

**Joint Response from Action on Salt & Action on Sugar to the Health and Social Care Committee and Science and Technology Committee are holding a joint inquiry into lessons to be learned from the response to the coronavirus pandemic so far.**

**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.

In our evidence submission we have laid out evidence examining the impact and effectiveness of action taken by government in the following areas:

1. the impact on BAME communities and other at-risk groups
2. Government communications and public health messaging
3. Government inaction on the food industry response

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**Background**

**Diet and Health**

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.

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. High sugar intake is associated with type 2 diabetes and is the leading cause of dental caries. Excess calorie intake is associated with obesity, which affects 12 million people in the UK.

**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. 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.

## **1. The impact on BAME communities: Inequalities, obesity and other pre-existing health conditions, risk of COVID.**

### Obesity and COVID-19

Data has revealed that pre-existing health conditions such as obesity and high blood pressure, inequalities, age, ethnicity, income and gender are all risk factors for severe illness and death as a result of COVID-19. In May, ahead of the Government's review<sup>1</sup> which analysed how these factors affect the impact of the coronavirus on people's health, Action on Sugar and Action on Salt delivered an evidence-based plan for the Prime Minister to provide support for those living with obesity, while improving health for all in the long term<sup>2</sup>.

With increasing evidence demonstrating that obesity is an independent risk factor for more severe illness and death from COVID-19<sup>3</sup>, we highlighted the urgency for the government to improve public health messaging and assert the importance of understanding risk of worse outcomes from COVID-19. We recommended that nation be provided information and resource to identify their risk and for the government to improve advice, access and treatments at scale and pace. Our recommendations included:

#### **TREAT**

- Provide guidance for identifying modifiable risk factors
- Improve understanding of the many causes of obesity
- Increase access and funding for bariatric surgery
- Increase access and funding for evidence-based weight loss support

In addition, Action on Sugar / Salt is urging ministers to act on previous government commitments to tackle the obesity crisis that the nation faced prior to COVID-19, and will continue to face if government continue to dither, which don't place sole responsibility on the individual.

#### **PREVENT**

- Ensure only healthy products are advertised and promoted
- Adopt fiscal measures to promote healthy food (with income ringfenced to subsidise treatments)
- Make nutrition labelling mandatory
- Ensure all food provided to key workers in their workplaces is healthy
- Improve nutritional profile of processed food and drink
- Set up a new, independent and transparent food watchdog

Of the COVID-19 risk factors that can be modified, obesity and the degree of control of type 2 diabetes are by far the most important. However, as COVID-19 began to take hold in the earlier part of the year there was a lack of access to health services such as diabetes support and weight management, and governmental measures to address obesity were put on hold, at a time when they have never been more necessary - those living with obesity continue to be side-lined.

For most people, Body Mass Index (BMI) is a relatively straightforward and convenient way of assessing your own risk. Evidence shows that one in three (28.7%) British adults are classified as having obesity, and one in eight of those has severe obesity (3.6% of all adults), one of the highest rates in the world. However, there is no national programme to help individuals self-identify their

weight status<sup>4</sup>. If someone's BMI suggests they are living with an increased risk of poor health due to their obesity then it's imperative that there is trusted guidance available, with easy access to weight management services and to affordable, healthy food.

Millions of families face poverty and food insecurity and are unable to access a nutritionally adequate diet, are more likely to develop obesity and related health conditions and tragically, when they contract COVID-19 and are hospitalised, are more likely to die. This pandemic has exacerbated health inequalities and levels of food insecurity. It's estimated that 2.3 million children are living in households that are experiencing moderate or severe food insecurity<sup>5</sup>.

As part of Marcus Rashford's campaign to end child food poverty, the Food Foundation reported that as many as 900,000 more children have sought free school meals, on top of the 1.4 million who were already claiming, due to the disruption on the COVID-19 crisis<sup>6</sup>. The various U-turns by this government on this important issue exposed the lack of understanding on the scale of the issues faced by average families in the UK.

In addition, reformulation of food and drinks would have an equitable impact on people who are unaware of their risk or unable to make healthier choices due to their circumstances, and therefore reformulation programmes must be prioritised and enforced.

## **2. Government communications and public health messaging**

The Government 'new' Obesity Strategy was unveiled in July as Boris Johnson urged the country to lose weight to beat COVID-19 and protect the NHS. Plans included:

- Ban on TV and online adverts for food high in fat, sugar and salt before 9pm
- End of deals like 'buy one get one free' on unhealthy food high in salt, sugar and fat
- Consultations on front of pack labelling, alcohol labelling and an implementation consultation for calorie labelling in the out of home sector
- New campaign to help people lose weight, get active and eat better after COVID-19 "wake-up call"

Ahead of the announcements highlighted above, Action on Sugar, Action on Salt and 47 other health charities and leading researchers representing both the treatment and prevention of obesity, urged the Prime Minister to implement ALL outstanding recommendations previously committed to as part of an evidence-based package in Chapters 1, 2 and 3 of the Government's childhood obesity prevention plan<sup>7</sup>. The 'new' obesity strategy in July is merely a scaled down version of what has been announced in Chapters 1, 2 and 3 of the Childhood Obesity Plan and since July, very little has been said publicly by the Government with regards to obesity.

In October 2020 we submitted evidence to inform the Comprehensive Spending Review during the wake of a potential second wave of the pandemic, again urging the government to prioritise obesity treatment and prevention to ensure a healthy, strong and resilient population. The second wave is now upon us, and still decisive government action is lacking.

One of the most confusing and worrying Government communications to emerge during this pandemic is that Public Health England is to be dissolved. The National Institute for Health Protection will be established to take on infectious disease functions, but to date there have been no announcements on the future of PHE's other key functions, including:

- Food reformulation programmes

- Salt reduction
- Sugar reduction
- Calorie reduction
- Infant food reformulation
- Health marketing campaigns (One You, Change4Life, Better Health, Healthier You)
- Nutrient Profiling Model (NPM)
- National Diet and Nutrition Survey (NDNS)
- National Childhood Measurement Programme (NCMP)
- School Food Standards
- Scientific Advisory Committee on Nutrition (SACN)
- Healthy Places
- Digital Weight Management & Toolkits

Public Health England has been in place for seven years; the Health Protection Agency prior to this was in place for ten years. To ensure the best outcomes for public health, the UK requires a strong, stable organisation that will not be dissolved based on the objectives of the current government.

### 3. **Food Industry response:** Marketing and advertising, including gifting activities

There is comprehensive evidence demonstrating the harmful effect of unhealthy food and drink advertising. A report released this month found that ‘Big Food’ marketing strategies appealed to consumers’ vulnerability during lockdown, with aggressive marketing of junk food and sugary drink brands, positioning ultra-processed food and drinks as “essential products” when they are not healthy foods and carrying out philanthropic actions while actively lobbying against healthy food policies<sup>8</sup>. Food and drink companies donated ultra-processed food and drinks to vulnerable populations, as part of campaigns and ‘corporate social responsibility initiatives’, demonstrating how quickly they were able to utilise the pandemic as a marketing opportunity<sup>9</sup>.

Food and drink companies have not been acting in the best interests of the nation’s health by advertising and discounting heavily processed, high in fat, salt and sugar, food and drinks. The proposed restrictions on advertising and promotions will go some way to lessen the impact when they come into force. We called for a voluntary moratorium of HFSS advertising from food companies whilst people had restricted movement, and feel it was a missed opportunity for government not to endorse this proposal. We also saw food companies limiting their product line offerings, and restricting multi-buy offers, and suggested this would be a good opportunity to provide and promote healthier options on the shelves. For more responsible companies this could have been a teachable moment and an opportunity to build back better, making and promoting healthier options. Regulations won’t come into force until 2022, leaving time for industry lobbying to potentially weaken their implementation.

During the COVID-19 pandemic we have seen an increase in food poverty, disruptions to supply chains, panic buying, limited access to fresh foods, which has resulted in a greater consumption of highly processed foods and those with long shelf lives that are usually high in salt, sugar, and saturated fat. Public polling has consistently reported increases in snacking on unhealthy foods during COVID-19 and lockdown. The Oral Health Foundation found snacking had increased amongst families with younger children. Seven-in-ten families (70%) with children under five are reporting more snacking in the household, this is more than double compared with those who are not living with children<sup>10</sup>. Obesity Action Scotland found that the majority of people in Scotland (54%) are eating more out of boredom, 49% report eating more cakes and biscuits, 47% eating more confectionery, 38% eating more savoury snacks, and 34% eating more long-shelf-life foods<sup>11</sup>.

Our current food system does not promote equality in health - personal responsibility is not the solution despite the stigmatising language that has been perpetuated through the pandemic towards people living with obesity. The government must ensure the food industry only discounts, promotes and advertises healthy food and drink, force the food industry to reformulate food and drink with less salt, sugar and calories, and give direct advice to a very concerned public about how to identify their risk, exercise and lose weight safely.

## References

<sup>1</sup> UK GOV: Review into factors impacting health outcomes from covid-19: <https://www.gov.uk/government/news/review-into-factors-impacting-health-outcomes-from-covid-19>

<sup>2</sup> Action on Sugar and Action on Salt. Obesity: Treat and Prevent: An evidence-based action plan to reduce death from Covid-19.

<sup>3</sup>

- Ho FK, Celis-Morales CA, Gray SR, et al. Modifiable and non-modifiable risk factors for COVID-19: results from UK Biobank. medRxiv 2020. [Epub ahead of print]
- The OpenSAFELY Collaborative, Williamson E, Walker AJ, et al. OpenSAFELY: factors associated with COVID-19-related hospital death in the linked electronic health records of 17 million adult NHS patients. medRxiv 2020. [Epub ahead of print]
- Simonnet A, Chetboun M, Poissy J, et al. High prevalence of obesity in severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2) requiring invasive mechanical ventilation. Obesity (Silver Spring, Md) 2020. [Epub ahead of print]
- Lighter J, Phillips M, Hochman S, et al. Obesity in patients younger than 60 years is a risk factor for Covid-19 hospital admission. Clin Infect Dis 2020. [Epub ahead of print]
- Yu T, Cai S, Zheng Z, et al. Association Between Clinical Manifestations and Prognosis in Patients with COVID-19. Clin Ther 2020. [Epub ahead of print]
- Kalligeros M, Shehadeh F, Mylona EK, et al. Association of Obesity with Disease Severity among Patients with COVID-19. Obesity (Silver Spring, Md)2020. [Epub ahead of print]
- Petrilli CM, Jones SA, Yang J, et al. Factors associated with hospitalization and critical illness among 4,103 patients with COVID-19 disease in New York City. medRxiv 2020. [Epub ahead of print]
- Ong SWX, Young BE, Leo YS, Lye DC. Association of higher body mass index (BMI) with severe coronavirus disease 2019 (COVID-19) in younger patients. Clin Infect Dis 2020. [Epub ahead of print]
- Huang R, Zhu L, Xue L, et al. Clinical findings of patients with coronavirus disease 2019 in Jiangsu province, China: A retrospective, multi-center study. PLoS Negl Trop Dis 2020; 14: e0008280.

<sup>4</sup> NHS Digital. Health Survey for England <https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2017>

<sup>5</sup> <http://foodfoundation.org.uk/new-food-foundation-data-sept-2020/>

<sup>6</sup> <https://www.theguardian.com/education/2020/oct/12/surge-in-number-of-uk-children-applying-for-free-school-meals>

<sup>7</sup> <http://www.actiononsugar.org/news-centre/press-releases/2020/keeping-score-as-leading-experts-evaluate-progress-of-the-obesity-prevention-plans-and-urge-the-government-to-ban-junk-food-ads-before-9pm-.html>

<sup>8</sup> <https://advocacyincubator.org/wp-content/uploads/2020/11/GHAI-Facing-Two-Pandemics-Report-November-2020.pdf>

<sup>9</sup> Tan Monique, He Feng J, MacGregor Graham A. Obesity and covid-19: the role of the food industry BMJ 2020; 369 :m2237

<sup>10</sup> Oral Health Foundation (2020): <https://www.dentalhealth.org/news/lockdown-leading-toincreased-snacking-culture-claims-charity>

<sup>11</sup> Obesity Action Scotland (2020): <https://www.obesityactionscotland.org/media/1467/pollingsummary-report-2805.pdf>