

**RT HON DAME ANDREA LEADSOM DBE MP,
PARLIAMENTARY UNDER SECRETARY OF STATE FOR
PUBLIC HEALTH, START FOR LIFE AND PRIMARY CARE
AT THE DEPARTMENT OF HEALTH AND SOCIAL CARE
(DHSC) - SUPPLEMENTARY WRITTEN EVIDENCE
(FDO0150)**

Dear Baroness Walmsley,

Thank you for the opportunity to give oral evidence at the House of Lords Select Committee inquiry on Food, Diet and Nutrition on Tuesday 7 May.

During the session I and my officials offered to follow-up with additional information and some information was requested by the Committee. This is set out in **Annex A**.

In addition, as there was insufficient time for the committee to ask questions on two topics, I have provided answers to these questions in **Annex B**.

I hope this further information is helpful.

Annex A: Additional information requested during the Committee Hearing

The revised Nutrient Profile Model, reasons for implementation delay and next steps.

- The Nutrient Profiling Model (NPM) is a tool used to underpin policy and implement dietary recommendations. It was first developed by the Food Standards Agency (FSA) in 2004-05 (UK 2004/5 NPM).
- The first Childhood Obesity Plan (2016) committed Public Health England to review the UK 2004/5 NPM and align it to the latest dietary recommendations. A robust and transparent process was undertaken to update the model, with an Independent Expert Group to provide oversight and scientific scrutiny. In 2018, as part of the process, a 12-week public consultation on the modifications made to the current UK 2004/5 NPM took place.
- We consulted on new restrictions on advertising and promoting HFSS foods several times between 2019 and 2022, as part of our commitment to tackle child obesity and create a healthier food environment. The review of the NPM had not been published when this policy was being developed. We consulted on how HFSS foods should be defined, and following consultation we confirmed that we would use the 2004/5 NPM as set out in the consultation responses on both the promotions and advertising restrictions in 2021.
- Any application of the updated NPM in a policy would be subject to normal policy making and consultation processes and would be accompanied by technical guidance to support its use and implementation. Stakeholders and interested parties would normally have an opportunity to comment on developing work as part of that process.

The impact of extension of Free School Meals and Healthy Start to all families on universal credit on children's diets.

- This information is provided in response to question 1.1, in **Annex B**.

The case for auto-enrolment for Free School Meals and Healthy Start, and why this hasn't been pursued.

- This information is provided in response to question 1.2, in **Annex B**.

Annex B: Responses to questions truncated due to time constraints

1. The Food Foundation has estimated 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's recommended diet (compared with 11% in the most affluent fifth of the population). How is the Government seeking to address this inequality?

- We have a number of policies that target specific groups which help to encourage and enable a healthy diet for pregnant women, babies and young children from very low-income households.
- These include the three Healthy Food Schemes which support levelling up: Healthy Start, Nursery Milk and the School Fruit and Vegetable Scheme together help more than three million children and where Healthy Start in particular provides a nutritional safety net for those most in need.
- In April 2021, the value of Healthy Start rose from £3.10 to £4.25 per week, providing additional support to pregnant women and families on lower incomes to make healthy food choices. Children aged under one receive £8.50 in total per week, a rise from £6.20 a week.
- Free School Meals also provide support to families. This government has extended eligibility more than any other and overall we spend over £1 billion per annum delivering free lunches to the greatest ever proportion of school children, over one third of school children.
- In addition, we have also undertaken an assessment of the cost of a healthy and sustainable diet. For further information, see Question 1.3.

1.1. The Committee has heard calls to extend eligibility for free school meals and the Healthy Start scheme to all families on universal credit. What is the Government's assessment of the impact that this would have on children's nutrition and health?

Free School Meals

- We have not carried out an assessment of the potential impact of extending free school meals to all families in receipt of Universal Credit on health outcomes for children.
- The Department for Education keeps free school meals under review to ensure that support continues to be targeted at households that most need it, and this takes into consideration a wide range of factors, including the impact of such policies on health.

Healthy Start

- Eligibility for the Healthy Start scheme is kept under review. There are no current plans to expand the eligibility criteria to all families on

Universal Credit.

- The current income threshold level for Healthy Start eligibility enables the most disadvantaged children to benefit and it is right that provision supports the most disadvantaged.

1.2. The Committee has heard that there is not universal uptake of free school meals or the Healthy Start scheme among those eligible. What is the Government doing to increase uptake of free school meals and the Healthy Start scheme? Is the Government taking any action to work towards auto-enrolment for free school meals and Healthy Start?

Free School Meals

- We want all families who may be entitled to receive free school meals to take this entitlement up. That's why we provide the eligibility checking system which simplifies the process of verifying free school meal eligibility.
- Further to this, we are aware of a range of local authority initiatives aimed at increasing free school meal uptake. We are supportive of the overall aim of increasing free school meal uptake and engage with stakeholders to better understand the barriers to take-up.
- There are barriers to auto-enrolment such as legal and data protection constraints. It would take considerable time to overcome these constraints in order to be able to implement a national data solution.

Healthy Start

- This Government is committed to the Healthy Start scheme to ensure as many children as possible have a healthy start in life. For eligible pregnant women and families with children under four the scheme plays an important role in helping to encourage a healthy diet.
- The Healthy Start scheme has recently transitioned from paper vouchers to a prepaid card. The uptake of the fully digitised scheme is higher than the previous paper voucher scheme. Healthy Start now supports more than 366,000 beneficiaries.
- The NHSBSA is responsible for promoting uptake of Healthy Start. It promotes the Healthy Start scheme through its digital channels and has created free tools to help stakeholders promote the scheme locally. The NHSBSA has also reached out to stakeholders to see how it can support them to promote the scheme.
- The NHSBSA operate within the legislation for Healthy Start. The legislation does not permit auto-enrolment, as it requires an application process where eligibility is then checked. The pre-paid card which Healthy Start beneficiaries receive is a financial product and is linked to the financial services legislation which forms

part of the governing legislation for the Healthy Start scheme. The application process for Healthy Start also requires applicants to accept the Terms and Conditions of the pre-paid card before submitting their application. Therefore, the NHS BSA is not able to automatically register and provide eligible all families with a prepaid card. This Government has no plans to amend the Healthy Start legislation to allow for auto-enrolment.

1.3. In January 2023, the Government said that it would cost a weekly food basket that meets dietary recommendations and is reflective of common food choices in the UK. What progress has been made with this work?

- In July 2020, the House of Lords Select Committee on Food, Poverty, Health and the Environment published Hungry for change: fixing the failures in food with the recommendation that: *"...the Government should undertake a fuller assessment of the cost of a healthy and sustainable diet. The cost of the Government's dietary guidance should be built in as a reference point to consideration of government interventions, including those relating to welfare and public food provision..."*
- The Government response, published by DEFRA, included the commitment that: *"PHE will explore options on assessing the cost of a healthy balanced diet."*
- Work began at PHE and was completed by OHID following transition in October 2021.
- Example menus meeting Government dietary recommendations informed the contents of weekly baskets containing a variety of food and non-alcoholic drinks for a family of 4; these baskets were costed at two price point tiers.
- The baskets were first costed in October 2021 and re-costed in June and December 2022 to capture the impact of the changing cost of living landscape:

	Oct 2021 1	June 2022 2	Dec 2022 2	% increase: Oct 2021 to Dec 2022
Lowest-tier basket cost	£89.69	£94.08	£108.81	21.3%
Mid-tier basket cost	£102.46	£115.38	£126.89	23.8%

- The findings broadly align with the academic literature¹ and similar

work conducted Food Standards Scotland² and the Food Standards Agency Northern Ireland³.

2. The public health grant to local authorities has been cut by 28% in real terms per person since 2015/16. What is your assessment of the impact of this on local action on obesity prevention? How is the Government supporting local authority action on obesity prevention?

- The Public Health Grant has increased in cash terms each year over this spending review period and local authorities are able to use funding from this grant for weight management services.
- All local authorities received a 3.3% cash increase in 2023/24 and there will be a further cash increase in 2024/25 for all local authorities of an average 2.1%.
- In addition, there has been targeted investment in specific public health priorities including to support our commitment to deliver a smoke-free generation, improve drug and alcohol addiction treatment and recovery, and to Start for Life services.
- The overall package will deliver real terms increase of more than 4% over the two years 2023/24 and 2024/25 helping local authorities to invest in prevention of ill health and in essential frontline services.
- As is recognised in the breath of their health improvement duty, local authorities have a range of levers which can be used to support better health, including healthy weight. For example, local authorities have a key role to play in shaping the food environment, and have a range of planning powers to create healthier environments in their local area, both through their local plans and by taking individual planning decisions when businesses apply for planning permission.

2.1. The Committee has heard that the National Planning Policy Framework does not mention food and health until paragraph 96. In your view, how could planning policy set a higher priority on enabling people to live healthier lives?

- This Government is committed to ensuring the planning system creates healthier and more sustainable buildings and places.
- The National Planning Policy Framework (NPPF) makes it clear that the planning system can play an important role in creating healthy and

¹ Scarborough P, Kaur A, Cobiac L, et al. Eatwell Guide: modelling the dietary and cost implications of incorporating new sugar and fibre guidelines. *BMJ Open* 2016;6:e013182. doi:10.1136/bmjopen-2016-013182 Accessed here:

<https://bmjopen.bmj.com/content/bmjopen/6/12/e013182.full.pdf>

² Estimating the cost of a healthy diet: testing an approach based on nutritionally analysed meal plans. Food Standards Scotland. 2023. Accessed here:

<https://www.foodstandards.gov.scot/publications-and-research/publications/estimating-the-cost-of-a-healthy-diet-testing-an-approach-based-on-nutritionally-analysed-meal-plans>

³ What is the cost of a healthy food basket in Northern Ireland in 2022? Food Standards Agency NI. (2023). Accessed here: <https://www.food.gov.uk/research/food-insecurity/what-is-the-cost-of-a-healthy-food-basket-in-northern-ireland-in-2022#methods>

inclusive communities based on local health needs and “support the delivery of local strategies to improve health, social and cultural well-being for all sections of the community”.

- Engagement between plan-making bodies (most often the local planning authority) and relevant local health leaders can promote healthy and inclusive communities and support appropriate health infrastructure, including through the provision of safe, suitable, secure and sustainable homes, developments that contribute to walkable and cyclable neighbourhoods, good quality greenspace, and play areas that are near local amenities. There is a great deal of published practice that can inform and support local action.
- Through the Levelling Up and Regeneration Act, we have introduced a duty for all local councils to produce a design code at the spatial scale of their authority area, either as part of their local plan or as a supplementary plan, which will give design codes significant weight when planning applications are determined. Design codes set the standard of design for a local area, providing clarity about design expectations and will be prepared locally, reflect the local context and be based on effective community involvement, so that local people have a real say in the design of new homes and neighbourhoods.
 - Design codes can help steer new development to deliver healthy, greener, sustainable, distinctive and beautiful places, with a consistent and high-quality standard of design. This is noted in the National Model Design Code, which sets a baseline standard of quality and practice for Local Authorities to consider as they develop their local design codes, including “how the design of new development should enhance the health and wellbeing of local communities and create safe, inclusive, accessible and active environments.

2.2. Your Department’s written evidence to the Committee notes that local policies to reduce the proliferation of hot food takeaways can be very effective. Can you tell us about the nature and extent of this effectiveness? Is the Government taking any action to support the uptake and efficacy of such policies?

- The planning system is a key lever in addressing obesity. Local authorities have a range of planning powers to create healthier environments in their local area, both through their local plan and by taking individual planning decisions.
- A number of local planning authorities have been proactive in addressing the issue of hot food takeaways particularly around schools. Research from the University of Cambridge from 2019 found 44 local authorities who have adopted planning policy and guidance on managing hot food takeaways around school environments. We are aware that many more local authorities have since adopted policies in their local plans.
- The Department is supporting local authorities to use these existing

planning powers to create local policies on the food environment, including through the publication of guidance in 2020 by the former Public Health England and providing practical support to help identify and address barriers to implementation.

- We are currently working with universities to gather and better understand evidence on the number of and distance to unhealthy fast-food outlets and the likelihood of fast-food consumption and resulting higher Body Mass Index for children. For example, we commissioned research via the National Institute for Health and Care Research (NIHR) to evaluate the impacts of planning policy to regulate takeaway outlets in England. This is due to conclude later this year.

2.3. What is the Government's assessment of the impact of the rise in takeaway food delivery and 'dark kitchens' on local policies to reduce the proliferation of hot food takeaways?

- We know that the recent growth of online food ordering and delivery services has reshaped the restaurant and traditional grocery services industries, however the evidence base relating to dark kitchens, and other similar business models, and their health impacts, is still emerging.
- The National Institute for Health and Care Research (NIHR) is currently funding research to explore the health impacts of dark kitchens and rapid grocery delivery services.

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