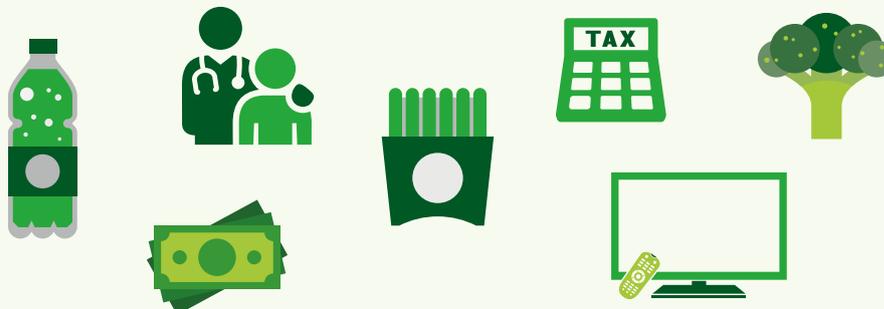


Improving the nation's diet: action for a healthier future



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The quality of the nation's diet is a key public health issue. In the UK 63% of the adult population are overweight, and 27% are obese.¹ The picture for the next generation is similarly worrying, with 20% of children obese by the time they reach Year 6.² Poor diet and being overweight or obese can lead to a range of physical health issues, such as increased likelihood of cancer, diabetes, cardiovascular issues and poor oral health, and can also result in a number of psychological problems.^{3,4}

Unsurprisingly, the impact on the health service is enormous. Obesity related diseases cost the NHS in excess of £6bn per year and are calculated to impact wider society to the tune of £27bn per year.⁵ Unless urgent action is taken, it is estimated that by 2050 overweight and obesity will cost the NHS £9.7bn per year, with societal costs of £49.9bn.⁶ The impact of [preventable ill health](#) on the population threatens the long-term sustainability of the NHS. Poor diet is a key component of this.

The BMA has long campaigned for measures to address diet-related ill health. Our flagship 2015 report [Food for thought: promoting a healthy diet among children and young people](#) called for a range of interventions to improve children's diets, including better regulation of food marketing and advertising targeted at young people, improving schools' approaches to diet and nutrition, and making the food environment that children are living in healthier.

There continue to be vast variances in the prevalence of poor diets and diet-related ill health between regions and between societal groups. 26% of Year 6 children in the most deprived areas are obese, compared with 11% in the least deprived.⁷ Yet rather than being addressed, local authority funding cuts are further impacting these health inequalities. The BMA's [analysis of cuts to local public health budgets](#) showed that some obesity services had been hit particularly hard, with significant cuts to services in some of the areas with greatest need, and called for an immediate reversal of the budget cuts.

Key action areas for reducing diet-related ill health

To effectively respond to the public health challenge of diet-related ill health, a range of actions are required across the UK.^a



Supporting local authorities to create healthier food environments

Local authorities should have the necessary powers to ensure that the food environment everyone lives in is conducive to healthy eating. Recent proposals to support local authorities in limiting the clustering of fast-food outlets, including near schools, are welcome. It is vital that these powers are acted upon, particularly in the country's most deprived areas, where the concentration of fast-food outlets is highest.⁸

Local authorities should also have powers to restrict HFSS (high fat, salt or sugar) food advertising around schools, such as adverts on billboards and bus-stops, and particularly those adverts which will appeal to younger people.

Current plans in England and Scotland to update school food standards are a welcome move, and it is important that these are sufficiently ambitious and rolled out across all local authority, academy and free schools. These food standards are a fundamental part of creating a healthy whole-school approach and should be complemented by food and nutritional education.



Introducing a mandatory, standardised approach to food labelling to enable consumers to make informed choices

It is vital that when people buy food and drink, they can make informed choices. There have been recent government commitments to introduce calorie labelling on food consumed in the out of home sector in England, and to consider this approach in Scotland. To complement this, traffic-light labelling, comprehensive nutritional information and clearly visible portion size information should be mandatory on all pre-packaged food and drink products in retail outlets, so that consumers are able to make informed choices. Traffic light labelling is simple, clear and has been found to be popular with the public.⁹ Additionally, there should be information on high-sugar products that specifically highlights to consumers the risk to their oral health if these products are over-consumed.

^a Some of these measures are already planned or implemented to a certain extent in some of the constituent nations of the UK, and there may be different mechanisms required to implement policies and achieve the goals in different parts of the UK. However, taken as a whole, the recommendations display the action that should be taken to address the UK-wide problem of diet-related ill health.



Restricting children's exposure to high fat, salt or sugar food promotion

It is important that advertising and promotion does not undermine consumers' attempts to make informed choices – particularly with regard to children. Despite restrictions on HFSS food advertising during children's TV programmes, children continue to be heavily exposed to advertising during family programmes.¹⁰ It is therefore important that we now see the introduction of a 9pm watershed on all HFSS food advertising implemented – a measure included in chapter 2 of the childhood obesity plan for England and supported by the Scottish government.

There should also be a level of restriction on non-broadcast (e.g. online and social media) HFSS food advertising that is consistent with broadcast restrictions, and a move away from industry self-regulation in this area.

The government has promised to consult on restricting price promotions on unhealthy foods in the retail sector, and to combat the placement of these foods around queuing and till areas. It is important that these proposals become legislation.



Using a range of fiscal measures and incentives to encourage healthy eating patterns

Improved food labelling and tightening advertising and promotion regulations would be further complemented by the use of fiscal measures. Taxing unhealthy food and drink products more has consistently been found to have the potential to improve health.¹¹ Following the introduction of the soft drinks industry levy in the UK a number of major manufacturers reformulated their products to lower sugar content.¹² The levy must now be extended to reduce sugar consumption from sugary milk drinks. Currently any drink that is at least 75% milk is exempted – this should be amended so that only milk-based drinks with less than 5% added sugar are exempted. Fiscal measures should also be used to make healthier options the cheaper options, through combining taxation on unhealthy products with subsidisation of healthier options.



Introducing regulatory backing for UK wide reformulation targets to reduce calorie, fat, saturated fat, salt and added sugar levels for high fat, salt or sugar products

Whereas the soft drinks industry levy has achieved notable change, attempts to instigate the reformulation of foods through voluntary targets for sugar and salt have shown disappointing results. The first year of Public Health England's voluntary sugar reformulation program only saw an average 2% reduction in sugar across different food categories, against a 5% target.¹³ There is little optimism that voluntary targets to reduce calories will fare any better. To be effective reformulation programs need to move away from voluntary measures and have regulatory backing.



Providing adequate funding for public health services so they are able to respond to the needs of the populations they serve

Local public health services are just as vital as national regulations in improving diet and reducing obesity. Our research has shown that swingeing cuts to public health budgets do not reflect the health needs of the populations they serve. This has severely impacted obesity and physical activity services: for example, in England local authorities with high rates of adult overweight and obesity have, on average, reduced spending on adult obesity services by a greater proportion than those local authorities with lower than average levels of adult overweight and obesity.¹⁴



Ensuring a health and social care system that is capable of responding to the needs of overweight and obese adults and children

Responding to the current obesity crisis requires a properly funded NHS. This should include adequate funding for the provision of effective multidisciplinary weight management programmes – which address the multiple medical and social causes and effects of diet-related ill health. There must also be a commitment to ensuring that access to effective interventions, including surgery, is available to those who would benefit from them.

Furthermore, there needs to be sufficient training of all healthcare professionals in diet, nutrition and obesity to ensure they have the necessary knowledge and skills to assess nutritional status, provide advice on dietary behaviour, and utilise practical behaviour change techniques in the clinical setting.

Healthcare settings should lead the way on healthy eating. Progress in improving hospital food standards should be continued, with a focus on ensuring consistent implementation of food standards across the NHS. There should also be an ambition to phase out unhealthy food options and increase the availability of healthy food on NHS premises. This would benefit both patients and staff.

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British Medical Association, BMA House,
Tavistock Square, London WC1H 9JP
bma.org.uk

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