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JAMIE OLIVER'S STRATEGY TO COMBAT CHILDHOOD OBESITY IN THE UK



With the number of overweight and obese children now at alarming levels and with medical organisations speaking as one to demand action, it is absolutely clear that the time for dithering about the future health of our nation is long gone. Britain urgently needs a robust, strategic and effective policy with tough targets to measure achievement over the next 20 to 30 years, and tackling this complex problem requires a series of societal interventions.

In order to win the war against childhood obesity the UK Government must put it at the top of their agenda. To this end, a logical and aggressive ambush of preventative policies that align every sector of society – business, government, industry and the general public – is essential in ensuring success in protecting Britain's youngest and most disadvantaged children¹, and making sure that the

¹ National Child Measurement Programme 2013/2014, Public Health England

environment we foster for our communities is conducive to making healthier choices much easier and more affordable.

The World Health Organisation (WHO) Commission for Ending Childhood Obesity (ECHO) has said²: “Childhood obesity should *not* be seen as a result of lifestyle choices by the child. Government and society have a moral responsibility to act on behalf of the child to reduce the risk of obesity.”

We need to tackle childhood obesity with policies, initiatives, incentives and community-based interventions from every angle, so that everyone is made responsible for, and works together, to make Britain happier, healthier and more prosperous. It is paramount that a dedicated COBRA-style childhood obesity prevention committee³ is set up immediately to oversee every facet of the effort involved. It is equally important that the committee’s policies have cross-party approval, since they will be long-term objectives that will continue regardless of any changes within government. We also need to be clearer and braver with business and industry about what good health looks like, so that they can no longer fall back on voluntary self-regulation. Finally, we need to educate and empower every individual to make better, healthier lifestyle choices.

There is no single silver bullet that will do the job properly – we need a combination of important, separate actions that together create a powerful tool for change. Some of the measures are identified in **bold** below, but they are only “headlines” in the plethora of work needed in order to make meaningful, sustainable change. For instance, the McKinsey Global Institute listed 44 separate initiatives⁴ that it considered worth implementing in the battle against obesity. I have headlined the initiative closest to my heart – my proposal for a levy on all soft drinks with added sugar, which could significantly reduce their consumption through heightened awareness, as well as contributing significant revenue for preventative strategies. This is one of the many areas for action outlined in Public Health England’s (PHE) ‘Sugar Reduction: The evidence for action’ report⁵, which also stresses the need for a number of levers that are required in order to create a broad, structured programme to reduce consumption. As the report outlines, no single one action will work alone.

A “SUGARY DRINKS TAX” – THE CHILDREN’S HEALTH LEVY

² <http://www.who.int/end-childhood-obesity/commission-ending-childhood-obesity-draft-final-report-en.pdf>

³ <http://www.2020health.org/2020health/Press/Latest-News/Obesity-PR-4-11-15.html>

⁴ http://www.mckinsey.com/insights/economic_studies/how_the_world_could_better_fight_obesity

⁵ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/470179/Sugar_reduction_the_evidence_for_action.pdf

Soft drinks are the largest single source of sugar consumption for school-age children and teenagers⁶. The immediate introduction of a 20p levy per litre on all sugary soft drinks would not only drive down consumption (as shown in France)⁷, but could also raise revenue of up to £1 billion per year⁸. This revenue must be ring-fenced and used to support preventative strategies in the NHS and in schools around obesity and diet-related disease, thus making a significant impact on health in the UK.

Though the levy might generate significant levels of cash, it is unlikely to finance every obesity-busting measure needed and the COBRA-style prevention committee must ensure that additional ring-fenced funding is appropriated to complete the job.

When it comes to the labelling of soft drinks with added sugar, the UK should encourage all manufacturers to clearly state the sugar content in “teaspoons” on their products, and should lead negotiations to make this a mandatory EU initiative. Earlier this year, an online experiment⁹ demonstrated that adding a simple, visual representation of the number of teaspoons of sugar in a bottle or can of sugary soft drink had an overwhelmingly positive response. It was shared more than 40,000 times with a phenomenal reach of more than 10 million people on Facebook alone. The support for the clarity of information when displayed in this simple, instantly recognisable way was undeniable. Parents spoke en masse to agree that this is a much-needed change – we categorically cannot ignore that extreme level of support. Grams are commonly misunderstood but teaspoons are recognised the world over.

REFORMULATION

A soft drinks levy would kick-start the task of reducing childhood obesity levels, but in the long term, food reformulation is needed. The Government must ensure that all UK food available for purchase is as healthy as possible, as soon as possible. **A compulsory long-term programme to reformulate all food and beverage products with excessively high levels of sugar must be put in place.** Ideally, it should follow a timetable similar to the excellent, voluntary salt-reduction programme that began in the 2000s.

A compulsory strategy must be pursued since the voluntary Responsibility Deal between government and industry, conceived five years ago in an overall

⁶https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/310997/NDNS_Y1_to_4_UK_report_Executive_summary.pdf

⁷ <http://www.bloombergvew.com/articles/2015-10-26/jamie-oliver-s-sugar-tax-message-will-raise-awareness>

⁸ <http://www.childrenshealthfund.org.uk/>

⁹<https://www.facebook.com/jamieoliver/photos/pb.27994914806.-2207520000.1448399442.10153402829429807/?type=3&theater>

attempt to improve public health, failed¹⁰. It failed because large sections of industry did not fulfil the pledges that it was believed they had signed up to and significant areas of industry refused to sign up to the deal at all. This failure demands that any new attempt to revive the deal, or similar arrangement, cannot be left to chance. Mandatory guidelines must be set together with target dates that all producers must legally follow. **Ultimately, penalties should be imposed on any food companies that fail to meet the targets. A reinstated and independent Food Standards Agency (FSA) must be empowered to administer the new deal and should be answerable to the COBRA-style committee.** The FSA must reassume responsibility for nutrition policy in England, Scotland and Wales, as it currently does in Northern Ireland¹¹.

LABELLING

Both the Scientific Advisory Committee on Nutrition (SACN) and the World Health Organisation (WHO)¹² have published guidelines recommending that everyone should consume far less free sugar daily, but current labelling around sugar – governed by EU legislation – is less than adequate. Predominantly found on the back of a product’s packaging, nutrition labels are required to list sugar in the ingredients list if sugar has been added. Alongside this, a total value for “carbohydrates” and “carbohydrates of which sugars” will be listed with a figure given in grams. However, product labels do not currently differentiate between the quantity of natural sugar in a product and any “free sugars”. It is therefore impossible for UK consumers to judge how well they are keeping to SACN and WHO guidelines. **The UK should be in the vanguard of European countries demanding that Brussels allows “free sugars” to be separately identified.**

In addition, front-of-pack “traffic light” labelling should be made mandatory.

The success of the voluntary traffic light system gives us the opportunity to create and enforce one uniform language to display nutritional information on front of pack for all food and drink products sold in the UK. Currently, Coca-Cola is the only major drinks company that uses colour-coded front-of-pack signposting. Other manufacturers that haven’t signed up to the pledge currently use a variety of different graphics to communicate the same information, which can be confusing for consumers.

Restrictions on portion sizes should be legislated, where appropriate. For example, Mondelez, the multinational that owns Cadbury, has put a cap of 250 calories on all single-serving confectionary, to be in place by the end of 2015, something that Mars were successful in implementing in 2013. Similarly, in 2014

¹⁰ <http://www.ias.org.uk/News/2015/09-November-2015-IAS-report-slams-Responsibility-Deal-alcohol-pledges.aspx>,
http://www.lshtm.ac.uk/newsevents/news/2015/public_health_responsibility_deal_unlikely_to_be_effective.html,

<http://www.theguardian.com/politics/2015/may/12/food-industry-responsibility-deal-little-effect-health-study>

¹¹ <https://www.food.gov.uk/northern-ireland/about-fsa-ni>

¹² <http://www.who.int/mediacentre/news/releases/2015/sugar-guideline/en/>

Unilever made a commitment that by Spring 2016 all of their single-serve ice cream products will contain 250 calories or less. This is an extension of their cap on children's ice creams, which are 110 calories or less per serving, a global target that the UK met ahead of schedule in 2012¹³. We want to see more actions like this across the food industry.

THE SCHOOL FOOD PLAN

The ongoing delivery of the 17 actions in the Government's School Food Plan¹⁴, created by John Vincent and Henry Dimbleby who deserve huge credit for their achievements so far, is vital. Schools play a massively significant role in tackling childhood obesity and the UK is leading the way globally - we must keep up that momentum. **A thorough review of the School Food Standards should be carried out in early 2016, taking account of the new nutritional guidelines for sugar, and reviews should repeat on a yearly basis. The standards should be made compulsory for all schools, including currently exempt academies and free schools, and early years provision.**

Food education in schools must remain a priority. Within the School Food Plan, legislation is now in place to teach children how to cook, and we must ensure there is development in this area. Many of our current generations have been raised in households where no one cooked from scratch, therefore they, in turn, don't know how to feed their own children nor can they teach their children to cook¹⁵. The brilliant plan that put food education and cooking back on the school curriculum needs ongoing support and development. It is every child's human right to learn about real food, where it comes from, how it affects their body, and how to cook it, and the opportunity to teach children these vital life skills at school from a young age must be utilised.

The 85% take-up of universal infant free school meals in primary schools is a measure of its popularity and success, but it is vital that momentum continues and that we strive towards a universal free meals service. Free school meals entitlement should be made available to all families in receipt of universal credit.

School food standards must also apply to all packed lunches consumed in school - meaning that *all* food consumed in our schools is healthy and nutritious.

The Plan has reported that only 1% of packed lunches in the UK meet the minimum nutritional standards set for cooked school lunches¹⁶. Clear guidance is desperately needed from the Department of Health, the Department of Education and Change 4 Life on what a good packed lunch that reflects School

¹³ <https://responsibilitydeal.dh.gov.uk/annualupdates/?au=5438>

¹⁴ <http://www.schoolfoodplan.com/>

¹⁵ <http://www.schoolfoodplan.com/plan/>

¹⁶ <http://www.schoolfoodplan.com/plan/>

Food Standards looks like. We also need to provide guidance for parents to ensure that they have the right support to make better choices for their children. Policies should be put in place within schools to ensure consistency of support.

To build further on the success of the School Food Plan, Ofsted must, in their school inspections, report on how schools ensure children are eating well and leading active lifestyles. Basic nutritional training must be embedded in all teacher training, from those entering the profession, as well as those aspiring to be our next head teachers. Paying for teachers to eat meals with children at school is also important – this has a transformational effect in supporting healthy eating habits for all our children.

Local authorities should offer parallel programmes to parents¹⁷, and parents-to-be¹⁸, so that they are able to provide healthy meals in the home environment. Indeed, such programmes should also be offered to healthcare workers – particularly doctors, midwives and health visitors – so that they can utilise their training to deliver quality nutritional support to their clients from antenatal care onwards. One of our elite forces on the frontline in the fight against obesity are our GPs. The great doctors of the future will be those that have received detailed nutrition training. The ring-fenced money from the “sugar tax” could have a huge impact here. It is vital that during the crucial first 1000 days of a child’s life, optimum lifestyle practices are understood and adopted by their family: appropriate nutrition in pregnancy, the incredible value of breastfeeding, the dangers of premature weaning and the preparation of first foods. This content should be measured and evaluated to ensure consistent, expert information is offered by qualified individuals.

To complement this training, particularly now that SACN’s sugar recommendations¹⁹ have been published, **Public Health England has a duty of care to issue its revised “eatwell plate” as soon as possible.** Furthermore, the plate’s content should be regularly reviewed and, when illustrated graphically, should feature a glass/cup to confirm that water should accompany every meal, as in superior Australian guidelines. Indeed, such is the importance of good hydration to children, access to safe drinking water should be constantly available both in schools²⁰ and every public place. In addition, the Government should trial an advertising/marketing campaign to explain the benefits – health and financial – of drinking water.

The London boroughs of Lambeth and Croydon have been given Food Flagship status and are delivering real system change at a local level across all areas of

¹⁷ <http://www.bps.org.uk/news/parental-choices-influence-childhood-eating-habits>

¹⁸ <http://www.ncbi.nlm.nih.gov/pubmed/17006770>

¹⁹

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/445503/SACN_Carbohydrates_and_Health.pdf

²⁰ Strengthen the infrastructure for implementing comprehensive school programmes that promote healthy eating, physical activity and reduce sedentary behaviours, including ensuring access to potable water <http://www.who.int/end-childhood-obesity/commission-ending-childhood-obesity-interim-report.pdf>

civic life, from school meals to supermarket layouts. The government's Obesity Strategy should use Lambeth and Croydon as national 'Living Labs', testing and trying out new initiatives and interventions. In addition, the Jamie Oliver Food Foundation, are working in partnership with Brighton and Hove to help them become the UK's first "Sugar Smart City", with many initiatives put in place to encourage people and businesses to be more aware of the sugar in their food. There is a real opportunity to promote and amplify the great work these councils are doing not only to tackle childhood obesity, but obesity in general, and inspire other councils around the country to do the same. Indeed, there should be more food flagship boroughs, with programmes such as the Ministry of Food (MoF) community cooking classes and growing initiatives set up²¹.

Many schools deliver great cooking clubs during term time (often including parents and members of the community). These should be extended to operate during school holidays, too. Fun, educational cooking lessons and growing activities will ensure that millions of children who might otherwise go hungry during holidays receive sufficient nutrition. The people running food banks are real heroes, as are those who donate food, but food banks will not, sadly, provide this nutrition since they often offer largely unhealthy options. However, out-of-term clubs could fill this void and coincidentally help to ensure that perfectly good food, otherwise destined for landfills by supermarkets and farmers, is properly used. Hugh Fearnley-Whittingstall's excellent series of television programmes has shown that there is a public appetite for "wonky" fruit and vegetables²², as well as public and media support for encouraging supermarkets and farmers to work together to provide fresh food at lower prices rather than simply throwing it away. Fruit and vegetables could be obtained from food banks with vouchers given to those on benefits. Programmes such as the Rose Vouchers for Fruit and Veg²³ Project (run by the Alexandra Rose Charity), which supports families living on low incomes by providing weekly vouchers that can be spent on fresh fruit and vegetables as well as 'Cook and Eat' education sessions, should be expanded and replicated.

In this wider context, it is crucial to improve the food options available within public places²⁴ such as hospitals, leisure centres and workplaces²⁵. Hospitals should no longer be permitted to allow unhealthy food concessions within their premises and catering establishments everywhere should be encouraged to

²¹ An independent study recently carried out on one of Jamie Oliver's community cooking programmes in Australia proved that the programme significantly increased vegetable consumption, changed purchasing habits towards those of a healthier diet and decreased weekly takeaway consumption. The study also found that programme participants had increased self-esteem and increased perceived general health.
<http://www.deakin.edu.au/research/stories/2014/10/28/jamies-recipe-a-success>

²²
<http://www.telegraph.co.uk/news/bbc/11966676/Hugh-Fearnley-Whittingstalls-war-over-wonky-parsnips.html>

²³
<http://www.alexandrarosecharities.org.uk/news/alexandra-rose-pilots-healthy-eating-project-in-east-london>

²⁴https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/296248/Obesity_and_environment_March2014.pdf

²⁵ Planning authorities can influence the built environment to improve health and reduce the extent to which it promotes obesity
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/296248/Obesity_and_environment_March2014.pdf

upgrade their menus and vending machines to include healthier options. In 2014, the Hospital Food Standards Panel made a series of recommendations²⁶, but it is unclear whether any have been widely adopted – this is unacceptable, to protect our most vulnerable these should be enforced. Licensed childcare facilities should be required to ban sugar-sweetened beverages, including flavoured and sweetened milk, as well as limiting portion sizes of unsweetened fruit juice. In leisure centres and sports centres, the abundant presence of junk food is totally counterproductive with the purpose of the organisation itself.

Also, if an Obesity Strategy is, or appears to be, “anti-business”, it simply won’t work. Employers could be incentivised, via tax breaks, to adopt practices within the workplace that would keep their staff fit, such as subsidising healthy food, education around healthier choices, and offering subsidised gym memberships.

MARKETING

The affordability and marketing of food needs urgent attention.

Policies reducing the cost barrier and so increasing the consumption of healthy foods are urgently required. Supermarkets should be incentivised to work more closely with organisations such as Fareshare²⁷ and Foodcycle so that nutritious food can be made more available to people on lower incomes. Fareshare has estimated that much of the 3.9 million tonnes of food wasted by the food and drink industry every year is fit for human consumption and could provide around 800 million meals for British people living in poverty.²⁸

Current supermarket price promotions and special offers are 20% more likely to have red traffic light levels of high fat, sugar and salt (HFSS) when compared to non-offers²⁹. Regulations should be put in place to promote healthier choices, both in store³⁰ and online, and to limit the quantity, frequency and amount of time that HFSS foods and drink can be promoted. Retailers and producers should be made to restrict promotional activity, such as buy-one-get-one-free offers, on unhealthy food and beverages.

Marketing strategies should be implemented in social campaigns to encourage the promotion of healthy foods to the consumer and counter the current

²⁶ <https://www.gov.uk/government/publications/establishing-food-standards-for-nhs-hospitals>

²⁷ <http://www.theguardian.com/business/2015/jun/04/tesco-fareshare-charity-reduce-food-waste>

²⁸

<http://www.packagingtoday.co.uk/features/featureuk-could-be-losing-out-on-800m-meals-from-hidden-food-which-could-help-58m-people-in-deep-poverty-4330483/>

²⁹

<http://www.esrc.ac.uk/files/news-events-and-publications/evidence-briefings/food-price-promotions-and-public-health-pdf/>

³⁰ <http://www.foodnavigator.com/Policy/Subsidies-on-healthy-foods-work-to-increase-consumption>

unhealthy marketing environment³¹. **The introduction of a buy-one-get-a-reduction-on-another scheme for healthier food products is one offer that retailers could potentially make, as well as allocating greater prominence to healthy products in store and supporting the improvement of the quality, variety and quantity of healthier foods and beverages in existing stores.** Supermarkets should also be encouraged to provide on-premises cooking classes for customers, with government grants for in-store kitchens.

The marketing of HFSS food around schools is unacceptable and must be banned or significantly curtailed³². Imposing restrictions on the types of food businesses allowed to set up within a certain radius of schools will restrict the unhealthy choices available to school children. A prime example of this is the profusion of burger vans and fast-food outlets opening and operating near schools.

The ridiculous saturation of HFSS food in corner shops and the checkout aisles of supermarkets must also be properly addressed by Government. The decision to prohibit HFSS food from these aisles by retailers such as Aldi, Lidl, Tesco Metro and Express, and Marks & Spencer should be applauded and all stores should be encouraged to follow their responsible marketing – let’s make it mandatory and remove pester power from parents’ shopping experiences. Non-food stores (such as fashion retailers and electronics stores) should not be permitted to sell junk food.

A ban must be imposed on all HFSS food adverts before 9pm – the watershed is there for a reason and we must utilise it to protect our children from irresponsible advertising. The revenue generated by broadcasters from the advertising of HFSS foods is extremely high – broadcasters are as hooked on this revenue from HFSS foods as our children are on consuming them. **More robust digital marketing regulations must also be put in place to protect our children around the clock.** Some of the UK’s highest-rating TV shows, watched by millions of children, are not covered by current regulations and the use of social media to target children with junk food messaging is, let’s be honest, quite a devious tactic. We support the proposal made by the British Heart Foundation and Children’s Food Campaign that the responsibility for developing, monitoring, and evaluating advertising regulations should be moved to a body independent of the advertising industry³³ – the reinstated FSA would be appropriate here. More support should be provided to increase and improve campaigns³⁴, both online and offline, that promote and market healthy

³¹ Change4Life Convenience Stores Evaluation Report promoting the purchase of fresh fruit and vegetables in deprived areas

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215984/dh_120801.pdf

³² The option of “zoning” around educational establishments should be considered

<http://www.who.int/end-childhood-obesity/commission-ending-childhood-obesity-interim-report.pdf>

³³http://www.sustainweb.org/resources/files/other_docs/CFC_junk_food_marketing_to_children_joint_briefing_2014.pdf

³⁴ Mass media campaigns can produce positive changes or prevent negative changes in health-related behaviours [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(10\)60809-4/abstract?cc=y](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(10)60809-4/abstract?cc=y)

foods to the consumer (for example, TV, social media, billboards and on-packet warnings).

Toys should be banned in the marketing of unhealthy foods³⁵ and the marketing of energy drinks to children should not be tolerated. We should impose restrictions on children buying energy drinks, similar to alcohol age restrictions, by working with retailers and placing age limits on the front of packaging. Indeed, the habit of offering free refills of any sugary or sweetened drink should be discontinued (as is the case in France).

THE NATIONAL CHILD MEASUREMENT PROGRAMME (NCMP)

The NCMP could be a jewel in the fight against obesity and should be extended.

It currently measures the weight and height of children in reception class and again in year six. Ideally, it should be implemented from the preschool years and then annually throughout primary school so that the earliest signs of obesity can be spotted and preventative measures put in place, where required. These interventions were first recommended by the Chief Medical Officer for England in 2003 and emphasised by the House of Commons Health Select Committee in 2004. The NCMP as currently implemented, with measurements at only primary school entry and exit, does not really allow this to happen.

However, it is extremely important that such a programme is sensitively run so that it does not lead to an increase in eating disorders amongst children and young people. Advice and expertise on this matter should be sought from school leaders and the teaching profession so that the NCMP only leads to positive outcomes for young people.

CONCLUSION

If all the above recommendations are met, the UK will be some way nearer to achieving its goal of reducing the level of childhood obesity by 2020. The target to which the government is working was spelt out in 2007. It declared that “our ambition is to be the first major nation to reverse the rising tide of obesity and overweight in the population by ensuring that everyone is able to achieve and maintain a healthy weight. Our initial focus will be on children: by 2020, we aim to reduce the proportion of overweight and obese children to 2000 levels”³⁶. That was a big ask in 2007, and it’s even more of a big ask today, with levels of overweight and obese children soaring. Nevertheless, for the sake of our future generations, we absolutely have to take action and work to achieve this goal.

³⁵ <http://www.bbc.co.uk/news/world-latin-america-19112928>

³⁶ http://webarchive.nationalarchives.gov.uk/20100407220245/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_082378

