



## **Joint Response from Action on Salt & Action on Sugar to the draft London Food Strategy**

### **Action on Salt**

Action on Salt (formerly Consensus Action on Salt & Health, CASH) is an organisation interested in reducing the salt intake of the UK population to prevent deaths, and suffering, from heart disease, stroke, kidney disease, osteoporosis, stomach cancer and obesity.

### **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 and type 2 diabetes.

Action on Salt and Action on Sugar campaign to encourage food manufacturers to slowly and gradually remove salt and sugar from their products to improve their nutritional profile, in turn enabling consumers to buy healthier products without having to change their purchasing behaviour. However, until this is done in all products, we must look towards creating an environment that educates and encourages healthier eating behaviours among the public.

We welcome the publication of the draft London Food Strategy and the principles behind the Mayor's vision for good food in London. Thank you for the opportunity to provide our views and feed into the consultation.

### **For more information, please contact:**

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### **General Statement**

The food and drink we now consume is the biggest cause of premature death and disability in the UK and represents a huge burden on the NHS. Poor diets contribute significantly to the onset of heart disease, stroke, type 2 diabetes and some types of cancer. Diets high in salt, fat and sugar and low in fruit and vegetables account for around 30% of all coronary heart disease, while 5.5% of all cancers in the UK are linked to excess bodyweight. High blood pressure in particular is linked to heart disease, the biggest risk factor for which is a high salt intake.

In addition, the very large amounts of calories from sugar in foods that only give a transient feeling of fullness or satiation not only cause tooth decay but are also responsible for the worldwide obesity and type 2 diabetes pandemic. The latest figures from the National Childhood Measurement Programme show that levels of childhood obesity have hit a devastating all-time high. More than one in three (34.2%) children aged 10 to 11 have a weight status classified as overweight or obese. Obesity prevalence for children living in the most deprived areas is more than double that of those living in the least deprived areas for both reception and year 6<sup>1</sup>. Children with obesity are over five times more likely to be obese as adults<sup>2</sup>. This increases their risk of developing serious diseases including Type 2 diabetes, cancer, heart and liver disease, plus associated mental health problems. Obesity is putting an enormous and unsustainable strain on the NHS and society.

We welcome the commitments the Mayor has made in the London Food Strategy to improve health outcomes of Londoners, especially those most vulnerable to health inequalities. However, we are concerned by the use of language throughout the draft and feel the Mayor can go further with the



proposed actions. For example, phrases such as ‘encourage to consider’ do not result in impact. Action on Sugar and Action on Salt are frustrated by the lack of commitment by the UK government to include legislative action in the long awaited chapter 2 of the childhood obesity plan and the Mayor is in a position to lead the way in this space to make a real impact in London.

### **Good Food at Home – and Reducing Food Insecurity**

Improvement of the nutritional quality of food, through reformulation to reduce salt, sugar and saturated fat content, is one of Action on Salt and Action on Sugar’s agreed policy priorities<sup>3</sup>. Food must be affordable as well as healthy, and we welcome the aim of reducing reliance on food banks within London, and developing local strategies to deal with food insecurity. However, many of the underlying causes of food insecurity will require national action. Although the proposed actions will give a clearer picture of the problems to be addressed in London, we wonder how far the Mayor can go in addressing these.

We feel the Mayor should be more proactive and provide guidelines and actions that can be incorporated into local strategies. For example, a ‘best practice’ example of a good food retail plan would enable consistent and impactful implementation across London.

### **Good Food Shopping and Eating Out – A Healthier Environment**

Protecting children from exposure to HFSS marketing across all media is another of Action on Salt and Action on Sugar’s agreed policy priorities<sup>3</sup>. We support the proposed ban of advertising of food and drink that is not healthy across the Transport for London estate. We also support the proposal to include brand advertising in this ban. We agree that this proposal provides the London Mayor with an opportunity to protect children from exposure from adverts for food and drink high in fat, sugar and salt (HFSS) and demonstrate real leadership in helping children and adults make healthier choices by using tools at his disposal.

Currently Transport for London advertising estate will be covered by the voluntary UK Code of Non-broadcast Advertising and Direct & Promotional Marketing (the CAP Code). This was updated in July 2017. This update included restricting HFSS advertising from media where children make up more than 25% of the audience. There are multiple issues with this approach, including (but not limited to):

- Data is not accessible for impartial assessors to appraise whether this threshold is being adhered to. Similarly, placing the responsibility on the advertiser to demonstrate exposures leaves room for interpretation and inconsistency.
- A ‘threshold’ approach means a proportion with no absolute limit. For example, to 4.8 million passenger journeys are made per day via busy London train stations. Therefore the rules would mean up to 1.2 million journeys could be made by children with exposure to junk food advertising without the restrictions applying.

We welcome the Mayor’s commitment to supporting ‘collaborative pilots at local authority level with major retailers’ but feel that achieving ‘a lasting switch from unhealthy foods to healthier alternatives’ is a huge commitment and unlikely to be achieved through this one action at local level. We would suggest instead that this work is organised as a pilot that can be adapted for national action.



Consumers have the absolute right to know what is in the food and drink they are buying. Nutrition labelling in restaurants and cafes helps consumers reduce their calorie intake. A recent review by the Cochrane Collaboration found that menu labelling helps people reduce calories by about 50 calories per meal, on average<sup>4</sup>. We are calling for Government to ensure the UK out of home sector are made to be transparent, similar to the retail sector. In 2006 New York City adopted calorie labelling on chain restaurants menus and menu boards and after a consultation this was implemented in 2008<sup>5</sup>. Following this, a law was recently passed mandating calorie labelling in restaurant chains with 20 or more outlets across the US<sup>6</sup>. The Mayor has an opportunity to follow the example set by New York City and implement a similar programme in London.

### **Good Food in Public Institutions and Community Settings – Better Food Procurement**

We fully support the intention to fund the introduction of a water refill scheme. Improved hydration will lead to less reliance on sugary drinks, as well as environmental benefits due to lower reliance on plastic bottles.

Improved food procurement is an agreed Action on Salt and Action on Sugar policy priority<sup>3</sup>. The public sector spends around £2.4bn each year – approximately 5.5% of UK food service sales – procuring food and catering services for schools, hospitals, armed forces, central and local government, government agencies, prisons and courts<sup>7</sup>. This provides a large-scale opportunity, with significant purchasing power, to influence the diets of those that use these services, whether they are visiting, working or living within these facilities, and improve the overall food chain to provide foods with far less fat, salt and sugar, and more fruit, vegetables and fibre.

Current government policy does not set strict, regulated guidelines for public sector food to ensure that they are lower in fat, salt and sugar. Therefore, promotion of healthy, sustainable food in the GLA Group must include directions on lowering salt, sugar and saturated fat content.

### **Good Food for maternity, Early Years, Education and Health – Supporting Healthier Habits**

We welcome the Mayor's intention to restrict the opening of hot food takeaways near schools and are pleased to see the establishment of the Child Obesity Taskforce. We hope that their evaluation will lead to the development of a strong set of actions that will have measureable impact.

Although it is positive to see that the Mayor aims to increase uptake of Healthy Start vouchers to 80 per cent of eligibility, but we would appreciate clarification on the methods to achieve this, in addition to a target date.

We strongly support the Mayor in his intention to lobby Government to continue with reformulation work. We would recommend the Mayor to lobby in line with our recommendations<sup>3</sup>:

Reduce calorie intake by incremental reformulation:

- a. To achieve a 50% reduction in sugar content across all products
- b. To achieve a 20% reduction in energy-density in unhealthy food and drink products (focused on saturated fat)

To be successful, reformulated products must replace existing ones, not sold as new products that are 'healthier', or at premium prices. All products across the board, not just the main contributors of saturated fat and sugar to the diet, should be targeted so that food preference for high sugar are reduced, as has occurred for salt.



In 2016, Public Health England (PHE) launched the government-led voluntary sugar reduction programme whereby companies have been asked to remove 20% of sugar in only nine food categories that contribute the most sugar to the diets of children by 2020. Disappointingly, there are 'get-out clauses' for the industry to avoid reformulation by reducing portion size or shifting sales instead. However, these actions must be done in addition to, not instead of, reformulation, to reduce sugar and sweetness across the entire market and to ensure that unacceptable levels of sugar are no longer allowed.

Since this programme is voluntary, progress must be transparently monitored and enforced. If the food industry does not comply, limits should be mandated. Many branded companies and retailers, including the British Retail Consortium that represents the UK retailers, have asked for this to ensure all companies are working towards the same reductions, enforcing a level playing field<sup>8</sup>.

As experts in this field, Action on Salt and Action on Sugar would be pleased to support the Mayor and provide advice where required.

## References

1. NHS Digital (2017). National Child Measurement Programme – England, 2016-17.
2. Simmonds M et al. (2016) Predicting adult obesity from childhood obesity: a systematic review and metaanalysis. *Obesity Reviews*.
3. Action on Salt and Action on Sugar (2018). An evidence-based plan to prevent obesity, type 2 diabetes, raised blood pressure, cardiovascular disease and cancer in the UK. <http://www.actiononsugar.org/media/action-on-salt/Healthy-food-and-drink-strategy-FINAL.pdf>
4. Cochrane. 2018. New Cochrane Review evidence suggests that nutritional labelling on menus in restaurants and cafes may reduce our calorie intake. <http://www.cochrane.org/news/new-cochrane-review-evidence-suggests-nutritional-labelling-menus-restaurants-and-cafes-may>
5. Article 81 of the NYC Health Code: Food Preparation and Food Establishments. (2017). New York City: NYC Health. Available at: <https://www1.nyc.gov/assets/doh/downloads/pdf/rii/article81-book.pdf> [Accessed 3 Jul. 2018].
6. Food Labeling; Nutrition Labeling of Standard Menu Items in Restaurants and Similar Retail Food Establishments; Calorie Labeling of Article of Food in Vending Machines; Final Rule. 21 CFR 11, 101. 2014. Available at: <https://www.gpo.gov/fdsys/pkg/FR-2014-12-01/pdf/2014-27833.pdf> [Accessed 2 Jul. 2018].
7. Department for the Environment, Food and Rural Affairs. 2014. A Plan for Public Procurement. Online. Available at: <https://www.gov.uk/government/publications/a-plan-for-public-procurement-food-and-catering>
8. Health Committee. 2015. Oral evidence: Childhood Obesity Strategy, HC 465. Tuesday 13 October 2015. <http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/health-committee/childhood-obesity-strategy/oral/23058.html>