

New government, new opportunity?

The importance of driving action on reformulating food to improve public health



FUTURE
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CHANGE**

About this briefing

We have an opportunity to rebalance food environments to make them healthier for our children and build on the impact of measures like the Soft Drinks Industry Levy (SDIL).

This joint Future Health and Recipe for Change briefing was commissioned by the Recipe for Change campaign to understand and help overcome political barriers to extending reformulation policies aimed at preventing obesity and improving child health in the UK.

The Recipe for Change campaign calls for a new industry levy to help make our food healthier, while raising revenue that can be invested back into children's health. Such a levy could be applied to all salt and sugar used in manufactured food and catering, or applied to specific product categories only. It has the potential to have wide-ranging health and economic benefits by improving the nation's health and reducing cases of preventable diet-related disease such as obesity, cardiovascular disease, type 2 diabetes and various cancers.¹

Recipe for Change is a coalition of over 45 health, food and children's organisations across the UK. It is co-ordinated by Sustain, Obesity Health Alliance, the Food Foundation, British Heart Foundation and Action on Sugar, with support from Impact on Urban Health.

www.recipeforchange.org.uk

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Foreword

A new Government creates new opportunities for policy change.

Labour's Child Health Action Plan ambition to create the 'healthiest generation of children ever' and wider health mission ambitions for reducing gaps in healthy life expectancy between the most and least well off in society are highly welcome.^{2,3} But to deliver on these goals will require a step-change in Government action to improve public and dietary health.

We know that the accessibility and affordability of different types of food influences what we eat. In the National Food Strategy, Henry Dimbleby described the link between our innate dietary preferences and the food and drink industry's behaviour as a 'junk food cycle'.⁴ People enjoy these foods. They are cheap and addictive. People buy more of them. Economies of scale increase, production costs fall further, margins increase, healthy competitors are closed out, and businesses invest in marketing and research to increase the moorishness of their products. They become even cheaper and more appealing. People buy more.

Despite Government commitments to act, rates of adult and childhood obesity have continued to rise. Two thirds of children are exceeding daily salt recommendations, while nineteen out of every twenty children consume over their daily allowance of sugar.⁵ Almost a quarter of children aged 10 and 11, and a quarter of adults live with obesity with much higher risks of cardiovascular disease, stroke, cancer, type 2 diabetes, dementia, mental illness, joint problems and dropping out of work. The longer the exposure, the greater the health risks, and a shorter and a lower quality of life.⁶

As part of its mission to improve the nation's health and support happier and healthier lives, the new Government should learn and act from what works. The Soft Drinks Industry Levy (SDIL) has helped reduce the amount of sugar sold in soft drinks.

Expanding reformulation as set out in this briefing would extend these benefits more widely; improving our health and helping to prevent and reduce obesity.

The public supports stronger action, clinicians are calling for change and the industry is asking for a level-playing field to promote healthier options.

What is now required is the political will to act.

A new Government with a significant majority and high ambition for our health creates an opportunity for change.

It's time to build a healthier future and make change happen.

Lord Filkin, Labour

Lord Bethell, Conservatives

Baroness Walmsley, Liberal Democrats

Children's health and nutrition: the challenge

Over 1 in 3 children leave primary school overweight or obese with childhood obesity rates twice as high in deprived communities compared to the most affluent areas.⁷

The previous Government had a target to halve obesity levels by 2030.⁸ The target was set in 2018, but since then levels of overweight and obesity in children have only increased further. In 2017/18 34.3% of children were above a healthy weight by the time they left primary school.⁹ This has now increased to 37.7% – more than 1 in 3.¹⁰

Rising childhood obesity rates and poor diet are having a wider impact. British boys and girls fell from being ranked 69 out of 200 countries for average height for five-year-olds in 1985, to 102nd and 96th respectively in 2019.¹¹ Incidence of type 2 diabetes has increased from 22.8 per 100,000 to 31.1 per 100,000 children between 2015/16 and 2022/23.¹²

Higher childhood obesity rates lead to higher adult obesity rates.¹³ 64% of the adult population in the UK are living with overweight and obesity – a figure which has almost doubled since 1980.¹⁴ The annual cost of obesity in the UK is an estimated £97.9 billion.¹⁵ This includes:

- **£19 billion of costs to the NHS** – through increased prevalence of conditions such as type 2 diabetes, cardiovascular disease and cancer. It costs the NHS twice as much to look after people living with obesity than people without the condition.¹⁶ There has also been a nearly nine-fold increase in the number of hospital admissions with a primary and secondary diagnosis of obesity. In 2009/10 the number of admissions was just over 140,000 and in 2022/2023 this had risen to 1.2 million.¹⁷
- **£16 billion in economic costs as a result of lower productivity** – there is a much higher risk of unemployment and reduced participation in the labour market for those living with overweight and obesity.¹⁸

People living with obesity take four extra sick days a year on average – resulting in 37 million lost sick days a year.¹⁹

If no action is taken, the costs associated with obesity are expected to rise by a further £11.5 billion a year by 2040.^{20,21} The OECD has projected that obesity will cost the UK economy 3.3% of GDP by 2050.²²

The case for action on reformulation

Four of the top five risk factors for poor health, disability and mortality are related to our diet.²³ High salt and sugar intake is linked to increased risks of cancer, stroke, cardiovascular disease, type 2 diabetes and musculoskeletal conditions.^{24,25}

66% of children in the UK exceed salt intake recommendations and 95% exceed sugar recommendations.²⁶ Amongst children and teenagers, sugar is providing on average over 12% of calories. While 72% of adults eat too much sugar and 27% exceed the daily recommended amount of salt.²⁷

High sugar consumption is a key driver of excess weight and of tooth decay²⁸ – which results in the highest number of hospital admissions in children aged 6-10 years old.²⁹ 24% of children in England have had experience of dental decay by age 5.³⁰

Reducing sugar and salt intake is a challenge for everyone – especially those in the poorest communities. Unhealthy food is abundantly available, heavily promoted and often the cheapest and most convenient option. Up to 85% of the salt we eat is already added to the food we buy³¹, and just three categories – biscuits, confectionery and desserts – are responsible for almost 60% of the added sugar that we eat at home.³²

A report by Sustainable and Healthy Food Systems (SHEFS) found that swapping to lower sugar and salt foods could reduce the prevalence of overweight and obesity in the UK from 60-65% to 40-45% of the population.³³ This in turn will reduce costs to the NHS, improve productivity and even reduce greenhouse gas emissions.

Research carried out by London School of Hygiene & Tropical Medicine (LSHTM) for the Recipe for Change campaign has shown that a new levy on all sugar and salt used in manufactured foods or in restaurants and catering, as proposed by the National Food Strategy, could:

- Reduce average salt intake by up to 0.9g per day and sugar intake by up to 15g per day
- Prevent almost 2 million cases of chronic disease, including over 1 million cases of cardiovascular disease (CVD), 571,000 cases of type 2 diabetes, 11,000 cases of cancer and 249,000 cases of respiratory disease over 25 years
- Provide gains of more than 3.7 million quality adjusted life years, worth £77.9 billion to the economy over 25 years
- Increase average life expectancy by up to 4.9 months³⁴

The public support reformulation

SDIL has shown that Government action can directly impact the public's sugar intake without adversely impacting profitability for industry. The levy introduced in 2018 led to a 34.3% reduction in the amount of sugar sold in soft drinks between 2015 – 2020. 83% of this is attributable to recipe reformulation and 17% driven by consumers choosing lower-sugar options. Sales of soft drinks also saw an increase of 21.3% between 2015 and 2020, driven by an increase in sales of drinks containing less than 5g of sugar per 100ml.^{35,36}

Industry support for SDIL has also increased and food businesses are increasingly supportive of government intervention on diets. CEOs of many major UK food businesses, including Aldi, Lidl, Compass, Greggs, Sainsbury's and Tesco, signed a public joint statement in 2022 after the publication of the National Food Strategy to say that legislation is needed to help businesses accelerate their transition

towards more healthy, sustainable practices.³⁷ Some of the biggest food companies in the UK – Costa, Danone, Deliveroo, Innocent, Chartwells, Jamie Oliver and KFC – have also said they need a level playing field to help them support better food for young people.³⁸ In 2023, the CEO of Danone called for more taxes on unhealthy food.³⁹

Polling has shown that the public is in favour of extending the SDIL model to other unhealthy food and drink items. 68% support such an extension with only 7% of adults strongly opposing an expansion of the levy.⁴⁰ Over three-quarters of adults (77%) believe that the funds from the existing sugar levy should be used directly to fund programmes aimed at improving children's health.⁴¹

Policy proposals for delivering reformulation

There are a number of different ideas and proposals to deliver greater product reformulation to prevent food-related ill health. A recent Recipe for Change campaign roundtable held in the House of Lords identified three policy options deemed to be the most viable:

Option 1 – upstream sugar and salt reformulation levy like that envisioned in the National Food Strategy⁴²

Such a levy would be applied to all sugar and salt sold for use in processed foods or in restaurants and catering, and would therefore impact all processed food categories in which sugar or salt is used as an ingredient. Under this model, imports of processed food would also be taxed when they enter the UK on the basis of their sugar and salt content in order to prevent manufacturers off-shoring their operations to avoid the tax. The levy would include a carve-out applied to sugar and salt that goes straight to retail to avoid taxing ingredients that are used in home cooking.

The levy would be paid by the manufacturers and importers of processed foods. The National Food Strategy proposed it be applied at a

rate of £3/kg on sugar (and other ingredients used for sweetening) and £6/kg on salt.⁴³

Option 2 – applying a new levy to certain categories only, targeting a selection of discretionary/non-staple products to drive reformulation

The tax would target categories that contribute significantly to excess sugar or salt consumption, and which are 'discretionary' to the diet, to avoid the tax being applied to staple foods. Key categories to focus on are likely to include confectionery, cakes, desserts and biscuits, and/or products with hidden sugar, all of which contribute heavily to added sugar consumption.

A similar approach could be taken for savoury snacks and crisps or other processed foods containing high levels of salt. The product categories used by Government for restricting advertising and promotions – which are based on categories that contribute most to children's excess consumption, along with evidence from voluntary reformulation programmes – could provide a guide for defining which products would come into scope.

Option 3 – applying an excess profits levy to retailers or producers of products with high sugar and salt content

This would be a paper-based tax, charged as a proportion of either revenues (market share), or profits of retailers and producers of products high in salt and sugar.

A tax targeted at retail sales of products with high sugar and salt content could create broad 'system level' incentives for larger retailers to adjust recipes and retail practices, operating in a similar way to a levy charged on the food itself.

What are the views of the main political parties on reformulation policy?

Despite public support for greater action in improving dietary health through reformulation, political action has been relatively limited.

The previous Conservative Government did introduce the SDIL in April 2018.⁴⁴ However the main focus for action has been more voluntary based measures for calorie reduction.

In 2018, Public Health England published *Calorie reduction: the scope and ambition for action*, which established the evidence base for this work and included an initial ambition for a 20% calorie reduction to be achieved by 2024 across all sectors of industry.⁴⁵

The most recent reporting on calorie reduction in February 2024 found that 'generally limited progress has been achieved in working towards the ambitions and guidelines set for the calorie reduction workstream. In addition, total volume and calorie sales increased in a number of food categories in the retailer and manufacturing sector.'⁴⁶

Conservative obesity policy has oscillated significantly over recent years. Following the impact of COVID-19 an obesity strategy was published in mid-2020 including a number of significant measures, such as a 9pm watershed for advertising food and drinks high in fat, sugar and salt (HFSS), but policy implementation was either delayed or ignored.⁴⁷ So called 'nanny state' public health policies were politically weaponised by the party in 2023; though the Tobacco and Vapes Bill – seeking to end smoking in the UK – was a noted and welcome move away from such an approach.^{48,49} The recent calorie reduction report did also note that the Government 'will continue to monitor this area but will also explore other levers if progress is not made;' opening up the possibility of stronger measures in the future.⁵⁰ Now in opposition the future direction of the party's public health policy is unclear.

Labour in opposition supported SDIL with Wes Streeting in his Shadow Health and Social Care Secretary role calling it a highly 'effective public health measure.'⁵¹ However, he has also been clear that any new measures that increase food prices will not be introduced during a cost of living crisis.⁵² Streeting has highlighted that if voluntary action at calorie reduction and tackling obesity fails to deliver, that he is prepared to 'steamroll' industry; and Labour leader Sir Keir Starmer has said he is prepared to tackle accusations of being 'nanny state' to improve child health.^{53,54}

Labour's manifesto did not mention reformulation policies to improve health and reduce obesity. However, the party's health and economic missions for reducing the gap in healthy life expectancy and delivering economic growth present opportunities for making progress on cross cutting longer-term policy agendas such as preventing and reducing obesity. Along with ambitions to create the 'healthiest generation of children' in the Child Health Action Plan and with voluntary measures at calorie reduction due to run out at the end of 2025, the new Government will need to decide what approach it wants to take to make more significant progress.⁵⁵

Since winning the General Election in July 2024, Wes Streeting has spoken about the need for 'a shift from the services focused on treating sickness to a government focused on preventing illness in the first place'. The new Labour Government has also named a new Parliamentary Under-Secretary for Public Health and Prevention, the first time that prevention has been included in this role.

The Liberal Democrats have been strong supporters of extending SDIL. The party's manifesto included a pledge to extend SDIL 'to juice-based and milk-based drinks that are high in added sugar.'⁵⁶ With a larger group of MPs, the Liberal Democrats could become an important source of scrutiny on Government public health actions such as reformulation in the new Parliament. However, there does remain some debate within the party about whether such public health measures should be supported, with some arguing that such measures are illiberal.

The Labour Government – a window of opportunity for action on reformulation?

John Kingdon's Multiple Streams Framework argues that policy change happens when three streams: the political stream, policy stream and problem stream come together to create a window of opportunity for change. Kingdon argues that only a small number of issues ever reach the top of political decision maker in-trays where such change occurs.⁵⁷ An election of a new Government is a 'window of opportunity' for policy change.

Figure 1 (page 9) assesses the 'window of opportunity' for positive change on reformulation policy following the election of a new Government.

Figure 1: A new Government, a new 'window of opportunity' for action reformulation?

Political stream

- New Government creates new opportunities for policy change and direction setting - a large majority enables an agenda to be led through Parliament.
- Fiscal credibility and responsibility is likely to be the main priority of the new Labour Government – with a pledge that there will be 'no taxes on working people.'
- Labour has pledged a partnership approach to working with business and industry on delivering its missions creating tensions for taking forward bold public health action.
- There is a danger in Opposition that the Conservatives could abandon their support for existing reformulation policies and be vocal critics of any new proposals to try and make short term political gains.
- An increased number of Liberal Democrat MPs supportive of action on reformulation may help provide more constructive scrutiny and accountability.

Policy stream

- Labour's health mission approach should help join up Government around the objective of improvements in public health and healthy life expectancy.
- The mission-based approach will be led by a strong central Government force - this is important as different Government departments have in the past had different and at times misaligned objectives with regards to obesity policy.
- While obesity policy was not a significant focus in the Labour manifesto, the new Health Secretary has since spoken about the need to build a more preventative health system and the Department of Health and Social Care has promised the Government will 'prevent ill health and tackle the obesity crisis'.
- Labour's Child Health Action Plan does include commitments to bring in new policy, such as the energy drink ban for under-16s, and a commitment to implementing the 9pm watershed ban on HFSS products.
- Evidence shows that reformulation policy (SDIL) is effective and all three main parties support it in its current form - the Liberal Democrats have said they want to extend it.
- Industry has been successful in watering down obesity policy; though there are increasing calls from some companies for Government to go further to tackle the issue.

Problem stream

- The list of challenges facing the new Government is long and significant. Getting items such as obesity on the agenda will be challenging.
- In health, tackling NHS waiting lists is likely to be the central problem to be addressed.
- There is though growing evidence of wider health and economic costs of obesity – pressures on NHS budgets from obesity; and a rise in rates of those out of work due to illness.
- Sustainable funding for new policy commitments (such as breakfast clubs) and a wider programme for Government will be challenging given the state of the public finances; new levies however could provide additional sources of revenue to fund health and child health ambitions.

Labour's health and economic missions: a new policy mechanism for delivering on reformulation

The election of a new Government does create a window of opportunity for new action on reformulation, improving child health and preventing and reducing obesity. However, there are a set of barriers and challenges to realising this, including:

- Pledges not to increase taxes on 'working people' – though what this means in practice has yet to be clearly defined.
- The new Government's desire to develop a partnership-based approach to its relationships with prominent industries and businesses as part of its 'growth' agenda.
- Long-standing challenges with different Whitehall departments having a misaligned approach to obesity policy based on different priorities and stakeholder interests.
- The sheer range of issues and challenges facing the newly elected Government.
- Specific commitments on reformulation not featuring in the Labour manifesto.

However, opportunities are present to make new progress, and in particular, in addressing some of the siloisation of Whitehall approaches to obesity policy that has undermined progress in the past, summarised in Figure 2 (page 11).

The new Government can tackle this fragmentation and lack of prioritisation through:

- The commitment to a cross-cutting health mission aimed at reducing gaps in healthy life expectancy across the country.⁵⁸
- An acknowledgment that delivery of Labour's economic mission requires an

aligned agenda between health and economic policy.⁵⁹

- A commitment in the Child Health Action Plan to create 'the healthiest generation of children ever.'⁶⁰

To secure action through the window of opportunity, the new Government will need to:

- **Prioritise addressing obesity rates and wider food-related ill health** – with preventing and reducing obesity a priority for both the health and economic missions. Set clear targets to align action on obesity rates, accountability and leadership across Number 10, HMT and DHSC.
- **Join up Government action** – by aligning health and economic action through the missions. Use the missions to ensure all departments with critical roles in reducing obesity rates and improving child health such as DBT, DEFRA, DfE are set clear related targets and actions to prevent and reduce obesity levels and improve child health.
- **Demonstrate leadership** – by clearly committing to changing the incentives for industry and bringing in a level playing field for businesses to promote healthier food. The food industry has asked for this and the public strongly support making food healthier. Introduce more compulsory measures on reformulation – such as one of the three options set out earlier – in this Parliament, if progress is not made when voluntary measures expire at the end of 2025. This commitment should be included in Labour's final Child Health Action Plan.
- **Communicate the positive benefits** – demonstrate how new reformulation levies will work in practice and how opportunities will emerge for healthier lower-cost products. Set out how levies will be invested to support the Government's child health, NHS and economic policy agendas, and build from the success of what has gone before such as SDIL.

Figure 2: Opportunities for alignment on obesity strategy across Government departments

Department	Traditional headline level position
Number 10	In the recent past Number 10 have driven forward obesity-related policies (2018, 2020), but as political power has waned, agendas have tended to slow and policy roll-out has been halted or abandoned.
HMT	Growing concern about economic inactivity due to ill health and the impact on the economy and productivity. Generally sceptical of hypothecated taxes and related levies/models, but were the driving force behind SDIL. Most health policy interest is directed at NHS spending.
DHSC	Department's priority is the NHS. There are concerns about the status and impact of the relatively new public health unit OHID (Office for Health Improvement and Disparities) following the disbanding of Public Health England. The unit has very limited capacity to work on dietary harms. Recent policy history has shown more of a focus on secondary rather than primary prevention policy, although the new Health Secretary has emphasised a focus on prevention in future policy.
DEFRA	Principally concerned with the prosperity of the UK food and farming sector. Lukewarm response to National Food Strategy report.
DBT	The Department works in partnership with the food industry to promote UK food interests overseas and attract inward investment into the UK economy. Little interest or incentive to link such activities to wider public health objectives.
DWP	Concerned at the rise in the number of people out of work due to ill health. Growing evidence of the relationship between obesity rates and economic activity. ⁶¹
DfE	Have assumed a fairly narrow (but important) interest in obesity policy through school food and physical activity programmes for children.
DCMS	Closeness to UK broadcasters and advertisers with revenue from the food industry has led the Department to oppose certain policy measures such as the 9pm watershed ban for HFSS products. A positive interest in children's health, through their role in promoting UK sport.

Conclusion

Action on public health issues such as obesity requires political leadership.

This short briefing has sought to better understand the political barriers and opportunities facing a new Labour Government in progressing action on product reformulation to reduce obesity rates.

The Recipe for Change campaign supports further strong action in this area. The success

of SDIL shows the benefits that can be realised with Government leadership.

The election of a new Government creates a window of opportunity for positive change.

We hope the new Government will now go further on reformulation and prioritise preventing and reducing obesity in the UK.

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New government, new opportunity?

The importance of driving action
on reformulating food to improve
public health.

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