Joint Response from Action on Salt & Action on Sugar to the Comprehensive Spending Review 2020 – Prioritising Prevention

Action on Salt

Action on Salt (formerly Consensus Action on Salt & Health, CASH) is an organisation supported by 24 expert members and working to reduce the salt intake of the UK population to prevent deaths, and suffering, from heart disease, stroke, kidney disease, osteoporosis and stomach cancer.

Action on Sugar

Action on Sugar is a group of experts concerned with sugar and obesity and its effects on health. It is working to reach a consensus with the food industry and Government over the harmful effects of a high calorie diet, and bring about a reduction in the amount of sugar and fat in processed foods to prevent obesity, type 2 diabetes and tooth decay.

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Background

Diet and Health

It is well established that suboptimal diets are the leading risk factor for death and disability worldwide, leading to 11 million deaths in 2017 (1). High salt intake raises blood pressure, which in turn increases the risk of developing cardiovascular disease. High salt intake is also linked to kidney disease, osteoporosis and stomach cancer (2). High sugar intake is associated with type 2 diabetes and is the leading cause of dental caries (3). Excess calorie intake is associated with obesity, which affects 12 million people in the UK (4).

In the UK, two thirds of calories consumed by families come from highly processed packaged foods, which are likely to be high in fat, salt and/or sugar (HFSS) and low in fibre, fruit and vegetables. The diets of UK children are particularly worrying where 47% of primary school children's calories come from HFSS foods, 85% of secondary school children are not eating enough fruit and vegetables, more than 90% are not eating enough fibre and all are eating too much salt and sugar.

Obesity

We live in an environment that makes it easy for us to gain weight, and very difficult to lose it. The more socially deprived in particular are more at risk of suffering from ill health; young people from poorer backgrounds are more likely to be obese, consume a range of less healthy products and be exposed to more adverts promoting unhealthy food.

Living with obesity increases the risk of developing type 2 diabetes, cardiovascular disease, non-alcohol related fatty liver disease and thirteen types of cancer. Treatment costs to the NHS are currently £6.1bn per year, with an estimated cost to the wider economy of £27bn (5). There is also a huge, often ignored personal cost to individuals; those living with obesity are more likely to live with mental health issues and face stigma, worsening their prospects in all areas of life. This is not a societal cost we need to bear: obesity can be both treated and prevented and families can be healthier as a result.

Action on Salt Action on Sugar

Obesity and COVID-19

Data has revealed that pre-existing health conditions such as obesity and high blood pressure, inequalities, age and ethnicity are all risk factors for severe illness and death as a result of COVID-19. Several mechanisms could explain the relationship between obesity and COVID-19, as obesity:

- Leads to larger quantities of ACE2 in the body – the enzyme exploited by the virus for cell entry;
- Diminishes the immune response;
- Reduces lung function (6).

In the wake of a potential second wave of the pandemic, it is crucial that obesity treatment and prevention is prioritised to ensure a healthy, strong and resilient population.

Government Progress on Reducing Obesity

While there is an element of personal responsibility in both the treatment and prevention of obesity, dental decay and other diet-related diseases, this can only be achieved if the environment enables healthier choices and if everyone in society has equitable access to healthy, affordable food. Government also recognises this, with these issues forming the basis of the UK's Childhood Obesity Plan, the first chapter of which was released in 2016. However, four years on we've seen far more lengthy consultation processes than we've seen action, despite the clear benefit the measures would have on the health of children and adults alike.

We first released our ***Scorecard 2020: The road to preventing obesity*** in July, to track Government progress with obesity reduction and prevention (7). Following the Government's obesity strategy announcement in August, we have produced the following updated progress summary:

- **Soft Drinks Industry Levy** – Progress Made. Levy in place, leading to sugar reduction in the majority of sugar-sweetened drinks
    - Recommendation: The levy must now be expanded to other categories of sugary products, with lowered thresholds and escalated rates in line with inflation. Funds raised must be ringfenced for children's activity programmes as promised
- **Sugar Reduction** – Mixed Progress. Sugar reduction targets are in place, but industry adherence to the targets is poor
    - Recommendation: Sugar targets must be mandated
- **Calorie Reduction** – Mixed progress. Calorie reduction targets announced in September 2020
    - Recommendation: Calorie targets must be mandated
- **Salt Reduction** – Mixed progress. Salt reduction targets are in place, but industry adherence is poor
    - Recommendation: Salt targets must be mandated
- **Marketing and Advertising** – Mixed progress. 9pm watershed has been announced but will not be implemented until 2022
    - Recommendation: 9pm watershed and total ban online must be implemented swiftly, adhering to the updated Nutrient Profiling Model
- **Promotions** – Mixed progress. Government has announced a ban on multi-buy offers on unhealthy products, but scope of policy is unclear
    - Recommendation: Ban all price promotions of unhealthy products, and shift instead to healthy products

- **Nutrition Labelling** – Mixed progress. Calorie labelling in the out of home sector has been announced, but policy has been watered down compared to initial proposals. Consultation on front of pack nutrition labelling has been released, but proposals are unclear
    - Recommendation: Mandate front of pack nutrition labelling across all products
- **Public Sector and Communities** – Mixed Progress. Government Buying Standards have been consulted on, but not yet updated. Trailblazer Programme has been implemented
    - Recommendation: Standards for public sector food must be mandated and cover all premises
- **Infant and Young Child Feeding** – No Progress.
    - Recommendation: Strict standards must be developed and implemented for food promoted to children. Packaging of unhealthy foods must not display cartoon characters or other animations aimed at children
- **Schools and Early Years Settings** – Mixed Progress. Update to the School Food Standards is being consulted on, Public Health England have developed menus for Early Years settings but have not widely promoted them
    - Recommendation: Strict, mandated guidelines are required for the nutrition content of food distributed in schools and Early Years settings
- **Healthy Start Scheme** – Mixed Progress. Uptake of the scheme averages 53% across England.
    - Recommendation: Scheme must be digitised and promoted by local authorities to increase access
- **Physical Activity** – Progress Made. Initiatives such as the Daily Mile have been widely promoted, and guidance on engagement in physical activity for schools has been published
    - Recommendation: Soft Drinks Industry Levy revenue must be used for children's programmes, as promised
- **Weight Management** – Mixed Progress. Government committed to expansion of weight management programmes in July, but the National Child Measurement Programme (NCMP) has been halted
    - Recommendation: NCMP must be reinstated. Funding for and access to bariatric surgery must be increased
- **Healthcare Professionals** – Progress Made. Guidance on behaviour change techniques has been released, 'Our Family Health' app is in development
    - Recommendation: Continue to improve understanding of the many causes of obesity, improve nutrition education for all healthcare professionals to help them define their scope of practice. Raise profile of registered, evidence-based nutrition professionals

The National Audit Office's report analysing the Government's effectiveness in addressing childhood obesity found a similar lack of progress (8). The report lays out the Government departments involved in the Childhood Obesity Programme, including:

- Department of Health and Social Care
- Public Health England
- Ministry of Housing, Communities and Local Government
- Department of Education
- Department for Environment, Food and Rural Affairs
- Department for Transport
- Department for Digital, Culture, Media and Sport
- HM Treasury

However, although DHSC has oversight of the programme, it has few mechanisms to influence the performance and engagement of other departments and accountability is fragmented. Furthermore, the report highlighted that DHSC's budget for managing the programme is just £2.2 million, with the Department being unable to quantify how much is being spent on obesity prevention by the other departments and over-stretched local authorities. However, this is dwarfed by the more than £350 million spent by the food and drink industry advertising and promoting less healthy eating behaviours.

Our Recommendations – Prioritising Prevention

Review Period

Given the current climate - including the ongoing pandemic, trade deal negotiations which have the potential to undercut several of our key health policies and our impending exit from the EU - we feel three years is too long a period for this review to cover. We strongly recommend that the review is shortened to one year.

Obesity Prevention

The National Audit Office report laid bare that DHSC spending on the management of obesity policies is just £2.2m but given the recognised link between obesity and COVID-19, we must move faster and further on obesity prevention, with adequate funding made available for Government departments involved in these policies. This includes adequate funding for local authorities, who have seen a £700 million cut in their public health grant funding between 2015/16 and 2019/20 (9).

Public Health England Replacement

Worryingly, it was recently announced that Public Health England would be abolished in the middle of a pandemic. PHE have several core health protection and prevention functions and a wealth of evidence-based experience that is at danger of being lost.

Several options have been proposed, including relying on our already overburdened NHS to take on health protection functions, retaining health improvement responsibilities within DHSC or creating a separate national organisation dedicated to prevention and health improvement. To fully benefit public health, ideally a new and independent organisation will be established to handle all health protection and health improvement functions currently handled by PHE, including the research functions of SACN, data analysis and national dietary surveys oversight. This organisation should have a UK-wide remit or be able to work closely with devolved organisations. Above all, the organisation must be adequately funded to carry out necessary functions to protect population health.

The reformulation programmes currently managed by PHE are especially crucial, improving the nutritional profile of food and drinks to prevent diet-related disease. The independent organisation taking on these programmes must have the funding necessary to transparently monitor food industry progress to achieving targets, while having the autonomy to hold industry to account and highlight where progress has not been made. With the current and necessary focus on obesity treatment and prevention, we must also ensure that salt reduction is not lost in the reshuffle. Excess salt intake is related to high blood pressure, cardiovascular disease, kidney disease, osteoporosis and even stomach cancer. The National Institute for Health and Care Excellence found that a fall in population salt intake of 1.5g per day led to £1.5 billion a year in NHS healthcare saving costs (10).

Public awareness campaigns are important to raise awareness of diet and impact on health. PHE have only just launched their ***Better Health*** campaign to encourage the population to lose weight in a non-stigmatising manner. It is essential that the organisation that takes on this level of work is given enough resources to maintain and expand these awareness campaigns, including vital evaluation costs.

Fiscal Measures

Reformulation programmes to reduce salt and sugar have seen mixed progress. In contrast, the mandatory Soft Drinks Industry Levy (SDIL) has been highly effective in reducing sugar levels in sugar-sweetened soft drinks, achieving a 28.8% reduction by 2018 (11). To maintain this momentum, the levy thresholds must now be lowered, with a lower threshold of 4.5g/100ml. This would bring the SDIL in line with the current nutrient profile model (NPM), as currently a drink with 4.5g of sugar per 100ml would be classed as 'less healthy' by the NPM, yet not be subject to the SDIL. Aligning the SDIL with the NPM would increase policy coherence and incentivise drinks manufacturers to further reduce sugar from their products, or raise additional revenue. This level is likely to be easily achievable by manufacturers, given a recent analysis found a median sugar content of 4.2g/100ml in sugar-sweetened soft drinks (12). The levy itself should be increased, as a minimum, in line with inflation. We also propose a new upper level of threshold, above the current 8g, of 10g - to further incentivise the outliers of very sugary drinks to be lowered.

We also recommend the extension of the levy to milk-based drinks as originally intended. Milk-based drinks currently enjoy a 'health halo' despite posing a risk to oral health due to high sugar content. Funds raised from the levy must permanently be ring-fenced to go towards improving children's health by investing in the reduction of childhood obesity and the Treasury should be transparent about the spending of such funds.

We further recommend the introduction of an energy density levy on all calorie dense processed foods that meet an agreed criteria set by the government. This would encourage product reformulation to reduce both fat, in particular saturated fat as recommended in the Scientific Advisory Committee on Nutrition's guidance, as well as sugar in unhealthy products. Fat is a bigger contributor to calories in unhealthy products than sugar and therefore essential that manufacturers are encouraged to reduce both in order to tackle the UK's obesity crisis. The levy would ensure companies are held to account if they make processed unhealthy food with excessive calories as part of a comprehensive set of measures to encourage them to develop healthier, lower calorie products. This can help reduce the excessive calorie intake at a population level, which is currently contributing to the rise in childhood obesity. Compared to those with ideal body weights, overweight and obese children consume between approximately 140 and 500 excess kcals per day.

To ensure that the new salt reduction targets are met, we recommend introducing a levy for the categories which have failed to make significant progress within the last measured time period, and which still contribute large amounts of salt to our diets: Processed meats and Bread.

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