

## **Action on Sugar & Action on Salt Response to the Health and Social Care Committee's Inquiry to the DHSC's White Paper on Health and Social Care**

### **Action on Sugar**

Action on Sugar is a group of experts concerned with sugar and obesity and their effects on health. It is working to reach a consensus with the food industry and Government over the harmful effects of a high calorie diet, and bring about a reduction in the amount of sugar and fat in processed foods to prevent obesity, type 2 diabetes and tooth decay.

### **Action on Salt**

Action on Salt (formerly Consensus Action on Salt & Health, CASH) is an organisation supported by 24 expert members and working to reduce the salt intake of the UK population to prevent deaths, and suffering, from heart disease, stroke, kidney disease, osteoporosis and stomach cancer.

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### **Background**

We welcome this inquiry and the opportunity to provide evidence on this key White Paper.

The Global Burden of Disease Study has consistently demonstrated that poor diet is a leading cause of death in the UK and worldwide, highlighting the enormous impact food companies are having on our health by producing products high in fat, salt and sugar. COVID-19 has further demonstrated the need for strong preventive policies in the UK, as obesity is now known to increase susceptibility to, and worse outcomes from, COVID-19. The World Obesity Federation have found that in countries where less than half the adult population is classified as overweight, the likelihood of death from COVID-19 is a small fraction – around one tenth – of the level seen in countries where more than half the population is classified as overweight. Of the 2.5 million COVID-19 deaths reported by the end of February 2021, 2.2 million were in countries where more than half the population is classified as overweight (1).

The Government's 2020 'Tackling Obesity' strategy, their Prevention Green Paper and two further chapters of the Childhood Obesity Plan have all highlighted several measures required to improve our food environment, including advertising and marketing restrictions, improved nutrition labelling, strict school food standards and price promotion restrictions. We fully support all of these proposals, but we note that the only measures mentioned within this White Paper are nutrition labelling and advertising restrictions. The food and drink industry are already lobbying in an attempt to weaken these proposed restrictions and their public narrative has been designed to confuse the public and further weaken implementation (2, 3). We have serious concerns regarding the omission of other key preventive actions, which we consider vital to long term healthcare and the health of the population, in particular comprehensive and robust reformulation programmes which are the evidence-based, effective measure to improve the food supply and prevent ill health. Furthermore, these programmes already have the support of the food and drink industry (4).

We have an opportunity to build back better and prioritising health which does not mean sacrificing profit. Gradual improvements to product recipes, which is the core aim of reformulation programmes, do not lead to loss of sales as the general public can continue to buy food and drinks as

usual, but will benefit from the reformulated products: we can have both a thriving British food industry, and a healthy and resilient population.

## **Reformulation**

Reformulation – improving products’ nutrition profiles by reducing known harmful nutrients, such as free sugars, salt or saturated fat, while ideally increasing levels of positive elements, such as fibre - is one of the most impactful and cost-effective public health policies available to us.

- The National Institute for Health and Care Excellence estimate that a 1g fall in **salt** intake leads to 6000 fewer CVD deaths per year and annual healthcare savings of £1.5bn in the UK (5)
- PHE estimate that achieving a 5% in population **sugar** intake over 10 years could save 4,100 deaths and £484m each year (6)
- PHE estimate that achieving a 20% reduction in **calorie** intake over 5 years would prevent 35,370 premature deaths, save the NHS £4.5 billion healthcare costs (7)

## Salt

The UK’s salt reduction programme was world leading under the Food Standards Agency (FSA), resulting in a fall in daily salt intake, a fall in average population blood pressure and a consequent fall in deaths from cardiovascular disease (CVD). However, in 2010, Andrew Lansley removed nutrition from the FSA to DHSC and their failed Public Health Responsibility Deal. Salt reduction progress has since been largely halted and as a result, the UK’s salt intake has not fallen for the past decade and is still 40% higher than the recommended maximum of 6g per day.

Even with the minimal progress seen in recent years, it is estimated that the initial progress seen until 2010 will prevent more than 190,000 adults developing premature cardiovascular disease by 2050 and lead to £1.64bn in healthcare costs savings (8). These figures assume salt intake remains the same as the level found in 2018 (8.4g per day). If salt intake could be reduced to the recommended 6g per day, the impact on health and the economy would be huge.

## Sugar

The sugar reduction programme was set up in 2015 by PHE and, bizarrely, did not take into account the learnings from the FSA’s salt programme. Instead, broad sugar reduction targets were set for the main contributors of sugar to children’s diets rather than specific, tailored targets across a comprehensive range of categories.

Between 2015 and 2019, there has only been an average 3% decrease in sugar content in the target categories, with good progress made by the responsible few but little progress made across the majority of companies. In comparison, the mandated Soft Drinks Industry Levy has led to a 43.7% sugar reduction per 100ml in retailer own brand and manufacturer branded products (9). While sugar reduction in drinks is obviously easier than solid food products, the progress seen under the SDIL demonstrates the scale of progress possible under a mandated reformulation measure.

## Calories

The calorie reduction programme was also set up in September 2020, with just 6 target categories and a 10% reduction expected by 2024 compared to the initial proposed 20% reduction. We strongly believe that industry pushback to the calorie reduction programme significantly weakened it. All sectors of society have been negatively impacted by COVID-19, but large companies and food

industry associations with significant resources have been the dominant voices in distorting the case for preventive measures such as reformulation.

### **Public Health England**

We have previously raised the worrying announcement that Public Health England would be abolished, which came in summer 2020. PHE oversee several core health protection and prevention functions and a wealth of evidence-based experience that is at danger of being lost. Nutrition has been pushed pillar to post over the past decade at least and while several options have been proposed, we see it as highly likely that PHE's functions will be brought back to DHSC, despite their failings with nutrition policy seen under their Responsibility Deal.

The reformulation programmes currently managed by PHE are especially crucial. Taking on board learnings from the success seen under the FSA, they must be transparently monitored, with companies publicly held to account to create the necessary level playing field for a voluntary measure. The Childhood Obesity Plan chapters have all alluded to the fact that, should there be poor progress, then reformulation would be mandated but despite poor progress seen across both salt and sugar reduction, mandated reformulation has been omitted from this White Paper at the expense of public health. Eight countries now have mandated salt reduction targets covering a wide range of foods, including processed meats, cheeses, crisps and snacks, soups and stocks, canned fish, tomato products, and canned fruit and vegetables - Argentina, Belarus, Bulgaria, Finland, Greece, Iran, Slovakia, South Africa, and Uzbekistan (10).

### **Food Prices**

It is often stated that we have some of the cheapest food prices in Europe, but this does not take into account that unhealthy food in the UK is three times cheaper than healthy food. The poorest 10% of UK households would need to spend three quarters (74%) of their disposable income to meet the Eatwell Guide costs, compared to 6% in the richest 10% of households (11).

Consequently, those on poorer incomes are more likely to purchase and consume unhealthy food and are disproportionately affected by diet-related non-communicable diseases (NCDs), such as CVD and cancer, in addition to COVID-19. The Government has committed to reducing inequalities, particularly in light of the pandemic, yet the White Paper did not address food prices or address how Ministers would tackle this.

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