degree of focus on their weight, with 55 percent of UK adults wishing they could manage their weight better, 64 percent 'actively managing' their weight and 33 percent actively trying to lose weight.<sup>9</sup>

Many people have tried to lose weight on multiple occasions and have found sustaining change to be difficult, with 28 percent of those currently trying to lose weight having tried on more than five occasions. There are also clear differences, both biological (e.g. hormonal changes or the menopause) and environmental (e.g. alcohol consumption) in the main factors cited by women and men as the reasons why people struggle to maintain weight loss. These findings point to the need to provide people with sources of information and advice which can enable them to develop personalised support solutions in an accessible and sustainable way.<sup>10</sup>

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<sup>9</sup> Weight Loss & Maintenance Consumer Journey 2021. Research conducted by Trinity McQueen on behalf of Holland & Barrett

<sup>10</sup> Source: recent Holland & Barrett Diet U&A study N;2000 UK adults

Our experience in supporting our customers with their weight loss journeys is that for most people this is a long-term, 'rollercoaster' process that people can find very difficult. It is common for people to experience 'highs' and 'lows' while trying to lose weight, even over the course of individual days, and negative feelings or perceptions of having 'slipped up' can be self-reinforcing and remove people's confidence that they can make a difference. When people feel confident, they are much more likely to succeed at losing weight in the longer term.

We know health is a complex subject so we have created a standardised approach to our food packaging with the inclusion of all nutritional statements on front of pack with positive reinforcement on how eating each product can support a customer with their health.

We believe that specialist retailers such as Holland & Barrett can have a crucial role to play. Our customers tell us they often feel overwhelmed by the information available on diet and nutrition, and so there is a need to cut through this noise and provide empathetic, non-judgmental guidance, support and information. When it comes to seeking help and support, there is also a reluctance to proactively go to health care providers in the first instance as many people do not consider this to be a medical issue. For basic dietary and nutrition advice, this is also not a necessary use of health care providers or NHS resource.

Policymakers should seek to reflect this in public health advice and outreach. We know that knowledge is empowerment when it comes to nutrition and weight loss, and 67 percent of UK adults tell us they would like to know more about healthy diet and nutrition.<sup>11</sup> The challenge often comes in people not knowing where to look for the right guidance and information. The NHS website remains the most likely port of call, as does consulting a family member or friend. Few currently turn to retailers, despite the expertise that specialist retailers can offer based on our extensive experience advising customers on these topics over many years.

This is a gap that we are determined to help address through Holland & Barrett's range of omnichannel products and sources of advice. We know that the most important factors in providing weight loss (and management) solutions are that these should be sustainable, easy and affordable, and our product range is designed to reflect this. Our research suggests that there is an important role for products such as protein powders, protein bars, diet shakes and 100 percent nutritionally complete meal replacements, because people find these easy, convenient and often easier than cooking from scratch.<sup>12</sup> Our evidence suggests that the most

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<sup>11</sup> Data taken from recent Holland & Barrett Diet U&A study

effective products are those that you can simply substitute for a meal (such as 100 percent nutritionally complete meal replacements).

There is therefore an opportunity to educate people around the products that work in these parameters, encouraging consumers to use these alongside wider diet, behavioural and lifestyle changes. Currently around 12 percent of people have used weight loss or management products, however 75 percent of people tell us that they would be open to trying at least one weight loss or maintenance product that they are not currently using.

With a growing number of UK adults now turning to dietary products such as these as a central part of their weight loss/management and diet improvement efforts, policymakers should consider how public health advice can be better tailored to reflect this.

### **Ultra-processed foods – how useful a label is UPF?**

We welcome the Committee's interest in the debate around the definition of ultra-processed foods (UPF) and foods high in fat, sugar and salt (HFSS) and their usefulness as terminologies for describing and assessing food products and their impact on obesity. This topic has been an area of considerable focus for our Science and Nutrition teams who continue to provide support and advice to the product teams as they develop our new food range and other new product ranges.

Food-based dietary guidelines have been the basis of public health recommendations for over half a century, but more recently, there has been a trend to classify the health properties of food not by type of food or nutrient composition, but by the degree to which it has been processed. Rising interest in the UPF topic has led to proposals to include guidance and restrictions on the consumption of processed foods in national dietary guidelines, with some countries encouraging consumers to avoid highly processed foods completely, and only choose minimally processed foods.

In our view, there remains a distinct lack of consensus on the role of processed foods in health, particularly when faced with the challenges of securing the food supply for a growing global population that is healthy, affordable, and sustainable. There has also been criticism of the subjective nature of definitions used to differentiate foods by their degree of processing, and there is currently a lack of empirical data to support a clear mechanism by which highly processed foods promote greater energy intakes and lead to obesity.

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<sup>12</sup> Source: recent Holland & Barrett Diet U&A study N;2000 UK adults

Recommendations to avoid all highly processed foods are potentially harmful if they remove affordable sources of nutrients and will be impractical for most when an estimated two-thirds of current energy purchased are from processed or ultra-processed foods<sup>13</sup>. Nutrient profiling models currently in use confirm that not all processed foods are “bad” and not all unprocessed foods are “good”. We therefore urge the Committee to consider the nuanced difference between UPF foods that are egregious and unhealthy, compared to products made with fruits, vegetables, dairy, lean proteins or supplements such as protein powders and vitamins which may be by their definition processed and serve the purpose of manually replacing deficiencies in modern diets.

One question to ask is whether it is ‘oral processing’ we should focus on rather than ultra-processing. This is because there is evidence which suggests that it is actually the palatability (tastiness), speed of eating, combined with the calories per gram of processed foods which contribute to higher energy intakes from processed foods. This research suggests a combination of higher energy density and faster meal eating rates are likely to influence meal size and energy intakes from processed foods. This potentially offers a new perspective on how to manage this in the future, both from a policymaking and a consumer angle.

Finally, some consumers are dependent upon food processing to ensure absence of allergens, or to provide important dietary alternatives such as gluten free. We also sometimes need to positively process food in order for it to have sufficient levels of fortifications to support with our customers’ wellness missions.

Therefore, we would flag to the Committee and other interested policymakers our potential concerns about an overly prescriptive approach to the definition of UPF which risks pathologising healthy dietary choices and ignoring other potentially harmful food types or eating habits.

### **Food classification – how can consumers get the right information about what they are eating?**

A central focus of our food relaunch at Holland & Barrett is to provide our customers with as much information as possible about the food they are putting into their bodies and to make it as easy as possible for them to make healthier choices that support our ‘wellness missions’.

Consumers are not familiar with most of the technologies and processes involved in the production and processing of food, and naturally become

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<sup>13</sup> Intake of Ultraprocessed Food Among US Youths JAMA Editorial August 10, 2021

confused and concerned about the type and extent of “processing” of their food in the absence of clear information.

Our decision to introduce ‘Plant Points’ labelling on our food products, becoming the first high street retailer to do so, is just one way of giving consumers more insight into the diversity of food they are consuming. This also represents a positive metric which points out the positive nutritional quality of an item. There is now considerable evidence which suggests that consumers respond better to positive nutritional and health messaging over negative ‘health warning’ style approaches.

The reality is that consumers and food producers need guidelines to select and produce healthy foods, meals, and diets. These need to be based on strong scientific evidence as it accrues and as circumstances change, and on the knowledge available from all relevant sources.

Individual nutrients and combinations of nutrients are the well-established drivers of risk factors for chronic disease and form the basis for the development of most dietary guidelines used worldwide. In recent years, the emphasis on nutrients or on single foods has shifted to advice on overall dietary patterns. This strategy is clearly laid out in the [2020-2025 Dietary Guidelines for Americans](#), which advocates the pursuit of healthy dietary patterns and also defines the elements of such patterns.

When studying relationships between dietary patterns, nutrients, nutrient intake and health outcomes, epidemiologists have generally used standardised methods of food classification into various food groups. These align with dietary guidelines and group foods according to their type, e.g. fruit, vegetables, grains, milk & dairy, protein etc. This aligned classification allows for empirical study of, for example, the relationship between milk/dairy consumption and bone health, or whole grain consumption and risk of heart disease.

Alternative approaches have also emerged, notably the NOVA classification system, spearheaded in 2009 by Professor Carlos Monteiro at the University of Sao Paulo, who coined the term ‘ultra-processed foods’. The NOVA system differs fundamentally from established advice on optimal dietary patterns because it is based not on food groups or classical dietary guidance but instead on the degree of processing of foods. Many association studies have been performed using the NOVA classification to examine associations between foods with varying levels of processing and nutrient intake or disease risk.

There are some benefits to the NOVA system, which ultimately recognises that the extent of food processing significantly affects diet quality and health outcomes. Food macronutrient composition also influences the



harmfulness of food processing, with processing of carbohydrates and partial hydrogenation of oils of special concern, for example.

However, there remain significant potential drawbacks to NOVA. Foods have been processed in many ways for thousands of years and many forms of processing are necessary for various reasons and are harmless (e.g., preservation of fruits out of season), or beneficial (e.g., various forms of fermentation). Therefore, the definition of UPF advanced by NOVA is potentially vague and would label a food as UPF after the addition of minor, irrelevant amounts of an ingredient that is present in much higher amounts in many healthy foods.

Policymakers should therefore look beyond blanket definitions when it comes to the classification of food and associated nutritional and health advice. The scale of disagreement between academics and nutritional experts on the utility of the UPF definition further underscores this uncertainty and suggests the need for a cautious approach to using new blanket definitions to guide policy in future.

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