



Government Response to the House of Commons Health and Social Care Select Committee report on Childhood obesity: Time for action, Eighth Report of Session 2017–19

Presented to Parliament
by the Secretary of State for Health and Social Care
by Command of Her Majesty

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Introduction

This paper sets out the Government's response to the conclusions and recommendations made in the Health and Social Care Select Committee's report *Childhood obesity: Time for action*¹.

Overview

Childhood obesity remains one of the biggest health challenges this country faces. Data from the National Child Measurement Programme for 2017/18² shows that the prevalence of obesity in Reception year (aged 4-5 years) has remained similar to that seen in 2016/17 with a prevalence of 9.5%. In Year 6 the prevalence has increased since 2016/17 to 20.1% from 20.0%. These figures mean that, as in previous years, the prevalence of obesity more than doubles from Reception to Year 6.

Data also shows that the burden of childhood obesity is not being felt equally across all parts of our society, with children growing up in low income households more than twice as likely to be obese than those in higher income households. Children from Black and Minority Ethnic groups are more likely than children from white families to be overweight or obese and this gap is increasing³. We want to address these inequalities and ethnic disparities to ensure that all children, regardless of background or ethnicity, have the best start in life.

We know once weight is gained, it can be difficult to lose and obese children are much more likely to become obese adults. Obesity is a leading cause of serious diseases such as type 2 diabetes, heart disease and some cancers. These conditions incur a huge cost to the long term health and wellbeing of the individual, the NHS and the wider economy.

It is estimated that obesity-related conditions are currently costing the NHS in the UK (and therefore every UK tax payer) £6.1 billion per year⁴. The total costs to society of these conditions have been estimated at around £27 billion per year⁵, with some estimates placing this figure much higher⁶.

In August 2016 we laid strong foundations for our fight against childhood obesity with our world-leading *Childhood Obesity: A Plan for Action*⁷. Based on the best evidence and informed by expert opinion, including contributions from the Health Select

¹ <https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/882/882.pdf>

² <https://digital.nhs.uk/data-and-information/publications/statistical/national-child-measurement-programme/2017-18-school-year>

³ Public Health England analysis of the National Child Measurement Programme 2015/16

⁴ www.gov.uk/government/publications/health-matters-obesity-and-the-food-environment/health-matters-obesity-and-the-food-environment--2

⁵ www.gov.uk/government/publications/reducing-obesity-modelling-future-trends

⁶ www.mckinsey.com/~media/McKinsey/Business%20Functions/Economic%20Studies%20TEMP/Our%20Insights/How%20the%20world%20could%20better%20fight%20obesity/MGI_Overcoming_obesity_Full_report.ashx

⁷ www.gov.uk/government/publications/childhood-obesity-a-plan-for-action

Committee⁸, the plan identified the central issue that must be tackled if we are to reduce obesity: the food and drink children consume needs to be healthier and, for many children, less calorific.

We were clear that our 2016 plan represented the start of a conversation, rather than the final word. In the two years since its publication we have seen some important successes, particularly in reformulation of the products our children eat and drink most. However, we have always been clear that we would consider where further action was needed if sufficient progress was not being delivered. The continuing magnitude of the challenge on childhood obesity means it is time to build on the plan both to cement the action already taken, and to expand our focus into other areas.

We published chapter 2 of our plan on 25 June 2018⁹. As with the initial plan, the policies were informed by the latest research and emerging evidence, including from debates in Parliament and various reports from key stakeholders including the Health and Social Care Select Committee. We have also captured early analysis from the National Institute for Health Research Obesity Policy Research Unit, which was established as part of our initial plan through £5 million investment over five years.

Our ambition is a bold but simple one. We will halve childhood obesity by 2030 and significantly reduce the gap in obesity between children from the most and least deprived areas by 2030. We have reiterated this ambition in our vision document *Prevention is better than cure* published in November 2018¹⁰ and the *NHS Long Term Plan*¹¹ published in January 2019. We all have a lot to gain by beating obesity and it is vital for us all to work together to achieve this, particularly to support parents, especially in the most deprived families and areas, to help their children have the best start in life. We believe that the evidence-based actions we propose will do this by encouraging healthier choices and making these more readily available and identifiable to parents.

We are confident that these measures, in addition to the ones we already have in place from 2016, represent strong world-leading action on reducing childhood obesity levels. However, we remain committed to reviewing what more can be done and will continue to monitor progress and emerging evidence carefully. We will continue to invite and listen to views on what actions are needed and why. Research by the Obesity Policy Research Unit, which includes looking at marketing (including advertising and promotions), tackling inequalities in childhood obesity, prevention of obesity in early life and evaluation of the plan, will feed into this. Where progress is not being delivered we will consider what further action can be taken to help us aspire to what no other country in the world has yet achieved: success in tackling childhood obesity.

Whilst the majority of actions in both chapters of our childhood obesity plan will relate to England only, we will continue to work with the devolved administrations to deliver the best outcome for all.

⁸ www.publications.parliament.uk/pa/cm201516/cmselect/cmhealth/465/465.pdf

⁹ www.gov.uk/government/publications/childhood-obesity-a-plan-for-action-chapter-2

¹⁰ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/753688/Prevention_is_better_than_cure_5-11.pdf

¹¹ <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.pdf>

We welcome the ongoing work of the Health and Social Care Select Committee in this area and the report of its Inquiry on childhood obesity which makes a valuable contribution to this process.

Conclusions and recommendations

A whole systems approach

1. The implementation of an effective childhood obesity plan demands a joined-up, 'whole systems', collaborative approach driven by effective leadership and ambitious targets. (Paragraph 16)
2. Local leadership will be essential in identifying areas of greatest need and in drawing up action plans which can start by drawing on existing good practice and focus on joining up existing services by identifying community, school, local government and neighbourhood-led projects that already exist, and 'filling in the gaps' where service provision is lacking. (Paragraph 17)
3. Alongside this, there needs to be a concerted effort at both national and local level to change the narrative around childhood obesity, to make it clear that reducing the personal cost and inequality is everyone's business. (Paragraph 18)
4. The next round of the Government's childhood obesity plan must include a dedicated discussion of the role and responsibility that local government has in reducing childhood obesity, and the specific ways in which the Government intends to support local government to achieve that aim. We heard that many local authorities feel that their influence can only go so far. National Government must give them the levers they need to be able to tackle the obesogenic environment and to provide an effective range of support services. We therefore urge national Government to listen to local authorities and give them greater powers to reduce health inequality at local level. (Paragraph 21)
5. The revised government Childhood Obesity Plan should be championed by the Prime Minister. A cross-department Cabinet-level committee should be set up which reviews and evaluates the implementation and effectiveness of the plan, with mandatory reporting across all departments on the implementation of the childhood obesity plan every six months. Tackling childhood obesity effectively will take time, and political leadership will be needed to bring decision-makers together with a shared mandate to create and sustain healthy food and activity environments for children. (Paragraph 25)
6. Whilst leadership at national level is important, it should also be reflected and driven at local level. We urge local authorities to identify named individuals to do so. (Paragraph 26)
7. The Government must ensure that future trade deals do not negatively impact on childhood obesity by worsening the obesogenic environment. (Paragraph 27)

8. We fully endorse the conclusion of our predecessor Committee in its 2017 report—Childhood Obesity: Follow Up - that “Vague statements about looking ‘to further levers’ if the current plan does not work are not adequate to the seriousness and urgency of this major public health challenge.” We repeat its call for the Government to set clear goals for reducing overall levels of childhood obesity, as well as goals for reducing the unacceptable and widening levels of inequality. (Paragraph 30)

The Government welcomes the Health and Social Care Select Committee’s report on childhood obesity which makes a valuable contribution to ongoing policy development in this area and demonstrates the complex nature of obesity.

We agree with the Committee’s conclusion that an effective childhood obesity plan demands a joined-up, whole systems approach. Government Departments work very closely on tackling childhood obesity and this work has been overseen by the Prime Minister. For example, HM Treasury lead on the soft drinks industry levy, the Department for Education lead on the sports premium funding and school food, the Department for Digital, Culture, Media and Sport lead on the Nutrient Profiling Model, the Ministry for Housing, Communities and Local Government lead on planning, and the Department for the Environment, Food and Rural Affairs lead on the Government Buying Standards for Food and Catering Services. Officials from across Government meet regularly to drive progress. In addition, Ministers meet at the Healthy Living Inter-Ministerial Group and Schools Sports Board to ensure a co-ordinated approach.

As with our initial plan, this latest chapter has been developed across Government and focuses on policies that are likely to have the biggest impact on preventing childhood obesity based on the available evidence.

This plan sets a national ambition to halve childhood obesity and significantly reduce the gap in obesity between children from the most and least deprived areas by 2030. We want to reverse the emergence of type 2 diabetes amongst children. Achieving this is not going to be easy and Government alone will not be able to deliver this. It will require us all to get behind this ambition to play our part in making healthier decisions, providing healthier options and creating healthier environments.

We understand there is real ambition among local authorities to tackle childhood obesity but there are very real obstacles. Whilst there are a number of pioneering local authorities taking bold action, many are not, with existing powers not being fully realised and disparities in action across different areas.

To help address these challenges, we have developed a trailblazer programme to work with local authorities to test the limits of existing powers and demonstrate “what works” in different communities.

As announced on the 26 September 2018¹², we will work with the Local Government Association to support a small number of local authorities to take innovative action to tackle childhood obesity. We will build on the learning and good practice of pioneering

¹² www.gov.uk/government/news/local-authorities-supported-to-innovate-against-childhood-obesity

local authorities and programmes and international examples, such as Amsterdam¹³. The programme will focus on the inequalities and ethnic disparities and will share learning and best practice through regular events and activities to support all local authorities to take action. We aim to significantly increase the proportion of local authorities actively using policies to combat childhood obesity over the next five years.

Between 25 October and 30 November 2018, the programme opened to all local authorities to set out their high-level proposals. Up to twelve local authorities will enter the discovery phase to develop their proposals with expert support and a small amount of funding. Up to five local authorities will then be selected to become trailblazer authorities and will deliver their plans over three years from spring 2019 with a range of support including £100,000. A proportion of this funding will enable access to Delivery Support Partners who will provide public health expertise and hands on support.

The trailblazer programme aims to gain a deep understanding of the obstacles local authorities face in practice and is committed to helping overcome them and find solutions. Key policy teams across Government are committed to support the programme and will consider the implications for future policy in line with the latest evidence. This could mean introducing national policies to relieve local burden, or introducing new local powers.

We recognise local leadership is key to effective local action. Through the trailblazer programme, we will encourage local elected members and chief executives to demonstrate commitment, take leadership on the issue, engage the local community and support key actors to take ambitious action.

This will build on the learning of Public Health England's (PHE) whole systems obesity programme, due to report in 2019, which has developed and tested 'how to' guidance for councils to make the case for, and deliver, a local place-based whole system approach to tackling obesity.

PHE and other national partners have published documents that share local practice¹⁴, and in October launched *Promoting healthy weight in children, young people and families*¹⁵, a series of briefing notes for all the functions and roles in a local authority explaining the rationale and opportunities for action.

The Government's 25 Year Environment Plan promotes a sustainable natural environment as a pathway to good health and wellbeing. In 2019 we will define a set of standards to demonstrate what "good" green infrastructure looks like¹⁶.

¹³ www.amsterdam.nl/bestuur-organisatie/organisatie/sociaal/onderwijs-jeugd-zorg/zo-blijven-wij/amsterdam-healthy/

¹⁴ www.local.gov.uk/making-obesity-everybodys-business-whole-systems-approach-obesity

¹⁵ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/750679/promoting_healthy_weight_in_children_young_people_and_families_resource.pdf

¹⁶ www.gov.uk/government/publications/25-year-environment-plan

As Government we are committed to playing our part and recognise that this will require sustained collaboration across the political divide, across society and across public and private sector organisations.

The Government is negotiating our exit from the European Union (EU), and our new relationship with the EU, which aims for the freest possible trade in goods and services between the United Kingdom (UK) and the EU. We will maintain momentum in tackling childhood obesity as we exit the EU. It is crucial to uphold high standards on food quality in the UK and to support our domestic public health priorities. We will ensure that these goals are being considered in future trade deals.

Marketing and advertising

9. We fully endorse the calls for a 9pm watershed on high fat, sugar and salt (HFSS) food and drink advertising, and expect to see this measure included in the next round of the Government's childhood obesity plan. Failure to implement this restriction would leave a worrying gap and call into question the commitment to serious action to tackle one of the key drivers of demand for high fat, sugar and salt food and drink. (Paragraph 41)
10. The next round of the Government's childhood obesity plan should include a ban on brand generated characters or licensed TV and film characters from being used to promote high fat, sugar and salt products. The plan should also include a commitment to end sponsorship by brands overwhelmingly associated with high fat, sugar and salt products of sports clubs, venues, youth leagues and tournaments. (Paragraph 43)
11. We heard consistent evidence that current regulations around non-broadcast media marketing to children are ineffectual, and fail adequately to appreciate the dynamics of children's non-broadcast media consumption. We urge the Government in its next childhood obesity plan to tighten regulations around non-broadcast media to bring them in line with broadcast media restrictions, and to ensure that sites such as Facebook and YouTube amongst others are taking responsibility for helping to reduce exposure of children to inappropriate advertising and marketing, including advergames. The regulator should play a pro-active role in investigating breaches and taking enforcement action. (Paragraph 46)
12. Furthermore, just as for broadcast media, the next round of the Government's childhood obesity plan must include a ban on brand generated cartoon characters or licensed TV and film characters from being used to promote high fat, sugar and salt products in non-broadcast media. (Paragraph 47)

Tackling obesity requires us to look at all the factors that influence our food choices. Every day we are presented with constant encouragement and opportunity to eat the least healthy foods. We face numerous decisions about the food we and our children eat created by the advertisements our children see on TV and online; the range of foods sold in our local shops or delivered straight to our doors; and the food that is promoted in-store and online. All of this is intended to influence the decisions children make about food and drink they purchase and decisions we make about food we buy for ourselves, families and children,

In our 2016 plan we committed to updating current marketing restrictions to ensure they reflect the latest dietary advice. This work is underway and PHE recently consulted on updating the Nutrient Profiling Model, the tool used to define what products can and cannot be shown during children's programming. A summary of responses was published in September 2018¹⁷. A revised version of the Nutrient Profiling Model is expected to be published in 2019. However, despite having strict restrictions around children's broadcast programming, we know their impact will be limited if they do not reflect children's exposure to high fat, salt and sugar (HFSS) food and drink across all the media platforms they engage in.

In the second chapter of our plan we have committed to consult on introducing a 9pm watershed on TV advertising of HFSS products and similar protection for children viewing adverts online, with the aim of limiting children's exposure to HFSS advertising and driving further reformulation. We will explore options to ensure that any restrictions are proportionate, help to incentivise reformulation in line with the aims of the sugar and calorie reduction programmes, and consider a focus on those products that children consume and most contribute to the problem of childhood obesity.

There are no current plans to place a ban on using brand equity and licensed characters, cartoon characters and celebrities to promote HFSS products. The use of licensed characters and celebrities popular with children to promote HFSS products are already subject to restriction as part of the Broadcast Committee of Advertising Practice and Committee of Advertising Practice (CAP) Codes. Here advertisers must show a due sense of responsibility and are not allowed to use these marketing techniques when directly targeting HFSS product advertisements at pre-school or primary school children. The Obesity Policy Research Unit will continue to review the evidence base of the effect of marketing and advertising on children, including in these areas.

With regard to the sponsorship of sports bodies by HFSS brands, as we said in our response to the previous Committee's Inquiry *Childhood obesity: follow-up*¹⁸ in January 2018¹⁹, the Department for Digital, Culture, Media and Sport, working with Department of Health and Social Care, PHE, the Sport and Recreation Alliance and sports organisations developed a set of principles for sports bodies to consider when entering into relationships that relate to HFSS products. These principles were set out in Sport England's wider guidance to sports bodies on commercial sponsorship in May 2017. This included ensuring monies received are reinvested into developing and promoting sport and providing information to consumers on the content of food and drink available at sporting events.

Currently online advertising is regulated independently by the Advertising Standards Authority (ASA). We welcome the ASA's 2017 changes to the CAP Code, which

¹⁷https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/750782/consultation_on_the_UK_nutrient_profiling_model_2018_review_summary_of_consultation_responses.pdf

¹⁸ www.publications.parliament.uk/pa/cm201617/cmselect/cmhealth/928/928.pdf

¹⁹https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/673314/HSC_gov_response_-_Childhood_obesity-follow_up.pdf

brought rules on online advertising of HFSS products in line with those for broadcast advertising.

We will consider whether the current arrangements continue to be the right approach for protecting children from the advertising of less healthy food and drinks, or whether legislation is necessary.

Price promotions

13. We endorse the findings of our predecessor Committee in calling for Government to regulate to restrict discounting and price promotions on high fat, sugar and salt food and drinks, and particularly those that drive increased consumption, such as multi- buy discounts and 'extra free' promotions. Regulation 'levels the playing field' so that those who are doing the right thing are not disadvantaged. (Paragraph 53)
14. We endorse the case made by our predecessor Committee, and by Public Health England, for removing confectionery and other unhealthy snacks from the ends of aisles and checkouts. We heard evidence that public opinion is in favour of Government action on product placement, and from retailers that they want a 'level playing field' on regulation. We also call on retailers to end the promotion of high calorie discounted products as impulse buys at the point of sales, particularly in the non-food retail environment. We understand that this cannot be achieved by voluntary action due to the fierce competition in the retail environment, and therefore we recommend that Government commit to regulation. (Paragraph 59)

Where food and drink is placed in shops and how it is promoted can influence the way we shop. It is more common for HFSS products to be placed in the most prominent places in store as well as sold on promotion, for example with 'buy one get one free' offers. Whilst some retailers have taken the first steps to redressing this by removing confectionary from checkouts or restricting price promotions, we believe that wherever parents and their children shop, they shouldn't be bombarded with HFSS products.

In line with the Committee's recommendation and to create a level playing field we are consulting on banning price promotions of HFSS products that specifically encourage overconsumption, such as buy one get one free and multi-buy offers or unlimited refills in the retail and out of home sector through legislation. We are also consulting on banning the placement of HFSS products at key selling locations such as checkout areas, store entrances and end of aisle in the retail and out of home sector through legislation. We will seek to extend a similar approach to online shopping and the out of home sector ahead of checkout.

The consultation on *Restricting promotions of food and drink that is high in fat, sugar and salt*²⁰ launched on 12 January and runs until 6 April. It considers the best way to implement these policies and potential exclusions for small businesses, shops with limited space, and specialist retailers. We are also considering how the restrictions on

²⁰ <https://www.gov.uk/government/consultations/restricting-promotions-of-food-and-drink-that-is-high-in-fat-sugar-and-salt>

price promotions will apply in the out of home sector to target children's over consumption.

Early years and schools

15. We recommend that the Government should put in place further measures around early years and the first 1000 days of life to combat childhood obesity. Such programmes should include:

- Promotion and support for breastfeeding for all infants in all areas (including improved provision for mothers to breastfeed in the community), and further support and advice on appropriate and responsive bottle feeding for those cases where breast feeding is not appropriate.
- A ban on advertising and promotion of follow on formula milk as this has long represented a 'back door' route to advertising of formula feeding. There needs to be better enforcement of the existing rules around the promotion of infant formula milk.
- Improved early years education to inform and promote appropriate introduction of solids to infants' diets.
- The strategy needs to set ambitious targets for initiation and maintenance of breastfeeding.
- Training and equipping the early years workforce, in both the voluntary and statutory sector, to effectively support parents and families to promote healthy eating and activity in their children. Evidence-based training should be made available and the long-term effectiveness of current national online training should be independently evaluated.
- A programme to ensure the widespread take-up of best practice, cost-neutral early years schemes such as the NHS Champ project in Manchester, and continued support to those already in operation.
- Government funding for local authorities to make available effective interventions to support families with pre-school children most at risk of obesity. (Paragraph 63)

16. We recommend that the next childhood obesity plan include specific measures to ensure that data on child measurement are able to flow effectively between different parts of the health and social care system to the child's general practitioner, who should take on primary responsibility for co-ordinating appropriate weight management advice and services, and to the child's parent. We recommend that consideration is given to including a further measurement point within the Child Measurement Programme, in addition to better collation of opportunistically gathered measurements. Early identification and targeted support is necessary to reduce health inequalities. (Paragraph 65)

17. We urge the Government, and specifically the Department for Education, to review its performance in executing the measures contained in the Government's first childhood obesity plan relating to schools. We urge a full and timely implementation of all of the measures contained in their first Childhood Obesity Action Plan, including updating the School Food Plan to account for the updated dietary recommendations for free sugars and fibre. School Food Standards should be mandatory for all schools including all academies, as should the Healthy Rating Scheme. (Paragraph 69)
18. We endorse the approach taken by the Amsterdam Jump In programme and in particular the culture change it drives around a healthy food and drink environment as well as the importance of wellbeing and physical activity. We look forward to the Government's publication of its appraisal of the role of sleep quality in tackling obesity and improving wellbeing. The Government should act on its findings and recommendations. (Paragraph 70)
19. The greatest attention should be focused on schools with the greatest prevalence of obesity in order to reduce the unacceptable and widening health inequality of childhood obesity. Messages however should be positive and focus on health and wellbeing rather than stigmatise obesity. We also recommend that the Government commission research to find the messages that will be most effective within communities at greatest risk, for example on the need to reduce sugar to protect children's teeth. (Paragraph 71)

The Government remains committed to supporting breastfeeding, as the health benefits are clear for mothers and their babies. We would still like to see more mothers breastfeeding and doing so for longer. We are working with our partners including PHE, NHS England and UNICEF to achieve this goal and have published useful tools and guidance to support Local Maternity Systems and commissioners to provide breastfeeding support²¹.

Support and information is available to parents and health professionals through a variety of sources including local peer support parents and the Start4Life Information Service for parents²². This includes an interactive 'chatbot' which provides live breastfeeding support to new mums at any time of day and is available for free on Facebook Messenger and Amazon Alexa's voice service.

There is already strict legislation in place which regulates and is specific to the composition, labelling and marketing of infant formulae and follow-on formulae. Broadcast and non-broadcast advertising are governed by a system of co-regulation and self-regulation respectively, overseen by the Advertising Standards Authority (ASA). The ASA can apply a range of sanctions on those advertising or promoting products in breach of its rules, and can refer non-compliant advertisers to Ofcom or, in the case of non-broadcast advertising, to Trading Standards.

Advice on the introduction of solids and healthy eating for infants is available to parents through PHE's Start4Life and NHS Choices' information pages. In November

²¹ www.nhs.uk/start4life/baby/breastfeeding/breastfeeding-help-and-support/

²² www.nhs.uk/start4life/

2017 we published early years menus and guidance for early years settings in line with the latest dietary recommendations²³. The menus include information about meeting the dietary needs of infants under 12 months, and demonstrate how the example menus can be adapted for infants aged seven to 12 months, together with details of useful resources. These resources can also be used by parents to provide balanced and healthy meals at home.

In July 2018, the Scientific Advisory Committee on Nutrition published its report on Feeding in the First Year of Life²⁴. The report provides us with an opportunity to review current actions and identify further measures.

In our 2016 plan, we outlined our intentions for PHE to review the scope for reformulation of product ranges aimed exclusively at babies and young children. PHE will review the evidence and publish their approach in 2019.

Ofsted plans to undertake research into what it means in the early years to have a curriculum that supports good physical development. This will explore the full range of development, including what children are taught about their bodies, for example the importance of sleep and healthy eating.

Local authorities are already being given over £16 billion to spend on public health over the five years of the 2015 Spending Review and are responsible for commissioning services according to local need. Many are prioritising action to tackle obesity including implementing early years programmes such as HENRY²⁵. We will continue to encourage local authorities to take effective action by highlighting examples of good practice and PHE has published a series of local practice examples profiling some of these approaches²⁶.

Some local areas have chosen to carry out additional measurement years to identify and offer support to overweight and obese children, such as the NHS CHAMP programme, and we look forward to seeing the evaluation of this²⁷.

We have commissioned the Obesity Policy Research Unit to look at the levers to tackle obesity across the early years and we will consider the findings when they become available.

Evidence shows us that parents find it difficult to recognise when their children are overweight or obese, but that the majority (87.2%) do appreciate being given feedback on the weight status of their children²⁸. We therefore will continue the National Child Measurement Programme (NCMP), which measures the height and weight of Reception and Year 6 children at all mainstream state-maintained schools (including academies) in England. The NCMP provides Government with a national

²³ www.gov.uk/government/publications/example-menus-for-early-years-settings-in-england

²⁴ www.gov.uk/government/publications/feeding-in-the-first-year-of-life-sacn-report

²⁵ www.henry.org.uk/

²⁶ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/750680/promoting_healthy_weight_in_children_young_people_and_families_resource_practical_examples.pdf

²⁷ www.champ.mft.nhs.uk/

²⁸ Falconer C L et al (2014) The benefits and harms of providing parents with weight feedback as part of the national child measurement programme: a prospective cohort study. (BMC Public Health 14:549. Available at: www.ncbi.nlm.nih.gov/pmc/articles/PMC4057922/)

picture of childhood obesity over the long term which is an invaluable resource to measure progress by to inform national and local policy and commissioning decisions.

The NCMP also gives local authorities the opportunity to connect parents with health professionals and local weight management services to help parents support their children to achieve and maintain a healthy weight, and local authorities can share NCMP results with local health professionals. We will develop tools and training for health and care professionals to support children to achieve and maintain a healthy weight, the first of these resources were published in June 2018²⁹. These are available to health and care professionals, to help them deliver consistent messages to promote healthy eating and physical activity to young children and families. Healthier weight promotion during maternity is also a focus of these resources and maternal obesity is a designated priority for the Maternity Transformation Plan.

We believe the inclusion of additional data points in the NCMP would provide minimal insight but would substantially increase the delivery costs of the programme for local authorities. We therefore have no plans to mandate additional measurements. However, some local authorities have chosen to carry out additional measurement years, but in these cases they are using the measurement to identify and offer support to overweight and obese children and are also embarking on extensive range of population level interventions, including schools programmes and local campaigns.

We encourage ambitious local action and through the trailblazer programme we will encourage sharing of best practice among local authorities and further develop the evidence base for “what works” at local level.

Schools have a fundamental role to play in helping equip children with the knowledge they need to make healthy choices for themselves and creating a healthy environment for children to learn and play. Chapter 2 of our plan shows we remain committed to delivering the actions in the 2016 plan and going further, making clear our dedication to supporting all children with quality nutrition and at least 30 minutes of physical activity per day while at school. We have already seen the revenue raised by the soft drinks industry levy flowing into schools, funding breakfast clubs for the most disadvantaged children and being invested in PE and school sport. We have also invested significant funding in measures to increase cycling and walking to school.

We know that children in lower income households are more than twice as likely to be obese as those in higher income households and that the gap is widening. That is why we provide extra support to lower income families and schools from deprived communities. We are investing £26million over three years to expand current breakfast club provision with a focus on Opportunity Areas and consulting on our plans to use Healthy Start vouchers to provide additional support to children from lower income families.

²⁹ www.gov.uk/government/publications/healthier-weight-promotion-consistent-messaging

Takeaways

20. We repeat the calls of our predecessor Health Committee, and argue that the next round of the Government's childhood obesity plan must, as a matter of urgency, include provisions for changes to planning legislation to make it easier for local authorities to limit the proliferation of unhealthy food outlets in their areas. The Government must also provide further clarity for local authorities on the extent to which existing powers can be used and enforced as we heard that planning inspectors do not take a consistent approach to appeals. (Paragraph 78)
21. Local authorities need further powers to limit the prevalence of high fat, sugar and salt food and drink billboard advertising near schools. Currently, the only powers available to local authorities extend to the positioning of the billboards themselves, not the content of the advertising. Local authorities also need further powers to tackle the proliferation of existing takeaways. (Paragraph 79)
22. We strongly support recommendations, including those which we heard from Public Health England in our most recent evidence session, that health should be made a licensing objective for local authorities. (Paragraph 80)

Where we live has an important role to play in tackling childhood obesity, whether it is the way that our towns and cities are designed to ensure greater active travel or safe physical activity, or, as highlighted by the Committee, how many fast food outlets can operate near the school gate.

Challenges vary across local areas but many local authorities face common issues, including a proliferation of fast food outlets on highstreets and near schools³⁰ and less healthy food and drink marketing dominating many public spaces³¹. These factors create an environment that makes it harder for children and their families to make healthy choices, particularly in some of our most deprived areas.

Local authorities have a range of powers and opportunities to create healthier environments. They have the power to develop planning policies to limit the opening of additional fast food outlets close to schools and in areas of over-concentration.

We recognise that national resources and interventions will also help local authorities to use their powers. In 2017 the National Planning Practice Guidance was updated to outline the role that planning can have in reducing obesity by limiting over-concentration of fast food takeaways, particularly around schools³². Local authorities want to use these powers³³ and have a range of tools to support them but local leaders have told us it is difficult to put these powers into practice. For example, the

³⁰ PHE Obesity and the environment: regulating the growth of fast food outlets 2013; PHE Healthy High Streets: good place making in an urban setting 2018

³¹ www.local.gov.uk/about/news/lga-call-crackdown-trojan-telephone-boxes-amid-900-cent-rise-some-areas

³² National Planning Practice Guidance, Health and Wellbeing, 2017

³³ LGA Tipping the scales: Case studies on the use of planning powers to limit hot food takeaways 2016; NHS England, Healthy by design: The Healthy New Towns Network Prospectus, 2018

evidence they need to support their planning decisions and make them resilient to appeals can be difficult and expensive to obtain.

As clarified in the written evidence provided to the Inquiry by the Ministry of Housing, Communities and Local Government (MHCLG), the revised National Planning Policy Framework directly supports the creation of healthy food environments as a priority. Building on these important revisions, we will develop further resources that support local authorities who want to use their powers. We will provide guidance and training to planning inspectors to ensure there is a shared understanding of the types of evidence that are required to support local policies to limit fast food outlets. MHCLG will work with Department of Health and Social Care to ensure these resources interact positively with existing planning policy and guidance to allow planners to utilise the most effective evidence with maximum impact.

Through the trailblazer programme, we will work closely with local authorities to utilise their existing powers to best effect, including the use of planning powers to limit new fast food outlets. We will share best practice to ensure there is clarity in how to use these powers and greater confidence among local authorities with the aim of increasing the number of local authorities putting their planning powers into practice to create healthier food environments.

We recognise that when it comes to advertising on high streets local authorities' powers are limited to consideration of public safety and amenity only, however, there are some measures in place to limit children's exposure; the Advertising Standards Agency's CAP code restricts advertising of HFSS in areas where children make up 25% of the audience reflecting areas where there is heavy child footfall. The trailblazer programme will provide the opportunity for local authorities, Government and key stakeholders to work together to explore existing barriers to tackling childhood obesity and limits of existing powers. We are committed to working with local authorities to find solutions to obstacles and explore what additional local powers could enable ambitious action.

Fiscal measures

23. We echo our predecessor Committee in welcoming the introduction of the soft drinks industry levy and urging the Government to extend it to milk-based drinks. (Paragraph 84)
24. The next Government's next childhood obesity plan must set out further fiscal measures which are under consideration to cover food groups such as puddings and chocolate confectionary, which the PHE sugar reduction and wider reformulation programme review has shown are not making progress in sugar and calorie reduction. We recommend that these measures should be implemented if there is not substantially faster progress on reformulation for these groups in the coming year. (Paragraph 85)
25. The Government's new childhood obesity plan must maintain the pressure on industry to reformulate through the promise of concrete further action if there is not faster progress on reformulation. (Paragraph 87)

26. We are extremely disappointed that the revenue being generated from the Soft Drinks Industry Levy has been diverted into core schools budgets. We reiterate our predecessor Committee's argument that the proceeds of the soft drinks industry levy should be directed towards measures to improve children's health, and specifically addressing health inequalities. (Paragraph 92)
27. We recommend that the Government undertake a consultation on the adjustment of VAT rates on food and drink after Brexit as a possible measure to tackle childhood obesity. (Paragraph 95)

We recognise the success of the soft drinks industry levy in reducing sugar in soft drinks and are grateful to the Health and Social Care Select Committee, and its predecessor, for supporting this measure. Since the levy was announced in March 2016 several major companies accelerated their reformulation work to cut sugar ahead of its introduction in April 2018. These included Tesco, Lucozade-Ribena-Suntory, AG Barr and Nicholls. As a result, over half of all drinks that would otherwise have been in-scope had reduced their sugar content before the introduction of the levy. The progress report on the sugar reduction programme, published by PHE in May 2018, showed that in drinks covered by the levy an 11% reduction in sugar per 100g, and a 6% reduction in calories in products likely to be consumed in a single occasion, was seen for retailer own brand and manufacturer products. There was also a shift in volume sales towards those products that are not subject to the levy (ie those containing less than 5g sugar per 100g)³⁴.

The levy is supported by a broad sugar reduction programme challenging the wider food and drink industry to reduce the sugar in products. As part of this programme, PHE has published voluntary sugar reduction guidelines for unsweetened juices and sweetened milk-based drinks³⁵. These drinks fall outside the scope of levy as juices do not contain added sugar and milk based drinks are a source of calcium and other nutrients. However, these drinks can also contribute sugar and calories to our children's diets particularly given some of the larger portion sizes available and likely to be consumed in a single occasion.

The sugar reduction ambition for juice based drinks is a 5% sugar reduction by mid-2021 to be reported on by PHE in 2022. For milk based drinks, industry is expected to reduce the sugar by 20% and cap single servings to 300 calories by mid-2021, with an initial ambition of reducing sugar by 10% by mid-2019 to be reported on by PHE in 2020.

HM Treasury will take into account the sugar reduction progress achieved in sweetened milk based drinks as part of its 2020 review of their continued exemption from the levy. Sweetened milk based drinks may be included in the levy if insufficient progress on reduction has been made.

All sectors of the food and drink industry – retailers, manufacturers and the eating out of home sector - are also challenged to reduce sugar in the foods that contribute most to the intakes of children up to 18 years of age by 20% by 2020. PHE will be

³⁴ www.gov.uk/government/publications/sugar-reduction-report-on-first-year-progress

³⁵ www.gov.uk/government/publications/sugar-reduction-juice-and-milk-based-drinks

publishing yearly detailed progress reports that will assess progress against the target levels of sugar reduction compared to a 2015 baseline.

PHE's progress report on the sugar reduction programme showed the programme had seen some initial progress in some product categories for retailer own brand and manufacturer branded products. The yoghurts and fromage frais, breakfast cereals and sweet spreads and sauces categories have met or exceeded the ambition for a 5% reduction in the first year (by August 2017), and ice cream lollies and sorbets, and yoghurts and fromage frais have achieved a 5% or more reduction in the calories in products likely to be consumed in a single occasion. However, overall retailer own brand and manufacturer branded products achieved a 2% reduction in total sugar per 100g, and a 2% reduction in calories for products likely to be consumed in a single occasion. It should also be noted that when comparing retailer own brand and manufacturer products with those available in the out of home sector, whilst sugar levels are largely the same, calories in products likely to be consumed in a single occasion served out of the home are significantly higher – generally double – those available from retailers and manufacturers.

However, this report represents an early assessment point in the programme and the data used does not reflect all reduction and reformulation action completed by industry to date. We also know that companies have further reformulation plans in the pipeline.

The next progress report, due in spring 2019, will provide a more comprehensive assessment of progress towards a 20% sugar reduction, and Government will be able to assess if this challenge has been met in 2021. We will not shy away from further action, including mandatory and fiscal levers, if industry is failing to take sufficient action through the voluntary sugar reduction programmes.

Though no decision has been made about how revenue from the soft drinks industry levy may be invested in the future, the Government has already confirmed that the Department for Education (DfE) will spend England's share of the revenue during this parliament in giving school-aged children a better and healthier future, including through doubling the primary school PE and sport premium, the healthy pupils' capital fund, and investing in school breakfast clubs. This position remains unchanged. Revenue from the levy has not been diverted into core schools budgets as suggested in the Committee's report, and we welcome the opportunity to clarify this. The forecast for the overall revenue raised by the levy has been reduced since the original estimates at the 2016 Budget, to reflect the reformulation activity by the soft drinks industry in response to the levy. On the basis of the revised estimates, DfE will receive £575m during the current spending review period to spend on programmes to improve child health and wellbeing.

As part of this, DfE made £100m from the levy available for a new Healthy Pupils Capital Fund in 2018-19. This fund enables schools to improve and increase the availability of facilities for physical activity, healthy eating, mental health and wellbeing and medical conditions. It is right that we are giving schools and local authorities the ability to choose how best to invest this additional funding in children's health, as they will have the best understanding of need in their local schools. The fund represents an additional one-off investment, and is not considered part of core school funding.

The Government is aware that exit from the EU may raise the possibility of amending elements of the VAT system. However, until exit negotiations are concluded, the UK remains a full member of the EU and all the rights and obligations of EU membership remain in force. During this period the Government will continue to negotiate, implement and apply EU legislation. The outcome of these negotiations will determine what arrangements apply in relation to EU legislation in future once the UK has left the EU.

Labelling

28. Efforts to increase awareness of healthy dietary behaviour must be supported in the next round of the Government's childhood obesity plan by measures to ensure consistent and clear labelling information for consumers. We also support a ban on health claims on high fat, salt and sugar food and drinks, in line with oral evidence from Public Health England. Current progress on labelling in the UK is reliant on voluntary commitments and is therefore not universally applied. (Paragraph 98)
29. Calorie labelling at point of food choice for the out-of-home food sector would provide basic information to enable healthier choices. However, in light of evidence that current labelling tends to be less effective at changing choices in communities where obesity prevalence is greatest, we urge the Government to ensure that the effects are carefully monitored, in order to ensure that labelling is designed to make the healthy choice clear and straightforward. (Paragraph 99)

We recognise that public understanding of calories can often be limited and information on calories can be hard to understand. Most of the major manufacturers and retailers have now adopted our voluntary traffic light front-of-pack nutritional labelling scheme on pre-packaged foods. Almost nine in ten people agree that traffic light labelling helps them make informed decisions about the food they are buying³⁶.

The UK's ability to introduce changes to our labelling system currently depends on EU legislation; we therefore remain committed to exploring what additional opportunities leaving the EU presents for food labelling in England that displays world-leading, simple nutritional information as well as information on origin and welfare standards. We will continue to work with the devolved administrations to explore the potential for common approaches in this area.

Evidence shows that a significant proportion of the food people eat is consumed outside of the home; recent surveys tell us that 96% of people eat out, and 43% do so at least once or twice a week³⁷. People are also eating out more often; in 2014, 75% of people said they had eaten out or bought takeaway food in the past week,

³⁶ Diabetes UK (2018). Polling conducted during November and December 2017. Results weighted to be representative of British public.

³⁷ 2016 FSA Food and You survey www.food.gov.uk/sites/default/files/media/document/food-and-you-w4-combined-report_0.pdf

compared to 68% in 2010³⁸. In March 2017, Cancer Research UK reported that the UK population consumes more than a 100 million takeaways and ready-made meals in a week³⁹.

The consumption of fast food and takeaways is particularly prevalent among families; evidence from 2016 indicates that 68% of households with children under 16 had eaten takeaways in the last month, compared with only 49% of adult-only households⁴⁰. Evidence suggests that eating out is one contributor to the excess energy intake that leads to overweight and obesity; evidence concludes that people dining out consume 200 more calories per day than when eating at home⁴¹. It is clear that looking at how to reduce the amount people consume when eating food made outside the home needs to be a significant part of efforts to tackle childhood obesity.

Many businesses, such as Caffé Nero and Pizza Express, already provide nutritional information on their websites to help consumers make informed choices about the food they buy. However, only a few, for example JD Wetherspoon, provide this information at the point of choice (e.g. on menus or menu boards), so that only one quarter of the food we purchase outside the home has calorie labelling at the point of choice⁴². Where this information is present, it is often provided in inconsistent ways.

There is strong public demand for this to change. 79% of people agree that menus should include the number of calories in food and drinks⁴³. A recent survey from Diabetes UK showed that around 60% of the public said that calorie labelling on food menus would make it more likely that they would buy food from a restaurant, café or takeaway⁴⁴.

To provide the public with the nutritional information they need to make healthier choices wherever they choose to eat, in chapter 2 of our plan we committed to consult on introducing legislation for consistent calorie labelling for the out of home sector. Evidence suggests that contextual information for example displaying the calorie content as a percentage of daily calorie requirements, using a traffic light format, or including information on sugar, fat and salt content, may further help consumers make healthier choices⁴⁵. Therefore, we have consulted on the best way of implementing calorie labelling, including opportunities to display additional contextual information to help consumers understand calories and make healthier

³⁸ 2010 FSA Food and You Survey www.food.gov.uk/sites/default/files/food-and-you-2010-main-report.pdf, and 2014 FSA Food and You Survey www.food.gov.uk/sites/default/files/media/document/food-and-you-2014-uk-bulletin-3_0.pdf

³⁹ Cancer Research UK 'A Weighty Issue' 2017 www.cancerresearchuk.org/sites/default/files/a_weighty_issue.pdf

⁴⁰ 2016 FSA Food and You survey www.food.gov.uk/sites/default/files/media/document/food-and-you-w4-combined-report_0.pdf

⁴¹ Nguyen and Powell (2014). The impact of restaurant consumption among US adults: effects on energy and nutrient intakes. www.ncbi.nlm.nih.gov/pubmed/25076113

⁴² Department of Health and Social Care internal analysis (2018)

⁴³ Public Health England (2018). Calorie reduction: The scope and ambition for action. Available at: www.gov.uk/government/publications/calorie-reduction-the-scope-and-ambition-for-action

⁴⁴ Diabetes UK (2018). Polling conducted during November and December 2017. Results weighted to be representative of British public.

⁴⁵ Crockett RA, King SE, Marteau TM, Prevost AT, Bignardi G, Roberts NW, et al. Nutritional labelling for healthier food or non-alcoholic drink purchasing and consumption. Cochrane Database of Systematic Reviews. 2018(2).

choices when eating food prepared outside the home. The consultation closed on 7 December 2018⁴⁶. We are considering the feedback and will respond later this year.

We recognise that the compliance burden associated with this policy may be disproportionately high for micro-businesses. Therefore, the consultation asked whether micro-businesses should be excluded or given a longer implementation period. We also intend to provide guidance and methodology to help businesses calculate calorie information.

Support for children living with obesity

30. We heard that signposting to appropriate advice, and where necessary, timely referrals for treatment was inconsistent for children living with childhood obesity. The Government must ensure there are robust systems in place not only to identify children who are overweight or obese, but to ensure that these children are offered effective help through a multidisciplinary, family-centric approach. This should include children identified by the National Child Measurement Programme. Addressing health inequalities must include providing help for those children who are already obese. (Paragraph 103)

We know the confidence of health professionals in supporting children with their obesity is key. We will provide health and care professionals with the latest training and tools to better support children, young people and families to reduce obesity, including a digital family weight management service. The first of these resources, consistent healthy weight messages⁴⁷, were published in June 2018.

We will be providing new resources for health and care professionals, including school nurses, to ensure children who are identified as overweight or obese through the NCMP and their families, are provided with the support they need. Make Every Contact Count activity supports health professionals to conduct brief interventions on childhood obesity, using the 'All Our Health'⁴⁸ online collection of resources.

Evidence-based guidance on delivering and commissioning of weight management services for children and their families has been published by PHE⁴⁹.

⁴⁶ www.gov.uk/government/consultations/calorie-labelling-for-food-and-drink-served-outside-of-the-home

⁴⁷ www.gov.uk/government/publications/healthier-weight-promotion-consistent-messaging

⁴⁸ www.gov.uk/government/publications/all-our-health-about-the-framework/all-our-health-about-the-framework

⁴⁹ www.gov.uk/government/uploads/system/uploads/attachment_data/file/649196/tier2_child_weight_management_services_guide.pdf].

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