Food for thought: promoting healthy diets among children and young people

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Food for thought: promoting healthy diets among children and young people was prepared under the auspices of the BMA board of science and approved for publication as a policy report by BMA council on 14 May 2015.

Details of the editorial board, members of the board of science and acknowledgements are available in the full report.

ISBN: 978-0-9575831-3-9
Cover photograph: iStock by Getty Images/Devonyu
Foreword

In the UK, the traditional public health challenges of undernutrition and unsafe food and water have been largely replaced by the risks of poor diet. As a nation, young and old, we over consume foods high in fat, sugar and salt, and do not eat enough fruit, vegetables, fibre and oily fish. This type of diet underlies many of the chronic diseases that cause substantial suffering, ill health and premature death.

I am particularly distressed that poor diet is such a feature of the lives of our children and young people. We should not tolerate that the next generation is growing up with the normality of regularly consuming processed and fast-food, or that there are children who have no concept of where their food comes from. Central to this is creating an environment where it is normal, easy and enjoyable for children and young people to eat healthily.

Addressing the commercial influences that have such a strong impact on diet will be key. These range from the way unhealthy food and drink products are promoted and made widely available and affordable, to industry influence on the development of food and nutrition policies. Without a stronger regulatory framework, commercial interests will continue to overshadow public health interests. Beyond regulation, schools need to be supported in creating a healthy food environment. The nutritional content of processed foods must be improved. Public health messages need to be high impact and complemented by accessible and easy to use consumer information. The NHS should be an exemplar of best practice. As a profession we should be embarrassed that our hospitals are so unhealthy for staff, patients and visitors alike.

This report sets out the measures needed to help promote healthier diets among children and young people. Many of these will not sit comfortably with the government’s approach to partnership working with industry. It recommends a range of interventions focused on improving attitudes and knowledge; limiting unhealthy cues and irresponsible retailing practices; and creating a healthy food environment. Some of the measures aim to directly protect children and young people, while others are to help parents and carers in making the right choices. They will also have wider benefits. In the same way children are often susceptible to the marketing of unhealthy products, so are adults with learning disabilities. Reducing unhealthy content in processed foods will benefit all, not just children and young people.

It is not uncommon for reports like this to elicit cries of ‘nanny state’ and forceful objections that governments have no place in telling people how to live their lives. This view needs to be squarely challenged. My belief is that it is commercial interests that are excessively influencing people’s decisions about their diet. How can we expect a child to develop normative behaviours about eating healthily when so many of the messages they are exposed to promote the opposite? Is it reasonable to expect a parent on low income to buy healthy foods for their children when unhealthy processed products are so cheap and heavily promoted?

Some might also question why it is the place of doctors to highlight these issues. The obvious answer is because of the substantial impact of poor diet on the health of the patients we serve, and on the healthcare service we work for. But our role extends beyond providing good quality patient care, to being advocates for the right of patients and the public to live in healthy environments. This is a particular strength of the BMA, bringing doctors together as advocates for better health, and supporting the government and other stakeholders in taking action. That is exactly what this report aims to do. I am therefore very grateful to the team who have helped produce it, and also to those who have guided its development.

Professor Sheila the Baroness Hollins
Professor Sheila the Baroness Hollins is emeritus professor of psychiatry of disability at St George's University of London, and prior to her retirement was chair of the academic division of mental health for three years. She holds an honorary chair in the Department of Theology and Religion, University of Durham. She was president of the Royal College of Psychiatrists for three years from 2005 to 2008, and was appointed an Independent member of the House of Lords in 2010. After qualifying at St Thomas's Hospital she was a GP in South London before training in psychiatry. Until she retired from clinical practice in 2006, she had been a consultant psychiatrist in learning disability in south west London for 25 years. She has had two secondments to the Department of Health as senior policy advisor in learning disability and autism. Her clinical and research expertise is in the mental and physical health of people with intellectual and developmental disabilities. She is the chair of Beyond Words, a community interest company, which promotes the use of pictures to communicate about health and wellbeing to people with learning and communication disabilities. She was BMA president from 2012-2013, and was appointed as BMA board of science chair in June 2013.
Executive summary

1. Introduction
Doctors are increasingly concerned about the impact of poor diet on the nation's health. This is not only a significant cause of ill health and premature mortality, but a considerable drain on NHS resources. It also directly impacts on doctors who face the challenge of routinely managing patients with complex, chronic conditions caused by factors beyond their clinical influence. These factors include the social and economic inequalities that shape the environment in which individuals are born, grow, live, work and age — commonly referred to as the social determinants of health. While it is recognised that a wide range of actions are needed to address these inequalities, this report has a particular focus on key environmental factors such as the wide availability, promotion, and affordability of unhealthy food and drink products. Of particular concern is the adverse impact these factors have on children and young people's attitudes and dietary behaviours, which persist into adulthood. As too little emphasis has been paid to limiting their impact, children and young people in the UK are routinely exposed to a range of cues and prompts that favour unhealthy dietary patterns.

This report aims to highlight the need for comprehensive action to promote healthier diets among children and young people, and thus, reduce the substantial burden of diet-related ill health in the UK. It provides an overview of the population's dietary patterns, the adverse impact of a poor diet, and attitudes towards diet and health. The range of influences that affect dietary behaviour are discussed, before consideration is given to what interventions are needed to help promote healthy diets. The overarching focus of these interventions is to create an environment where dietary choices default to healthy options.

2. Diet and health in the UK – the call to action
The majority of children, young people and adults in the UK are not meeting dietary guidance. Of particular concern is the high intake of saturated fat, added sugars (sugars added to foods by the manufacturer, cook or consumer, plus sugars naturally present in honey, syrups and unsweetened fruit juices) and salt; and insufficient levels of fruit, vegetables, fibre and oily fish. This poor dietary behaviour is most common among individuals from lower socioeconomic groups.

Individuals on low incomes, as well as other vulnerable groups (such as older people and disabled people), can experience food poverty and face significant challenges obtaining a healthy diet. This is strongly linked to the social determinants of health, including factors such as low income, social and material deprivation, poor educational opportunities, unemployment and adverse early childhood experiences.

An unhealthy dietary pattern is strongly associated and causally linked with a number of chronic, complex conditions such as obesity, cardiovascular disease, cancer and type II diabetes. Specific, modifiable dietary behaviours are known to be particularly important including: low consumption of fruit, vegetables and oily fish; high intake of energy-dense foods and drinks; and high intake of trans fats, saturated fats, added sugars, salt, and red meats and processed meats. These unhealthy dietary behaviours can lead to a range of metabolic/physiological changes — including hypertension (raised blood pressure), overweight and obesity, hyperglycaemia (high blood sugar) and hyperlipidaemia (excess lipids in the bloodstream) — that increase the risk of chronic ill health. A poor diet is also associated with malnutrition (undernutrition) and micronutrient deficiencies. Other effects include negative impacts on mental health, oral health and academic performance.

Worldwide, poor diet contributes to more disease than physical inactivity, smoking and alcohol combined. The burden of diet-related ill health in the UK is substantial, estimated to lead to 70,000 premature deaths annually, which represents around 12 per cent of the total number of deaths. Poor diet has the highest impact on the NHS budget, costing around £6 billion per year, greater than alcohol consumption, smoking and physical inactivity.

For the purpose of this report, the term ‘unhealthy’ refers to any food or drink items that are classified as less healthy by the Food Standards Agency’s nutrient profile model.
3. Knowledge and attitudes towards diet
Many children and adults in the UK are aware of the importance of consuming a healthy diet, and are concerned about the amount of unhealthy content in food and drink products. This contrasts starkly with how the majority of children and adults do not meet dietary guidance, and demonstrates the need to consider the range of factors beyond an individual’s knowledge and attitudes that impact on their dietary behaviour.

4. Influences on children and young people’s diet
A range of influences affect children and young people's dietary patterns, whether directly changing their attitudes and behaviours, or indirectly through their parents/carers.

The developmental environment before birth and in infancy – nutrition during fetal and infant development is of critical importance for how a child responds to future lifestyle challenges (such as their future food environment), and in turn significantly impacts on their future health and wellbeing. This is partly based on epigenetic processes (ie processes that alter the ways in which genes are switched on and off) that can affect body composition of the offspring, as well as various physiological and psychobiological systems.

Interactions with others – parents and carers can directly and indirectly influence their children’s dietary preferences, as they will typically have a strong influence over the components of their diet, and young children model their parent’s intake. An important consideration related to this is the parent’s knowledge about what a healthy diet is, and skills for dietary planning, food purchases, storage, preparation and cooking. This highlights the need to consider parents and carers in policies aimed at promoting healthier diets. As the child grows older they are also likely to be influenced by what their peers eat.

Education and health promotion – a range of education and health promotion interventions can influence children and young people’s knowledge about healthy diets. Mass media and school-based educational programmes can help in raising awareness and changing attitudes, but do not lead to changes in behaviour when used in isolation. The use of a whole-school approach – where curricula-based learning is supported by the wider school environment and engagement with parents/families and the community – is a useful approach for supporting healthy dietary behaviours in schools. Advice from healthcare professionals may help some patients change their dietary behaviour, but typically is only effective when they already recognise the need to change.

Consumer marketing – children and young people are exposed to a range of food and drink marketing tactics that work in combination to influence demand for their products. These relate to how the product is developed and priced, how it is made available to a consumer, and what marketing communications are used to promote it. Developing a brand is particularly important for marketing a product. Branding is critical to product choice, especially for children and young people who are typically seen as key targets for marketers. Food and drink products are known to be some of the most highly branded items that lend themselves to major advertising campaigns. As processing can add value for the customer (eg longer shelf life) and results in a higher net worth for the product, it is advantageous for companies to market processed goods over commodities. Manufacturers aim for their food and drink products to be very widely available with a view to maximising sales. Various aspects of the in-store environment are also important marketing tools (eg location and prominence on shelf-space). Companies use a range of marketing communications to promote their products. Mass media advertising is known to have a direct impact on children and young people’s dietary choices and an indirect effect on their dietary preferences, consumption and behaviour. While television has been the traditional form of mass media advertising, other strategies, such as through the Internet and digital media, are widely used. There are a range of other marketing communication tactics beyond mass media advertising, including attractive packaging, celebrity endorsement, linkage with fictional characters (eg popular film and television characters), sponsorship and sales promotions.
Stakeholder marketing — many companies aim to influence policy makers through stakeholder marketing, typically in the form of corporate social responsibility. This has the purpose of strengthening a company's brand and enhancing consumer trust. Stakeholder marketing also helps fend off statutory regulation, providing a platform for companies to influence the public health agenda through the development of public-private partnerships.

Access and availability — children and young people's diets are influenced by the food and drink products available in their surrounding environment. While there is limited evidence about how the density of fast-food outlets impacts on diet and health outcomes, they have been found to be concentrated around schools, and are frequently accessed by school-children. The school environment can be an important influence on children and young people's diets, with evidence suggesting that the availability of unhealthy products in school vending machines is associated with poor dietary behaviour.

Deprivation — deprivation can significantly impact on the diet of children and young people living in low-income households. This is strongly linked to the social and economic inequalities that determine an individual's health and wellbeing. Rising food prices have led to trading down to cheaper food products (which tend to be less healthy) or consumption of less food. This is compounded by the higher levels of poorer quality housing in areas of deprivation, which limits the ability to safely store and prepare healthy foods. Individuals on low incomes are likely to have less money to pay for energy bills for some cooking facilities. There is also a strong association between the density of fast-food outlets and increasing deprivation, which adversely impacts on the ability of residents in poorer communities to access affordable, healthy food.

Social changes — social changes that have promoted a culture of convenience can impact on children and young people's dietary behaviour. This is associated with the consumption of pre-prepared meals, snacking and the increasing availability of energy dense food and drink products.

5. Interventions to promote healthier diets

A range of comprehensive measures are needed to promote healthier diets among children and young people, from those governing the supply of food and drink products, to policies seeking to modify the demand for specific types of product. A key focus is to tackle the environmental influences that have created a social norm of unhealthy dietary behaviour in the UK. These include the wide availability, promotion and affordability of unhealthy food and drink products. Tackling these influences will help address the modifiable dietary risk factors that underlie the burden of diet-related ill-health.

Progress will only be achieved through measures to limit commercial influences — from better protection from pervasive marketing tactics to effective controls on where and how products are sold. These measures should be supported by education and health promotion initiatives that ensure children and young people (and their parents and carers) have the right knowledge to make informed choices.

Implementing these measures will require action at every level: from families, communities, schools, local authorities, industry and national government, to international collaboration on cross-border issues. They also need to be implemented collectively in the form of an integrated food and nutrition policy framework where the policies complement each other. The range of measures necessarily involves, and will benefit, large proportions of the population. This reflects the fact that children and young people grow up and live in the same environment as the rest of the population, and that those around them (particularly parents/carers, family and friends) can have a direct or indirect influence on their dietary behaviour. Reflecting on how poor nutrition is linked to wider social and economic inequalities, the recommended interventions need to be considered within a framework of action that addresses the social determinants of health.
5.1 A new approach to tackle diet-related ill health

Through the use of public-private partnerships, the government has placed too much emphasis on industry involvement in developing food and nutrition policy in the UK. This has led to a disproportionate focus on personal responsibility and voluntary action by industry, which has delivered limited or negligible public health gains. The approach of partnership working has also provided a platform for companies to promote and enhance their brand, meaning that commercial companies are the main beneficiaries, and limited attention has been paid to government intervention or wide-scale policy changes. In light of the scale and burden of diet-related ill health, there is a need to ensure that a strong regulatory framework is a central feature of the strategy to improve dietary patterns in the UK, with the role of manufacturers, retailers and caterers limited to implementing and supporting, as opposed to developing, food and nutrition policy.

5.2 Improving attitudes and knowledge about healthy dietary behaviour

Education, social marketing and health promotion

There is a need to ensure that education and health advice – from mass media campaigns and school-based programmes to the advice given by healthcare professionals – is tailored to support healthy dietary behaviour.

Various short-lived, mass-media public health campaigns have been used in the UK aimed at promoting healthier diets. While these can increase knowledge and awareness, they have been found to be ineffective in changing behaviour. This highlights the importance of using them alongside a strong regulatory framework that reduces the wide availability, promotion, affordability and accessibility of unhealthy food and drink products. Their use also needs to take account of the impact of industry marketing of opposing messages. To be effective in increasing knowledge and awareness, these campaigns should be sustained and provide high-impact messages, and should adopt the key success factors of commercial marketing practices. Consideration should also be given to the need to reach vulnerable groups, such as those with an intellectual disability.

Schools can be an important closed setting for improving knowledge and attitudes. Much of the focus in UK schools is curricula-based learning about healthy diets and practical skills for cooking and food preparation. Delivering on these curricula-based objectives requires consideration of resources, such as the adequate provision of facilities for cooking and food preparation classes, as well as training, support and guidance for teachers. Adopting a whole-school approach is important. Examples include school-based cooking classes that involve parents, school cooks, teachers and volunteers from the school community (e.g. local chefs), as well as food-growing programmes that link up with local community allotments and educate about where food comes from. While the use of a whole-school approach is starting to gain momentum in the UK, there is a need for its wider implementation. This will require leadership from head teachers and should be supported by local authorities.

All healthcare professionals have a responsibility to provide advice and support to children, young people and their parents/carers on healthy dietary behaviour where possible and clinically appropriate. This requires adequate resources, including long-term, sustainable investment in general practice to allow for longer patient consultation times, thus enabling dietary concerns to be raised and behaviour-modifying counselling to be undertaken. A range of practical behaviour change techniques should be used, with varying approaches needed depending on an individual’s motivation to change, and whether the interventions are primarily aimed at a child, young person or their parent/carer. Consideration needs to be given to factors such as an individual’s cultural background, as well as how to support vulnerable groups, such as patients with intellectual disabilities. To support their role, healthcare professionals will require a comprehensive understanding of nutrition supported by adequate training and education opportunities.
Consumer information
Efforts to increase knowledge and awareness of healthy dietary behaviour need to be supported by consistent and clear information for consumers about the products they are purchasing. This is complicated by the provision of limited and variable nutritional information on product labels. While there has been some progress towards a standardised approach to front of pack labelling in the UK, this is reliant on voluntary commitments and has led to the co-existence of multiple schemes that confuse consumers. One particular criticism is the way the different labelling schemes provide information in different locations on the product and use different colours/colour shades.

Further action is needed to provide standardised, consistent and clear information on packaging. This should be through a mandatory requirement for all pre-packaged products to have front of pack labelling, based on a system of traffic lights/colour coding, combined with information on reference intakes and high/medium/low text. The use of traffic-light labelling in particular is popular with the public, and accessible for children and young people.

5.3 Limiting unhealthy cues and the promotion of unhealthy food and drink products

Restrictions on mass media advertising and other marketing communications
A range of marketing communications aim to promote unhealthy food and drink products. These include mass media advertising (on television, radio, billboards and the Internet), sponsorship, celebrity endorsement and packaging. Companies spend vast amounts on these forms of promotion, which sits in stark contrast to government expenditure on public health communications. Common product categories that are heavily promoted include pre-sugared breakfast cereals, soft drinks, savoury snacks, confectionery and fast-foods.

While some restrictions have been implemented to reduce the levels of promotion to children and young people – through broadcast regulations (governing television and radio advertisements) and non-broadcast regulations (governing advertisements in various electronic and printed media) – gaps remain and children and young people are still heavily exposed to the marketing of unhealthy products. A particular area of concern is the proliferation of marketing online and via social media. While the BMA would ultimately like to see a ban on all marketing of unhealthy food and drink products to children and young people, there is a need to look at how this is achieved in practice. In the short-term, existing controls should be strengthened by revising the broadcast and non-broadcast regulations to ensure they prevent the marketing of unhealthy products that appeal in any way to children and young people (including the use of promotional offers, licensed characters and celebrity endorsements). Restrictions should also be developed in areas not covered by these regulations, such as marketing activities involving sponsorship of events, activities, individuals or groups.

There is also a need to look specifically at regulations governing the marketing of food and drink products in schools (e.g. through commercial sponsorship and branding of educational packs, goods and equipment). Existing guidance is vague, and there are no sanctions on companies which fail to adhere to the guidelines.

Regulating industry practices and changing the retail environment
Sales promotions are routinely used to encourage consumers to purchase products, including quantity increases, discount pricing, money-off coupons, multipacks and multi-buys, free samples, and special features (e.g. limited editions). These have been found to be disproportionately used to promote unhealthy food and drink products and therefore will contribute to a retail environment that favours unhealthy dietary behaviour. While a small number of retailers have developed policies about the use of sales promotions for unhealthy products, there has been limited voluntary action in this area. This highlights the need to look at stronger policy options to ensure retailers use sales promotions to encourage healthy dietary patterns.
Consideration also needs to be given to specific features of the in-store environment. This is relevant to the placing of unhealthy products at shop entrances, near checkout counters and at the end of aisles. They are often situated at eye-level or within easy reach of young children, which may encourage them to use pester power to persuade their parents to purchase unhealthy snacks. While some companies in the UK have voluntarily chosen not to sell unhealthy products in such areas, this practice is still widespread.

The purchase decisions of consumers may also be influenced by retail staff behaviour where consumers are specifically offered discounted unhealthy products at checkout counters. These practices demonstrate the need to strengthen the regulatory framework for the way unhealthy products are promoted in the retail environment.

5.4 Creating an environment that promotes healthy dietary behaviour

The physical availability of unhealthy and healthy products

The spread of global fast-food chains and independent fast-food stores has led to increased access and availability of unhealthy food items on the high street, with particularly high concentration in city centres and along arterial routes, in close proximity to schools, and in areas of deprivation. This creates a local environment where consumption of fast-food is a normal, everyday occurrence. It also increases the likelihood of children and young people consuming fast-food items because they are readily available. As these premises can often be opened without applying for planning permission, one useful step is to provide local authorities with the powers to limit the future number, clustering and over-concentration of fast-food outlets locally. While this is being taken forward in some localities, it should be implemented more widely.

Food in schools

Regulating the food provided in schools – through food and nutrition standards – is an important way to support healthier diets among children and young people. All devolved administrations have set legal standards for school lunches and for foods available during the day. While these cover all state schools in Northern Ireland, Scotland and Wales, the recently implemented standards in England are less comprehensive. The way they have been implemented means that the standards are not mandatory in over 3,500 academy schools and 200 free schools, which will instead rely on their governing board voluntarily agreeing to meet the standards. This raises the concern of a greater likelihood of poor quality food being provided in these schools, and illustrates a need to ensure the mandatory food standards are extended to cover all academy schools and free schools in England.

A further approach to improving the school food environment is the provision of free fruit and vegetable schemes, which help support children in meeting dietary guidance. While a comprehensive scheme is in place for all grant-maintained schools in England, this does not apply to primary schools with academy status, or which operate as free schools. In Scotland, it is up to each local authority to provide this scheme, and there are no comparable schemes in Northern Ireland and Wales. To ensure equal provision, free fruit and vegetable initiatives should be available for all primary school children across the UK.

Different arrangements also exist across the UK for the provision of free school meals. These are particularly important in providing access to a healthy meal each day for children from low-income households. In England and Scotland, free school meals are provided universally for children aged between four and seven, while they are only provided in Northern Ireland and Wales to children whose parents are in receipt of certain benefits and support payments. As evidence suggests that universal provision of free school meals is beneficial, consideration should be given in Northern Ireland and Wales to extending the provision of free school meals to be universal rather than based on entitlement.
The healthcare environment
The healthcare environment provides a closed setting suitable for promoting and supporting healthy behaviours, and doctors believe this setting should be an exemplar of best practice. One key aspect is the food provided to hospital patients. Different standards apply across the UK for hospital food, and evidence from various surveys show that the food can vary significantly in quality, including meals that are unhealthy and unappetising. Action to develop a consistent, UK-wide approach to hospital food standards would reduce this variability. There is also a need to move to a statutory approach for hospital food standards to improve monitoring and enforcement, and ensure the standards are evenly applied across all hospitals throughout the UK.

A further key aspect is the sale of unhealthy food items in hospitals – through on-site fast-food franchises, retail outlets and vending machines. This is commonplace, to the extent that doctors have described their workplaces as a toxic hospital food environment. Of significant concern is the normality with which high-street franchises that predominantly offer unhealthy products are present in hospitals. This sets a poor example to patients and visitors, and challenges an employer’s responsibility to promote workplace health and wellbeing for NHS staff. While various regulations are in place governing the food sold in hospitals, these do not adequately limit the sale of unhealthy products. Doctors would ultimately like to see an end to the sale of all unhealthy food and drink products in all NHS hospital across the UK. In recognising that food services (including vending machines, on-site shops and food outlets) may not be under the direct control of the hospital, this will require a phased approach through renegotiation with leaseholders and contractors, and supported by the development of UK-wide mandatory regulations.

Beyond hospitals, there are a wide range of social care homes (notably nursing homes and residential care homes) that typically have responsibility for providing food and drink to their residents. While standards for the care provided in these homes have been developed, they only include overarching requirements for the food to be nutritionally balanced, varied and appetising. There are no specific standards related to nutritional content of the food and drink provided. This increases the likelihood of residents receiving unhealthy content in meals, and does not give sufficient priority to this aspect in inspection and monitoring. Action is therefore needed to develop specific nutritional standards for care homes in the UK, which should be implemented on a statutory basis.

Regulating the nutritional content of processed food and drink products
Food processing can increase levels of trans fats, saturated fats, added sugars and salt. These are known to have adverse impacts on health when consumed in high levels, and are over consumed by the UK population. This is particularly relevant for low income groups, who commonly rely on cheap, processed food and drink products as a part of their diet. Action is therefore needed to regulate the nutritional content of processed food and drink products.

Trans fats
Many countries have introduced different strategies to reduce trans fats intake, ranging from improved product labelling, to industry targets and mandatory restrictions on artificial trans fats levels. The introduction of mandatory limits has been found to be the most effective strategy. The main approach in the UK has focused on encouraging voluntary action by manufacturers and retailers to not use ingredients that contain artificial trans fats/remove artificial trans fats from their products. This has led to some reductions in the levels of artificial trans fats in processed products, and data show that average intake is below recommended maximum levels. There is concern that certain subgroups may have substantially higher intakes than the reported population average (ie individuals who regularly use partially hydrogenated vegetable oils for cooking, or who eat a high proportion of industrially processed or fast-food). To ensure equal protection across the population, and learning from international experiences, efforts should be strengthened to further reduce trans fats intake in the UK. This should be achieved by the implementation of a one-year target for industry to eliminate artificial trans fats from all products sold in the UK, with legislation introduced if this target is not met.
Salt
As one of the first European countries to develop a national salt reduction strategy, some progress has been made in the UK in reducing the salt content of many processed foods, and in reducing average salt intakes. This has been based on raising public awareness through an advertising and social marketing campaign; the introduction of traffic-light labelling for salt content; and engagement with industry on a voluntary basis to set reduction targets. As mean salt intake for adults and children remains above recommended levels, and previous voluntary salt reduction targets have not been met, action should be prioritised to meet the revised set of targets agreed in 2014, with a view to achieving the recommended maximum population intake of 6g per day by 2017. Regulatory measures should be considered if these targets are not met.

Fat, saturated fat, added sugars and calories
Compared to action on trans fats and salt, considerably less attention has been given to reducing intakes of fat, saturated fat, added sugars and calories. While various voluntary commitments have been made in England to reduce calorie and saturated fat levels, there are a lack of targets covering specific food and drink product categories, no defined timescale for action, and patchy progress has been made against the commitments. A voluntary approach has also been adopted in Scotland. This originally included proposed reformulation targets to reduce calories and/or energy density, fats and added sugars in the following product categories: soft drinks with added sugar; chocolate and chocolate confectionery; biscuits; cakes; pies and pastries; dairy products; sausages; savoury snacks; chips and fried and roast potatoes. Disappointingly, the targets for specific product categories were not included in the final framework for voluntary action. This highlights the need to develop UK-wide targets for manufacturers, retailers and caterers to reduce calorie, fat, saturated fat and added sugars levels across key product categories. This should include a goal to achieve the targets by 2020, supported by regulation if these targets are not met.

Fiscal measures that favour healthy diets
The use of taxation measures on unhealthy food and drink products has consistently been found to have the potential to improve health, with relatively high taxation levels (in the region of 20%) needed to achieve positive health outcomes. While taxing a wide range of products is an important long-term goal, a useful first step would be to implement a duty on sugar-sweetened beverages (all non-alcoholic water based beverages with added sugar, including sugar-sweetened soft drinks, energy drinks, fruit drink, sports drinks and fruit-juice concentrates) by increasing the price by at least 20 per cent. This reflects that the strongest evidence of effectiveness of taxation approaches is for sugar-sweetened beverages; that these products are typically high in calories and low in essential vitamins and minerals (often referred to as ‘empty calories’); that the intake of added sugars by many children and adults in the UK far exceeds recommended levels; and that a high intake of added sugars is a risk factor for a range of health conditions.

The use of subsidisation can be used to promote consumption of healthier products, and may alleviate the regressive nature of food taxes and reduce diet-related disease. The most obvious food groups to focus on are fruit and vegetables. The majority of the UK population do not consume these at recommended levels, and they are one of the food groups most affected by recent food price rises. Consideration should therefore be given to the introduction of fiscal measures to subsidise the sale of fruit and vegetables in the UK, which could be funded by the introduction of a tax on sugar-sweetened beverages.
5.5 International cooperation on nutrition

International cooperation and coordination is essential to regulate cross-border issues such as international marketing, advertising and trading of food and drink products. This is particularly important in light of the impact of European Union regulations on food and nutrition policy in the UK. While various non-binding agreements exist to support coordinated action between countries, there has been limited progress by governments across the world in implementing policy and regulatory changes. This highlights the need for a comprehensive international framework to support countries in strengthening their policy and regulatory approaches. This could be achieved through a global Framework Convention on Healthy Nutrition. To be effective, this should include legally binding provisions for action to tackle the availability, promotion, affordability and accessibility of unhealthy food and drink products, supported by measures to limit industry influence on policy development.
6. Recommendations

Overall approach to diet-related ill health

- A strong regulatory framework should be central to the approach to reducing the burden of diet-related ill health in the UK, focused on interventions that limit commercial influences on people’s dietary behaviour and encourage healthy dietary patterns.

Improving attitudes and knowledge about healthy dietary behaviour

Education, social marketing and health promotion

- High impact and sustained social marketing campaigns should be used to improve attitudes and knowledge about healthy dietary behaviour and the health risks of a poor diet. These should learn from the key success factors of commercial marketing practices, and must be supported by a strong regulatory framework that reduces the accessibility, availability and promotion of unhealthy food and drink products.
- Local authorities should work collaboratively with schools to achieve the wider implementation of the whole-school approach for promoting healthier diets throughout the UK. This should include a focus on developing cooking skills and improving knowledge about where food comes from.
- There should be adequate resources to support all healthcare professionals in addressing dietary behaviour where possible and clinically appropriate. This should be complemented by comprehensive education and training opportunities — integrated throughout the undergraduate and postgraduate curricula, and continuing professional development — to ensure all healthcare professionals 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.

Consumer information

- A mandatory, standardised approach for displaying nutritional information — based on traffic lights/colour coding, reference intakes, and high/medium/low text — should be introduced for all pre-packaged food and drink products. This will require regulatory changes at a European level.

Limiting unhealthy cues and the promotion of unhealthy food and drink products

Restrictions on mass media advertising and other marketing communications

- Regulations should be developed to prohibit the marketing of unhealthy food and drink products to children and young people. In the short-term, this should focus on:
  - revising the UK Code of Broadcast Advertising to prohibit advertisements in or around any programmes that appeal in any way to children and young people
  - revising the UK Code of Non-broadcast Advertising, Sales Promotion and Direct Marketing to include specific provisions preventing the marketing via non-broadcast media (including the use of promotional offers, licensed characters and celebrity endorsements) that appeal in any way to children and young people
  - developing regulations that prohibit any marketing activities involving sponsorship of events, activities, individuals or groups that appeal in any way to children and young people.
- The marketing of unhealthy food and drink products in schools (eg commercial sponsorship and branding of educational packs, goods and equipment) should be prohibited.

Regulating industry practices and changing the retail environment

- The UK health departments should commission a review of how the regulation of sales promotions can be strengthened to ensure they favour healthy options and deliver public health benefits.
- Regulations should be developed that prohibit retailers from:
  - displaying unhealthy food and drink products at checkouts and in queuing areas
  - the use of schemes that require retail staff to promote unhealthy food and drink products at checkouts.
Creating an environment that promotes healthy dietary behaviour

The physical availability of unhealthy and healthy products
- Local authorities should be provided with the power to restrict the future number, clustering and concentration of fast-food outlets locally.

Food in schools
- Legislation should be introduced in England to ensure that mandatory school food standards apply to all academy schools and free schools.
- A free fruit and vegetable scheme should be available to all primary school children throughout the UK five days per week.
- Consideration should be given to extending the provision of free school meals in Northern Ireland and Wales to be universal rather than based on entitlement.

Hospital food standards
- The UK health departments should work together to develop and implement consistent and comprehensive hospital food standards, which should be introduced as a statutory requirement.

Other food available in the hospital environment
- The sale of all unhealthy food and drink products should be phased out in all NHS hospitals, supported by the development and implementation of UK-wide mandatory regulations.

Food standards in social care settings
- Nutritional standards should be developed and implemented for the provision of food in all care homes in the UK, and should be a statutory requirement.

Regulating the nutritional content of processed food and drink products
- A one-year target should be set for manufacturers, retailers and caterers to not produce or sell any food and drink products containing artificial trans fats in the UK. Regulatory measures should be implemented if this target is not met.
- All manufacturers, retailers and caterers should prioritise action to systematically reduce salt levels in all food and drink products sold and produced in the UK in line with the revised UK-wide 2017 targets, with a view to meeting the 6g per day population intake goal for adults. Regulatory measures should be implemented if this target is not met.
- UK-wide targets, to be achieved by 2020, should be set for manufacturers, retailers and caterers to reduce calorie, fat, saturated fat and added sugar levels for the following product categories: soft drinks with added sugar; chocolate and chocolate confectionery; biscuits; cakes; pies and pastries; dairy products; sausages; savoury snacks; chips and fried and roast potatoes. Regulatory measures should be used if these targets are not met.

Fiscal measures that favour healthy diets
- A tax should be introduced on all sugar-sweetened beverages, which increases the price by at least 20 per cent.
- Consideration should be given to the introduction of fiscal measures to subsidise the sale of fruit and vegetables.

International cooperation on nutrition
- The UK Government should lobby for, and support the World Health Organization in developing and implementing an international treaty on food and nutrition in the form of a Framework Convention on Healthy Nutrition. This should include legally-binding provisions to tackle the availability, accessibility and promotion of unhealthy food and drink products, as well as a directive to ensure that food and nutrition policies are developed independently of commercial interests.