

# FOOD FOUNDATION - WRITTEN EVIDENCE (FDO0091)

## About Food Foundation

We are a young, dynamic, and impactful charity with a mission to change food policy and business practice to ensure everyone, across the UK, can afford and access a healthy diet supplied by a sustainable food system. We are independent of all political parties and business. We work with others who believe there is a problem with the system and want to change it. Visit our website for more information: [www.foodfoundation.org.uk](http://www.foodfoundation.org.uk)

## Summary of response

Diet and health inequalities are pervasive in the UK, and government action to address this has been insufficient to date.

- Diet quality varies across income groups, most notably with regards to fruit and vegetable consumption where there are large differences in consumption between the most and least deprived households.
- Food Insecurity has got notably worse during the cost-of-living crisis. 20% of households with children reported to be experiencing food insecurity. Households experiencing food insecurity are more likely to cut back on healthy foods such as fruit, veg and fish compared to food secure households.
- Food prices have increased by around 25% since April 2022. The most deprived households would have to spend 50% of their disposable income to afford the government recommended diet, compared to 11% for the least deprived.
- Children from the most deprived households are twice as likely to have obesity when starting school than those from the least deprived households, and more than twice as likely to have dental decay at the age of 5.
- Healthy life expectancy in the most deprived tenth of the population is 19 years lower for women and 18 years lower for men than in the least deprived tenth.
- The UK is faring worse than many other high income and OECD countries on factors such as obesity, children's height, healthy life expectancy at birth and UPF consumption.

Government action is needed to ensure that everyone can access and afford a healthy diet, as set out in the Food Foundation's manifesto, [\*Nourishing the Nation\*](#). Our recommendations include:

- **Making healthy and sustainable food affordable**, by introducing new fiscal levers which build on the success of the soft drinks industry levy and ensuring that benefits and the living wage take into account the cost of a healthy and sustainable diet.

- **Stopping the junk food cycle** by pressing forward with existing advertising legislation, supporting local authorities to enact their powers to improve local food environments and investing in the advertising of healthy and sustainable foods.
- **Investing in children's diets** by providing free school meals to all children, expanding the eligibility, value, and uptake of Healthy Start, increasing the volume of fruit and vegetables served in schools and addressing the barriers to breastfeeding.
- **Making it easier to eat sustainably and healthily** by strengthening procurement rules for public sector food and committing to an ambition horticulture growth plan.
- **Unleashing the full potential of the food system** with a new food bill for England, improving transparency by introducing mandatory business reporting and investing in innovation across the sector.

## Full response

- 1. Key trends in food, diet and obesity, and the evidential base for identifying these trends**
- 2. The primary drivers of obesity both amongst the general population and amongst distinct population and demographic groups.**
- 3. The impacts of obesity on health, including on children and adolescent health outcomes.**

*We are answering points 1, 2 and 3 together.*

Our response focuses on the wide number of dietary inequalities in the UK which contribute to obesity and other health inequalities, as well as how the UK fares compared to other countries.

### Food Insecurity

Although food inflation has decreased, prices remain high and The Food Foundation's [Basic Basket Tracker](#) shows that the price of a reasonably-costed, adequately-nutritious weekly basket of food has increased by 24-26% since April 2022 (from £43.52 to £54.64 for a man and from £40.96 to £50.77 for a woman).

This means that many people in the UK are food insecure\*, and some of the most vulnerable in society are still in a position where they can't afford or access a healthy diet. The latest round (Jan 2024) of the Food Foundation's [Food Insecurity Tracker](#), we found:

- 14.8% of all households were experiencing food insecurity and 20% of households with children were experiencing food insecurity

- 45% of households in receipt of Universal Credit reported experiencing food insecurity
- 24% of households of non-white ethnicity are food insecure, they are 1.6 times more likely to be food insecure than white ethnicity (15%)
- 38% of households with an adult limited a lot by disability experienced food insecurity, 3.6 times more than households with adults not limited by disability (11%)
- 35% of single adult households with children have experienced food insecurity
- 15% of those in some kind of employment were food insecure.

*\*NB. We define food insecurity as having smaller meals than usual or skipping meals, being hungry but not eating, or not eating for a whole day in the past month because food is unaffordable or inaccessible.*

### Socio-economic differences in consumption

As shown in [Broken Plate](#), food consumption varies across income groups. Although failure to meet recommendations is seen across the whole population, there are significant dietary inequalities and the most deprived people living in the UK eat poorer quality diets overall. These differences are most pronounced in relation to healthy food such as fruit and vegetables, oily fish, and fibre, of which more deprived groups consume less. For example, the least deprived fifth of adults on average meet the recommended intake of 5-a-day, but the most deprived fifth consume just 3.2 portions of fruit and vegetables per day. fruit and veg (37% less), oily fish (54% less) and dietary fibre (17% less) than the least deprived fifth.

Consumption of less healthy foods shows less distinct socio-economic patterning. [There is no statistically significant difference](#) in salt and saturated fat consumption by level of deprivation, and although differences in sugar intake are statistically significant, there is less than a two-percentage point difference in contribution to total calorie intake between the most and least deprived fifth.

Our [Food Insecurity Tracker](#) shows food insecure households are much more likely to [cut back on healthy foods](#) such as fruit, veg and fish compared to food secure households, further widening inequalities.

This shows the need to decrease intake of unhealthy food across the whole population, and the need to increase the affordability and availability of healthy food specifically for lower income groups.

### Socio-economic differences in health outcomes

As described in [The Food Foundation's Broken Plate report](#), dietary inequalities are also contributing to disparities in health outcomes amongst both adults and children:

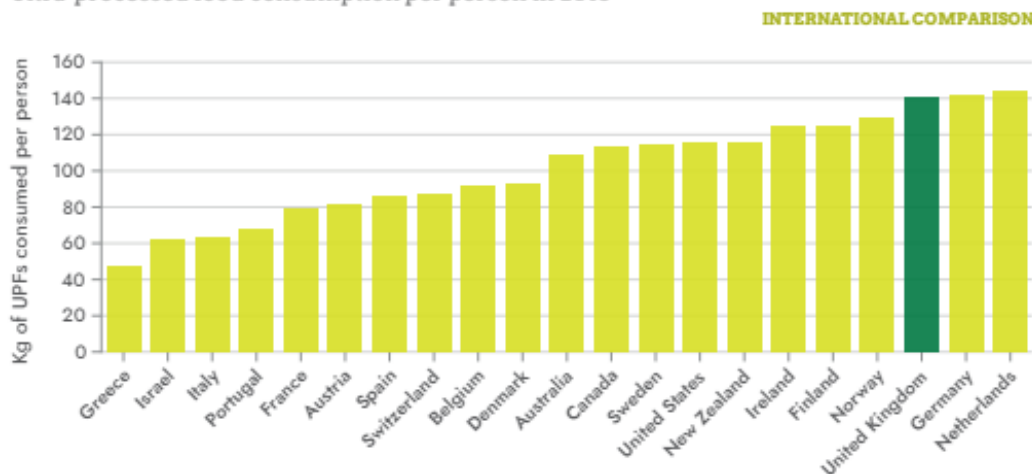
- Almost a quarter (24%) of 5-year-olds have dental decay, with 2.5 times as many children in the most deprived fifth affected compared with the least deprived fifth.
- Children in the most deprived fifth of the population are over twice as likely to be living with obesity as those in the least deprived fifth by their first year of school.
- Healthy life expectancy in the most deprived tenth of the population is 19 years lower for women and 18 years lower for men than in the least deprived tenth.
- 24% of the most deprived quintile of the population in England have type 2 diabetes. This compares to 15% of the least deprived quintile.
- Children in the most deprived tenth of the population are, by age 10-11, shorter on average by 0.6 cm amongst girls and 1.3 cm amongst boys compared to those in the least deprived tenth.

### International Comparison

The UK's consumption patterns and health outcomes are also significantly worse than many other countries, including for height, weight, life expectancy and [UPF](#) consumption.

As reported in [Broken Plate](#), more than half ([56%](#)) of calories consumed by older children and adults are from ultra-processed foods. This amount is much higher than many other countries, including USA.

Ultra-processed food consumption per person in 2016



Source: Vandevijvere et al., 2019. Global trends in ultra-processed food and drink product sales and their association with adult body mass index trajectories.

Image from [The Food Foundation's Broken Plate](#), 2023

The [Broken Plate Report](#) also included international data on children’s height which shows that children in the UK are on average shorter than those in nearly all other high-income countries by age 5:

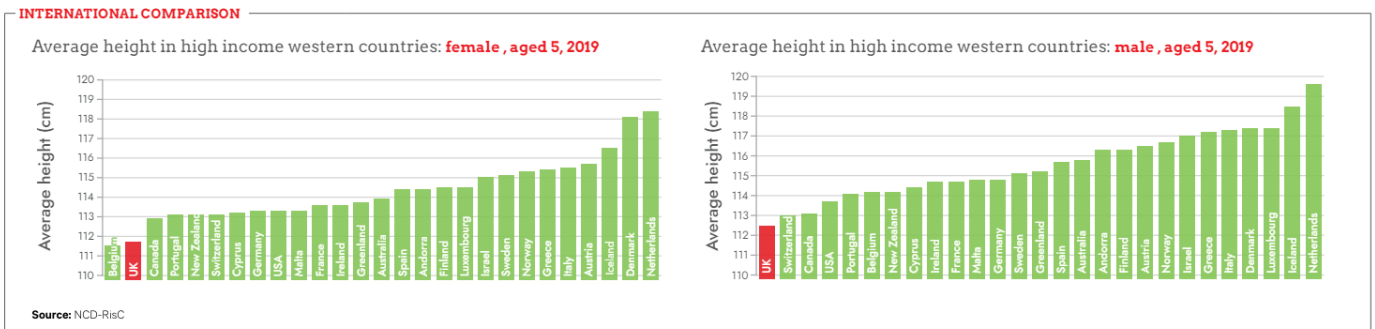


Image from *The Food Foundation’s Broken Plate, 2023*

Furthermore, with regards to childhood obesity rates, many European countries in the OECD have lower rates.

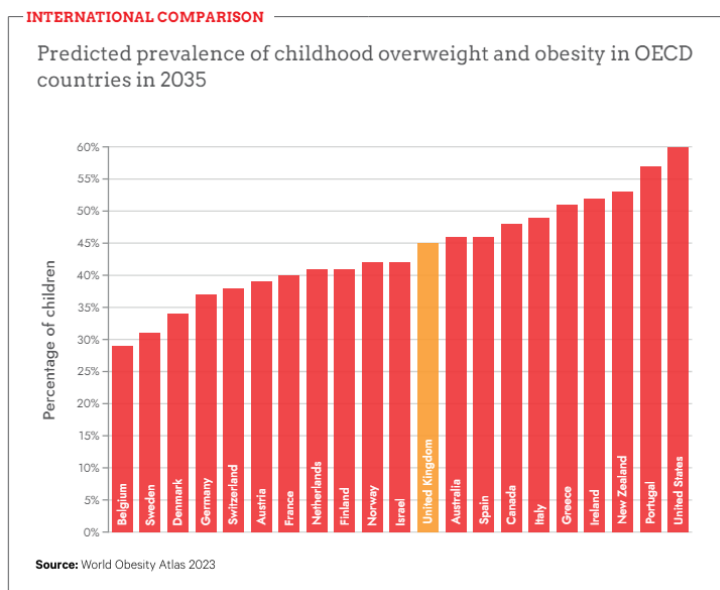


Image from *The Food Foundation’s Broken Plate, 2023*

Finally, the UK also fares very poorly for healthy life expectancy compared to other OECD countries, with only the USA faring worse:

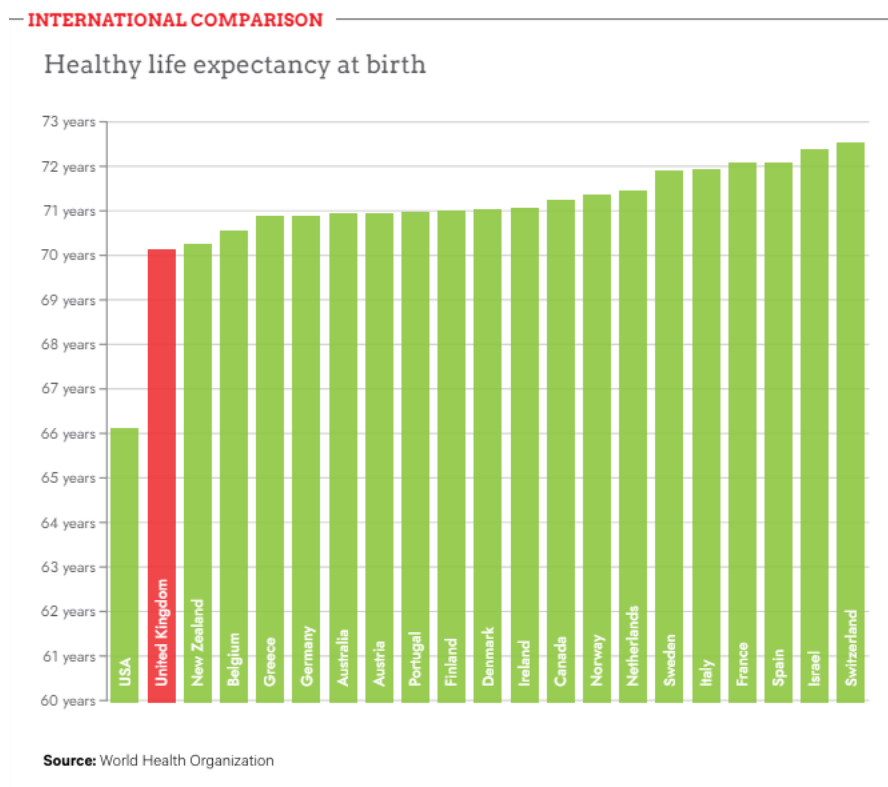


Image from The Food Foundation's [Broken Plate](#), 2023

#### **4. The influence of pre- and post-natal nutrition on the risk of subsequent obesity, and the specific influences on the diet of children and adolescents that contribute to the risk of becoming obese.**

The fact that 1 in 5 children start primary school with overweight or obesity highlights the importance of the early years for shaping children's future health. The early years starts at conception and goes through the first 1000 days, and up until a child is 5.

##### Maternal diet and BMI in pregnancy

A number of factors can influence maternal diet, BMI and weight gain before and during pregnancy which can in turn influence birth weight and the development of childhood obesity, as outlined in the [Food Foundation's 2023 report on preconception, pregnancy and healthy weight in childhood](#). A women's weight pre-pregnancy, and excessive weight gain during pregnancy, can both influence child health outcomes, along with other health conditions such as diabetes and gestational diabetes. A range of factors can contribute to these including diet which is in turn impacted by the affordability and availability of healthy food, financial considerations related to maternity leave and the impact this has on expenditure on food, exposure to food marketing and capacity to have a healthy diet due to pregnancy symptoms ([see below figure from Food Foundation's report on pregnancy](#)).

Support, particularly for low-income households, during pregnancy is vital. This includes a coordinated strategy across government, accurate public health messaging on nutrition, training and investment in health professionals and health visitors, and improvements to the Healthy Start scheme.

### An Overview

FIGURE 3  
The influence of maternal diet, BMI and weight gain before and during pregnancy on birth weight and the development of childhood obesity\*

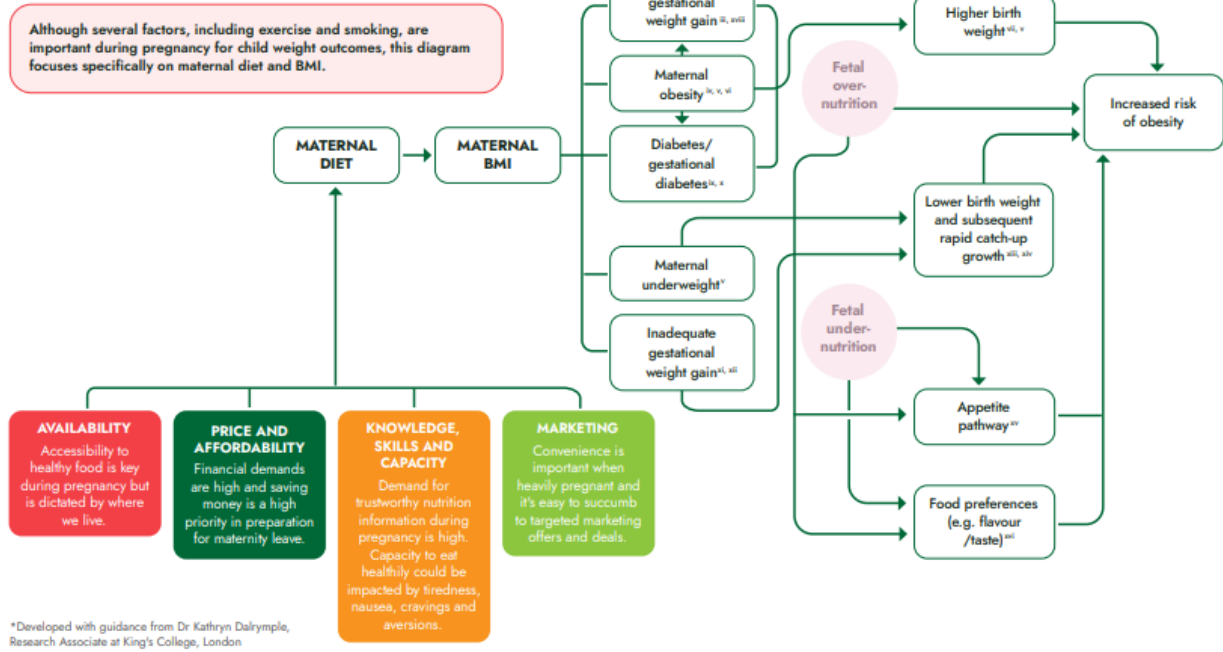
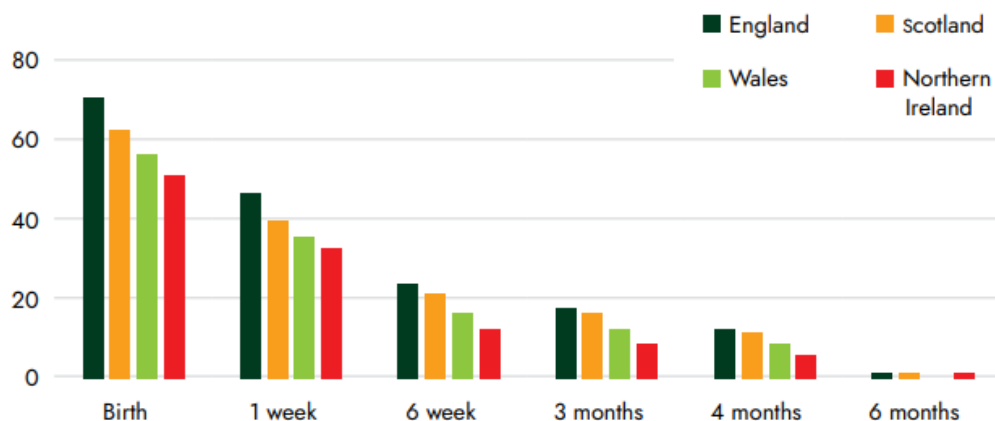


Image from *The Food Foundation's report 'Preconception, pregnancy and healthy weight in childhood', 2023*

### Breastfeeding

As described in a recent [Food Foundation report](#), breastfeeding reduces the risk of overweight and obesity, and also offers a number of other benefits for both mother and baby. A [WHO study in Europe as part of COSI](#) found that exclusive breastfeeding for six months can decrease the likelihood of a child developing obesity by up to 25% when compared to children who were never breastfed (16.8% in children who were never breastfed compared to 9.3% in those who were exclusively breastfed for 6 months). However, government data from the [2010 Infant Feeding Survey](#) found sharp reductions in the number of mothers reporting to exclusive breastfeed from 6 weeks, and that just 1% exclusively breastfed for 6 months in line with government and WHO recommendations.

### UK nations: percentage of mothers reporting exclusive breastfeeding up to six months, 2010



Source: Infant Feeding Survey, 2010<sup>26, 66</sup>

Image from *The Food Foundation's report 'breaking down the barriers to breastfeeding', 2024*

Furthermore, [Food Foundation data](#) presented in the breastfeeding report found that 44% of mothers would have liked to breastfeed for longer, and that more support from healthcare professionals (42%), higher maternity pay/financial support during maternity leave (28%) and longer maternity leave (22%) may have helped them to do so.

This highlights that breaking down some of the barriers to breastfeeding, and supporting women who want to breastfeed to do for longer, is a critical part of obesity prevention strategies. Specific actions needed include introducing a dedicated government team focused on breastfeeding/infant feeding, strengthening the Healthy Start scheme, enhancing protections against marketing of breast milk substitutes, providing more financial support during maternity leave to bring the UK in line with other OECD countries, and investing more in local services and health visitors to ensure women who want to breastfeed are supported to do so.

### **5. The definition of a) ultra-processed food (UPF) and b) foods high in fat, sugar, and salt (HFSS) and their usefulness as terminologies for describing and assessing such products.**

Ultra-processed foods (UPFs) are formally defined by the [NOVA classification system](#), and are foods which have typically undergone industrial processing and formulation using manufacturing processes that aren't replicable with homemade food, often with added ingredients such as emulsifiers, additives and flavourings. In the UK, 'less healthy' food (or HFSS food) is typically defined using nutrient profiling for the purposes of policies such as advertising restrictions. These are complementary definitions and many UPFs



(approximately 60%) are also HFSS, and from this perspective many policies targeting HFSS foods will cover UPFs.

UPFs are one of the top three consumer concerns (75%), along with food prices (87%) and food poverty (77%) according to the FSA [Insights tracker](#).

Applying a UPF lens further highlights concerns that our dietary patterns are too reliant on highly processed food but doesn't substantially change what we always knew: we need to consume more minimally processed whole foods and limit highly processed foods that are high in fat, sugar, and salt. The focus on UPFs should not detract from progress that has been made in nutrition policy and defining healthy/unhealthy foods using nutrient profiling, rather it should be seen as a way to strengthen existing policies. UPFs highlight that we still have a long way to go to improve and build on our existing approaches to building a better food system.

In this regard, the policy approach to improving our food system, and in turn diets, needs to focus on ensuring access, availability, and affordability of more healthy and sustainable diets with a focus on policies to increase the accessibility of minimally processed whole foods as these are currently lacking. That includes policies which restrict the advertising and availability of unhealthy foods while also boosting the affordability and availability of healthier food. For instance, by ensuring that benefits and the living wage cover the cost of a healthy diet, that school food and other public sector food is nutritious and good quality, that high streets are healthy, and that healthy foods and staples are advertised and promoted. Fiscal levers (such as the Soft Drinks Industry Levy- SDIL) are a critical part of the policy picture as they serve to incentivise change and create a level playing field by effectively mandating certain actions e.g. reformulation, while providing a mechanism to raise revenue that can be put back into supporting access to healthy diets.

There may also be some opportunities to strengthen existing policies by integrating aspects of UPFs to current nutrition profiling models in order to cover more foods, as has been done in some countries internationally. For instance, the term "ultra-processed" is featured in the [national dietary guidelines](#) or nutrient profiling models of Belgium, Brazil, Ecuador, Israel, Maldives, Peru, and Uruguay, as well as the [nutrient profile model](#) of the Pan American Health Organization (PAHO). In each of these cases, the consumption of UPFs is discouraged and the importance of diets rich in unprocessed and minimally processed alternatives which are low in fat, salt, and/or sugar content are promoted. In [Mexico](#), [Colombia](#), and [Argentina](#), sweeteners are marked on warning labels, alongside fat, sugar and salt, and in [Mexico](#) and [Argentina](#) this is also reflected in advertising policies. In Brazil, legislation mandates restrictions regarding the inclusion of UPF products in the [School Meals Program](#), including the proportion of

expenditure of school food budgets on UPFs (a maximum of 20% of funds) and the frequency that UPFs can be served. In education environments, Brazilian [legislation](#) also protects students and families from commercial communication of UPFs and limits their donation or sale within school premises.

## **6. How consumers can recognise UPF and HFSS foods, including the role of labelling, packaging, and advertising.**

### Labelling

While providing citizens with information about the food they see and buy is important, labelling policies in themselves must not be seen as a substitution to tackling the issues of advertising, affordability and availability of foods which are major drivers of consumption.

[Studies show that women](#) and people with higher levels of education are more likely to use labels to inform purchasing decisions suggesting that labelling has limitations in how effectively it can benefit everyone.

Front of pack labelling remains inconsistent in the UK. The traffic light labelling scheme has been recommended since 2006, but it remains voluntary and does not appear on all products.

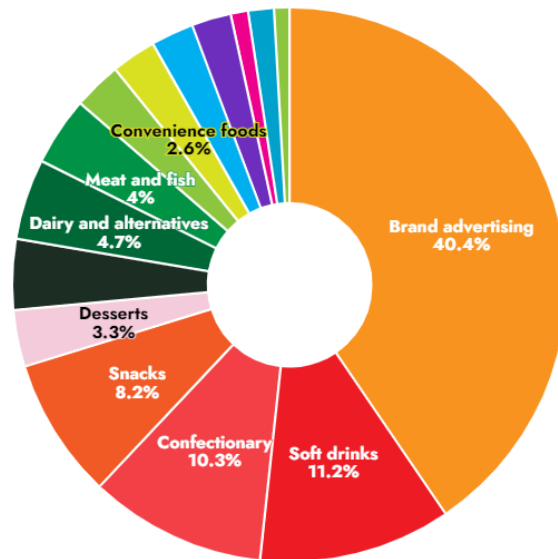
[Evidence](#) submitted by Sainsbury's and Asda to the House of Lords Science and Technology Committee in 2011 indicated that the multiple traffic light label stimulated reformulation of products to achieve a healthier profile resulting in fewer red traffic lights (UK Parliament, 2011). As such, mandatory and transparent food labelling schemes are an effective intervention for incentivising industry reformulation and changing the content and range of food on offer. This may have a greater impact on dietary change than the use of labelling in guiding consumers towards healthier food choices.

### Advertising

Food and drink companies invest a substantial amount on advertising, with a disproportionate amount spent on less healthy foods. According to the [Broken Plate report](#), a third (33%) of food and soft drink advertising spend goes towards confectionary, snacks, desserts and soft drinks, compared to

just 1% for fruit and vegetables.

Proportion of advertising spend on different food categories



Source: Nielsen Ad Intel, 2022



Image from *The Food Foundation's Broken Plate, 2023*

Legislation has been passed to strengthen advertising rules by introducing a 9pm watershed to help reduce children's exposure to food advertising, however, the introduction of this has been delayed until October 2025. It is vital that the government presses forward with this legislation and introduces it as soon as possible.

Furthermore, baby and infant foods have, to date, largely been excluded from policies such as the government's reformulation sugar reformulation programme. As [shown in The Food Foundation's Broken Plate Report](#), 97% of snacks marketed towards babies and toddlers feature a nutritional or health claim on the front of the packaging despite often being high in sugar, according to a survey by Action on Sugar. Claims such as 'No added sugar', 'Organic' 'Nutritionist approved' create a 'health halo' around foods that are often high in sugar. Evidence shows that these marketing tactics are effective and mislead parents into thinking these commercial products are beneficial for their child and superior to homemade alternatives.

As set out in our [Broken Plate Report](#), an Action on Sugar survey found that 83% of parents of a 1 to 3-year-old said they would choose fresh fruit as an alternative if ready-made baby and toddler snacks were not available, highlighting that the availability and marketing of these products is driving parents towards less healthy options.

The WHO recommends that all necessary measures should be taken to end inappropriate promotion of foods for infants and young children. In line with

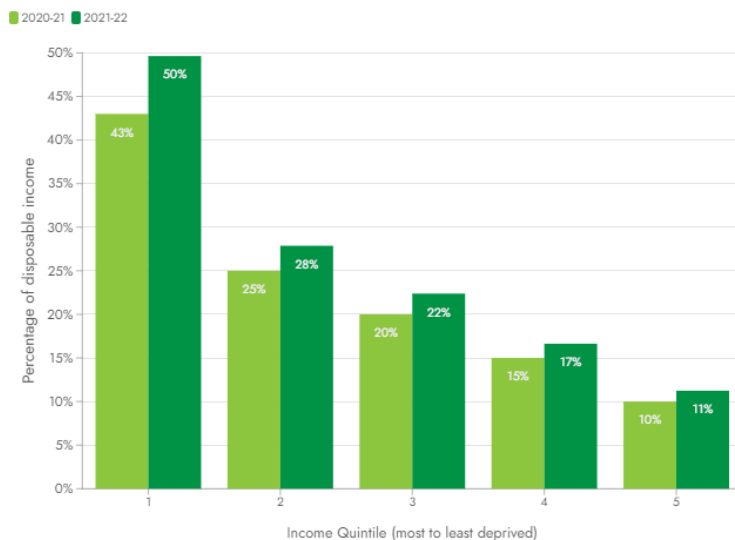
this, regulation is needed in the UK to prevent industry using health claims to promote these highly processed, high sugar foods.

## 7. The cost and availability of a) UPF and b) HFSS foods and their impact on health outcomes.

### The cost of unhealthy food

Data in The Food Foundation's [Broken Plate report](#) shows that the most deprived fifth of the population would need to spend 50% of their disposable income on food to meet the cost of the Government recommended healthy diet. This compares to just 11% for the least deprived fifth. In all cases the proportion of disposable income required increased between 2020-21 and 2021-22.

Percentage of disposable income required to afford the Eatwell Guide by income quintile




Source: FoodDB, University of Oxford; London School of Hygiene & Tropical Medicine secondary analysis of the  Family Resources Survey 2021-22

Image from *The Food Foundation's [Broken Plate](#), 2023*

Dietary health is affected by the absolute price of food relative to income, as well as the relative price of healthy and unhealthy food. [The Food Foundation's data has found](#) that, on average, more healthy foods (as defined by the Government's Nutrient Profile Model) are over twice as expensive as less healthy foods per calorie (£10.00 per 1,000kcal compared to £4.45). It is therefore very easy to see how those on low incomes would rely on a diet made up of unhealthy foods.

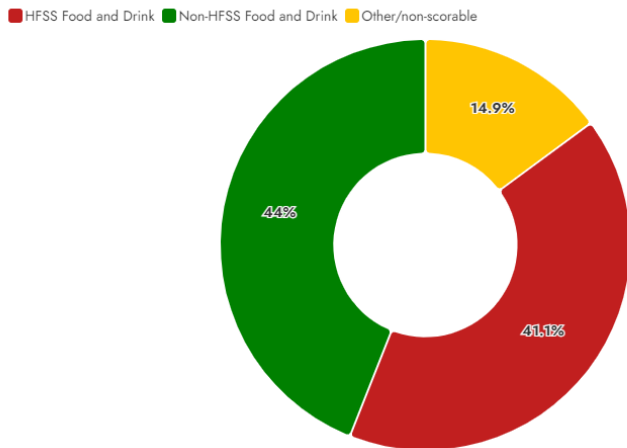
As mentioned previously, the cost-of-living crisis has exacerbated this problem. The Food Foundation's [food price tracker](#) has found prices have increased by around 24-26% since April 2022, while the Food Foundation's [Food Insecurity Tracker](#) shows food insecure households are much more

likely to [cut back on healthy foods](#) such as fruit, veg and fish compared to food secure households, further widening inequalities.

### Price promotions

As part of [The Food Foundation’s Kid’s Food Guarantee](#), we are working with supermarkets to encourage them to guarantee that multibuy and price promotion deals, where offered, are on carbohydrate staples and healthier foods instead of HFSS foods. However, our data shows that across the five major UK supermarkets in August 2023, 44% of price promotions were on non-HFSS food and drink, and 41% were on HFSS food and drink.

HFSS vs. Non-HFSS price promotion deals: August 2023



HFSS: High in Fat, Salt and Sugar (NPM score =>4 Food and n=>1 Drink); Non-HFSS: NPM score <4 Food and n<1 Drink. Data is collected from the retailers in scope namely Aldi, Asda, Morrisons, Sainsbury's & Tesco.



Image from [The Food Foundation’s Kids Food Guarantee Dashboard, 2024](#)

Not only that but the two biggest supermarkets, were the retailers with the biggest proportion of price promotions on HFSS foods.

Price promotion deals across retailers in scope: August 2023

Retailer(s)	% HFSS	% non HFSS	% staple carbs
ALDI	0.4%	0.7%	0.05%
ASDA	8.3%	8.3%	1.0%
MORRISONS	8.4%	7.9%	1.1%
SAINSBURY'S	14%	17.9%	1.0%
TESCO	10%	9.5%	0.7%

HFSS: High in Fat, Salt and Sugar (NPM score =>4 Food and n=>1 Drink); Non-HFSS: NPM score <4 Food and n<1 Drink. Due to unavailability of July 2023 price promotion data, comparison could not be made.

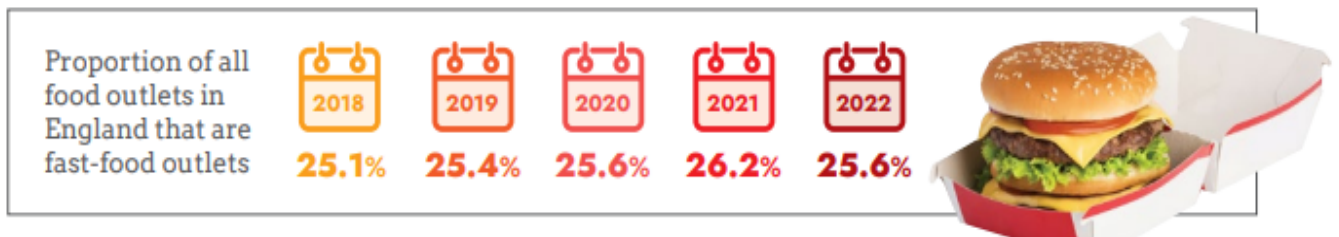


Image from [The Food Foundation’s Kids Food Guarantee Dashboard, 2024](#)

## Availability

As set out in [The Food Foundation's Broken Plate report](#), fast-food takeaways are abundant across the UK, often offering options which appeal to people's need for cheap and convenient food but with the downside of being high in calories and lacking in nutrients. There is a fast-food outlet for approximately every 1,200 people in the UK – a similar number to that seen in the US, and much more numerous than many other countries of similar economic status. For example, Spain has a fast-food outlet for every 3,000 people.

The latest data from Ordnance Survey, analysed in collaboration with the University of Cambridge, show that as of June 2022, an average of 1 in 4 (25.6%) places to buy food in England are fast-food outlets, with no meaningful improvement in recent years (a range of 25.1- 26.2% over the five years of monitoring by [Broken Plate](#)).



*Image from [The Food Foundation's Broken Plate, 2023](#)*

However, more positively, on a local authority level only 3% have seen an increase in density of fast-food outlets and 20% have seen a decrease from 2021 to 2022, likely reflecting the impact of the pandemic. There is substantial variation in the density of fast-food outlets across local authorities, ranging from 7.4% to 39.7%.

The average proportion of fast-food outlets is much greater in more deprived areas of the country – 21% in the least deprived local authorities compared with 31% in the most deprived. Proximity to fast-food outlets has been shown to be linked to increased fast-food consumption and increased bodyweight. This being the case, the greater availability of fast food in deprived areas is likely to be a contributing factor to the socio-economic inequalities seen across obesity levels.

However, it is possible for local areas to do more to improve food environments through regulation of fast-food takeaways. For instance, [South Tyneside Council refused plans](#) for new takeaways because of their drive to reduce obesity. [Gateshead Council](#) have also shown strong leadership in this

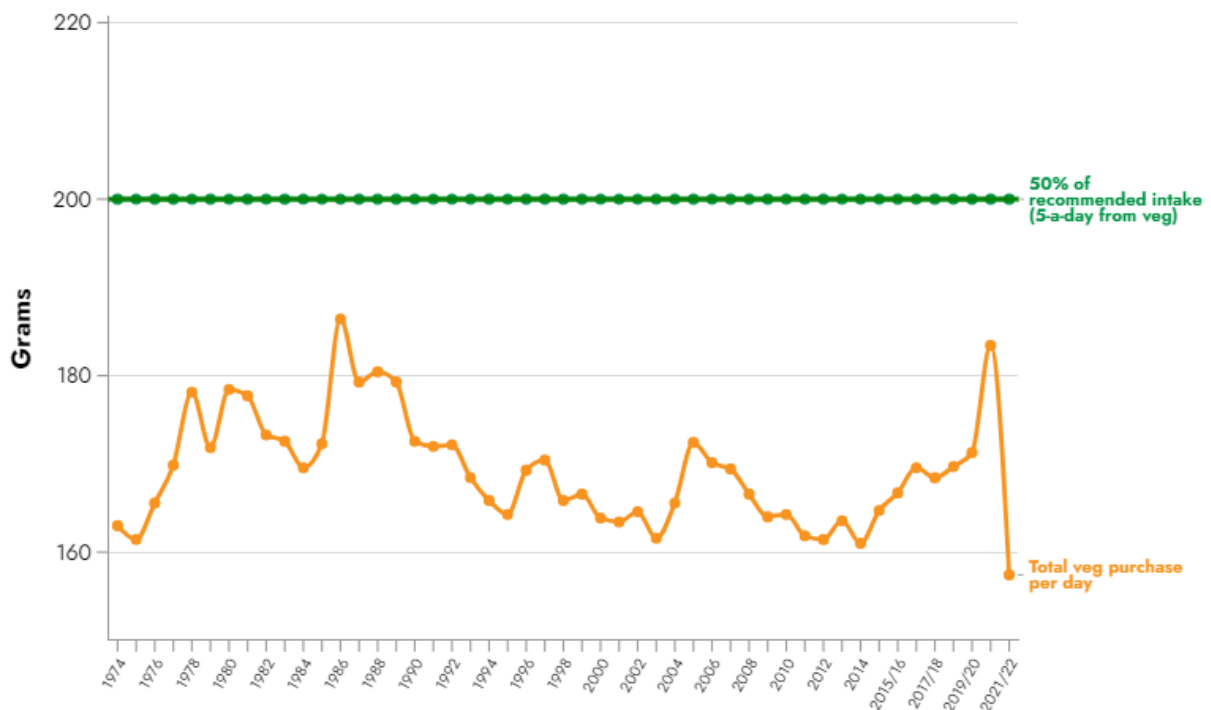
area, successfully reducing the proportion of fast-food outlets by almost 14% by utilising their planning policy.

### The availability of fruit, vegetables, and pulses

According to [The Food Foundation's Veg Facts 2021 Report](#), only 33% of adults and just 12% of 11–18-year-olds currently meet the recommended five-portions of fruit and veg a day. [It is estimated](#) that at least 31,000 premature deaths could be averted each year if everybody could eat sufficient fruit and vegetables.

The cost-of-living crisis is only likely to have exacerbated already low levels of fruit and vegetable consumption. DEFRA's [Family Food Survey](#) captures UK households' purchases of food from both retail and the out of home sector. Concerningly, purchases of vegetables dropped to their lowest level in fifty years for the last year they have data (2021-2022).

**TRENDS IN VEGETABLE PURCHASES (HOUSEHOLD AND EATEN OUT) G/PER PERSON/PER DAY, 1974–2022**



Sources: Adjusted National Food Survey data 1974–2000, Expenditure and Food Survey 2001– 2002 to 2007 and Living Costs and Food Survey 2008 onwards, Family Food Survey 2022



Image from [The Food Foundation's Peas Please Progress Report, 2023](#)

Just [35% of our total food and vegetable supply](#) is grown in the UK, and this would need to substantially increase to ensure everyone meets recommended consumption levels for fruit and vegetables. However, British



horticulture is currently contracting due to labour shortages, punitive supermarket contracts and unprecedented inflation.

The UK is increasingly reliant on fruit and vegetables from climate vulnerable countries which puts our food security at risk. Increasing domestic production of fruit and vegetables is therefore important for our future food security. More tomatoes, cucumbers, onions, lettuce, mushrooms, peppers, spinach, courgettes, cherries, broccoli, and cauliflower could be grown in the UK and are grown all year round.

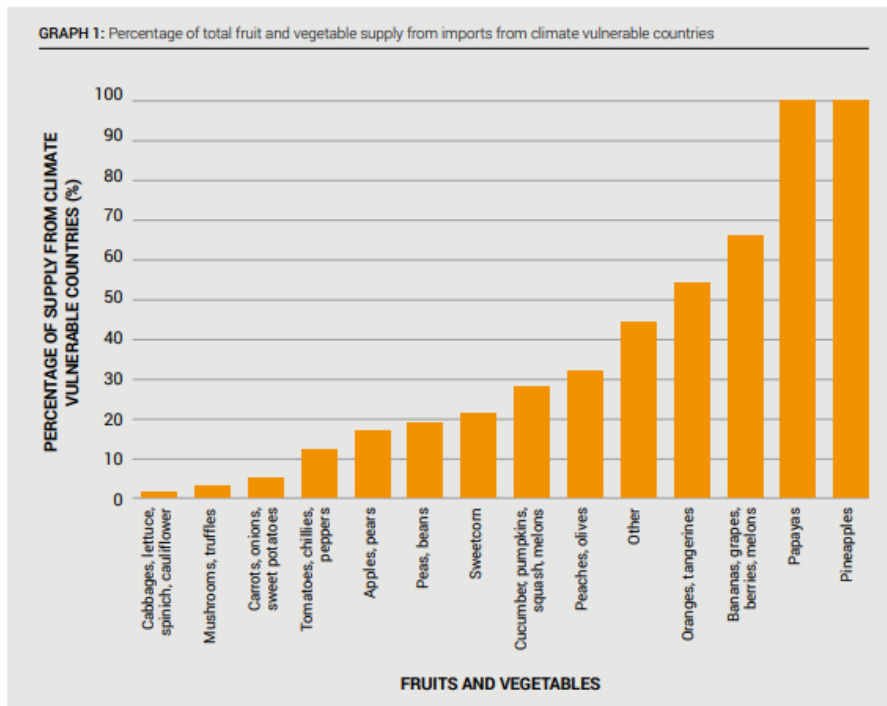


Image from [SHEFS Policy Briefing 1: Is the UK's supply of fruit and vegetables future proof?](#)

A robust horticulture strategy to increase production and consumption, support food security and producer's livelihoods is needed. Furthermore, procurement standards for public sector food needs to be improved to support British horticulture and investment is needed to encourage more advertising of fruit and vegetables, building on the work of [Veg Power](#).

## 8. The role of the food and drink industry in driving food and diet trends and on the policymaking process.

Food companies shape our food environment and, whether we are conscious of it or not, play a big part in determining our food choices. They set the price and shape the availability and appeal of food, which then impacts on what we choose to buy and eat. Currently, the UK food system is dominated by a relatively small group of food companies who create and control supply chains and the food environment. Shifting the food system therefore needs action from a range of stakeholders, including the businesses themselves,

but also investors and governments who play a crucial role in shifting the incentives and setting the standards in the system in which large businesses operate.

The Retail and the Out of Home (OOH) sectors act as gatekeepers between upstream businesses – such as manufacturers and producers – and citizens. In doing so, they play a crucial role in shaping our food environment. The Food Foundation's annual [State of the Food Industry Report](#) shines a light on the major retailers and OOH businesses within the UK and what steps, if any, they are taking to help us shift towards a more healthy and sustainable diet. The 2023 report showed that:

- More than half of the 54 major restaurants assessed have more than half their main dishes exceeding 50% of the Recommended Daily Intake for salt.
- Pubs are the unhealthiest OOH subsector, with Walkabout, Sizzling Pub, Flaming Grill Pub Co, Brewhouse and Ember Inns serving the largest number of main meals that are regularly exceeding 50% of the RDI for calories, saturated fat, salt, and sugar.
- Less than 1% of advertising spend goes towards fruit and vegetables and 0.8% on plant based dairy alternatives, compared to 9% on animal foods, and a third (33%) going toward advertising of discretionary foods such as confectionary and snacks.
- The number of food outlets people can order from using online meal delivery apps was 50% greater in the most deprived postcode districts in England, compared to the least deprived.

Additionally, a [recent study from Biteback 2030](#) looking further upstream, found that for seven out of ten manufacturers, more than two-thirds of their packaged food and drink sales came from HFSS products. This highlights the reliance that the food and drink industry has on selling unhealthy food, and why they have a strong incentive to lobby against any measures designed to improve what the population eats.

A key step on the road to understanding where progress needs to be made and in driving better business decisions and policymaking is to implement mandatory reporting by food corporations of business operating and employment practices, sourcing standards, and the health profile of the types of food sold. Many food businesses are not currently, or consistently, reporting on whether their sales and businesses practices are effectively supporting more equitable access to healthy and sustainable food. Given this lack of comparable and reliable data, policymakers are unable to effectively design policies to accelerate change and create a level playing field for progressive business activity.

The Food Data Transparency Partnership should therefore move to ensure that reporting against the health metrics currently being developed are made mandatory for all large food businesses. Reporting requirements ought to be mandatory if they are truly to create a level playing field and encourage greater transparency, accountability, and progress towards more responsible business practices.

## **9. Lessons learned from international policy and practice, and from the devolved administrations, on diet-related obesity prevention.**

*Please also see our response to Q5 for how other countries have responded to ultra processed foods.*

Within the UK, Scotland is currently leading the way with policies to improve the food system and population diets. For instance, the Scottish Good Food Nation Bill requires the Scottish government, local authorities, and health boards to create food plans with specific goals, and the policies and measures needed to achieve these goals.

Similarly, Scotland's Better Start programme, the Scottish equivalent to Healthy Start, has risen in value with inflation, unlike Healthy Start. This means that the value for parents on low incomes with a child between one and three years old is £4.95 a week, instead of £4.25 in England, Northern Ireland, and Wales. For those on very low incomes, this small variation could make a noticeable difference. In addition, the income threshold in Scotland has been removed so that all households on qualifying benefits are eligible, and the application process is much simpler which is likely to contribute to higher levels of uptake.

Furthermore, our [breastfeeding report](#) found that Scotland is frequently recognised as having superior policies to support breastfeeding, and has invested a lot in their infant feeding programme, parent support and data collection.

Scotland, Wales, and London are also leading the way on providing all primary school children with a free nutritious meal at lunchtime, supporting all children to learn and achieve. [Studies in London boroughs](#) that have offered universal free school meals for several years show that the policy reduces the prevalence of obesity 9.3% among reception children and 5.6% among Year 6 children on average. The effect was even greater among Year 6 children who received universal free school meals for the longest: the reduction in obesity was 8.4%.

This shows that expansion of free school meals as a first step to universal free school meals could be an incredibly effective and substantial intervention to help reduce obesity, while also providing families with an essential nutritional safety net and supporting education.

## **10. The effectiveness of Government planning and policymaking processes in relation to food and drink policy and tackling obesity.**

Food policy is currently primarily divided between DEFRA and DHSC, although there are many elements that are relevant to all other government departments, including DfE and DWP. Policy areas such as school meals,

Healthy Start, dietary guidelines, land use and obesity policy are all affected by disjointed policymaking between departments.

A Food Bill for England could underpin effective cross government working by providing a governance structure for food policy and the means of delivering clear immediate and coordinated action across the food system. It would also provide a mechanism by which to set a series of goals which capture the long-term outcomes we expect of the food system for our health, environment, and economy, establish a process for monitoring progress, and ensure accountability. [The Food Foundation's November 2023 submission](#) to the Public Account's Committee on cross government working sets the current issues in more detail.

As described in [The Food Foundation's '10 cost free policies'](#), costs to the public purse caused by a food system which does not pay for the externalities which it generates are being born in multiple ways across different departments. Most recently, the Department of Health and Social Care has started to fund Ozempic (the 11th most expensive prescription drug) to support weight loss among people living with obesity. As recommended in the report, a full impact assessment of the costs being born should be conducted to identify policy priorities which could save money and drive greater policy alignment across government.

Lastly, it is essential that policymaking in this area must be sufficiently protected from commercial interest, which is often in conflict with the interest of public health. It is of course essential to consult commercial stakeholders regarding their product portfolio or business practice, but commercial interests should at no stage be directly involved in the development of public policy in the area of food.

## **11. The impact of recent policy tools and legislative measures intended to prevent obesity.**

As shown by [Theis and White in 2021](#), between 1992 and 2020, England has had 14 obesity strategies and 689 policies, but rates of obesity and overweight have continued to rise. They found that the policies were overwhelmingly focused on encouraging individuals to make behaviour changes, rather than improving the food system itself or the food environments in which we find ourselves, which accounts for their repeated failure.

The narrative that individuals are responsible for the choices they make forms a large part of the political and media messaging on dietary health. As described in The Food Foundation's briefing ['How important are educational interventions at improving health?'](#) the reality is far more complex, and although education has a part to play in any interventions that aim to

improve health and reduce obesity, behaviour is influenced by a wide variety of factors with many of these outside of an individual's control.

One of the very few successful examples is the Sugary Drinks Industry Levy (SDIL) which resulted in the average [total sugar content of soft drinks falling by 46.0% between 2015 and 2020](#) - from 3.8g per 100ml in 2015 to 2.1g per 100ml in 2020. These impressive levels of reformulation have been achieved because soft drinks businesses have invested in reformulation. Ribena Suntory has [invested £13 million](#) in reformulation since 2016, removing 25,000 tonnes of sugar from its drinks. The success of SDIL highlights how fiscal policies can be used to incentivise reformulation and raise revenue to support other policies and interventions. Along with Sustain and the Obesity Health Alliance, The Food Foundation is a partner of the [Recipe for Change campaign](#), which wants to build on the levy's success by introducing a new food levy on food (see separate evidence submission for more information).

The government's abandonment of its Obesity Strategy and failure to adopt the National Food Strategy, as well as the delay in introducing a 9pm watershed and online ban on paid for advertising for food and drink high in fat, salt and/or sugar has likely stalled progress.

## **12. Policy tools that could prove effective in preventing obesity amongst the general population, including those focussed on the role of the food and drink industry in tackling obesity.**

The Food Foundation published its [Manifesto \*Nourishing the Nation\*](#) ahead of the next general election, which sets out the key policies that we believe will improve the food system. In addition, we have published a set of 10 '[cost free](#)' policies which are cost free and primary legislation free, thus making them suitable for introducing quickly, including within the first 100 days of the next parliamentary term. The below list of policy priorities to help everyone to access and afford a healthy and sustainable diets builds on these recommendations. Additional details for each are provided as links.

### **Our recommendations:**

#### ***1. Make healthy and sustainable food affordable***

- **Build on the success of the Soft Drinks Industry Levy** by developing new fiscal policies that encourage businesses to reformulate other food and drink categories and rebalance the cost of more healthy and less healthy foods. Invest the revenue raised from existing and new levies into policies which target low-income households and help make healthy foods more affordable and accessible. For more info, please see the [Recipe for Change Campaign's Policy and Evidence page](#) and separate evidence submission submitted on behalf of Recipe for Change.
- **Require the cost of healthy and sustainable diets be taken into account** when setting benefits levels and the minimum wage. For more info, please see [The Food Foundation's briefing](#) on this.
- **Remove VAT from healthier and sustainable meals** sold in restaurants and fast-food outlets. For more info about research being done on VAT, please information about the [FINCH](#) project.

#### ***2. Stop the junk food cycle***

- **Press forward with existing commitments to restrict unhealthy food advertising on TV and online, and to restrict multibuy offers on unhealthy food.** In addition, act to reduce unhealthy food and drink advertising in outdoor areas. For more info, please see [The Food Foundation's briefing](#) on this.
- **Support local authorities to enact their powers to improve local food environments** by using planning rules to reduce the number of unhealthy fast food outlets and restrict local advertising of unhealthy food, and by supporting the establishment of cross-sectoral food partnerships in every local area to help create a more healthy, sustainable, and fair local food system. For more info,

please see [The Food Foundation's Broken Plate](#) report, and the submission to the committee from the Obesity Health Alliance.

- **Invest in advertising of healthy and sustainable foods** (particularly healthy options like fruit, vegetables, and pulses) to drive aspiration and to normalise consumption, building on the work of initiatives like [Veg Power](#). For more info, please see [The Food Foundation's briefing](#) on this.

### ***3. Invest in Children's Diets***

- **Provide Free School Meals to all children** starting by increasing the eligibility criteria to all children in families in receipt of Universal Credit, and auto-enrolling all eligible children with the goal of providing Universal Free School Meals. For more info, please see The Food Foundation's [briefing on this](#).
- **Expand eligibility, improve uptake, and increase the value of Healthy Start** (in England, Northern Ireland and Wales) and Best Start Foods (in Scotland), and make the extension of Healthy Start to children with no recourse to public funds permanent. For more info, please see The Food Foundation's [briefing on this](#).
- **Increase the volume of fruit and vegetables served at snack times and mealtimes in schools** and expand the School Fruit and Vegetable Scheme so that all primary school children can benefit. For more info, see page 148 of the [National Food Strategy](#).
- **Address the barriers to breastfeeding**, including by introducing a dedicated government team focused on breastfeeding/infant feeding, enhancing protections against marketing of breast milk substitutes, providing more financial support during maternity leave to bring the UK in line with other OECD countries, and investing more in local services and health visitors to ensure women who want to breastfeed are supported to do so. For more info, see The Food Foundation's [Barriers to Breastfeeding](#) report.

### ***4. Make It easier to eat sustainably and healthily***

- **Strengthen government procurement rules for public institutions where food is served, as well as School Food Standards**, by making health, sustainability, and environmental standards mandatory and retaining greater economic value in local areas through local purchasing. For more info, see The Food Foundation's [Cost Free Policies](#).
- **Commit to an ambitious horticulture growth plan** for British farmers in each of the devolved nations for an expanded, vibrant,



and thriving horticulture sector which can support the production and increased consumption of minimally processed alternatives to meat, such as vegetables and legumes and ensure the UK is not unsustainably reliant on imports. For more info, please see The Food Foundation's [briefing on this](#).

## ***5. Unleash the potential of the food system***

- **Commit to a new food bill for England** to provide a governance structure for food policy and the means of delivering clear action across the food system. This should set a series of targets which articulate the long-term outcomes we expect of the food system for our health, environment and economy, and establish a process for monitoring progress, enabling cross government policy coherence and ensuring accountability. For more info, see [this briefing](#) from The Food Foundation and Sustain, and page 160 of the [National Food Strategy](#).
- **Improve transparency by introducing mandatory public reporting** by food businesses against a range of health and sustainability metrics to de-risk business investment in more healthy and sustainable food offerings (delivering the promises of the Food Data Transparency Partnership). For more info, see The Food Foundation's [Plating Up Progress](#) policy briefing.
- **Invest and support innovation and R&D** across the food industry and help businesses to take healthy and sustainable food innovations to scale. For more info, see page 241 of the [National Food Strategy](#).

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