

# Food Active Comprehensive Spending Review Submission

September 2020

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## About Food Active

Food Active is a healthy weight programme delivered by the Health Equalities Group, and commissioned by local authority public health teams, NHS organisations, and Public Health England teams at both regional and national level. The programme focusses on advocacy, targeted interventions, research and strategic partnerships to drive forward policy calls. Originating in the North West of England, Food Active supports local authorities across the region both on an individual level but also in taking a collaborative approach to promoting healthy weight.

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## Introduction

The prevalence of unhealthy weight is concerning; one in five children start school experiencing overweight or obesity, and a third of children leave primary school experiencing overweight or obesity. Younger generations are living with obesity at an earlier age and for longer<sup>1</sup>. Nearly two thirds of adults in the UK are also living with overweight or obesity<sup>2</sup>. Obesity also follows the social gradient, with those living in more deprived areas at a greater risk of experiencing obesity.

Whilst individual choice plays a role in determining our weight status, our biological, social, economic and environment circumstances also play a massive role. Targeted action is required at all levels to promote healthier eating, to increase physical activity and to ensure an environment which makes it easier for people to make informed choices in a bid to reduce the risk of developing non-communicable diseases (such as heart disease and type 2 diabetes) and to limit the risks associated with communicable diseases such as Covid-19. The Covid-19 pandemic has further strengthened calls to address poor diets and overweight and obesity across the life course, as evidence has identified that people living with obesity are at a greater risk of developing severe Covid-19 complications compared to those with a normal weight<sup>3,4</sup>.

As we attempt to 'Build Back Better' following the Covid-19 pandemic, it is in the Government's interest to invest in population health and prevention of ill health that will ultimately reduce the resource and cost burden of obesity to the NHS. In our submission to the Comprehensive Spending Review (CSR), we are calling on the Government to commit to funding in the following areas:

## **1. Public health funding**

Food Active is calling on the Government to increase investment in public health across England to reduce health inequalities and to prevent ill health including overweight and obesity. Our experience working with numerous local authorities on their obesity agenda tells us the continued cuts to the public health grant (over a fifth since 2015/16<sup>5</sup>) has significantly affected their ability to deliver effective services and measures to prevent overweight and obesity within their population. Whilst local authorities have made efficiencies through better commissioning, cuts are nevertheless impacting frontline prevention services (i.e. individual or family dietary and physical activity interventions, community food programmes, social marketing campaigns). We are pleased to see the small increase in this year's grant (2020/21), but this it is simply not enough to support sustainable delivery of preventative services<sup>6</sup>

In 2018 the Government laid out their vision for 'putting prevention at the heart of the nation's health' in the policy paper 'Prevention is Better than Cure'<sup>7</sup>. Annual spend on the treatment of obesity and diabetes is currently greater than the amount spent on the police, the fire service and the judicial system combined at £27bn per annum<sup>8</sup>. In a time where we are looking to reduce the budget deficit and build back the economy following the Covid-19 pandemic, it is in the Government's interest to uphold to their commitment of investing in prevention as a cost-saving measure. A systematic review concluded that for every £1.00 spent on public health, this returns an extra £14 on the original investment, on average—and in some cases, significantly more than that<sup>9</sup>. Reducing the prevalence of overweight and obesity by just 1% each year below predicted trends would save 300 million in NHS healthcare and NHS social care costs in the year 2035 alone<sup>10</sup>. We urge the Government to take this into consideration in the CSR, and any further cuts to the public health grant or simply maintaining the low levels of investment could actually *cost* the Government, rather than make a dent on the national deficit.

*For more information see the joint representation on public health, submitted by Cancer Research UK of which we are also a signatory.*

## **2. Extension of the soft drinks industry levy**

The soft drinks industry levy (SDIL) has been the champion of the Government's childhood obesity strategy. It has been shown to be effective in reducing the amount of sugar found in soft drinks and shifting consumer behaviour towards healthier options<sup>11</sup>. This will go a long way in reducing excess free sugar intake across the life course – but in particular children, as these drinks are their largest source of sugar.

Building on the success already made by the SDIL, we would like the government to extend the levy to include milk-based drinks. These drinks now contain some of the highest levels of sugar and are typically consumed in large portions<sup>12</sup>. We recognise these drinks can provide a useful source of calcium for young people, however we believe the costs of large amounts of sugar outweigh these benefits to children's diets. The Government has committed to reviewing whether milk-based drinks should be included in the SDIL (in both the Childhood Obesity Plan chapter 2 and Prevention Green

Paper), should manufacturers not take action to reduce the sugar content of these drinks (challenged to remove 20% sugar as part of the Sugar Reduction Programme). Whilst results for milk based drinks have yet to be published, first year progress report for other food categories as part of the SRP has shown manufacturers are way off track to meet their target by 2020. We anticipate milk-based drinks manufacturers will follow the same pattern as other food categories in the SRP, due to the fact this is a voluntary programme, without any repercussions should targets not be met. Legislative action, such as the SDIL, is what is needed to prompt action from industry.

We would also like to see amendments made to the current threshold structure of the SDIL. Following implementation, we have seen many manufacturers reformulate their drinks to avoid the lower threshold to the milligram to around 4.9-4.6g per 100ml<sup>13</sup>. A 500ml bottle of Dr Pepper contains 24.5g free sugars – contributing to over 80% of an 11 year old’s recommended free sugar intake – but this is not subject to the SDIL as it contains just 0.1g less than the lower threshold of the levy.

Manufacturers have shown they can quickly reformulate their products to contain less sugar, with very few showing a sustained fall in sales or consumer satisfaction. We would like to see the Government lower the threshold from 5g/100ml to 4.5g/100ml as this would encourage even more reformulation and continue to benefit children’s health by reducing the amount of sugar available on the supermarket shelves.

Lowering the threshold would also bring the SDIL in line with the current nutrient profile model (NPM) which categorises food and drink as ‘less healthy’ or ‘healthier’ and is used in advertising restrictions. Currently a drink with 4.5g of sugar per 100ml would be classed as ‘less healthy’ by the NPM, yet not be subject to the SDIL. Aligning the SDIL with the NPM would increase policy coherence and incentivise drinks manufacturers to further reduce sugar from their products, or raise additional revenue from the levy.

Finally, we would also like to see Government raising the rate of the SDIL. This, along with the inclusion of milk-based drinks and a lower threshold would raise additional revenue to be spent on improving child health. All SDIL revenue should continue to be allocated to measures that contribute to the Government’s target of halving child obesity by 2030. The National Audit Office recently reported the Government is significantly off track on meeting this target<sup>14</sup> – the time to act and invest in population health is now.

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<sup>1</sup> Public Health England (2020) Patterns and trends in childhood obesity [online] Available at: <https://www.gov.uk/government/publications/child-obesity-patterns-and-trends/patterns-and-trends-in-child-obesity-national-and-regional-data>

<sup>2</sup> NHS digital: Adult overweight and obesity (2020) [online] Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-obesity-physical-activity-and-diet/england-2020/part-3-adult-obesity-copy>

<sup>3</sup> Dhurandhar, N.V., Bailey, D. and Thomas, D., (2015). Interaction of obesity and infections. *Obesity Reviews*, 16(12), pp.1017-1029.

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<sup>4</sup> Sattar, N., McInnes, I.B. and McMurray, J.J., (2020). Obesity a risk factor for severe COVID-19 infection: multiple potential mechanisms. *Circulation*.

<sup>5</sup> The Health Foundation (2020). The public health grant has been increased but is still too low. <https://www.health.org.uk/news-and-comment/charts-and-infographics/the-public-health-grant-has-been-increased-but-is-still-too>

<sup>6</sup> The Health Foundation and King's Fund (2019). Urgent call for £1bn a year to reverse cuts to public health funding. <https://www.health.org.uk/news-and-comment/news/urgent-call-for-1-billion-a-year-to-reverse-cuts-to-public-health-grant>

<sup>7</sup> Department for Health and Social Care (2018) Prevention is better than cure: our vision to help you live healthier for longer. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/753688/Prevention\\_is\\_better\\_than\\_cure\\_5-11.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/753688/Prevention_is_better_than_cure_5-11.pdf)

<sup>8</sup> Public Health England. Health matters: obesity and the food environment <https://www.gov.uk/government/publications/health-matters-obesity-and-the-food-environment/health-matters-obesity-and-the-food-environment--2#:~:text=The%20overall%20cost%20of%20obesity,%C2%A349.9%20billion%20per%20year.>

<sup>9</sup> Masters, R. et al. (2017) Return on investment of public health interventions: a systematic review. *J Epidemiol Community Health*. 2017 Aug; 71(8): 827–834.

<sup>10</sup> Cancer Research UK and UK Health Forum. Tipping the Scales: why preventing obesity makes economic sense. (2016). Available at: [https://www.cancerresearchuk.org/sites/default/files/tipping\\_the\\_scales\\_-\\_cruk\\_full\\_report11.pdf](https://www.cancerresearchuk.org/sites/default/files/tipping_the_scales_-_cruk_full_report11.pdf) ( Accessed on 16/03/20)

<sup>11</sup> Scarborough P, Adhikari V, Harrington RA, Elhussein A, Briggs A, et al. (2020) Impact of the announcement and implementation of the UK Soft Drinks Industry Levy on sugar content, price, product size and number of available soft drinks in the UK, 2015-19: A controlled interrupted time series analysis. *PLOS Medicine* 17(2): e1003025. <https://doi.org/10.1371/journal.pmed.1003025>

<sup>12</sup> Public Health England (2018) Sugar reduction progress report. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/708930/Sugar\\_reduction\\_juice\\_and\\_milk\\_based\\_drinks.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/708930/Sugar_reduction_juice_and_milk_based_drinks.pdf)

<sup>13</sup> Give Up Loving Pop (2018) Sugar content of soft drinks. <http://www.giveuplovingpop.org.uk/wp-content/uploads/2017/03/GULP-List-of-Drinks-2018-update.pdf>

<sup>14</sup> National Audit Office (2020) Childhood Obesity. <https://www.nao.org.uk/wp-content/uploads/2020/09/childhood-obesity.pdf>