

Joint Response from Action on Salt & Action on Sugar to EFRA's Call for Evidence - Public Sector Procurement of Food

Action on Salt

Action on Salt (formerly Consensus Action on Salt & Health, CASH) is an organisation supported by 23 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, stomach cancer and obesity.

Action on Sugar

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

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1) How effective have current food procurement rules been at achieving environmental outcomes, encouraging healthy eating and supporting local suppliers, including SMEs?

The Government Buying Standards (GBS) consists of minimum mandatory nutrition standards and further best practice standards which are voluntary. There has not appeared to have been any monitoring put in place by the Government to ensure the mandatory standards are being followed, and no penalties if these targets aren't adhered to. In fact, it seems companies are asked to monitor themselves, with no independent rigorous scrutiny even of their submissions.

In 2017, 6 years after the GBS was implemented, and 2 years after it was made legally binding for NHS trusts to follow, PLACE assessments found that half of hospitals were not complying with the GBS mandatory standards¹, and in 2018 the Sustainable Fish Cities campaign found just one of the contract caterers serving Ministry of Defence contracts could confirm they complied².

One of the most important influences for the selection of food suppliers is price, therefore to ensure more sustainable and healthy choices, all standards need to be mandatory which will then bring the prices down through economies of scale, benefiting public health³. Many companies have told us in private meetings that they can only include the mandatory nutrition standards in their tenders, otherwise they would risk having no suppliers bid for the contract if they made additional, yet voluntary, nutrition asks. Unless everyone is asking for the same nutrition standards, suppliers are less likely to reformulate their products for just one contract, as it doesn't make economic sense. We need the healthier options to be the default options offered by suppliers, and that can only be achieved by offering economies of scale.

Some companies are doing well in offering healthy and sustainable options, often larger companies who are able to afford a team of Registered Nutritionists or Dietitians³. However, for most companies, several factors will affect their ability to ensure healthy eating:

- How far is nutrition a company priority?
- Have chefs employed by the company been trained in nutrition / making meals healthier?
- Are nutrition standards monitored in each company outlet?

Small to Medium sized Enterprises (SME's) on the other hand often do not have the resources available to employ Registered Dietitians or Registered Nutritionists, and are therefore at a disadvantage in understanding and implementing the GBS nutrition standards³. Without proper

monitoring and transparency, it's unknown how SMEs compare to larger companies in terms of compliance, and for SME suppliers, it's uncertain how many have had support from the government to help with understanding the guidance and making necessary changes in order to win bids against their larger competitors.

Registered Dietitians and Registered Nutritionists are key in an organisation selling and supplying food, however their contribution has to be central to the organisation's work. Registered nutrition professionals must be involved in training, buying, writing tenders, speaking to suppliers and strategic decision-making.

In addition, whilst it is encouraged, but voluntary, for all non-governmental catering services to follow the GBS, several questions remain:

- How are the standards promoted to other catering services as a useful guide for them to follow when creating tenders for suppliers to encourage a balance between sustainability and healthy eating?
- How many non-governmental organisations know of the GBS and its use within their own company?
- Are they monitored in house or independently?

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2) What impact have Defra's 2014 Plan for Public Procurement and the Government Buying Standard (GBS) had, and how could they be improved?

The balanced scorecard from DEFRA's Plan for Public Procurement is a useful guide to encourage companies to use the GBS to create tenders and ensure mandatory measures are met. However, the scorecard is now 6 years old and therefore, after the GBS is updated (currently awaiting a response from last year's consultation), the scorecard would require updating.

The scorecard clearly explains that 'the specific nutritional needs of individual patients should always supersede the application of blanket principles'. Hospitals, for example, are in a unique position in that they cater for all types of diets and people - some need higher calorie/protein/fat foods to help with recovery or for the elderly, for example, whilst others require a healthier, lower calorie diet. Hospitals also cater for not only patients, but for visitors and staff too. Therefore, there can't be blanket healthy eating guidelines across all businesses, and there should be a unique GBS and scorecard for each department.

Low income and rising living costs are two of the main contributors to the causes of hunger, malnutrition and food insecurity, with unhealthy food more readily available and accessible than healthy food. Therefore, guidance must ensure that healthier options such as water, fruit, vegetables and whole grain carbohydrates are more affordable than healthier options such as sugary drinks or desserts, coupled with a ban on price promotions on food and drinks high in fat, sugar or salt (HFSS), as determined by the Nutrient Profiling Model (NPM)¹.

There has already been a consultation to update the GBS to bring them in line with plans set out in Chapter Two of the Childhood obesity strategy². However there has subsequently been a third childhood obesity plan and a more recent obesity strategy in light of COVID-19. This consultation closed in August 2019, and a year on there has been no response on the actions to be taken.

Whilst we welcome the proposed updates to the standards, we felt they could be strengthened further³. There are numerous voluntary initiatives out there to improve nutrition in the population such as the salt and sugar reduction programmes. However, they are voluntary, and whilst we recommend that they be mandatory for all, an initial step would be to widen the audience of the GBS to all public sector food outlets and not just governmental organisations.

The GBS includes policies, such as the aforementioned salt and sugar reduction programmes, that lack clear guidelines and can be difficult to understand. For example, the food categories can be quite broad and it can be hard to decide which target should be applied to a certain product, yet there isn't a clear way for a company to seek help and clarification. Therefore, we recommend a dedicated contact form or email that companies can use for assistance.

Salt, as referenced in the GBS consultation, increases the risk of high blood pressure and cardiovascular disease and therefore, to support the salt reduction programme and encourage reformulation, rather than separating the targets into voluntary and mandatory standards, we recommend it be mandatory that all products must meet all the maximum salt targets (updated targets due to be released in 2020)⁴.

We also welcome proposed mandatory standards to reduce sugar intake by setting calorie limits, however we feel mandatory measures should be introduced. In the 2019 consultation we expressed that the Government should demonstrate support for Public Health England's sugar reformulation targets and help encourage reformulation work in light of mixed progress from industry, particularly in the out of home sector. We also felt that aligning the standard to the sugar reduction programme would give an added incentive to the food industry to reduce sugar from their products in line with the Government's 20% by 2020 target⁵.

Due to Covid-19 we are unlikely to see the latest progress report for the sugar reduction programme and with the 2020 deadline nearly behind us we would recommend strengthening this standard to 100% of products meeting proposed calorie limits and sugar reduction targets for all categories included in the sugar reduction programme. We are awaiting targets for the proposed calorie reduction programme and these should also be incorporated into the standards. Our product surveys continue to highlight that reformulation is possible and if the Government had stricter buying standards it would encourage companies to improve their product portfolio.

We recommend introducing the Nutrient Profiling Model (NPM), and any subsequent updates to the NPM, to classify whether a food or drink is high in fat, salt or sugar (HFSS) in relation to making it mandatory for meal deals not to include products that are HFSS¹. It is already a familiar tool used by the food industry for advertising purposes and simple to apply with basic nutrition information.

The mandatory maximum package size for savoury snacks to be set at 30g rather than 35g and then placing 30g as a voluntary measure. A 30g pack size is an established voluntary standard within the GBSF and therefore should be acceptable to industry as a mandatory standard. All confectionery and sweet snacks should meet the smallest serving sizes and calorie caps, and all fruit juice, vegetable juice and smoothies should be sold in no more than 150ml pack size to align with the Eatwell Guide recommendations⁶.

In addition to limiting nutrients harmful to health in high amounts, it's also imperative to continue to promote those good for health. According to the National Diet and Nutrition Survey (NDNS), children and adults eat less fruit and vegetables than the recommended 5 a day, therefore we'd encourage the standards to specify the number of portions of vegetables required with each main meal to be 2⁷. We'd also recommend strengthening the language around offering fruit as the default dessert to encourage its procurement in place of hot or cold sugary desserts.

We support the proposed standards for fibre and fish.

Finally, menus should provide clear nutrition and ingredient labelling regardless of whether food is packaged or not, for the benefit of public health. Therefore, calorie and allergen labelling should not be removed from the standards, and instead made mandatory. As mentioned above, everyone has different nutritional requirements, especially in a hospital, and should be able to easily find food that is suitable for their requirements.

To be effective, the GBS and balanced scorecard must both be monitored by an individual organisation and not self monitored, with public progress reports and penalisations where the standards are not adhered to after the period of implementation.

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3) What should the Government's priorities for future food procurement be?

- How should the Government support these priorities in the negotiation of new trade deals?

Data has revealed that pre-existing health conditions such as obesity and high blood pressure, inequalities, age and ethnicity are all risk factors for severe illness and death as a result of COVID-19^{1,2}. In addition, prior to the pandemic it has long been established that suboptimal diets (e.g. high intake of salt, sugar, saturated fat and low intake of wholegrains, fruit and vegetables) are the leading risk factor for death and disability worldwide, leading to 11 million deaths in 2017³. High salt intake was the leading dietary risk factor, associated with more than 3 million deaths, followed by low wholegrain intake and low intake of fruit and vegetables, associated with 3 million and 2 million deaths respectively³. High salt intake raises blood pressure, which in turn increases the risk of developing cardiovascular disease. High salt intake is also linked to kidney disease, osteoporosis and stomach cancer⁴. High sugar intake is associated with type 2 diabetes and is the leading cause of dental caries⁵. Excess calorie intake is associated with obesity, which affects 12 million people in the UK⁶.

In the wake of a potential second wave of the pandemic, and to support ongoing wider health prevention measures, nutrition and health must be placed at the centre of food procurement to ensure that the best quality and healthiest food is available to all those in the public sector. To guide this process, Registered Nutritionists and Registered Dietitians must be employed to ensure evidence-based nutrition science is followed. The government's reformulation programme aims to gradually

improve the nutritional profile of food and drink products, through salt, sugar and calorie reduction⁷. These voluntary targets must be adhered to across the public sector.

However, it is hard to see how this will be possible in the face of international trade deals. Currently, protecting public health, animal welfare or the environment are not mentioned as a UK objective. Just last month US Trade Representative Robert Lighthizer stated that the US will not sign a free trade deal with the UK if its farmers cannot sell meat and other agricultural goods to Britain without barriers⁸. The issue of chlorinated chicken, which is legal in the US, is often referred to in relation to a free trade deal as this practice is currently banned in the UK. However, this is just one of a myriad of issues, including:

- The majority of US meat is produced on an industrial scale, with animals given hormones, steroids and antibiotics to make them grow faster and prevent them getting ill in cramped sheds⁹
- Antibiotic overuse is rife, which will potentially lead to antibiotic resistance in patients¹⁰
- U.S. milk is allowed to contain almost double the level of somatic cells than UK standards, which is used as a marker of mastitis and overall hygienic conditions of milk¹¹
- The U.S. has no specific rules for baby food and a recent test found that 95% of baby food products contained toxic metals and 73% contained arsenic¹²

Many retailers have stated they will not sell chlorine-washed chicken¹³. However, in the public sector such as schools, hospitals and canteens, full nutritional labelling is not required and uncovering ingredients used can be difficult. Furthermore, in trade deals with both Canada and Mexico, the US has pushed for a reduction in labelling, and US negotiating objectives for the UK state they want 'new and enforceable rules to eliminate unjustified trade restrictions or unjustified commercial requirements (including unjustified labelling) that affect new technologies'¹⁴.

Trade agreements can lead to an increase in the availability, promotion and production of cheap, processed food, and even legal challenges against measures intended to improve public health which in the UK could include the Soft Drinks Industry Levy and minimum unit pricing on alcohol. Following the signing of the North American Free Trade Agreement (NAFTA), obesity rates rose in Mexico and Canada, in part due to increased consumption of sugary drinks and high fructose corn syrup^{15,16}. Lower-quality, calorie-rich and nutrient poor food is central to the current approach to global trade - exemplified by the Prime Minister announcing trade talks with Australia and using Arnott's Tim Tams as an example of the potential benefits for the UK¹⁷.

The possibility of fighting poor standards infiltrating the UK appears very limited, particularly as legal protections for food standards have not been included in our Agriculture Bill or the Trade Bill. In May a group of Conservatives led a failed bid to push for the Agriculture Bill, which would have required a level playing field between British farmers and those overseas in future trade agreements¹⁸.

All government departments, and indeed Parliament, must work together to ensure that health, nutrition and sustainability are not compromised. The Government's Childhood Obesity Plan, chapters one, two and three, along with the recently announced Obesity Strategy must not be undermined by public procurement practices.

Additionally, food procurement rules must adhere to the forthcoming National Food Strategy, which aims to ensure a thriving, robust and sustainable British food system which enables access to safe, healthy and affordable food. While the strategy is currently being developed, the Government has already agreed to issue a White Paper following its publication. The aims of the National Food Strategy must be enshrined in the development of food procurement rules.

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4) To what extent should the public sector be encouraged to “buy British”?

- What are the advantages and disadvantages of such an approach?

In theory, encouraging the public sector to ‘buy British’ could protect UK farmers and businesses while maintaining our existing high food standards. Such a move could also aid in boosting our economy which is vital in our recovery from the impact of COVID-19. This may help protect those working in the public sector from sub-quality meat including chlorine-washed chicken and hormone-fed beef and could encourage sustainability by going a step further and encouraging the public sector to ‘buy local’. Such a strategy would also be in line with the aims of the National Food Strategy.

However, in the face of an international trade deal, the reality of ‘buy British’ will be very different to the theoretical view. If US interests are prioritised over the UK’s current food standards and cheap, processed nutrient-poor food is imported from the US, this can only lead to a ‘race to the bottom’ to ensure that UK businesses and farmers can compete. Increased tariffs could help UK farmers in the short term but in the long term would not protect consumers from poor quality imports.

Not all food we eat is labelled, particularly from restaurants, takeaways and canteens and therefore it is difficult to know whether we are consuming products produced outside the UK. It is also impossible to know what the ingredients are without labelling. As mentioned above, the US negotiating objectives state that ‘unjustified labelling’ must be removed, which is likely to include country of origin labelling. Furthermore, using labelling to inform consumers about production methods or the origin of



ingredients would require a huge expansion of labelling, requiring decisive leadership from the Government at a time when they are failing to act on promised actions within the Childhood Obesity Plan¹.

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