

Childhood obesity: a plan for action

Chapter 2

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Foreword by the Prime Minister

The health and well-being of our children critically determines their opportunities in life.

Today, nothing threatens that more than childhood obesity.

Children who are obese or overweight are increasingly developing type 2 diabetes and liver problems during childhood. They are more likely to experience bullying, low-esteem and a lower quality of life and they are highly likely to go on to become overweight adults at risk of cancer, heart and liver disease. They are also disproportionately from low-income households and black and minority ethnic families.

So when more than one in three children are obese or overweight by the time they leave primary school, and with these numbers only getting worse, it cannot be a question of whether we act to address this, but rather how.

We all have responsibility to work together to support young people in meeting this challenge. Whether we are parents, teachers, businesses, local leaders or health professionals, we must all play a role in helping to improve the health of our children and give future generations the best possible start in life.

I am determined that this Government will lead this national effort.

That is why, in 2016, we published our world-leading childhood obesity plan and why we are now publishing this next instalment.

The actions we are proposing will ensure that, by working together across society, we can improve the nutritional content of the food and drink our children consume, strengthen the information available to parents about those products and change the way that unhealthy food and sugary drinks are promoted.

This work will support the renewed focus on the prevention of ill-health, which I have asked NHS leaders to develop as a critical part of our long-term plan for the NHS.

It will improve our children's health, enhance their chances in life and, in doing so, also fundamentally reduce the pressures on the health service in the years ahead.

Some of the measures in this document will provoke debate – and we welcome that. But we also know that it will take a determined collective effort to turn the tide against childhood obesity. That is what we must do – for the future wellbeing of our children, our NHS and for the prosperity of the nation as a whole.

Foreword by Secretary of State for Health and Social Care

Every developed nation is facing up the problem of childhood obesity. This is an issue, eventually, no country will be able to ignore. I want us to be the first country in the world to really do something about this and that is why I have set a new national ambition to halve childhood obesity rates by 2030 and significantly reduce the health inequalities that persist.

We know that this isn't going to be easy to do but it is a measure of our ambition and resolve to tackle this issue.

As a parent I know that making the healthiest choices isn't always easy. In fact sometimes it feels very difficult. I think most parents have been in a position where your sleeve gets tugged as your child's eyes get drawn to the sweets or crisps at the checkout or you have to repeatedly resist the calls for Saturday night pizza.

That is why we're bringing forward policies that will make it easier for us all, but particularly for parents, to make healthier choices for their families. I want to see parents empowered to make informed decisions about the food they are buying for their families when eating out. I want to mitigate pester power by preventing stores from pushing unhealthy food at checkouts and helping make healthy food the default option for 'buy one get one free' deals. I want to protect children from advertising that encourages demand for unhealthy food. I want to see the food and advertising industries using their world-leading talents to help all parents find the healthier choice the easier choice.

As a parent it is also difficult to find the time for sport and physical activity – crucial to maintaining a healthy weight. That is why we want to encourage every primary school to adopt an active mile initiative such as the fantastic Daily Mile. Initiatives like this can improve the physical, social, and mental wellbeing of our children – regardless of age, ability or circumstance. Building this kind of activity into daily life and encouraging young people away from their screens will be instrumental in helping achieve our ambition.

Our attitude to food and drink is changing and changing fast – consumers want healthier choices. I am heartened by the progress the food and drink industry have already made in reformulating products and reducing sugar in soft drinks. I am cheered by those forward thinking businesses taking action, and want to make sure others follow their example. We will not shy away from further action if we do not see the progress we need to support parents all across the country to do what every single one of them wants and strives to do - protecting their children's health now and in years to come.

Introduction and summary

Childhood obesity is one of the biggest health problems this country faces. [Nearly a quarter of children in England are obese or overweight by the time they start primary school aged five, and this rises to one third by the time they leave aged 11.](#)¹ Our childhood obesity rates mean that the UK is now ranked among the worst in Western Europe.²

The burden of childhood obesity is being felt the hardest in more deprived areas with children growing up in low income households more than twice as likely to be obese than those in higher income households.³ Children from black and minority ethnic families are also more likely than children from white families to be overweight or obese and this inequality gap is increasing.⁴ We want to address these disparities to ensure that all children, regardless of background, have the best start in life.

We need to be ambitious if we are to meet and beat the challenge of childhood obesity. Therefore we are setting a **national ambition to halve childhood obesity and significantly reduce the gap in obesity between children from the most and least deprived areas by 2030**. Doing so will bring multiple physical health benefits and we aim to reverse the emergence of Type 2 diabetes in children. Achieving this is not going to be easy. It will require us all to get behind this ambition to play our part in making healthier decisions, providing healthier options and creating healthier environments. As Government we are committed to playing our part but recognise that this will require sustained collaboration across the political divide, across society and across public and private sector organisations.

The scale of action we are seeking is justified by the profound health effects of childhood obesity. For overweight or obese children we know that life can be difficult: they are more likely to experience bullying, stigmatisation and low self-esteem.⁵ They are more likely to develop Type 2 diabetes in childhood,⁶ a condition that was once very rarely seen outside adulthood. They are also far more likely to go on to become obese adults,⁷ with a higher risk of developing life threatening conditions such as some forms of cancer, Type 2 diabetes, heart⁸ disease and liver disease.⁹ Therefore, we have a lot to gain from succeeding in the task ahead and from being ambitious in our approach.

Addressing childhood obesity will also reduce the huge financial costs that obesity places on us as a nation. It is estimated that obesity-related conditions are currently costing the NHS (and therefore every UK tax payer) [£6.1 billion per year](#).¹⁰ The total costs to society of these conditions have been estimated at around [£27 billion per year](#),¹¹ with [some estimates](#) placing this figure much higher.¹² As we celebrate the 70th birthday of the NHS, tackling childhood obesity can help us secure the sustainability of this coveted institution for future generations.

Our food environment is constantly evolving, and offers a growing range of choices of what to eat and when to eat. This supports a thriving food and drink industry, full of innovation and culinary adventure. Maintaining this choice is important, but it is also important to help children and their parents to navigate this environment and be able to easily identify healthy options.

Sugar reduction

Against this backdrop, all of us - parents, manufacturers, the out of home sector (e.g. restaurants, cafes, takeaways) and retailers, broadcasts, online media, local authorities and schools - must take responsibility for promoting healthy choices. This is not always easy: [two thirds of parents are concerned about making sure their families eat a healthy diet](#).¹³ In supporting parents, Government needs to take a balanced approach: considering the steps we can take to create a fair food environment that does not drive excess consumption and which makes the healthy choice the easy choice; whilst ensuring parents are able to choose what food they feed their families and have access to affordable healthy food options.

In August 2016 we laid strong foundations for our fight against childhood obesity with our world-leading *Childhood obesity: a plan for action*. Based on the best evidence, and informed by expert opinion, the plan identified the central issue that must be tackled if we are to reduce obesity: the food and drink children consume needs to be healthier and, for many children, less calorific.

Summary of actions

Our 2016 plan was the start of a conversation, not the end. In the two years since it was published we have seen some important successes, particularly in reformulation of the products our children eat and drink most. However, we have always been clear we would consider where further action was needed, and where sufficient progress was not being delivered. The continuing magnitude of the challenge on childhood obesity means now is the right time to build on the 2016 plan both to cement the action already taken, and to expand our focus into other areas.

Sugar reduction

At the heart of our plan was the ambition to make the food our children eat healthier. Reducing sugar content in the food children eat most was a key part of that. The Soft Drinks Industry Levy (SDIL) was introduced to incentivise industry to reduce the sugar content of soft drinks, and has delivered strong results, with the majority of the soft drink industry reducing the sugar content before the Levy came into force on 6th April 2018. Tesco and Asda have both reformulated their own brand soft drinks to be below the Levy rates.

We also challenged industry to take 20% of sugar out of the food most commonly eaten by children by 2020, with a 5% reduction target for the first year. This has already led to many parts of the food and drink industry removing sugar from their most popular products. For example, Kellogg's have cut between 20%-40% of sugar from their cereals most popular with children; Yoplait have reduced the amount of sugar by 13.2%, and Waitrose have taken 5.5% of sugar out of their confectionery.

Importantly, we have also seen an increasing consumer demand for healthier food and drink as a result of these programmes. Large parts of the food and drink industry have taken this seriously, with many parts of the sector leading the way and there is more reformulation in the pipeline. However, despite some sections of industry meeting the 5% one year progress target, overall the 5% goal has not been achieved.

Childhood obesity: a plan for action

To ensure we continue to drive progress on sugar reduction:

- HM Treasury will consider the sugar reduction progress achieved in sugary milk drinks as part of its 2020 review of the milk drinks exemption from SDIL. Sugary milk drinks may be included in the SDIL if insufficient progress on reduction has been made.
- We will consult before the end of 2018 on our intention to introduce legislation ending the sale of energy drinks to children.
- We may also consider further use of the tax system to promote healthy food if the voluntary sugar reduction programme does not deliver sufficient progress.

In 2019, Government will look at the level of progress towards a 20% sugar reduction in the foods most commonly eaten by children and will be able to assess if this challenge has been met in 2020. We will not shy away from further action, including mandatory and fiscal levers, if industry is failing to face up to the scale of the problem through voluntary reduction programmes.

Calorie reduction

Childhood obesity is not just about eating too much sugar; it is about the whole diet. We know that [on average overweight and obese children are consuming up to 500 extra calories per day](#).¹⁴ To address this, in 2017 we started work on our calorie reduction programme, which challenges all food and drink companies - whether they are manufacturers, retailers, restaurants or takeaways - to reduce the calories by 20% in a range of everyday foods consumed by children by 2024. This will help make sure children and their families are able to buy healthier food. Government will monitor progress against this target closely once the programme begins, and Government will consider what additional steps could be taken if progress is not delivered.

We are also turning our attention to how we make choices about the food we buy, particularly pre-prepared food, whether it is picking up a takeaway or going out to eat. We think it is crucial that parents and individuals are given the information they need to make the most informed decisions about the food they choose for their families. While some parts of the food and drink industry, such as Subway, are leading the way by including calorie labelling on menus, these remain in the minority.

To ensure we continue to drive progress on calorie reduction and transparent information for parents we will:

- Introduce legislation to mandate consistent calorie labelling for the out of home sector (e.g. restaurants, cafes and takeaways) in England, with a consultation before the end of 2018.
- Explore what additional opportunities leaving the European Union presents for food labelling in England that displays world-leading, simple nutritional information as well as information

Sugar reduction

on origin and welfare standards. We will continue to work with the devolved administrations to explore the potential for common approaches.

Advertising and promotions

Tackling obesity requires us to look at all factors that influence our food choices. Every day we are presented with constant encouragement and opportunity to eat the least healthy foods. We face numerous decisions about the food we and our children eat created by the advertisements our children see on TV and on-line; the range of foods sold in our local shops or delivered straight to our doors; and the food that is promoted in-store and on-line. All of this is intended to influence the choices we make about the food we buy our children.

In our 2016 plan we committed to updating current marketing restrictions to ensure they reflected the latest dietary advice. This work is underway as Public Health England (PHE) consult on updating the Nutrient Profiling Model, the tool used to define what products can and cannot be shown during children's programming. However, despite strict restrictions around children's TV we know their impact will be limited if they do not reflect their media habits across all the media platforms which they use.

To make more progress to reduce the marketing and promotion of unhealthy food and drink - which we define as products that are high in fat, sugar and salt (HFSS) - we will:

- Consult, before the end of 2018, on introducing a 9pm watershed on TV advertising of HFSS products and similar protection for children viewing adverts online, with the aim of limiting children's exposure to HFSS advertising and driving further reformulation. We will explore options to ensure that any restrictions are proportionate, help to incentivise reformulation in line with the aims of the sugar and calorie reduction programmes, and consider a focus on those products that children consume and most contribute to the problem of childhood obesity.
- Currently online advertising rules are drawn up by the Committee of Advertising Practice, which works alongside the Advertising Standards Authority (ASA), on a self-regulatory basis. We will consider whether this continues to be the right approach for protecting children from the advertising of unhealthy food and drinks, or whether legislation is necessary. We will ensure any further restrictions are designed effectively for the digital space, taking into account how content is consumed online and considering options for enforcement.

Where food is placed in shops and how it is promoted can influence the way we shop and it is more common for HFSS products to be placed in the most prominent places in store and sold on promotion, e.g. with 'buy one get one free' offers. Whilst some retailers have taken the first steps to redressing this by removing confectionary from checkouts or restricting price promotions, we believe that wherever parents shop, they shouldn't be bombarded with promotions for HFSS products. To create this level playing field:

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- We intend to ban price promotions, such as buy one get one free and multi-buy offers or unlimited refills of unhealthy foods and drinks in the retail and out of home sector through legislation, consulting before the end of 2018.
- We intend to ban the promotion of unhealthy food and drink by location (at checkouts, the end of aisles and store entrances) in the retail and out of home sector through legislation, consulting before the end of 2018.

Local areas

Where we live also has a huge role to play in tackling childhood obesity, whether it is the way our towns and cities are designed to ensure greater active travel or safe physical activity, or how many fast food outlets can operate near schools. Each local authority already has a range of powers to find local solutions to their own level of childhood obesity but while some are already taking bold action, others are not. We want to make sure that all local authorities are empowered and confident in finding what works for them, whilst learning from local authorities both here and international examples such as Amsterdam that have tackled the problem. To do this we will:

- Develop a trailblazer programme with local authority partners to show what can be achieved within existing powers and understand “what works” in different communities.
- Develop resources that support local authorities who want to use their powers. We will help set out the economic business case for a healthy food environment and provide up to date guidance and training for planning inspectors.

Schools

Schools have a fundamental role to play in helping equip children with the knowledge they need to make healthy choices for themselves, and in creating a healthy environment for children to learn and play. We remain committed to delivering the actions in our 2016 plan which set out our commitment to supporting all children with high quality nutrition and at least 30 minutes of physical activity per day while at school. We have already seen the money raised by the Soft Drinks Industry Levy flowing into schools, funding breakfast clubs for the most disadvantaged children and being invested in PE and school sport. We have also invested significant funding in measures to increase cycling and walking to school. To further support schools in their role we will:

- Be bold in our update of the School Food Standards to reduce sugar consumption. The update will be coupled with detailed guidance to caterers and schools so they are well prepared to adapt to the changes.

Sugar reduction

- Consult, before the end of 2018, on strengthening the nutrition standards in the Government Buying Standards for Food and Catering Services, to bring them into line with the latest scientific dietary advice.
- Review how the least active children are being engaged in physical activity in and around the school day.
- Promote a national ambition for every primary school to adopt an active mile initiative, such as the Daily Mile.
- Invest over £1.6million during 2018/19 to support cycling and walking to school.

In addition:

- We will consult, before the end of 2018, on our plans to use Healthy Start vouchers to provide additional support to children from lower income families.
- Ofsted is developing a new inspection framework for September 2019. This will consider how schools build knowledge across the whole curriculum and how they support pupils' personal development more broadly, including in relation to healthy behaviours.
- Ofsted will undertake research into what a curriculum that supports good physical development in the early years looks like.

Delivering the national ambition

We are already starting to embed change, and there are many examples of good practice highlighted in this document – from manufacturers leading on voluntary reformulation, to retailers leading the way on location and promotion of unhealthy items, to local authorities taking concerted action, and schools committing to promote healthy lifestyles through active mile initiatives.

However, we are not yet where we need to be. The scale of the challenge means that Government, the food and drink industry, the NHS, local authorities, schools and families all need to play their part in helping to tackle childhood obesity and be ambitious in doing so.

We are confident that the additional actions outlined in this plan will help parents make the best decisions for their families by changing the default in our food environments, so that healthier choices become the easiest choices. Whilst the majority of actions in this plan will relate to England only, we will also continue to work with the devolved administrations to deliver the best outcome for all.

No single action or single plan will help us solve the challenge of childhood obesity on its own. We will continue to review progress made against the measures we have already introduced; the evidence base for action; and the changing face of our food and retail environments.

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Alongside this we will continue to invite and listen to views on what actions are needed and why.

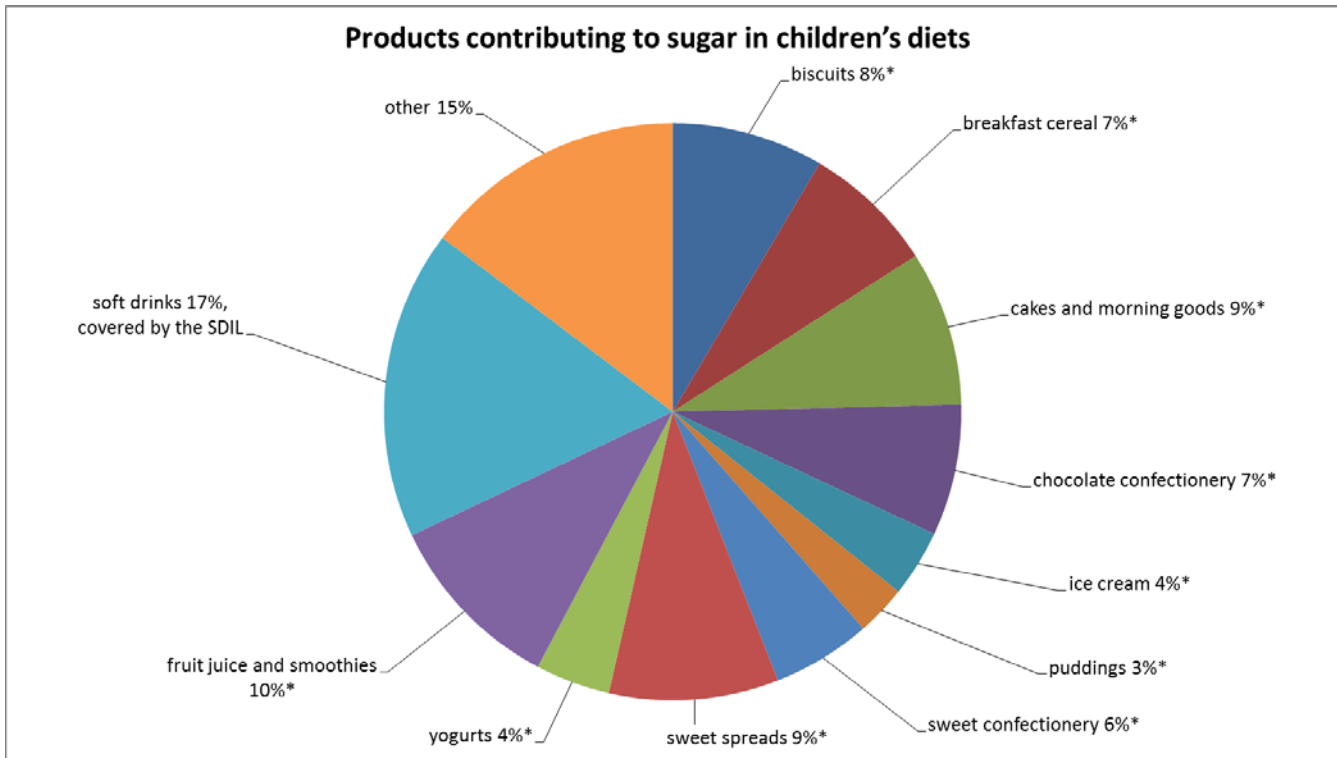
1. Sugar reduction

Children are currently consuming up to three times more sugar than is recommended.¹⁵ The need for Government to act to reduce the amount of sugar our children consume is clear and formed the basis of our 2016 plan. The Soft Drinks Industry Levy (SDIL) was designed to tackle the largest contributor of sugar in children's diets by instructing soft drink manufacturers to reduce the sugar in their drinks or pay the Levy - with the drinks highest in sugar being taxed at a higher rate. The early response has been very encouraging, with around half of all drinks that would otherwise have been within scope of the Levy reducing their sugar content before it even came into force. Companies like Lucozade Ribena Suntory cut the sugar in their products by 50%. Overall, soft drinks produced by retailers and manufacturers have reduced their sales weighted average (SWA) for sugar by 11%.

In addition to the SDIL, the sugar reduction programme challenged all sectors of the food and drink industry, including retailers, manufacturers and the out of home sector (e.g. restaurants, cafes and takeaways) to reduce the amount of sugar in the foods most commonly eaten by children by 20% by 2020. The chart below shows the largest contributors of sugar in children's diets. The food and drink industry have three options to help them do this – reformulating foods to reduce sugar levels, providing smaller portions, or encouraging consumers to purchase lower or no sugar products.

Overall, [industry has delivered a 2% reduction in sugar content across these foods](#).¹⁶ This does not meet our 5% year one target, but we are pleased to see that reductions in yogurts and fromage frais, breakfast cereals, and sweet spreads and sauces have all met or exceeded the 5% sugar reduction ambition. We also know that there is more product reformulation in the pipeline that is not yet captured in the data. Overall, we continue to believe that the voluntary approach is the right one to meet the 20% ambition by 2020. However, PHE will continue to monitor sugar levels and the Government will evaluate progress once again in 2019. We will not shy away from further action, including mandatory and fiscal levers if necessary.

PHE have also published voluntary sugar reduction guidelines for fruit and vegetable juices and milk-based drinks with added sugar. These drinks currently fall outside the scope of the Levy, as unsweetened juices do not contain added sugar and milk based drinks are a source of calcium and other nutrients. However, these drinks are a large contributor of sugar and calories to our children's diets, particularly given some of the larger portion sizes available.



*These categories are included in PHE's sugar reduction programme

'Other' consists of: Pasta, rice, pizza and other miscellaneous cereals; White and wholemeal bread; Other milk and cream; Meat and meat products; Vegetables and potatoes; Dry weight beverages; Soup, manufactured/retail and homemade; Savoury sauces, pickles, gravies and condiments.

Source: National Diet and Nutrition Survey (NDNS), years 7 and 8 (2014/15 - 2015/16)

For juices, the drinks industry is expected to reduce the sugar in blended juice based drinks by 5% and cap the serving size of all juice based drinks to 150 calories by 2021. For milk based drinks, industry is expected to reduce the sugar by 20% and cap single servings to 300 calories by 2021, with an initial target of reducing sugar by 10% by 2020. PHE will monitor and report on industry's progress. **HM Treasury will consider the sugar reduction progress achieved in sugary milk drinks as part of its 2020 review of the milk drinks exemption from SDIL. Sugary milk drinks may be included in the SDIL if insufficient progress on reduction has been made.**

As part of the next phase of the sugar reduction programme we will review the scope for reformulation of product ranges aimed exclusively at babies and young children. PHE will review the evidence and publish their approach in 2019.

We may also consider further use of the tax system to promote healthy food if the voluntary sugar reduction programme does not deliver sufficient progress

Energy drinks

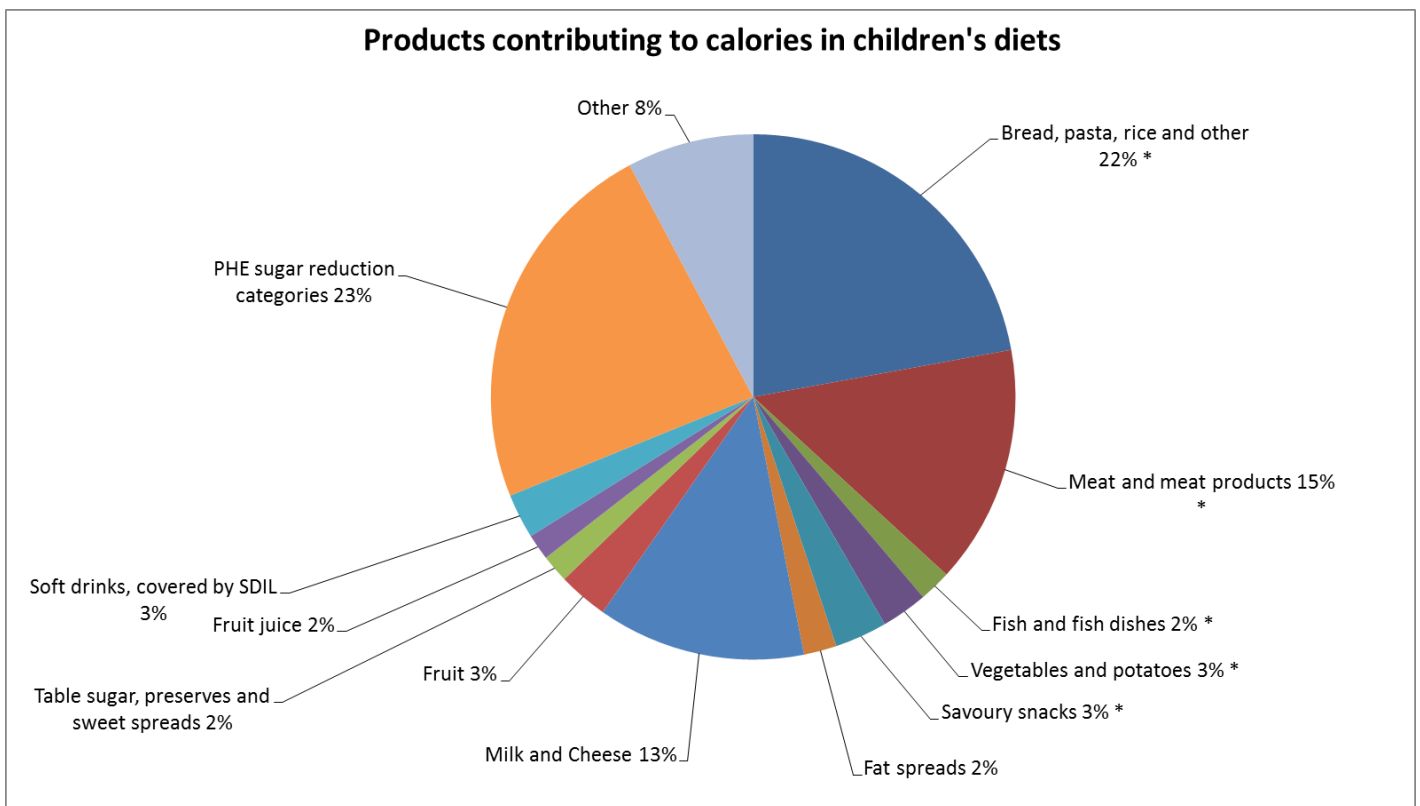
While strong progress has been made as part of the Soft Drinks Industry Levy, we are concerned about the impact that high-caffeine energy drinks are having on the levels of caffeine and sugar that our children consume. Manufacturers currently have to label all energy drinks containing over 150mg of caffeine as 'unsuitable for children.' Regular consumption of caffeinated energy drinks has been linked with adverse health outcomes for children such as headaches, sleeping problems, irritation and tiredness.^{17 18} Energy drinks are often high in sugar as well as caffeine, and may contain more sugar than full-sugar soft drinks,¹⁹ and are therefore a contributor to both obesity in children and dental problems.

Despite growing concern about the effect that consumption of energy drinks has on the health and behaviour of children and young people, research suggests that nearly 70% of UK adolescents (aged 10-17 years old) consume energy drinks, and that those who do so are drinking on average 50% more than the EU average for that age group.²⁰ Evidence tells us that one of the reasons energy drinks are so appealing to children is that they are often cheaper than other soft drinks; in some outlets it is possible to buy four 250ml cans of energy drink for £1.²¹

Many larger retailers and supermarkets have followed Waitrose in voluntarily introducing a ban on the sale of energy drinks to children. We applaud their positive action in this space. However, there are large numbers of retailers who have not imposed such a restriction. It is important for us to create a level playing field for businesses so that retailers that take action on this issue are not disadvantaged, and to stop children from simply switching from one retail outlet to another to buy energy drinks. **We will therefore consult before the end of 2018 on our intention to introduce legislation to end the sale of energy drinks to children by all retailers.**

2. Calorie reduction

While our focus rightly started with sugar, we know that [on average overweight and obese children are consuming up to 500 extra calories per day](#).²² Therefore to succeed in reducing childhood obesity rates we need to reduce calories from all types of food, not just those that come from sugary products. That is why in 2017 we began to focus on calories. We announced our calorie reduction programme – which challenges the food and drink industry to reduce calories in a range of everyday foods most commonly eaten by children by 20% by 2024. The chart below shows the categories that contribute most to children’s calorie intake. Our sugar and calorie reduction programmes will, together, apply to foods which account for around 50% of children’s overall calorie intake.



* Some products within these categories are included in PHE’s calorie reduction programme but the categories do not map to the product categories used in the National Diet and Nutrition survey.

‘Other’ consists of: Other meat, meat products and dishes; Oily fish; Other potato dishes; Nuts and seeds; Dry weight beverages; Soup, manufactured/retail and homemade; Savoury sauces, pickles, gravies and condiments.

Source: National Diet and Nutrition Survey (NDNS), years 7 and 8 (2014/15 - 2015/16)

To deliver the calorie reduction programme, PHE will carry out in-depth engagement with stakeholders from the food industry, health charities and think-tanks, to develop category specific guidelines, which will be published in mid-2019. PHE will monitor and report on progress annually so we can assess progress and will continue to support children and families

Calorie reduction

across England to choose healthier meals, snacks and drinks, and to stay within recommended calorie guidelines, through its Change4Life and One You campaigns.

However, we recognise that public understanding of calories can often be limited and information on calories can be hard to understand. Most of the major manufacturers and retailers have now adopted our voluntary front-of-pack nutritional labelling scheme on pre-packaged foods. A recent survey from Diabetes UK found that ‘almost nine in ten people agree that the traffic light labelling system helps people make informed decisions about the food they buy.’²³ The UK’s ability to introduce changes to our labelling system currently depends on EU legislation; we **therefore remain committed to exploring what additional opportunities leaving the European Union presents for food labelling** in England that displays world-leading, simple nutritional information as well as information on origin and welfare standards. We will continue to work with the devolved administrations to explore the potential for common approaches.

We know that a significant proportion of the food people eat is consumed outside of the home; [recent surveys](#) tell us that 96% of people eat out, and 43% do so at least once or twice a week.²⁴ People are also eating out more often; in 2014, [75% of people said they had eaten out or bought takeaway food in the past week, compared to 69% in 2010](#).²⁵ In March 2017, [Cancer Research reported](#) that the UK population consumes more than a 100 million takeaways and ready-made meals in a week.²⁶

The consumption of fast food and takeaways is particularly prevalent among families; [evidence from 2016](#) indicates that 68% of households with children under 16 had eaten takeaways in the last month, [compared with only 49% of adult-only households](#).²⁷ We know that overweight and obesity is often caused by [consuming a relatively small amount of excess calories](#) on a daily basis.²⁸ As evidence suggests people dining out consume 200 more calories per day than when eating at home,²⁹ it is therefore clear that looking at how to reduce the amount people consume when eating food made outside the home needs to be a significant part of efforts to tackle childhood obesity.

Reported eating out behaviour of individuals over 16 years 2016



Source: Food Standards Agency. (2017) Food and You survey, Wave 4.

Many businesses, such as Caffé Nero and Pizza Express, already provide nutritional information on their websites to help consumers make informed choices about the food they buy. However, only a few, for example JD Wetherspoon, provide this information at the point of choice (e.g. on menus or menu boards). It is estimated that only one quarter of the food we purchase to eat outside the home has calorie labelling at the point of choice.³⁰ Where this information is present, it is often provided in inconsistent ways.

There is strong public demand for this to change. A [large majority \(79%\) of people agree](#) that menus should include the number of calories in food and drinks.³¹ A recent survey from Diabetes UK showed that around 60% of the public said that calorie labelling on food menus would make it more likely that they would buy food from a restaurant, café or takeaway.³²

To provide the public with the nutritional information they need to make healthier choices wherever they choose to eat **we will introduce legislation to mandate consistent calorie labelling in England for the out of home sector**. Evidence suggests³³ that contextual information, for example displaying the calorie content as a percentage of daily calorie requirements, using colour coding, or including information on sugar, fat and salt content, may further help consumers make healthier choices. Therefore, we will consult, before the end of 2018, on the best way of implementing calorie labelling, including opportunities to display additional contextual information to help consumers understand calories and make healthier choices when eating food prepared outside the home. We recognise that the compliance burden associated with this policy may be disproportionately high for micro-businesses. Therefore, we will consult on whether micro-businesses should be excluded or given a longer implementation period. We also intend to provide guidance and methodology to help businesses calculate calorie information.

Labelling is just one part of the product packaging. Emerging evidence suggests that using other forms of marketing and promotion such as brand equity and licensed characters and

Calorie reduction

celebrities on product packaging can influence children's food choices and children's intake and preference for high sugar foods.^{34 35 36}

There are no current plans to place a ban on using brand equity and licensed characters, cartoon characters and celebrities to promote HFSS products. The NIHR Obesity Policy Research Unit will continue to review the evidence base of the effect of marketing and advertising on children, including in these areas.

As well as capturing products that contribute to high sugar and calorie intake, over consumption of salt increases the risk of high blood pressure which in turn increases the risk of cardiovascular disease. Later this year, we will review the latest industry progress on salt reformulation to see if more can be done to reduce salt intakes in future years.

3. Advertising and promotions

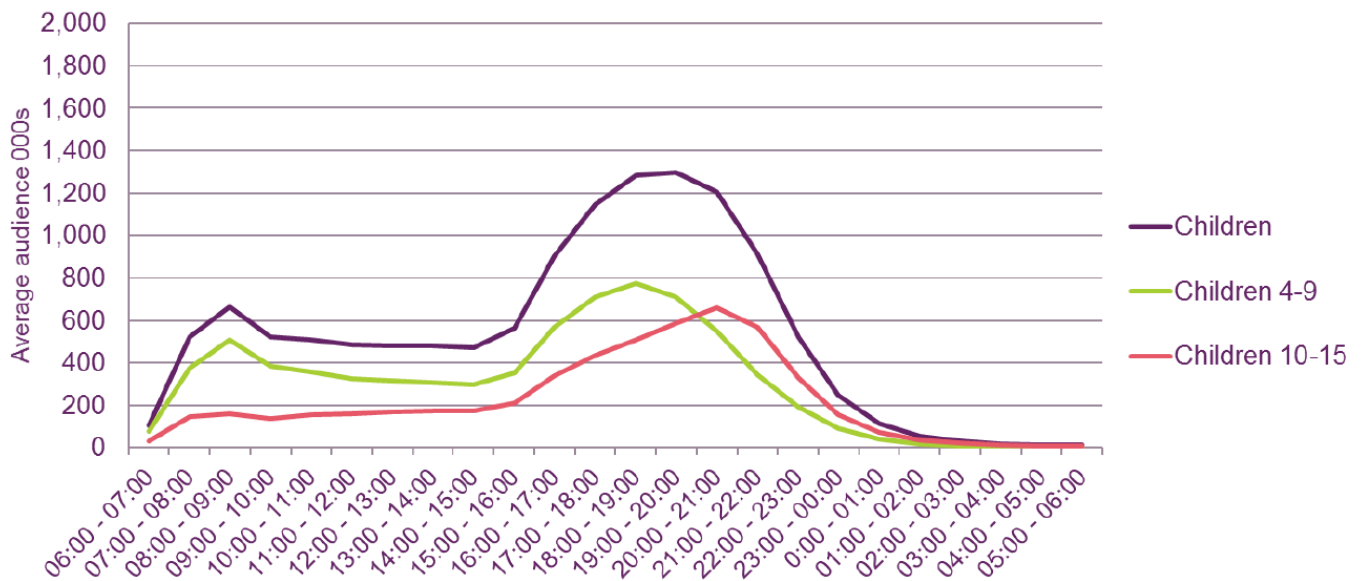
Advertising

The evidence shows that exposure to food advertising can have both an immediate and longer-term impact on children's health, by encouraging greater consumption immediately after watching the advert and altering children's food preferences.^{37 38 39 40} Furthermore, several reviews have concluded that these effects are significant and independent of other influences.^{41 42} Over time we know that small daily increases in children's calorie intakes will lead to weight gain, obesity and future ill health.

To protect children from this exposure the UK currently places strong restrictions on the advertising of high fat, salt or sugar (HFSS) products. Strict new rules came into effect in July 2017 banning the advertising of HFSS food or drink products in children's media - content that is directed to, or likely to appeal to children. These restrictions complement similar measures already in place for broadcast media (television and radio) where advertising of HFSS products is prohibited during, before and after programmes commissioned for, principally directed at, or likely particularly to appeal to children (children's programming). This is in addition to rules that apply across broadcast media that adverts must not be used to condone or encourage poor nutritional habits, unhealthy lifestyles or use of peer power. There are also specific content restrictions on adverts for HFSS foods. Together, these restrictions mean that irrespective of the time shown, HFSS products cannot be deliberately targeted at children; limiting marketing tactics such as the use of character or celebrity endorsements, promotional offers with appeal to children, or nutritional claims.

TV remains our children's main form of media. They watch on [average 14 hours of TV each week](#).⁴³ However, children do not just watch programming aimed at them. [Half of children's viewing takes place during adult commercial programming](#) where restrictions are weaker.⁴⁴ Recent data shows that the number of children watching TV peaks between 6-9pm, when popular family programmes typically dominate, leaving children exposed to HFSS advertising.

Average 2016 audience, by day part and age: total TV



Source: BARB, 2016. Live viewing. Sourced from Ofcom (2017). Children and Parents: media use and attitudes report.

We also know that, despite TV’s continued popularity, many more children are spending more time online, through devices including smartphones and tablets. We think it is important to consider giving children the same level of protection against HFSS adverts regardless of the media platform with which they are engaging.

We think more could be done to build on current restrictions to deliver this protection. Our ambition is to see further advertising restrictions applied which limit children’s exposure to HFSS advertising, incentivise reformulation, and ensure that the healthiest of products are advertised freely across all programming. We also want to put control back into parents’ hands by making it clearer for them when and where HFSS adverts can and cannot be shown, so that they can make the best choices for their children.

We will consult, before the end of 2018, on introducing a 9pm watershed on TV advertising of HFSS products and similar protection for children viewing adverts online, with the aim of limiting children’s exposure to HFSS advertising and driving further reformulation. We will explore options to ensure that any restrictions are proportionate, help to incentivise reformulation in line with the aims of the sugar and calorie reduction programmes, and consider a focus on those products that children consume and most contribute to the problem of childhood obesity.

Currently online advertising rules are drawn up by the Committee of Advertising Practice, which works alongside the Advertising Standards Authority (ASA), on a self-regulatory basis. We will consider whether this continues to be the right approach to protect children from advertising of

unhealthy food and drinks, or whether legislation is necessary. We will ensure any further restrictions are designed effectively for the digital space, taking into account how content is consumed online and considering options for enforcement.

Promotions

Marketing goes beyond the advertisements that children and their families see on TV and online. How food and drink is promoted to us when we are buying food – whether doing our weekly shop in a supermarket, picking up a few bits from a local corner shop or shopping online can lead us to purchase more than we need. This is a particular problem when it comes to the promotion of unhealthy food. We have the highest level of promotions in Europe and [40% of what we spend on food and drink is on promotion](#).⁴⁵

Promotions, both by price and location, can impact on the food purchases we make whether online or in a shop. [Evidence from PHE](#) shows us that we are more likely to see price promotions such as 'buy one get one free' (BOGOFs) and multi-buy offers for unhealthy food products compared to other food.⁴⁶ Such promotions [increase the amount of food and drink people buy by around one fifth](#).⁴⁷ This can lead to stockpiling and overconsumption of unhealthy products.

Where this food is located within shops can have a significant impact on what we purchase.^{48 49} Locations such as end-of-aisle displays and checkouts are used to promote unhealthy food items. Evidence shows us that this can increase sales. For example, end-of-aisle displays can increase sales of carbonated drinks by over 50%.⁵⁰ This type of promotion can particularly impact on parents through 'pester power'.⁵¹ Parents may not realise the extent to which their purchases are driven by prompts from children, but evidence suggests that twice as many purchases are triggered by children than parents are aware of.⁵² Furthermore, most of the items requested by children tend to be unhealthy foods and 70% of parents purchased at least one food item requested by a child during a shopping trip.⁵³ We must act to support parents.

Some retailers, such as Lidl and Aldi, have changed the way that unhealthy food and drink items are located or sold on promotion in their stores, but few retailers take this responsible approach. The approach needs to apply across the whole retail sector, to ensure that all are operating to the same rules and that shoppers are able to access healthier food on promotion, wherever they shop.

We intend to ban price promotions, such as buy one get one free and multi-buy offers (BOGOFs) or unlimited refills of unhealthy foods and drinks in the retail and out of home sector through legislation. In doing so, we aim to stop promotions that encourage bulk buying and over consumption of unhealthy products. It is not our intention to make food for families eating out as a treat more expensive so offers such as 'kids eat free' are not within scope.

Advertising and promotions

We intend to ban the promotion of unhealthy food and drink by location (at checkouts and the end of aisles and store entrances) in the retail and out of home sector through legislation. We will seek to extend a similar approach to online shopping and the out of home sector ahead of checkout.

We will consult on both proposals before the end of 2018 to address the best way to implement these policies and whether there should be exclusions for small businesses, shops with limited space, and specialist retailers. We will also consider how the restrictions on price promotions will apply in the out of home sector to target children's over consumption.

4. Local areas

As well as addressing the content, advertising and promotion of food at national level, we want to ensure that the places our children live, learn and play are promoting a healthy lifestyle. Across England, there are excellent examples of ambitious local approaches to tackling childhood obesity, including in Southwark, Manchester, Lambeth and Blackpool. But many local authorities are struggling to tackle the complexity of the childhood obesity challenge.

Challenges vary across local areas but many local authorities face common issues, including a proliferation of fast food outlets on high streets and near schools;⁵⁴ less active travel;⁵⁵ limited access to green spaces⁵⁶ and physical activity; and [unhealthy food marketing dominating many public spaces](#).⁵⁷ These factors create an environment that makes it harder for children and their families to make healthy choices, particularly in some of our most deprived areas.

Local authorities have a range of powers and opportunities to create healthier environments. They have the power to develop planning policies to limit the opening of additional fast food outlets close to schools and in areas of over-concentration; prioritise active travel in transport plans and deliver walking and cycling infrastructure through Local Cycling and Walking Infrastructure Plans; and ensure access to quality green space to promote physical activity. They can also offer professional training, parenting support, social marketing campaigns and weight management services. They can partner with leisure and sport facilities to offer accessible physical activity opportunities.

Case study: Blackpool Council

In partnership with Food Active, Blackpool developed the Local Authority Declaration on Healthy Weight, a strategic commitment across the council to reduce unhealthy weight and protect health, which was adopted in 2016.

Blackpool has since held a Healthy Weight Summit resulting in over 20 pledges of action across public, voluntary and private sectors.

The city also offered healthier food choices by introducing healthier vending and catering guidelines and a Healthier Choices award which over 100 establishments have achieved.

It also delivered family weight management service Making Changes and a healthy lifestyles programme for all Year 4 children Fit2Go and encouraging active travel in partnership with Living Streets.

Blackpool also works closely with schools, developing healthy lunchbox guidance and delivering Food Active's GULP (Give up loving pop) campaign, challenging schools to reduce children's sugary drink intake. Running since 2015, this year's 21-day challenge will reach 3,000 Year 4 & 5 children.

Case study: Derbyshire County Council

Derbyshire has a range of measures to tackle child obesity and aim to make the healthier choice, the easier choice.

Through the HENRY programme for pre-school children; the Forest Schools programme promoting outdoor activity; weight management services for over 16s and additional support for Looked After Children to get physically active, Derbyshire offers support throughout childhood.

The council also works with Active Derbyshire which offers opportunities to get active including free health walks and Jog Derbyshire which has 6,500 participants.

To improve the local food offer, Derbyshire developed the Heart of Derbyshire scheme with a set of pledges, including use of healthier ingredients and controlling portion sizes. So far 197 takeaways have signed up while all council catered schools and nurseries have achieved a Gold Award.

In 2015, the Be Portion Size Wise campaign was introduced, challenging locals to reduce their portions. Residents were supported with resources including tips on dining out and had the chance to win healthy eating prizes.

We understand there is real ambition among local authorities to tackle childhood obesity but there are very real obstacles. While there are a number of pioneering local authorities taking bold action, many are not, with existing powers not being fully realised and disparities in action across different areas.

To help address these challenges, **we will develop a trailblazer programme with local authority partners to show what can be achieved within existing powers and understand “what works” in different communities.** This three year programme will involve a small number of local authorities working intensively with a delivery partner and with central Government support to be ambitious in addressing childhood obesity. We will look to the experience of pioneering local authorities and international examples such as Amsterdam to identify key areas of learning.⁵⁸ Participating local authorities will focus on inequalities and ethnic disparities and will share this learning and best practice to support all local authorities to take action. We aim to significantly increase the proportion of local authorities actively combatting childhood obesity over the next five years.

We recognise that national resources and interventions will also help local authorities to use their powers. In 2017 the National Planning Practice Guidance was updated to outline the role that planning can have in reducing obesity by limiting over-concentration of fast food takeaways, particularly around schools.⁵⁹ Local authorities want to use these powers⁶⁰ and have a range of tools to support them but local leaders have told us it is difficult to put these powers into practice. For example, the evidence they need to support their planning decisions and make them resilient to appeals can be difficult and expensive to obtain. We want to see more local authorities using these powers. So we will **develop resources that support local authorities who want to use their powers. We will help set out the economic business case for a healthy food environment and provide up to date guidance and training for planning inspectors.**

Exposure to the natural environment and green space is associated with lower levels of obesity and higher levels of physical activity,⁶¹ but there is unequal access across the population, with those living in the most deprived areas less likely to live in the greenest areas.⁶² The Government's [25 Year Environment Plan](#)⁶³ promotes a sustainable natural environment as a pathway to good health and wellbeing. **In 2019 we will define a set of standards to demonstrate what “good” green infrastructure looks like.**

As part of their responsibility for public health, local authorities deliver the National Child Measurement Programme (NCMP), which measures the height and weight of Reception and Year 6 children at all mainstream state-maintained schools (including academies) in England. The NCMP provides robust data to inform national and local policy and commissioning decisions, presents the opportunity to engage parents of overweight and obese children and provides Government with a national picture of childhood obesity over the long term which is an invaluable resource to measure progress. Evidence shows us that while parents find it difficult to recognise when their children are overweight or obese, the majority (87%)⁶⁴ appreciate being given feedback on the weight status of their children, which the NCMP provides. **Therefore, we will continue the NCMP for children in Reception and Year 6.**

The NCMP also gives local authorities the opportunity to connect parents with health and care professionals and local weight management services to help them support their children to achieve and maintain a healthy weight. We know the confidence of health and care professionals in supporting children with their weight is vital. Therefore **we will provide health and care professionals with the latest training and tools to better support children, young people and families to reduce obesity, including a digital family weight management service.**

The NHS has an important role in tackling childhood obesity at both a local and national level. This includes preventative initiatives such as NHS England's Heathy New Towns programme which involves over 50,000 homes and is using the environment to incentivise physical activity for children, through digital innovation and healthy routes for walking and cycling. It also includes action to create healthier environments in NHS premises by curbing the sale of unhealthy foods and drink which has seen positive results including a 45% reduction of sugary drink sales in 2017.

This tracks wider than the NHS and all of the public sector should be leading by example in ensuring a healthy food environment for children and parents on their premises. To offer healthier food and drink options, many public sector buildings apply the Government Buying Standards for Food and Catering Services (GBSF). The standards are mandatory for central Government buildings and hospitals, with the wider public sector, such as leisure centres and schools, being encouraged to use them. We will support local authorities, schools and hospitals, to adopt the GBSF to help ensure that children have the healthiest food available throughout the public sector. **We plan to consult, before the end of 2018, on strengthening the nutrition standards in the GBSF, to bring them into line with the latest scientific dietary advice.**

5. Schools

Schools have an important role in defining habits and helping their pupils make healthier choices. We know that obesity rates double during the primary school years⁶⁵ and increase further in secondary school.⁶⁶ We must ensure that schools are equipping children with the knowledge they need to lead healthy lifestyles and creating environments which encourage their pupils to eat healthily and be physically active.

A healthy, balanced diet is important for a child's development. The School Food Standards were introduced to make sure food provided to pupils is nutritious and of high quality, by setting requirements for all food and drink provided in schools. Compliance with the School Food Standards is a legal requirement for the majority of schools, including all maintained schools. Academies and free schools are required to comply with the Standards by virtue of their funding agreements, with the exception of a proportion that we expect to comply voluntarily. Government will ensure all schools are aware of their responsibility for quality nutrition.

In 2016, we committed to update the School Food Standards in light of the latest advice on nutrition which revised the recommended daily intake of sugar and fibre. **Our update to the standards will be bold on reducing sugar consumption and will be coupled with detailed guidance to caterers and schools so they are well prepared to adapt to the changes.**

With children in lower income households more likely to be obese, we have considered how the Government can continue to help families that sometimes struggle to give their children a healthy diet. The Government currently delivers the Healthy Food Schemes - Healthy Start, School Fruit and Vegetable and the Nursery Milk schemes - which aim to provide children with nutritional support and to encourage good eating habits from an early age. But we think we can make these schemes work even better. To do this **we will consult, before the end of 2018, on our plans to use Healthy Start vouchers to provide additional support to children from lower income families, who are at greater risk of obesity.** Healthy Start vouchers can be exchanged for fruit, vegetables and milk and are accepted by a wide range of retailers.

Regular physical activity has been linked not only to improved physical health but also improved mental wellbeing and academic attainment.⁶⁷ The Chief Medical Officer recommends all school-aged children get at least 60 minutes of physical activity every day – but we know only [approximately one in five](#) achieve this.⁶⁸ The [Government's Sporting Future strategy](#)⁶⁹ set out a new approach to sport and physical activity, with a clear focus on engaging the least active. This direction has been supported by key investments announced in our 2016 plan using revenue from the Soft Drinks Industry Levy and Sport England's 'Towards an Active Nation.' While we can be proud of this significant investment, we need to ensure that it is reaching the least active children. We want to do more to support schools in this regard. Therefore we will work across Government to review how the least active children are being engaged in physical activity in and around the school day. The review will consider how the Primary PE and Sport Premium is being used, to help ensure that our investment contributes towards helping all children to lead active lives.

Childhood obesity: a plan for action

We recommend that during the school day, schools should be responsible for delivering at least 30 minutes of the total recommended 60 daily minutes of moderate to vigorous physical activity for children and young people.⁷⁰ For many schools it can be difficult to identify the right opportunities to meet this recommendation. Active mile initiatives provide a simple means of significantly contributing to this recommendation and early research has suggested such schemes can deliver on well-established links between physical activity, and improved wellbeing and educational attainment.⁷¹ Therefore **we will promote a national ambition for every primary school to adopt an active mile initiative, such as the Daily Mile**. Schools will have the flexibility to do so in a way that best suits their facilities and students and we will review how the Primary PE and Sport Premium can be used to support it.

Case study: Active Mile

Using increased physical activity to improve pupil fitness, increase concentration and improve levels of attainment was the catalyst for Thornhill Primary to implement an active mile into the school day. The school was keen for the active mile to be inclusive for all pupils, in particular, pupils with wheelchairs and walking frames. The school playground already had a heart line marked out and pupils and staff walk, jog or run a route around the heart equivalent to a mile every day. Teachers have discretion on when to complete the active mile and often use it to combat lack of attention or concentration in class.

Since implementing this initiative, the pupils are engaging in increased daily physical activity and improvements have been noted in levels of fitness, classroom behaviour and attendance levels.

“Pupils, staff and parents recognise the positive impact it has on the whole school.” Mrs Amanda Benton, Head teacher

Our plans to introduce a healthy rating scheme for schools, outlined in the 2016 Childhood Obesity plan, will ensure that schools have a framework for self-evaluation for promoting healthy eating and physical activity during the school day.

As well as encouraging children to be active while in school, travel to and from school can also be used as an opportunity to increase children’s physical activity levels. During 2018/19 the Government will be investing an additional £620,000 of funding in the Walk to School project, a highly successful programme⁷² delivered by Living Streets which aims to increase the number of children walking to school. The funding will support the delivery of the Government’s Cycling and Walking Investment Strategy target to increase the percentage of children aged 5 to 10 years old that usually walk to school to 55% in 2025. The Government will also invest an additional £1 million during 2018/19 to expand Bikeability, the national cycling training programme for schoolchildren, in order to support secondary school children to cycle safely and confidently on local roads.

A broad and balanced school curriculum should provide opportunities for pupils to develop knowledge and understanding of a range of health related matters. For example, as part of the national science curriculum, pupils learn how eating food and getting exercise keeps them healthy; as part of the Design and Technology curriculum pupils learn how to cook, and how to

Schools

feed themselves a varied and balanced diet; and in PE, pupils not only participate in sports and physical activity, but are taught the long term health benefits of physical activity.

As part of Ofsted school inspections, inspectors currently evaluate how well schools support pupils so that children are able to explain accurately and confidently how to keep themselves healthy, including through making informed choices about healthy eating and physical fitness. This evaluation contributes to a graded judgement on pupils' personal development, behaviour and welfare. **Ofsted is developing a new framework for September 2019. This will consider how schools build knowledge across the whole curriculum and how they support pupils' personal development more broadly, including in relation to healthy behaviours.**

Addressing the increase in obesity amongst school age children is important, but for some children, the habits and behaviours that result in obesity are embedded in the early years. To help address this, **Ofsted will undertake research into what a curriculum that supports good physical development in the early years looks like.** This will explore the full range of development, including what children are taught about their bodies - for example the importance of sleep and healthy eating.

6. Conclusion

Our ambition is a bold but simple one. We will halve childhood obesity and significantly reduce the gap in obesity between children from the most and least deprived areas by 2030. We all have a lot to gain by beating obesity and it is vital for us all to work together to achieve this, particularly to support parents, especially in the most deprived families and areas, to help their children have the best start in life. We believe that the evidence-based actions we propose will do this by encouraging healthier choices and making these more readily available and identifiable to parents.

Taken together, the actions in this plan and the ones we already have in train from 2016, are world leading. However, we remain committed to reviewing what more can be done to make sure we meet our ambition of halving childhood obesity and will continue to monitor progress and emerging evidence carefully. Where progress is not being delivered, we will consider what further action can be taken to help us to achieve what no other country in the world has yet achieved: success in tackling childhood obesity.

Conclusion

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⁷⁰ Note: the remainder should be supported by parents and carers outside school time.

⁷¹ Chesham R A et al. (2018). The Daily Mile makes primary school children more active less sedentary and improves their fitness and body composition: a quasi- experimental pilot study. BMC Medicine 16(64).

⁷² Department for Transport. (2017) Cycling and Walking Investment Strategy.