

*The British Heart Foundation (BHF) welcomes the opportunity to feed into the House of Lords Committee on Food, Diet and Obesity's Call for Evidence. Poor dietary health is a key risk factor for the development of high body mass index (BMI), which accounts for around 1 in 6 cardiovascular (CVD) deaths in the UK.<sup>1</sup> CVD affects 7.6m people across the UK and is one of the leading causes of premature death, contributing to around a fifth of the difference in life expectancy between the most and least deprived in England.<sup>2</sup> Access to a healthy diet is not equal across the UK, with households living in the most deprived areas experiencing disproportionate barriers to accessing healthy food.*

*The BHF is a member of Recipe for Change, a coalition of 41 health organisations, Royal Medical Colleges and food campaigners led by Sustain, Obesity Health Alliance and Food Foundation calling for a new industry levy to help make our food healthier, while raising revenue that can be invested back into children's health.*

### **Key evidence on food, diet and obesity and the BHF's policy recommendations for improving access to a healthy diet and reducing obesity**

It is estimated that 64% of adults in the UK are living with obesity or have a body mass index (BMI) defined as overweight.<sup>3</sup> Analysis by Frontier Economics on behalf of the Tony Blair Institute for Global Change estimates obesity carries a public health and economic burden amounting to around £98 billion, one-third of which falls on the health and care system and wider society as a result of increased treatment costs and lower productivity.<sup>4</sup> Living with obesity is a key risk factor for the development of heart and circulatory diseases (i.e. cardiovascular disease (CVD)), heart attack and stroke. Indeed, the British Heart Foundation (BHF) estimates that around 1 in 6 heart and circulatory disease deaths in the UK are associated with a high BMI.<sup>1</sup> Poor dietary health, particularly excess consumption of fat, salt and sugar, is a key driver of high population levels of obesity. On average, UK adults consume 50g of sugar per day, two thirds more than the recommended maximum intake of 30g,<sup>5</sup> as well as 8.4g of salt per day, 40% more than the UK recommended intake of no more than 6g.<sup>6</sup>

Around one in ten reception-age children and around 23% of children in year six are living with obesity in England.<sup>7</sup> Living with obesity in childhood increases the likelihood of children going on to live with obesity in adulthood,<sup>8</sup> which, in turn, increases the likelihood of developing CVD. Evidence also shows dietary health has associations with children's heart and circulatory health later in life. A study led by researchers at the University of Bristol shows children who meet three or more UK dietary recommendations are at lower risk of exhibiting markers for developing heart disease in adulthood, alongside having better cardiometabolic health.<sup>9</sup> Similarly, a recently published BHF-funded study shows children who consume diets high in fat, sugar and calories are at an increased risk of developing arterial stiffness, a known risk factor for heart attacks and stroke, as early as adolescence.<sup>10</sup> Thus, improving every child's access to a healthy diet is of vital importance for preventing the development of obesity and for protecting children's cardiovascular health into adolescence and adulthood.

Excess salt consumption is associated with a 23% increase in the risk of stroke and a 14% increase in the risk of CVD.<sup>11</sup> Evidence suggests up to 85% of the salt consumed by UK households is already in food when it is purchased.<sup>12</sup> Public polling shows 65% of UK adults are aware of this<sup>13</sup> and 85% would support Government action that requires companies to reduce unnecessary salt in their products.<sup>14</sup> Because the vast majority of salt consumption in the UK comes from shop-bought foods, public health measures aimed at reducing the salt content of everyday foods are necessary to improve the healthfulness of UK diets.

### **Bold action is needed to combat the high availability and relative affordability of less healthy products**

The drivers of poor dietary health in the UK include the high availability, accessibility, and affordability of high fat, salt and sugar (HFSS) products in comparison to healthier ones. In order to increase everyone's access to a healthy diet, it is critical that Government implement a comprehensive package of mandatory evidence-based measures. Existing voluntary reformulation programmes to reduce the salt, sugar and calorie content of products sold in UK stores have seen limited success,<sup>15</sup> with the food industry failing to meet targets. This is evidenced by the most recent progress report for the Government's calorie reduction programme, which saw changes of 2% or less in average calories in most product categories compared to target reductions of 5% to 20%. In contrast, the mandatory Soft Drinks Industry Levy

(SDIL) has led to a significant (46%) fall in the amount of sugar sold in soft drinks,<sup>16</sup> and has raised £1.5bn in revenues between 2018/9 and 2022/3.<sup>17</sup> Experience from similar policies in other countries also supports the argument that mandatory, legislated measures are most effective. Emerging evidence on South Africa's mandatory salt reduction targets shows that they are effective at reducing salt intake amongst adults. One study has shown average reductions amongst young adults of around 1.2g per day, with elevated reductions amongst adults from lower socio-economic groups, suggesting a reduction in diet-related inequalities due to this measure.<sup>18</sup> In addition, evidence from Hungary's public health tax on less healthy food and drink has shown reductions in consumption of less healthy foods, as well as progress by industry to reformulate, and has generated an estimated \$219m.<sup>19</sup>

Building on the success of the SDIL with a wholesale levy on salt and sugar, as recommended in the National Food Strategy,<sup>20</sup> could reduce average salt intake by up to 0.9g per day and sugar intake by up to 15g per day, as well as prevent almost 2 million cases of chronic disease, including over 1 million cases of CVD over 25 years.<sup>21</sup> Indeed, even a more targeted approach, with a focused levy on product categories that contribute the most to salt and sugar consumption would be impactful. For example, a levy on discretionary products that are key contributors to sugar intake (biscuits, confectionery, cakes and desserts), could still prevent up to 800,000 cases of chronic diseases, including over 300,000 cases of CVD over the same period.<sup>22</sup>

Alongside measures to encourage industry reformulation, action must also be taken to make healthier food more affordable. Healthier foods are, on average, over twice as expensive per calorie as less healthy foods.<sup>23</sup> Overall, this means UK households in the most deprived fifth of the population would need to spend 50% of their disposable income on food in order to meet the cost of the UK Government-recommended healthy diet. This compares to just 11% for the least deprived fifth.<sup>4</sup> A reformulation levy, as outlined above, could raise £2.9-3.4 billion per year, which could be invested into improving access to healthier food through, for example, children's breakfast clubs, fruit and vegetable subsidies and Healthy Start cards.<sup>24</sup>

**Recommendation:** In line with the Recipe for Change campaign, and the Obesity Health Alliance (OHA), the BHF are calling on Government to open a call for evidence on further options for using incentives for healthier food and drink production, including financial incentives, in support of the Government's strategy to reduce childhood and adult obesity rates.

### **Products high in fat, salt and sugar are more heavily marketed than healthier products**

Around one-third of the UK food industry's advertising spend goes towards confectionary, snacks, desserts and soft drinks, compared to just 1% towards fruit and vegetables.<sup>4</sup> A large body of evidence has shown that food advertising affects children's preferences for and consumption of HFSS foods. For example, just 4.4 minutes of food advertising has been shown to increase a child's consumption by an average of 60kcal.<sup>25</sup> Proposed restrictions on television and online marketing of less healthy foods have been delayed until October 2025, despite evidence that these restrictions could remove up to 7.2 billion calories from children's diets every year in the UK and reduce the number of children living with obesity by around 20,000.<sup>26</sup>

In addition to television and online marketing, advertising for HFSS products is common in outdoor spaces across the UK, with evidence suggesting higher concentrations in more deprived areas.<sup>27</sup> An estimated 82% of outdoor advertising is located in more deprived areas in England and Wales,<sup>28</sup> meaning people living in these areas are much more likely to be exposed to this form of advertising, further demonstrating the unequal distribution of dietary influences in our health environment.<sup>29</sup>

Price promotion and multibuy offers are another key marketing tool used by the food industry to promote HFSS products. Analysis of price promotion offers across the UK's largest retailers, shows 41% of these offers are placed on HFSS food and drinks, compared to just 3.3% on fruit and veg and only 3.9% on staple carbohydrates.<sup>30</sup> In line with this evidence, Government data shows that multibuy offers do not save households money, instead encouraging shoppers to spend more money than they originally intended, and on less healthy products.<sup>31</sup> Consequently, the Welsh Government have committed to implement restrictions on multibuy promotions on less healthy products by 2025 to increase the availability and affordability of healthier products.<sup>32</sup>

The UK Government has already implemented one mandatory measure to take HFSS products out of the spotlight: restricting the locations that they can be placed in larger food retailers in England. This policy is showing some early success. Recent analysis of the regulations, which came into force in October 2022, found that the majority of stores that are subject to the regulations are operating within the spirit of the law,<sup>33</sup> and that these restrictions are driving a shift towards healthier foods.<sup>34</sup> It is extremely encouraging that this measure may be supporting consumers to make healthier choices, however a comprehensive package of measures aimed at restricting the availability, affordability and promotion of HFSS products is vitally important to shift population consumption of HFSS foods and protect public health.

**Recommendation:** Government should immediately implement the delayed restrictions on the advertising and price promotion of HFSS products and explore the introduction of further restrictions on the advertising and promotion of these products.

### **Nutrient-based (HFSS) and processing-based (UPF) approaches to defining the healthfulness of food and drink should be seen as complementary**

A nutrient-based approach, on which current food policy and guidance in England is based, uses the Food Standards Agency's (FSA) Nutrient Profiling Model (NPM) to classify products as High in Fat, Sugar, or Salt (HFSS).<sup>35</sup> A processing-based approach categorises foods by their degree of processing. There are several processing-based models, but NOVA is the most widely accepted and Ultra Processed Foods (UPFs) are a category of food in the NOVA food classification system.<sup>36</sup> Foods categorised as HFSS under the NPM often overlap with UPFs.

Current evidence linking UPFs to adverse health outcomes demonstrates a correlation, with several observational studies linking increased UPF consumption with poorer cardiovascular outcomes. For example, a recent systematic review and meta-analysis of the evidence surrounding UPF consumption and cardiovascular events reported an observed association between higher UPF consumption and increased risk of cardiovascular events.<sup>37</sup> However, the quality of the evidence is mixed and largely observational, meaning that we cannot draw causal conclusions between UPF consumption and cardiovascular disease.

The best evidence remains for the NPM, which has been tested and shown to be robust in UK courts,<sup>38</sup> and we should not move away from NPM-based guidance and policy. However, there is a need to better understand the association between food processing and ill health and to consider how a policy response could be defined that would be complementary to the current approach. Further research in this area, particularly that which may help to elucidate any causal relationships between UPF consumption and cardiovascular disease and the mechanisms by which these may occur, would be extremely valuable. Similarly, research into how the UPF definition could be rigorously applied at either a dietary pattern level or a product level would also be needed to inform potential policy design.

We know that our current food environment puts less healthy products, which are high in fat, salt and sugar and highly processed in the spotlight, and that current, well-established dietary guidance is not always followed. We need a comprehensive strategy that addresses our food environment in such a way that supports everyone to access a healthy, balanced diet without delay. There are evidence-informed policies that could achieve this, waiting to be rolled out, such as restrictions on the advertising and promotion of less healthy foods and we would like to see them implemented as soon as possible. Many of these policies would also take more highly processed foods out of the spotlight.

### **Front-of-pack nutrition labelling has been clearly shown to be effective in directing consumers towards healthier options**

Front-of-pack nutrition labelling (FOPL) has been clearly shown to be effective in directing consumers towards healthier food and drink options.<sup>39</sup> Many manufacturers choose to use voluntary Multiple Traffic Light labelling on their products, a type of FOPL which provides a red, amber or green symbol to indicate whether a particular nutrient content is low, medium or high. There is strong evidence on the efficacy of Multiple Traffic Light labelling in aiding consumers' understanding or identification of healthier choices,<sup>40</sup> and driving healthier purchasing behaviour which helps to improve the quality of households' diets.<sup>41</sup> Front-of-pack nutrition labelling has also been shown to drive manufacturers to reformulate products with lower levels of salt, sugar and fat.<sup>42</sup> However, FOPL systems such as Multiple Traffic Light labelling could be made easier to use and more effective by being made more consistent and

mandatory across pre-packaged food and drink products in both retailer and out-of-home settings. It is estimated around one-quarter of pre-packaged foods sold in the UK use either an alternative to Multiple Traffic Light labelling or no front of pack labelling at all.<sup>43</sup> Such inconsistencies and omissions can make FOPL more challenging for consumers to interpret and, therefore, less effective at directing consumers to healthier products. To further build on the effectiveness of FOPL, greater consistency between FOPL and current nutritional guidance and policy is needed, including clearer communication of macronutrients that are not consistently displayed, such as the distinction between total sugars and free sugars.

Evidence also suggests that misleading nutritional and health claims on food packaging are widespread across the UK food environment, often being deployed as marketing tactics by food manufacturers and retailers rather than factual information that supports consumers in making healthier choices.<sup>44 45</sup> Indeed, some research shows nutritional and health claims often bear little to no association with the overall healthfulness of products,<sup>46 47</sup> and can distort consumers' perceptions of the healthfulness of individual products and their overall diets.<sup>24</sup> Such evidence suggests that, not only does enforcement of current regulations need improving but, re-evaluation of the broader policy landscape - one that facilitates misleading claims to be made in the first place, is also urgently needed. A mandatory FOPL system could provide a consistent labelling approach across food manufacturers and retailers, allowing consumers to more accurately compare the healthfulness of products.

**Recommendation:** The BHF recommends Government mandates the use of evidence-based FOPL, with consideration for current nutritional guidance, to improve consistency across product packaging, make it easier for consumers to make comparisons between products, and incentivise manufacturers to make their products healthier.

### **The levers of good health sit across Government, often outside of the Department of Health and Social Care.**

Health-led business models, planning, transport and fiscal policy are all needed to secure the improvements to healthy life expectancy that must be a priority for any Government. True progress in this area requires a paradigm shift towards health in all policies, which can only be driven by a cross-Government approach. It has also been suggested by organisations including the IPPR and Tony Blair Institute (TBI)<sup>48</sup> that an independent committee akin to the Climate Change Committee should be established to hold Government to account on this agenda. In defining a new governance and advisory model on public health, charities and public health groups should be established as key stakeholders and able to contribute meaningfully with the Committee from the outset of the policy development and implementation process, for example through joint roundtables (rather than disjointed sub-sector engagement) or via an expert advisory board model.

In addition to this, securing a strong and effective partnership with civil society should be a key priority, as this sector is highly successful in shaping the media narrative and driving support for policies amongst its stakeholders. As inherently patient-centric organisations, charities exist to meet the needs of their communities, with patient perspectives and priorities at the heart of their work, which means they are uniquely placed to help inform, develop and implement key Government policy. Charities also have considerable experience and expertise in a number of areas, such as data analysis and evaluation, and policy development, so can help identify trends, gaps in knowledge or predict where resource is needed as well as advise on the most impactful interventions.

**Recommendation:** Engage a cross-Government, cabinet-level committee, with leadership from the Prime Minister and the Chancellor, to coordinate and prioritise public health

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