DANONE UK AND IRELAND - WRITTEN EVIDENCE (FDO0104)

About Danone:

Danone is one of the world's largest food and drink manufacturers. We produce waters (Evian, Volvic, Harrogate Spring Water), dairy (Actimel, Activia etc) and plant based (Alpro) products. We are also the largest supplier of medical nutrition to the NHS, directly supporting more than 30,000 patients in their homes and hundreds of thousands in hospitals and community care across the UK. We also produce nutrition for infants through our Aptamil and Cow and Gate products.

Danone is the healthiest, food and drink manufacturer in the UK. In 2023, In the UK, Danone committed that it would:

- Never produce a product for children that is high in fat, salt and sugar (HFSS), defined by the UK Government's current policy and legislation relating to HFSS.
- Ensure that at least 90% of our portfolio of products by sales volume are not high in sugar, salt or fat (HFSS), as defined by the UK Government's current policy and legislation relating to HFSS.

These commitments have already been achieved and demonstrate that it is possible to reformulate products to be healthier, while remaining a profitable and sustainable business.

Summary:

1.1 We welcome the opportunity to respond to the Committee's inquiry into Food, Diet and Obesity.

1.2 The causal link between a poor diet and negative outcomes is well documented, with Parliament's own research concluding "*Poor diet is one of the biggest preventable risk factors for ill-health*"[1]. It is therefore right that the Committee is placing such scrutiny on the drivers of unhealthy food sales.

1.3 It is important to recognise that the primary driver behind healthier food production in any country will be a growing market for those healthy foods. It is our view that if any Government wants to improve the UK's diet, it must be proactive in incentivising the sale of healthy food products, and hence grow the market for healthy foods.

1.4 By acting to grow the market for healthy food products, Government will encourage manufacturers and retailers to further adapt their product ranges and therefore encourage changes in consumer

[1] Diet Related Health Inequalities, UK Parliament Post Note (link)

behaviour. Doing so should mean changes in how products are formulated, where products are positioned and advertised for sale, and ultimately what is consumed in homes across the UK.

1.5 As markets grow and consumer tastes adapt, a virtuous circle should be created with greater demand for healthy food and greater propensity to supply it, which will over time have significant public health benefit.

1.6 Government has a role in kick-starting and maintaining this virtuous circle, by incentivising the production and consumption of healthier foods. This document contains our recommendations on how to do so.

Policy Timeframes:

1.7 There is no boilerplate route to the successful incentivisation of healthy products. Altering the dietary preferences of a nation is a slow, iterative and often a generational process. Governments must therefore ensure they take a long-term approach to policy making and be as consistent as possible in their decisions.

1.8 This is because product reformulation is a costly technical process. Businesses must maintain a broadly similar taste profile within their products, while working to improve their nutritional composition (for example, reducing HFSS-type ingredients), and ensuring the end product remains attractive to consumers.

1.9 Any policy must be cognisant of both the timescales involved in developing/reformulating products, but also take into account that consumers and their taste preferences must be considered as part of policy. Changes in consumer taste do take time.

1.10 Recommendation 1: Recognise the time it takes to reformulate products and adapt consumer tastes, by setting long-term policy framework and maintaining a reasonable policy consistency that businesses can work towards.

1.11 In the same vein, Government should deliver on existing policy commitments wherever possible. This is important in creating a level playing-field, and in ensuring that companies who do reformulate are not disadvantaged over those which have not.

1.12 Recommendation 2: We recommend implementing the full suite of HFSS restrictions immediately. This sends a clear signal of intent to manufacturers, retailers and consumers alike.

1.13 Government should also consider the impact that 'away from home' (takeaways etc) have on household diet. Improving the number of

healthy products available on the market will have a limited health impact if away from home purchases remain high in both volume and calories.

Incentivising Healthy Product Sales:

1.14 As changing dietary preferences takes time, it is likely that a range of incentives needs to be implemented simultaneously to encourage that change. However, there are successful examples of where policy has successfully driven changes in both consumer and business behaviour, which The Committee can draw from.

1.15 Successive Government's green targets[2] have provided both businesses and Governments with an overarching policy direction. This has driven significant changes in Government investment decisions, such as wind subsidies[3], and the majority of large businesses now have plans in place to achieve net zero by 2050 as a minimum. This, in turn, affects their decisions over production and transport methods, packaging and many other issues.

1.16 This method of setting policy direction and driving change through the setting of targets, while allowing businesses and consumers to innovate and adapt, could be a useful framework when seeking to incentivise and increase the sale of healthy foods.

1.17 By setting targets for both manufacturers and retailers, Governments incentivise innovation and new instore/online behaviours respectively.

1.18 Recommendation 3: **We recommend the Government set targets for increases in the production, sale and consumption of 'healthy' food choices, mirroring the success of the UK's 2050 climate target.**

HFSS Targets:

1.19 In order to set a meaningful targets for businesses and Government to achieve, it is important that what is considered a "*healthy product"* is properly defined. This consistency creates a level playing-field and focuses both industry investment and consumer attention.

1.20 The impact of a diet that is high in fat, sugar and salt (HFSS) on an individual's health is well documented, supported by robust scientific evidence and well understood by consumers. Many recommendations made by the House of Lords Food, Poverty, Health and the Environment Committee[4] were taken forward on this basis. This

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[2] The Climate Change Act 2008, Environmental Targets (2022), Net Zero Emissions (2019)

[3] Offshore wind Sector Deal - GOV.UK (www.gov.uk)

included legislating to end HFSS promotions and efforts to encourage industry to reformulate their products.

1.21 The Government should therefore build on these recommendations and define a 'healthy food' as a non-HFSS product. This maintains a consistent approach to policy making (see 1.16) and builds on existing legislation, policy and consumer understanding.

1.22 Recommendation 4: When setting any target, define a 'healthy food' as a non-HFSS product and utilise this metric to set a consistent, long-term target for increasing the production, sale and consumption of healthy foods.

Transparency & Data Reporting:

1.23 If targets are to be effective it is important that the Government has an accurate picture of healthy food sales today and this should include all sales, including away from home. This transparency will also mean all can understand how businesses intend to meet those targets. This again follows the same principle used to measure progress towards binding climate change targets.

1.24 While no Government target has yet been set, the focus on both HFSS and the need for greater transparency has already been recognised by Defra and resulted in the creation of the Food and Data Transparency Partnership (FDTP).

1.25 The FDTP brings together Defra officials, manufacturers, retailers, health professionals and others to help Defra define a standardised healthy reporting metric and mechanism around HFSS products.

1.26 The FDTPs work has been underway for several years and should be supported to completion. Doing so would give the Government it's first viable route to increasing transparency around the UK's health metrics.

1.27 Recommendation 5: Building on existing collaboration with Government, enable the work of Defra's FDTP to be completed, giving the Government its first-standardised reporting metrics.

1.28 While any data reporting increases transparency, that transparency is most impactful when it builds a complete, accurate data picture.

1.29 Voluntary reporting tends to incentivise only those businesses willing or able to make a positive change and means the jigsaw of transparent data needed for policy making remains incomplete.

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[4] House of Lords Food, Poverty, Health and the Environment Committee (2021)

1.30 With that in mind, when FDTP reporting recommendations are completed, they should be made mandatory. This ensures both a level playing field for businesses, and improves transparency for Governments, customers, regulators and consumers.

1.31 Recommendation 6: Prioritise data transparency and improve policy making by making FDTP recommendations mandatory, regardless of whether any target for HFSS products is set.

1.32 To maximise impact, however, the setting of meaningful targets and reporting against progress towards those targets should be combined. This mirrors the successful principle established by the UK's climate targets (see 1.12).

1.33 Recommendation 7: If targets for increasing the production, sale and therefore the consumption of non-HFSS products are set, mandate that relevant businesses report against that target and set out the plans they have to achieve it. This follows the same successful principle established by climate change reporting targets.

1.34 However, in making this recommendation we also recognise that it is both accepted and acceptable for people to enjoy 'indulgence' products too. Products such as chocolate (for example) can be challenging to reformulate and are enjoyed by the vast majority of UK consumers. All targets and reporting mechanisms need to make room for indulgence products and their producers, while acknowledging that over-consumption causes harm.

1.35 Recommendation 8: Recognise that several businesses focus on the production and sale of 'indulgence' products in their entirety (e.g. chocolate). These businesses should not be penalised for doing so in any reporting mechanism, as policy should focus on encouraging healthy consumption, not penalising the 'treats' that many people enjoy today.

The Role of Ultra Processed Foods (UPF):

1.36 In contrast to the well established risks around a diet high in fat, sugar and salt (HFSS), there is insufficient evidence to demonstrate any causal link between the degree of food processing and negative health outcomes.

1.37 Where research has suggested *associations* between high levels of UPF intake and ill-health, current information suggests that this may be because some UPF products are high in fat, salt and/or sugar, or simply due to other confounding factors such as the socio-economic

status of groups studied[5]. Based on the currently available evidence, we assert that what makes a product unhealthy or otherwise is its nutritional qualities, not its level of processing.

1.38 It is also important to recognise the critical role that processing plays in the modern food chain, for reasons such as food safety and accessibility, fortification, and improved shelf life. UPF products like fruit yoghurts, wholemeal bread, baked beans and many others are rightly considered normal, healthy products that form part of a balanced diet.

1.39 We are concerned that a focus on the level of processing a product has undergone, rather than its nutritional value to the consumer, risks distraction from a known problem in the UK: the over consumption of HFSS foods leading to poor health outcomes. Basing any policy on blunt tool, umbrella classification systems such as NOVA, risks demonising non-HFSS, healthy processed foods which often form an important part of modern-day diets.

1.40 UPF products can be safe and healthy, while also widely available at an affordable price in a way that many fresh foods are not.

1.41 These views are supported by both the Government's independent Scientific Advisory Committee on Nutrition (SACN) and the British Dietetic Association (BDA).

> *"Consumption of (ultra-) processed foods may be an indicator of other unhealthy dietary patterns and lifestyle behaviours. Diets high in (ultra-) processed foods are often energy dense, high in saturated fat, salt or free sugars, high in processed meat, and/or low in fruit and vegetables and fibre. It is unclear to what extent observed associations between (ultra-) processed foods and adverse health outcomes are explained by established nutritional relationships between nutritional factors and health outcomes on which SACN has undertaken robust risk assessments."*[6] – **SACN, July 23**

> *"The nutritional quality of foods is more important to consider than simply whether or not they are processed…processed foods and ultra-processed foods as described by NOVA category 4 are not necessarily high in fat, salt and sugar or other less healthy*

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[5] SACN statement on processed foods and health - summary report

[6] SACN Statement on processed foods and health – Summary Report (2023)

additives. Processed or ultra-processed foods are not necessarily unhealthy to consume, and in some cases may be beneficial, especially to certain population groups, who may have more restricted diets"[7] - **BDA, Jan 24**

1.42 It is important too that The Committee recognises the role that food processing plays in the wider production ecosystem, so it can mitigate the knock-on effects of any recommended policy change.

1.43 **Preservation and Safety**: Food processing plays a key role in ensuring foods have a longer shelf life and are safe to consume throughout the period they are on sale. Reducing or removing certain types of processing or ingredients will result in a shorter shelf life for many products. This includes healthy products such as yoghurts, milks and breads, as well as products such as ready meals bought by families for convenience.

1.44 **Food Waste & Climate**: If the shelf life of a product is reduced, to maintain the availability of that product, it must be produced more frequently. This means an increase in food waste as food goes off, and food production to replace it. This increase in production will also increase carbon emissions (and similar). The alternatives to this increase in production are fewer products being available for consumers to buy, or greater pressure on supply chains to deliver greater volumes. This disproportionately impacts healthier, fresher products (dairy etc).

1.45 **Cost**: Increasing the rate at which a product goes off, and therefore how quickly, means that production costs are likely to increase if the stocks of that product on shelf are to be maintained. This is due to the need to buy additional ingredients and materials to meet new, production volumes and the cost of resources to maintain those higher production levels.

1.46 **Fortification:** Many processed foods are fortified with added nutrients and other beneficial ingredients, and contribute significantly to the UK population intake of key nutrients such (e.g. vitamin D).

1.47 **UPF & HFSS**: Finally, it is important for The Committee to recognise that recent reductions in the number of HFSS products is in part due to the replacement of HFSS ingredients with healthier (i.e. non-HFSS) alternatives. The most common example is the replacement of sugars with artificial sweeteners, used throughout the soft drinks industry in response to the Soft Drinks Levy.

[7] BDA Position Statement, Processed Foods (2024)

1.48 Recommendation 9: That Government policy recognises the critical role played by processing in the food supply chain, and the impact significant changes would have on cost, food waste, safety, preservation and fortification. That blunt, blanket processing classifications are avoided in legislation and the relative health of products is determined by its nutritional qualities, not its level of processing.

Recommendations:

1. **Recommendation 1: Recognise the time it takes to reformulate products and adapt consumer tastes, by setting long-term policy framework and maintaining a reasonable policy consistency that businesses can work towards.**

2. **Recommendation 2: We recommend implementing the full suite of HFSS restrictions immediately. This sends a clear signal of intent to manufacturers, retailers and consumers alike.**

3. **Recommendation 3**: **We recommend the Government set targets for increases in the production, sale and consumption of 'healthy' food choices, mirroring the success of the UK's 2050 climate target.**

4. **Recommendation 4: When setting any target, define a 'healthy food' as a non-HFSS product and utilise this metric to set a consistent, long-term target for increasing the production, sale and consumption of healthy foods.**

5. **Recommendation 5: Building on existing collaboration with Government, enable the work of Defra's FDTP to be completed, giving the Government its first-standardised reporting metrics.**

6. **Recommendation 6: Prioritise data transparency and improve policy making by making FDTP recommendations mandatory, regardless of whether any target for HFSS products is set.**

7. **Recommendation 7: If targets for increasing the production, sale and therefore the consumption of non HFSS products are set, mandate that relevant businesses report against that target and set out the plans they have to achieve it. This follows the same successful principle established by climate change reporting targets.**

8. **Recommendation 8: Recognise that several businesses focus on the production and sale of 'indulgence' products in their entirety (e.g. chocolate). These businesses should not be penalised for doing so in any reporting mechanism, as policy should focus on**

encouraging healthy consumption, not penalising the 'treats' that many people enjoy today.

9. **Recommendation 9: That Government policy recognises the critical role played by processing in the food supply chain, and the impact significant changes would have on cost, food waste, safety, preservation and fortification. That blunt, blanket processing classifications are avoided in legislation and the relative health of products is determined by its nutritional qualities, not its level of processing.**

Questions:

1. **Key trends in food, diet and obesity, and the evidential base for identifying these trends.**

   In 2021 the majority of adults 64% were overweight or obese, with 26% of adults classified as obese[8]. This is in stark contrast to proportions in 1993 when 53% of adults were classified as overweight or obese.

   Referring to the most recent Government National Diet and Nutrition Survey (NDNS)[9], the UK population has reduced consumption of sugar-sweetened soft drinks and red meat but continues to consume high levels of sugar and saturated fat, coupled with insufficient intakes of fruit, vegetables and fibre containing foods[9].

   It is widely understood that under reporting of food intake is a significant limitation of self-reported dietary intake assessments[10], and therefore the consumption patterns of HFSS foods are likely to be higher than those reported in the NDNS. Making an even more valid case for implementing the restrictions on HFSS immediately and defining targets for sale, production and consumption of healthy foods.

2. **The primary drivers of obesity both amongst the general population and amongst distinct population and demographic groups.**

   The high incidences of overweight and obesity in the UK can in part be explained by prolonged positive energy balance, evidenced by the NDNS[9] which summarises "the population continues to consume high levels of sugar and saturated fat".

   However, obesity is a hugely complex condition with many contributing environmental, genetic, socioeconomic and psycho-social factors and

[8] Health Survey for England - NHS England Digital
[9] National Diet and Nutrition Survey (publishing.service.gov.uk)
[10] Nutrition Research Reviews | Cambridge Core

this must be acknowledged in order to find solutions which are effective at the population level.

Contributing factors

Socioeconomic factors: Those living in poverty are more likely to have less healthy eating patterns, such as an increased reliance on fast food[11] or HFSS foods. More deprived areas of the UK are also known to have a high density of fast-food establishments and a greater number of adverts for HFSS foods[12].

Affordability of healthy food: When tracked between 2002-2012, 94 common foods were consistently shown to be more expensive than less healthy foods[13].

Time and resource: There is an increasing reliance on convenience and food 'to-go', along with reduced access to shops to purchase ingredients, or access to cooking facilities to prepare meals from ingredients. These changes are particularly noticeable amongst urban populations[14].

Physical activity: Around 1 in 3 (34%) of men and 1 in 2 (42%) of women are not active enough for good health[15].

3. The impacts of obesity on health, including on children and adolescent health outcomes.

The impact of obesity on health is widely reported, conditions such as Type-2 diabetes, cardiovascular disease, asthma, sleep apnoea, hypertension and gastroesophageal reflux are all associated with obesity[16].

There are psycho-social implications of being overweight or obese which greatly effect children and adolescents. Low self-esteem, social isolation, and poor academic performance[17].

Additionally, the OECD estimates that by 2050 overweight and obesity will reduce GDP by 3.3% in the UK[17].

Danone's Health commitment to "Never produce a product for children that is high in fat, salt and sugar (HFSS), defined by the UK Government's current policy and legislation relating to HFSS" recognises the importance of protecting young children and

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[11] Fast food outlets: density by local authority in England - GOV.UK.

[12] Area deprivation, screen time and consumption of food and drink high in fat salt and sugar (HFSS) in young people: results from a cross-sectional study in the UK | BMJ Open

[13] Price gap between more and less healthy foods grows | University of Cambridge

[14] The most at-risk areas for access to affordable food revealed - Which? News

[15] Physical activity: applying All Our Health - GOV.UK (www.gov.uk)

[16] Global Burden of Disease Study 2019 (thelancet.com)

[17] The Heavy Burden of Obesity : The Economics of Prevention | OECD

adolescents from nutrients associated with obesity and poor health outcomes.

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.

Considerable epidemiological evidence identifies prenatal factors that influence the likelihood of childhood obesity. Key factors include maternal obesity before conception, during pregnancy and excess gestational weight gain[18].

During infancy, being overweight and rapidly gaining weight have been linked to higher risks of obesity later in life[19]. Infant weight at 1 year of age is a good predictor of childhood obesity. The interlink between factors that contribute to how a parent chooses to feed their baby may also be contributory factors to being overweight or obese, factors such as socioeconomic status, education level and the need to return to work[2].

We believe that breastfeeding is best for babies and agree that it should be promoted and protected. When breastfeeding is not feasible or chosen, formula milks are, however, the only legitimate, nutritionally complete alternative during a baby's first year, recognised by leading medical societies and guidelines.

Importantly, this highlights the need for giving the right education and support to parents, no matter the method of feeding they choose. Parents and caregivers want, and deserve, to be educated and empowered to make decisions that work best for them and their families. They are entitled to receive information and support to ensure all feeding journeys are respected.

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.

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[18] Risk Factors for Childhood Obesity in the First 1,000 Days: A Systematic Review

[19] First-year rapid growth in relation to CVD and metabolic risk profile

[2] Factors associated with breastfeeding in England: an analysis by primary care trust

There are many different methods of defining UPF, each with their own strengths and limitations. However, there continues to be no agreed definition about what a UPF is, how or even if it should be defined.

Whilst reaching a consensus on a definition of UPF might be achievable with concerted effort, we question the relevance and potential risks of doing so. Removing policy focus from proven causative factors of ill-health such as HFSS, and instead focusing on the level of processing may have unintended negative consequences, such as demonising healthy processed foods, increasing food prices, discouraging industry from reformulating products and/or increasing food waste. Fundamentally, we believe that better science-based classifications and definitions to determine the dietary value of foods already exist.

Currently, the most utilised definition of UPF is based on the NOVA food classification system which attempts to define what is classed as an ultra-processed food. These criteria are criticized by many as being ambiguous, too broad and difficult to apply in practice. Even amongst professionals there is confusion regarding where certain foods fall on the NOVA scale, and the overly simplistic, broad-brush nature of grouping all 'ultra processed' foods together, regardless of nutritional profile, removes critical nuance in determining the health value of a food. This complexity in defining UPFs has made it difficult for the evidence to provide clear, consistent, and compelling evidence, as referenced by SACN.

Most studies exploring the effects of UPFs on health do not adequately control for the nutritional composition of foods as a critical confounding variable (e.g. HFSS). The vast majority of evidence regarding UPF is based on epidemiological and/or observational research, which cannot fully control for confounding (e.g. nutritional profiles, socioeconomic factors) and cannot confirm either the presence or direction of causality. Whilst many foods currently classified as UPFs are also HFSS and can therefore correctly be classed as "unhealthy", there is no discernment between HFSS UPFs and non-HFSS UPFs with the NOVA system. Many of the effects seen in emerging cohort studies can likely be explained by HFSS, a concept which is clearly defined, widely understood, and substantiated by evidence, which the Government has already written into regulation awaiting full implementation.

Categorising foods as "ultra-processed" will in many cases conflict with the current approach of improving the nutritional profile of food and drink. Current Government reformulation policies, or those focusing on fortification, could be detrimentally impacted by defining many reformulated and fortified products as "ultra-processed". Therefore, the Government must focus on the known concern that is HFSS consumption, rather than the level or processing in a product.

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

Food and drink manufacturers are responsible for providing clear and simple nutritional information on food labels. Many manufacturers in the UK also utilise the voluntary traffic light system to display nutrient information related to levels of fat, salt and sugar in a product. The levels which determine whether a traffic light is green, amber or red is set by the Government.

As part of our health commitments, we have confirmed our intention to implement clear, consistent front of pack nutritional labelling in line with future UK and Ireland legislation. In the absence of clear guidance on front of pack nutritional labelling we will be publishing nutritional information online. We would welcome clear guidance on the future of front of pack labelling to enable us to implement this in the future. A consultation on front of pack nutritional labelling was carried out in 2020, however, the government did not follow up with any response to the consultation. We believe the Government should refocus on ensuring consumers are better informed regarding which food and drink items are high in harmful fat, sugar and salt.

As mentioned in our response to question 5, there is currently no single accepted method to define an "ultra-processed" food, nor do we believe this would be helpful for consumers. By reducing a food down to its level of processing there is a risk of ignoring the nutritional content of a food item. Products which are healthy and beneficial for an individual may then be avoided if they are defined as, and labelled, as ultra-processed foods. The obvious example is wholemeal bread which can be classed as an ultra-processed food, despite its well documented benefits when included in a balanced diet. There is a real risk consumers would eradicate these healthy foods, based on a fundamentally flawed classification system, to the detriment of their health.

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

The benefits of food processing appear to be lost from the current debate around UPFs. In their report into UPFs SACN noted that current evidence related to ultra processed foods should be treated with caution, and when considering risk around ultra-processed foods, the benefits of food processing on the health of the UK population also need to be considered. The reality of feeding a country of nearly 70 million people and ensuring that the required amount of food is available means that processing food is essential in a modern food system.

Processing food turns raw ingredients into safe and edible food, increases choice and availability throughout the year, improves shelf life, reduces food waste, improves and maintains texture. In addition, processing allows us to provide a wide range of plant-based alternatives or foods for special diets, ensures we can fortify food to help the population reach dietary recommendations and enables us to reformulate our products to reduce fat, salt and sugar in our diets. All foods, including processed foods, can form part of a healthy diet. Additionally, just because something is cooked "from scratch" does not necessarily make it a healthy option.

In sharp contrast to UPF there is already a wealth of information demonstrating the harm of a diet high in HFSS foods [202122] They are easily accessible and generally affordable products which the Government has already begun to introduce restrictions on the advertising and promotion of.

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

Danone recognises the importance that the food industry plays in driving food and diet trends and the responsibility we have to produce nutritious, healthy, enjoyable products for consumers. There are, however, a number of different factors which also drive the healthiness of food sales. One of these is consumer choice and their appetite for unhealthier products. We believe the Government must review the incentivisation of production and sale of non-HFSS foods as a key driver to improve the healthiness of the population's diets.

Danone is a company focused on providing health through food to as many people as possible and we are the only large Fast Moving Consumer Goods (FMCG) business in the UK to have both committed to, and achieved, the reformulation of its products to ensure that they are both healthy and appealing to consumers.

In the UK, Danone:

- Will never produce a product for children that is high in fat, salt and sugar (HFSS), defined by the UK Government's current policy and legislation relating to HFSS.

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[20]20 Hooper L, Abdelhamid A, Bunn D et al. (2015) Effects of total fat intake on body weight. Cochrane Database Syst Rev 8, CD011834. [

[21] Mozaffarian D, Fahimi S, Singh GM et al. (2014) Global sodium consumption and death from cardiovascular causes. N Engl J Med 371, 624–634. [

[22] Te Morenga LA, Howatson A, Jones RM et al. (2014) Dietary sugars and cardiometabolic risk: systematic review and meta-analyses of randomized controlled trials of the effects on blood pressure and lipids. AJCN 100, 65–79. [

- Ensures that at least 90% of our portfolio of products by sales volume will not be high in sugar, salt or fat (HFSS), defined by the UK Government's current policy and legislation relating to HFSS.
- Confirmed our intention to implement clear, consistent front of pack nutritional labelling in line with future UK and Ireland legislation, with information being published online until guidance is issued.

It is important to note that the food and drink industry is not one homogenous entity. There are different companies with differing views and ideas regarding how we can improve the health of the nation's diets. Not every company will proactively take the steps Danone has taken and hence we believe it is time for Government to play a role, particularly around HFSS, to ensure that they level the playing field for food and drink producers.

The Government must also work with progressive companies such as Danone who are keen to provide healthy products for consumers to ensure any interventions are designed well, with proper lead in times to ensure effective interventions are adopted that will be effective in encouraging industry and consumers to both develop and purchase healthier products.

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

The UK is a pioneer in initiatives to improve the consumption of healthy products and we should recognise that as a country we are at the leading edge of diet and intervention policy. This means that there is only limited international evidence on which to draw.

However, Scotland's strategy to tackle childhood obesity through strict regulations on the fsdi marketing and sale of unhealthy foods has been recognised for its potential to positively influence dietary behaviours[23]. However, it is important to note that comprehensive evaluations of the obesity strategy's outcomes will take time and are difficult to judge while the policies across the UK remain only partially implemented. This is why we recommend that the full suite of HFSS policies are implemented in full.

Successful examples from the UK as a whole include the Soft Drinks Industry Levy. This is widely recognised to have triggered the reformulation of soft drinks and created new, low sugar alternatives. According to the Institute for Government, the total sugar sold in soft

[23] Obesity policy in England - House of Commons Library (parliament.uk)

drinks by retailers and manufacturers decreased by 35.4% between 2015 and 2019. Additionally, the sales-weighted average sugar content of soft drinks declined by 43.7%, from 5.7g/ 100ml to 2.2g/100ml[24].

In Finland[25], a national and targeted program to reduce salt intake involved collaboration with the food industry to lower the salt content in processed foods. This initiative has been successful in reducing the average salt intake, and "it is estimated that industry has reformulated some product groups, such as bread, meat products, cheeses and ready meals to reduce their salt content by about 20-25%".

While international examples are scarce, the Government should not shy away from attempts to increase healthy food consumption. Improved diet is already known to have a positive effect on illnesses such as heart disease, diabetes and obesity. It is therefore important that the UK continues its pioneering role and builds evidence for use elsewhere.

The Government should also take note of the important role of public procurement in supporting a healthy food transition. The OPTIMAT project in Sweden set re-set school meal procurement criteria to include that: *"the food must be healthy, have a low environmental impact, be appealing to the pupils and be affordable on tight budget."*[26] The results demonstrated that "*school meals are somewhat more nutritious than meals consumed outside of school and that they can play a beneficial role in compensating for lower quality meals in families with a low socioeconomic status... The third sub-study is a real-life intervention testing a four-week lunch menu plan with a 40% reduced climate impact based on this optimization strategy."*[27]

This demonstrates that by tightening procurement rules to focus on health and nutrition, as well as cost, could play a key role in improving UK diets. Particularly in children living in low income households.

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

As mentioned above, there is already a wealth of information demonstrating the harm of a diet high in HFSS foods. They are easily accessible and generally affordable products. The Government has

[24] Sugar tax | Institute for Government
[25] Finland - World Action on Salt. Sugar & Health
[26] https://ki.se/en/gph/optimat-sweden
[27] https://ki.se/en/gph/optimat-research-project-about-optimizing-and-improving-school-meals

already begun to introduce restrictions on the advertising and promoting of HFSS products.

Restrictions on the promotion of HFSS foods came into force in England in October 2022. The Food (Promotion and Placement) (England) Regulations 2021 prohibits the placement of HFSS in foods in particular locations in store, such as aisle ends. Restrictions on price and volume promotions, and advertising of HFSS products (e.g. buy one get one free) have been delayed until October 2025. The devolved nations are planning to implement similar restrictions.

These restrictions are intended to both encourage healthier choices by consumers whilst simultaneously encouraging food and drink producers to offer a healthier selection of products. Early indications demonstrate that the HFSS restrictions implemented in 2022 are encouraging shoppers towards healthier lines[28]. Whilst it is too soon for the restrictions to have had a demonstrable impact on the nation's health, the potential positive impacts are clear. We strongly support the introduction of the remaining planned HFSS restrictions and believe that a delay to their implementation will have detrimental impacts on the health of the population. It is frustrating that the Government decided to delay these restrictions which have the potential to create real change in consumer and producer behaviour.

The soft drinks industry levy (SDIL) is widely recognised as an effective policy intervention which has led to reformulation across the soft drinks industry to reduce the levels of sugar in soft drinks. Emerging evidence is beginning to suggest that this could be leading to reduced obesity, finding that the UK SDIL was associated with an 8% relative reduction in obesity levels in girls aged 10/11 years, equivalent to prevention of 5,234 cases of obesity per year in girls aged 10/11 years, alone.[29]

Whilst this is promising and we are fully supportive of SDIL, further taxation on the food sector would be more complex for a number of reasons. This is partly due to the complexity of reformulating food, and also because the positive nutritional benefits of a product would also need to be considered. The design of any taxes linked to HFSS on food would need to be carefully thought out to avoid unintended consequences.

Reformulation of food can be more complex than that of soft drinks. This is because multiple ingredients that interact in ways that can

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28 How HFSS rules have changed grocery and Brits' health | The Grocer

29 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

affect taste, texture, and stability. Changing one component can have a ripple effect on the entire product, including taste, texture, shelf life and food safety.

Finally, if Government wishes to support food and drink manufacture in the UK and improve healthy diets, then it should recognise the significant costs involved in reformulation and provide corresponding R&D support (e.g. credits) for businesses seeking to reformulate.

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

It has been difficult to evaluate the impact of the recently introduced HFSS restrictions, partly as they have not all been implemented but also due to issues around the implementation and enforcement of the restrictions on locations which were introduced in October 2022.

It is reported that there may be loop-holes enabling the display of HFSS products in prominent store locations and there is also an issue around a lack of enforcement and a lack of resource to do this. If such policies are legislated, the enforcement must be funded and implemented properly in order to ensure compliance is achieved.

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.

At Danone, we believe that the only way to have a tangible impact on obesity rates in the UK is to level the playing field for food and drink manufacturers in the UK. This means ensuring that businesses who are producing healthy products are not at a disadvantage for doing so. There are a range of interventions we believe the Government has to implement in order to do this. Please see our list of recommendations from 1.10 to 1.34 above.

9 April 2024