

Call for Evidence: Halting the rise in Type 2 Diabetes in under 5 years

Questions

A. Product Reformulation:

1. Should Government require further reformulation of food and drink products focused on sugar content? Yes

Reformulation is a valuable way to improve the food supply, it should be considered not only in terms of calories, fat/saturated fat, sugar and salt, but also in ways to consider reducing levels of processing in foods (e.g. NOVA definition¹). This needs to take the approach emerging in other countries e.g. Brazil² and Canada³, where dietary approaches are based not only on the composition of food, but also how food is eaten and consumed, this includes how it is purchased, prepared and who it is eaten with. It is key that reformulation fits seamlessly into much wider regional food and nutrition policies developed with communities in the regions of the country. It is important to this at a regional level as different motivators and drivers are likely to be in place with respect to food in the West Midlands compared to London, both in terms of culture and food preferences.

a. If yes, what other types of products should be targeted for reformulation?

The BDA is supportive of an evidence-based approach to product reformulation. We believe the current targeting approach used by the (admittedly voluntary) sugar⁴ and calorie reduction programmes for children could also be used for wider targeting of the population as a whole. This involves identifying those foods which are consumed in the greatest quantities and contribute the most of a given nutrient (for example sugar) and targeting them for reductions.

Taking account of regional variations will be important in any approach. It may be the case in the West Midlands for example where much of the food industry and innovation is linked to imported foods and foods originating in South Asian and West Indian diaspora communities. Working to support innovation to improve the nutrient profile of these foods would help both improve health and job growth. This is likely to be different in the South West or the wider region of the West Midlands where dairy industry is a big part of the food sector and supporting workers and jobs in this area alongside improving health. This approach would build upon the soft drinks industry levy and responsibility deal to both create employment, alongside improving health through a better and more transparent food (especially with respect to nutritional information and labelling) supply.

2. Should new reformulation measures be based on the Soft Drinks Industry Levy as a model? Yes (to a degree, to consider this approach as part of wider measures)

This is a logical approach, such (enforceable) targets or levies need to be carefully designed, in a similar way to the Soft Drinks Industry Levy, so that they place the burden on the food producers to reformulate. Ideally, it should focus on the supply chain of ingredients e.g. free sugar, refined starches and added fat, but in a way that does not replace these with 'natural' versions of these ingredients which nutritionally are no better, e.g. removing sugar in a product and replacing it from a pulped fruit source would not improve the product significantly from a nutrition perspective, it would increase the cost and may penalize families who can least financially afford a healthy diet.

It should be noted that some food products will prove difficult to reformulate in the way that it was relatively simple to do so for soft drinks. Some foods require sugar in order to retain their texture, shelf-life or integrity, and some products contain naturally high levels of sugar in their ingredients that could only be reduced by removing potentially nutritious ingredients to be replaced with sweeteners

¹ <http://archive.wphna.org/wp-content/uploads/2016/01/WN-2016-7-1-3-28-38-Monteiro-Cannon-Levy-et-al-NOVA.pdf>

² http://bvsmms.saude.gov.br/bvs/publicacoes/dietary_guidelines_brazilian_population.pdf

³ <https://food-guide.canada.ca/en/guidelines/>

⁴ <https://publichealthengland.exposure.co/sugar-reduction-programme>

or fillers. Caution should therefore be exhibited when deciding which products are likely to be successfully reformulated due to the introduction of a levy.

Conversely, there many examples of broad differences in sugar, fat and calorie levels within specific product categories, which highlights the considerable progress that could be made by manufacturers to reach the levels found in the “best performing” products.

a. If not, why and what alternative measures would you recommend?

Alongside any target or levy there should be improved access to a healthy lifestyle in communities, both with respect to physical activity and food. This could be in the form of opening healthy takeaways in closed fast food outlets as part of a circular food economy using surplus food rescued from other parts of the food supply chain to provide healthy meals at low costs to communities who are least able to afford healthy food options. These types of approach need to be developed with communities so that they meet the needs. It is possibly that such an approach could be used to help develop food and nutrition skills in communities e.g. food hygiene and catering skills which could also improve employability (similar schemes are used to help former substance users in the UK and are used in other countries e.g. Australia and U.S.A.).

As an example, in Wales the *Nutrition Skills for Life™* programme⁵, coordinated by NHS dietitians, provides accredited nutrition training for community workers, peer leaders and volunteers in health, social care and the third sector. The programme reaches communities by up skilling the wider frontline workforce to pass on consistent, evidence based healthy eating messages and to support the development of community food initiatives. Accredited practical food skills courses, healthy eating award scheme for early years settings, community weight management groups and food co-ops have been established as a result. Support workers in Primary Care have also accessed this accredited training to support delivery of brief interventions for patients with pre diabetes.

B. Marketing and Advertising:

1. Is the current advertising and marketing regulatory framework fit for purpose for encouraging healthier choices? No

It is improving, but it is important that any controls that limit advertising and marketing are not seen by consumers, and especially the most vulnerable members of society as making these foods more desirable. They also need to be more comprehensive, and take account of the changing way in which advertising is consumed – increasingly online.

a. If not, how should it be changed?

The BDA would support the introduction of more stringent controls on all forms of advertising, such as the creation of a 9pm watershed on unhealthy food advertising to protect children⁶. We believe restrictions need to apply much more broadly, as current rules relating to channels with an audience that are more than 25% children effectively means that the majority of the most popular programmes for children (at family viewing times) are exempted from restrictions⁷.

It is important that the regulatory bodies, such as the Advertising Standards Authority, are given sufficient scope of powers to act on all forms of advertising and promotion that are consumed within the UK. At the moment, rules limiting their powers to only UK based websites/channels⁸ effectively mean large international brands are able to circumvent controls put in place to limit children’s access to advertising to a wide range of products.

⁵ <https://www.publichealthnetwork.cymru/en/topics/nutrition/nutrition-skills/>

⁶ <http://obesityhealthalliance.org.uk/wp-content/uploads/2017/11/A-Watershed-Moment-report.pdf>

⁷ <https://www.asa.org.uk/advice-online/children-targeting.html>

⁸ https://www.asa.org.uk/type/non_broadcast/code_folder/scope-of-the-code.html

It would be useful to look to develop messages that promote healthy lifestyles as being enjoyable and the natural option and not something that those in power believe we should do. Also messages should be considered which look at how the food industry may be trying to ‘control’ consumers so eating healthily might be rebelling if they choose to be healthy. The framework also needs to expand to take into account all forms of advertising – from sponsorship and brand association to sophisticated online advertising techniques. Steps to limit advertising to children have been a positive first step, but we already know they do not cover most the broadcast or online content that children view.

2. What improvements could be made to target less regulated areas of marketing and advertising such as: packaging and labeling, advertising around schools, online and elsewhere?

Schools should look at how food is used and is part of the school day. Perhaps looking to lengthen lunch breaks so it can be part of the education process. It is important to consider the role of food within the school and the community, e.g. growing schools and cooking schools so fresh becomes natural. Linked to the idea above, healthy food outlets should be supported near the school and need to have positive healthy messages near schools, perhaps via a tariff on other food advertising.

Food labelling ideally needs to be clearer, there are challenges within the food claims system as it exists and that fresh food (which it could be argued doesn’t need a label) can be confusing. Ideally a review of nutritional claims should be considered which looks at nutrient profiling, NOVA and other systems and looks how a healthy diet can be defined (perhaps in line with the regional food and nutrition policies) to develop a system that consumers understand and can use as it is meaningful for them to use.

Sponsorship and brand association are a key area that is often overlooked. Because current regulations are restricted to considerations of specific products, advertising or sponsorship by brands as a whole, or for “healthier” products that still feature the same branding, are allowed to continue. Alcohol, fast food and confectionary companies’ association with organized sport for example is a key means of driving brand loyalty, even when a specific foodstuff is not being advertised.

Once labelling has been revised this can be applied to marketing, perhaps with a stepped tariff according to how healthy the food stuff is as well as the framing of the message.

C. Keeping Fit and Healthy:

1. Is current public health advice sufficient to shift the Type 2 trajectory and the rise in obesity? No

a. If not, how could it be improved?

Current public health advice is limited by the desire to be population wide and national in scope. This means, it lacks reflexivity and it tends to favour recommended approaches rather than trying to support individuals to find the best way for that suits them personally to improve their health. Evidence already shows that the vast majority of people are failing to adhere to a healthy diet. This would need investment in supporting people to make positive choices that mean people can enjoy a healthy lifestyle. This is based on the evidence that a range of dietary and physical activity approaches have been shown to be effective in both reducing risk of type 2 diabetes and managing obesity. Advocating any one approach will not be effective, and attempting to impose a standardized model of care will be ineffective.

2. What are the systemic barriers to high quality nutrition and regular exercise? And how can we overcome them?

This needs to take a holistic public health approach, including housing, education, employability and motivation. These wider determinants of health are absolutely fundamental to enabling someone to eat a healthier diet. If a person has poor housing, lives in poverty and lacks the skills or time to prepare a

healthy diet, no amount of changes to the general food environment are likely to shift their eating habits. Our current food system tends to favour highly processed and highly palatable foods, therefore via reformulation, developing skills and changing the advertising narrative to make healthy fresh foods cheap, easy and enjoyable

With respect to exercise, this should be considered in the domains of occupational activity – where active workplaces can encourage sedentary workers to take active breaks and engage in walking meetings; transport – look at urban design to encourage walking, cycling and mixing walking with public transport; acts of daily living – encourage active tasks around the house; and recreation which includes sports and encourage other active leisure activities. The whole aim being to encourage activity as being both normal and enjoyable in all aspects of life and not just expecting people to engage in structured exercise in gyms. This approach could be supported by social prescribing. Overall, the key is to work with communities to help develop strategies to make healthy lifestyles normal and enjoyable with consistent messages across healthcare and public sector supported by messages in the media and as seen in marketing and advertising.

D. Regulation and Incentives:

1. What new regulation, taxation, and/or subsidies should Government consider to help shape a healthier food and drinks market?

The focus should be on making healthier easier, enjoyable and logical. This could take the form of progressive use of taxes and levies which support healthy food choices which reduce the consumption of highly processed energy dense foods and support the consumption of minimally refined and fresh foods. This perhaps needs to include support for people who lack the cooking facilities as part of the social support required to help those with the greatest need. This could take the form of supporting the development of food systems that enable food producers and farmers to supply consumers with freshest produce and with the most minimal amount of processing to make it safe. It is important that the development of such strategies is made using consultations not just from healthcare and public health practitioners but also includes food scientists and primary food producers (e.g. NFU) so that it can be developed (ideally piloted via models) to achieve the maximum impact without any significant unforeseen adverse impacts occurring.

Taxing some foods needs to be offset by support for our provision of cheaper healthy alternatives, and the skills necessary to make use of those foods.

2. Are the current measures for ensuring good quality nutrition for children sufficient?

No

a. If not, how could they be improved?

The change to the Key Stage 4 and A levels linked to food and the level of training teachers receive with respect to nutrition and food needs systematically improving

School meals and especially kitchens in primary schools need investment, it is key that children are exposed to cooking at an early age and see and ideally engage in food preparation

Food and Nutrition Policies need to be developed to help to make healthy options the normal, enjoyable and easy option.

Please send your submissions to action@tom-watson.com by 12:00 on 28th May 2019. If you require longer please let us know. We cannot guarantee being able to consider contributions received after 28th May but will consider exceptional circumstances.