



Joint Response from Action on Salt & Action on Sugar to Public Health England's draft proposals: Commercial baby food and drink guidelines

Action on Salt

Action on Salt is an organisation supported by 24 expert members, 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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Thank you for the opportunity to respond to this consultation. We very much welcome these important guidelines to improve the nutritional content of commercially available baby food and drinks.

1. Do you agree with the draft proposed commercial baby food and drink guidelines (Table 1 and Table 2)?

We recommend the use of stronger, active language throughout (e.g. 'businesses must' as opposed to 'businesses should aim to').

Dietary habits in childhood and adolescence influence eating patterns in later life. Liking salty and sugary foods is a learned taste preference and the recommendation that the adult population reduce their salt and sugar intake will be more successful if children do not develop a preference for salt and sugar in the first place. This can only be achieved if children are given a diet which is low in salt and sugar. This is crucial for future health, as defined by the Barker hypothesis, which states that poor nutrition in early life and even prenatally increases risk of obesity, diabetes, hypertension and associated complications such as coronary heart disease and stroke.

Currently, children consume excess amounts of calories, fat, saturated fat, salt and sugar and do not eat enough fibre, fruit and vegetables. Children as young as 1.5-3 years eat:

- 32.6g/day free sugars compared to recommended 0g
- 17.5g/day sat fat
- 2.8g/day salt compared to maximum 2g^[1]

Table 1 Recommendations

While we are generally supportive of the proposals outlined in Table 1, we are concerned that some guidelines have not gone far enough. We strongly recommend alignment with WHO Europe's guidance^[2] which is more stringent in favour of child health, and provides a higher level of detail to help close loopholes:

Guideline	PHE suggested guideline	WHO Europe guideline
Free sugars from fruit and vegetable juices and juice concentrates	Not permitted except for small amounts of lemon and lime juice as preservative.	Fruit juice and fruit juice concentrate not permitted except small amount lemon or lime juice as a preservative.
Free sugars in fruit powders and flakes	Main meals ≤ 5% ingredients by weight Dry cereals ≤ 10% ingredients by weight	Main meals: ≤ 5% ingredients by weight (pureed meal with cheese, meat, fish; vegetable based meal with chunky pieces) Dry or instant cereals: No added sugar or sweetening agent, ≤ 10% by weight dried or powdered fruit
Total sugars	Not more than 30% of energy in finger foods and snacks	Not more than 15% of energy from sugar in snacks and finger foods
Dairy, ready to eat cereals and desserts (WHO category)		≤ 5% by weight fruit puree with a maximum of 2% from pureed dried fruit
Vegetable only puree or pureed vegetables and cereals (WHO category)		No added sugar or sweetening agent. No added fruit/ fruit purée
Single or mixed fruit juices, vegetable juices, or other non-formula drinks (WHO category)		Should not be marketed as suitable for infants and young children < 36 months
Cow's milk and milk alternatives, with added sugar or sweetening agent (WHO category)		Should not be marketed as suitable for infants and young children < 36 months

Table 2 Recommendations

We are supportive of salt (sodium chloride), as not being permitted as an ingredient in any products. However, we would like to clarify whether this guideline covers main ingredients that contain added salt, such as stock - if not, we strongly recommend their inclusion. For example, in both **Annabel Karmel Beef Lasagne** contains beef stock, which contains salt, and **Tilda Kids Sunshine Vegetable Rice** has vegetable stock powder with added salt. In contrast, Ella's Kitchen products contain stock made from vegetables only.

Sodium is also added as a raising agent in many foods, so clarity as to whether this recommendation applies to only sodium chloride, or to any source of sodium, would be clearer. Low sodium alternatives to both raising agents and added salt are available.

We strongly recommend alignment with WHO Europe guidelines, which state that 'No more than 50mg/100kcal or **100mg/100kcal** of cheese is listed in the front of pack product name', a more stringent guideline than PHE's proposed 125mg/100kcal.

1.1 Do you consider the guidelines to be broadly achievable?

These guidelines are easily achievable, as demonstrated by the numerous examples of products which already meet them.

1.2 Do you have any alternative proposals?

In addition to our recommendations above, we propose the following measures to ensure maximum benefit to child health.

- Mandatory Guidelines

Whilst there are some companies that operate responsibly, there are some that are taking part in practises that are wilfully misleading. Products that imply they are suitable choices for children by carrying health halo claims such as 'made with real fruit', when in fact they contain added sugar. Voluntary measures are likely to undermine efforts made by the more responsible companies and allow others that are already behaving irresponsibly to continue in the same manner. Children's health is too important to allow these practises to continue. Dedicated baby/infant areas in supermarkets should be 'safe spaces' for parents. If these guidelines were made mandatory, so that only products that meet these guidelines were permitted in these areas, this would ensure that is the case.

- Specified Age Range and Marketing to Children

Proposed guidelines will only cover products aimed at babies and infants up to 3 years of age. However, this relies on products being labelled as such and disregards the plethora of products that have cartoon characters or any other animations on pack designed to appeal to children, which could be consumed by younger children. In fact, some animations are from shows very popular with under 5s, such as Peppa Pig.

Marketing and advertising have a marked influence on both parents' and children's selection and consumption of discretionary products and marketing on product packaging has an impact on parent and child choice at the point of purchase^{[3],[4]}. Elements of packaging, such as the use of colours and imagery, communicate to consumers that the product is suitable for children and except for nutrient information panels, ingredients lists and health/nutrition claims, companies and marketers control most information on packaging^{[5],[6]}. This wide range of information can make it difficult for consumers to make informed decisions - an issue when the consumer is a parent searching for a product suitable for their child.

Cartoon characters and animations are powerful communication tools, especially for children who can process visual images more easily than verbal messages. Before children learn to read, they can recognise brands^[7]. In June 2016, Chile introduced their 'Ley de Etiquetado' which introduced measures such as warning labels on food products with high salt, sugar or fat content, a ban on the use of toys with these products and the removal of licensed and brand characters to promote such



foods, with fines for non-compliance. Nestlé and Kellogg's (the distributor of Mars M&Ms in Chile) have already been fined for refusing to remove their brand mascots^[8].

Our research^[9] found that of 532 products with some form of animation on pack available on the UK market, 56% were products from food categories that are not recommended for frequent consumption (e.g., biscuits, cakes, chocolate, desserts, snack bars, crisps, milkshakes, ice cream, sugar sweetened yogurts and sugar confectionery)

- 42% of all products surveyed were high in sugar
- 5% were high in salt
- 17% were high in fat, 18% were high in saturated fat

When using the nutrient profiling model, 51% would be deemed HFSS and not suitable to be advertised before 9pm, under new guidelines.

There are also a range of claims and statements on the packaging of products aimed at children. We have highlighted some examples of misleading packaging, but these claims and statements are prevalent across the board:

- **Nesquick** – 'Nutri-start' graphic is used on front of pack to highlight the mineral and vitamin content of the product, and a cartoon rabbit to highlight that the product is suitable for children. However, one serving - as prepared, adhering to the manufacturer's instructions - would contain 20g of sugar which is more than the maximum daily intake for a 4-6 year old.
- **Fruit Bowl Strawberry Peelers** – packaging states '1 of your 5 a day' and 'made with real fruit' but as this is a processed product the fruit sugars are classed as free sugars, with 9.3g per peeler which is around half of the recommended maximum daily intake for a 4-6 year old

Any food or drink product designed to appeal to children should be nutritionally appropriate to support growth. We strongly recommend the extension of these guidelines to any product intended for children.

- Complementary Policies

We have concerns that these guidelines will be released prior to DHSC's new guidance on the marketing and labelling of products aimed at young children. This should be done in tandem. Companies could reformulate their products to meet the guidelines and apply claims or other forms of marketing to their products in the interim. We have also seen examples from the Sugar Reduction Programme where reformulation was undermined in some cases by an increase in sales due to marketing.

Furthermore, many weaning products claim to be suitable for babies aged four months and above, despite clear guidance that babies should not be introduced to complimentary food until six months. For example, **Ella's Kitchen Organic Pears, Peas and Broccoli** pouch, labelled as suitable for 4+ months, and **Piccolo Pear, Fig & Butternut Squash with a Hint of Ginger**, also 4+ months. It is critical that reformulation and labelling work streams are aligned.

- Sweeteners

The sweetener content of foods and drinks is likely to have increased in recent years, in light of ongoing sugar reduction efforts, particularly in the wake of the Soft Drinks Industry Levy. Current regulations stipulate that sweeteners should not be added to products marketed for infants or young children, however there is an absence of clear and consistent public health messaging which

advises families to avoid giving young children artificially sweetened foods and drinks. There is a lack of evidence on the impact of sweeteners prenatally and in the early years, but initial evidence suggests a link to increased calorie consumption and a potential impact on microbiota¹. In Sweden, the use of sweeteners is not allowed in products bearing the Keyhole logo which identifies healthier packaged food choices within a food category, and in Mexico a warning label is mandatory on products containing sweeteners to highlight the unsuitability of that product for children.

Therefore, we recommend the inclusion of a guideline stating that sweeteners should not be added to any product intended for children. We also made a recommendation in DHSC's front of pack labelling consultation that amount and type of sweetener should be clearly labelled on back of pack nutrition information.

2. Do you agree with the draft proposed commercial baby food and drink product categorisation (Table 3)?

We agree with much of the categorisation, but we have concerns around the inclusion and omission of certain categories, as laid out in our answer to 2.1.

2.1 Are there any other types of products which you would expect to be included?

Yogurts

The guidance states that chilled yogurts are excluded as they are included within the Sugar Reduction Programme. We strongly disagree with this proposal. The Sugar Reduction Programme is intended to reduce the sugar content of product categories that contribute the most sugar to children's diets by 20% by 2020, whereas these guidelines are intended to be more stringent, protecting the health of babies and young children and have been informed by WHO recommendations, government infant feeding advice and EU legislation.

While some companies have achieved sugar reductions in the yogurt category, some have been slow to make progress, and there are no guidelines for new product development. A category such as this, that is a prominent product line in children's food, should be integrated within these specific guidelines. For example, products such as Paw Patrol Fromage Frias Yogurt 'with Added Vitamin D' have 9.4g sugars per 100g and 8.5g per portion; Peppa Pig Strawberry Fromage Frais have 10g per 100g and 9g per portion. Proportionally, these products contain a high level of sugar for a small child, but are likely to be a popular choice with children purely due to their marketing on pack.

Frozen Desserts

Frozen desserts should also be included within the 'Desserts and breakfasts' category. For example, **Mini Milk Ice Cream Lolly Vanilla, Strawberry & Chocolate**, which states on pack that it has been 'Responsibly Made for Kids', contains 20g of sugars per 100g. While these products are technically included in the Sugar Reduction Programme, as with yogurts we believe these is cause to include any frozen dessert marketed to children within these guidelines.

Snacks

We have concerns around the inclusion of snacks in PHE's guidelines. Current government recommendations state that under 1 year of age, children do not require snacks. Once a baby is eating three meals per day, with milk in between meals, there is no need for additional snacks as energy and nutrient needs will be met. Additionally, over 1 year of age, children are only

¹ <https://www.firststepsnutrition.org/additives-sweeteners>

recommended to have 2 healthy snacks each day, such as fruit, vegetable sticks, unsweetened yogurt or toast. PHE guidelines should stress that snack products should not be available for children under 1 year. In Table 7 under commercial product type in column one you use the term 'baby finger food' – this term is being heavily used by manufacturers to promote the idea that inappropriate ultra-processed snack foods are suitable when encouraging infants to self-feed as per public health guidance. We recommend the term 'finger food' is not used here, but these foods are simply considered snack foods.

Furthermore, the term 'snack' is too open to interpretation and the majority of these products are 'treat' foods or 'confectionery' which are not needed in the diet. Action on Sugar research² revealed that 'healthy' fruit snacks for children can contain nearly as much as 5 teaspoons of sugars per serving – the equivalent of eating a packet of jellybeans. All products surveyed would receive a red traffic light front of pack label for high sugars, meaning they are not a healthy snack choice. Furthermore, many of these products are wrongly advertised as 'snacks' despite guidance that children should not consume these products in between meals, and that they are not permitted in schools because they are categorised as 'confectionery'.

Processed dried fruit products are marketed as 'healthy snacks' due to their high fruit content. However, the sugars in these products are categorised by Public Health England as 'free sugars' as they contain purees, concentrates, juices and extruded fruit or added sugar by coating or flavouring dried fruit – all of which can contribute to obesity, Type 2 Diabetes and tooth decay.

With current labelling based on total sugars, many parents could be mistakenly buying these processed fruit snacks assuming they contribute less of the 'unhealthy' sugars than they do. The 90g sugar RI figure is based on an adult's intake of total sugars and not a child's. The recommended daily maximum of free sugar for a 4-6 year old is 19g, 24g for 7-10 year olds and for anyone over 11 years its 30g. For example, Tesco Apple & Sultana Bars claim to be 20% of your daily intake of sugars when in fact at 18.4g, they contain nearly 5 teaspoons of free sugar, nearly the recommended daily maximum allowance for a 4-6-year-old in just one bar.

Drinks

As above, there is no need for commercially made drinks for children under 36 months e.g. **Heinz 6+ months Fruity! Spring Water Apple and Blackcurrant**. Companies producing these products should be informed of established advice and discouraged from producing drinks with added sugar/sweeteners for babies and infants.

Follow-on Milks

We strongly recommend that any sweetened milk or milk alternative marketed for children over 1 year of age is included in the scope for these guidelines, including those marketed as a 'follow on' milk. There is no scientific basis for these products and there are no regulations that control the composition of milks for children over 1 year of age, even though many are currently marketed with the same branding as infant formula. These are simply sweetened dried milk powders or liquids (using primarily lactose and maltodextrins as sweeteners) with added nutrients. It is not clear how milk or milk alternative drinks marketed for children over 1 year will be allocated to either a formula milk/growing up milk or a sweetened milk drink category. If this is based simply on whether the

² Ref: <http://www.actiononsugar.org/media/actiononsugar/Processed-Fruit-Snacks-2020-Survey-Report-.pdf>

same brand of infant formula or follow-on formula exists then this is unfair on brands of sweetened milk or milk alternative that may also be fortified, but that are only marketed for children after infancy. UK Government guidance says that growing up and toddler milks are not necessary and therefore there is no need for these to be given any special consideration.

Future-proof guidance

Industry regularly innovates and NPD could potentially produce products that would not fall into the categories specified in these guidelines but would not be considered nutritionally appropriate for young children. The guidelines should reflect this.

3. Are there any technical or other challenges associated with achieving the draft proposed commercial baby food and drink guidelines?

These guidelines are easily achievable, as demonstrated by the numerous examples of products which already meet them. We would like to see clear, strict guidance on portion sizes however.

Voluntary guidance has less success than mandatory measures, especially in the absence of a governance mechanism to provide transparent monitoring of progress. Child health is of utmost importance and merits mandated guidance on all products intended for consumption by children.

Trade deals have the potential to undermine progress made across all reformulation programmes and may lead to new products flooding the market which do not adhere to this guidance. Trade deals are undoubtedly critical for the UK, given we only produce 50% of our own food, but a new deal has a very real potential to make it more difficult for children and families to access healthy diets. Obesity rates rose in both Mexico and Canada after the adoption of the North American Free Trade Agreement (NAFTA) with the United States, due to increased availability of cheap products high in fat, sugar and salt. Foods most affected by trade liberalisation are the high-value, high-margin products, such as snacks, which could potentially include snacks intended for younger children. A trade deal may also impact our front of pack labelling system; US trade negotiators have already raised objections to our current 'traffic light' system. The US also challenged Chile's warning labels as part of NAFTA negotiations, leading to lengthy delays. We would like to see an analysis from PHE or DHSC on how public health goals can continue to be met in the face of changing food environments, as a result of trade deals. Any final trade deals must uphold high British standards for health, nutrition and labelling. Therefore, we also called for mandatory front of pack labelling in DHSC's labelling consultation.

We also believe that the review period (end of 2023) is too generous. Industry have been in discussion with PHE on these guidelines for many months, with the guidelines promised in the Prevention Green Paper, published June 2019. We recommend a review period of 1 year, with the express recommendation that where compliance is lacking, mandated measures are necessary.

References

^[1] NDNS Years 7 and 8

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^[3] G. Cairns, K. Angus, G. Hastings, M. Caraher. Systematic reviews of the evidence on the nature, extent and effects of food marketing to children. A retrospective summary. *Appetite*, 62 (March) (2013), pp. 209-215

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^[5] H. Dixon, M. Scully, P. Niven, B. Kelly, K. Chapman, R. Donovan, ..., M. Wakefield Effects of nutrient content claims, sports celebrity endorsements and premium offers on pre-adolescent children's food preferences: Experimental research. *Pediatric Obesity*, 9 (2) (2014), pp. 47-57

^[6] S. Young Winning at retail: Research insights to improve the packaging of children's products *Young Consumers*, 5 (1) (2004), pp. 17-22

^[7] McAlister, A. R. and Cornwell, T. B. (2010), Children's brand symbolism understanding: Links to theory of mind and executive functioning. *Psychol. Mark.*, 27: 203–228. doi:10.1002/mar.20328

^[8] <https://www.rte.ie/news/business/2016/1122/833685-chile-sues-nestle-kelloggs-in-anti-obesity-drive/>

^[9] Pombo-Rodrigues, S.; Hashem, K.M.; Tan, M.; Davies, Z.; He, F.J.; MacGregor, G.A. Nutrition Profile of Products with Cartoon Animations on the Packaging: A UK Cross-Sectional Survey of Foods and Drinks. *Nutrients* 2020, 12, 707.