

Welsh Government Consultation: Healthy Food Environment

A response from the Royal College of Paediatrics and Child Health (RCPCH)

August 2022

About the RCPCH

The RCPCH works to transform child health through knowledge, innovation and expertise. We have over 500 members in Wales, 14,000 across the UK and over 17,000 worldwide. The RCPCH is responsible for training and examining paediatricians. We also advocate on behalf of members, represent their views and draw upon their expertise to inform policy development and the maintenance of professional standards.

For further information please contact Gethin Matthews-Jones, Head of Devolved Nations via gethin.matthews-jones@rcpch.ac.uk.

Theme 1: Healthier Shopping Baskets - Making the Healthy Choice the Easy Choice

Q1. Should we introduce legislation to restrict the following types of promotion of High Fat Salt or Sugar products?

- temporary price reductions
- multi-buy offers
- volume offers

Yes

Please explain

The RCPCH is a member of the Obesity Health Alliance (OHA) and Obesity Alliance Cymru (OAC). The OHA recently published its Turning the Tide strategy, which clearly sets out the impact that temporary price reductions, multi-buy offers and volume offers have on consumer behaviour. It sets

out evidence that such offers tend to increase impulse purchases of less healthy food, including high sugar and high calorie snacks; and that consumers don't save money because of the tendency to purchase more than they had planned, which does not lead to reduced purchases in subsequent shopping trips.

The report states that:

“Research shows that consumers often make quick decisions without conscious thought in busy retail environments, where location-based or price-based promotions are used to appeal to these elements of unconscious decision-making and increase sales. Consumer spending on price promotions in the UK is the highest in Europe. Research for NHS Health Scotland in 2017 suggested that the number of price promotions on healthier and less healthy food appears to be about equal, but promotions on unhealthy products tend to offer greater price discounts or greater product volume for a set cost than do promotion on healthier options – with the result that the uptake of promotions on the unhealthy food and drink is much higher. Multi-buy promotions (including ‘Buy One Get One Free’, ‘X% extra free, and ‘X for £Y’ offers) are designed to encourage the impulsive purchase of products, or to increase how often products are purchased and/or the volume bought and tend to be skewed towards unhealthy options (half of chocolate purchased in the UK is on promotion). These promotions are available across retail environments of all sizes, including supermarkets, convenience stores, garage forecourts and non-food retailers as well as online, and can increase the total amount of household food and drink purchased by around 20% – in other words, these are purchases that people would not make if the price promotions did not exist. Such promotions do not save consumers money in the long term, because people buy more products than they had planned and do not lead to people buying less during subsequent shopping trips.”¹

Obesity Alliance Cymru (OAC) also supports this proposal, citing substantial research and evidence from Cancer Research UK. Please see OAC's separate consultation response for further detail.

Q2. Should we introduce legislation to restrict the placement of HFSS products in the following retail areas?

- store entrance
- at the till
- end of aisle
- free standing display units

Are there any other locations you think we should consider?

Yes

Please explain

Turning the Tide goes on to explain that:

¹ Obesity Health Alliance (2021). *Turning the Tide: A 10 Year Healthy Weight Strategy*. Available at: <https://obesityhealthalliance.org.uk/wp-content/uploads/2021/09/Turning-the-Tide-A-10-year-Healthy-Weight-Strategy.pdf>

“There is also clear evidence that where retailers place products in their stores has an impact on how likely consumers are to buy them: 50 increasing the visibility of unhealthy foods in busy, eye-catching locations, such as shop entrances or at the end of aisles, leads to an increase in the sale of the product. This is reflected in brands’ competition for these favourable/prime in-store locations, as well as the location of promotions when shopping online. OHA surveys have found location-based promotions to be skewed towards sugary and high-calorie snack foods.”²

Again, please also see the OAC consultation response which draws upon further polling evidence from CRUK.

Q3. How should we determine which categories of food should be caught by proposal 1 and 2 restrictions?

Option A – Products high in fat, sugar or salt which are of most concern to childhood obesity

Option B – All Products high in fat, sugar or salt

[both options to restrict the promotion of HFSS products captured by the Sugar Reduction Programme, Calorie Reduction Programme and Soft Drink Industry Levy based on the Nutrient Profiling Model]

Other- please give details

Please explain

Q4. Should restrictions for both proposal 1- value promotions and proposal 2- location promotions cover online purchasing?

Yes/No/Not sure

Yes

Please explain

It would be inconsistent to apply rules differently across different types of retail setting.

Turning the Tide notes that:

“promotions are available across retail environments of all sizes, including supermarkets, convenience stores, garage forecourts and non-food retailers as well as online, and can increase the total amount of household food and drink purchased by around 20% – in other words, these are purchases that people would not make if the price promotions did not exist.”³

Q5. Should the following exemptions apply for value promotion restrictions (proposal 1)?

² Obesity Health Alliance (2021).

³ Obesity Health Alliance (2021).

- micro and small businesses (unless they are part of a symbol group with 50+ employees)
- close to use-by-date price reductions
- non-pre-packed products
- other

Please explain

Our view is that there is a strong rationale for exemptions for products close to their use by date from a food waste and environmental point of view and, especially in the context of the current cost of living crisis, poverty, inequality and food prices.

Q6. Should the following exemptions apply for location promotion restrictions (proposal 2)?

- micro and small businesses (unless they are part of a symbol group with 50+ employees)
- stores that are smaller than 185.8 square metres (2,000 square feet) (even if they employ more than 50 employees or are part of a symbol group which does)
- specialist retailers that sell one type of food product category, for example, chocolatiers or sweet shops
- other

Yes/No/Not sure

Please explain

Theme 2: Healthier Eating Out of the Home – Understanding how it contributes to your weight

Q7. Should we mandate calorie labelling in all out of home settings regardless of the size of business?

Yes

Please explain

Turning the Tide notes that:

“Experimental evidence also indicates that energy labelling (calories) on menus could, for an average meal of 600kcal, reduce the calories bought by about 8% (equivalent to about 50kcal). In addition, the products of companies that include calorie labelling on menu items have consistently less fat and salt overall, and research also suggests that food outlets whose menus are labelled offer significantly healthier products, indicating that calorie labelling could work through encouraging food companies to develop healthier products”⁴

However, we note concerns raised by our members and eating disorder specialists and recommend that the Welsh Government continues to consult with eating disorder specialists to understand the impact of this policy and ensure mitigations are in place to protect those with or at risk of developing eating disorders. The Welsh Government should also continue to monitor and review this legislation with a detailed impact assessment as the policy is implemented.

Q8. Should energy labelling be limited to calories (Kcals)?

Yes/no/not sure

Please explain

YES

We suggest that labelling is as simple and clear as possible. The most widely used and understood measure of energy in food and drink in the UK is calorie (Kcal) content so we would suggest sticking with that to communicate as clearly as possible with children and families.

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Q9. Should menus marketed specifically at children be exempt from calorie labelling?

If no how do you think this information should be presented?

Given the prevalence of overweight and obesity in children in Wales, parents and carers of children should be provided with calorie information to support them to make informed decisions on food and drink they buy for their children when eating out of home. Considering the evidence highlighted by the OHA that calorie labelling may encourage businesses to offer healthier choices, this should extend to healthy choices for children and young people – encouraging healthier options for children and young people would be a helpful outcome.

⁴ OHA (2021)

As with adults, we should be cautious of potential impacts of calorie labelling on children and young people with eating disorders and menus without calorie labelling should therefore be available upon request.

The energy (calorie) needs of children and young people will vary significantly with age. Therefore, we do not recommend mandating that menus aimed specifically at children and their parents or carers must provide a recommended daily calorie intake in the way that they might for adults.

Q10. Should we mandate businesses to make menus without calorie labelling available at request?

Yes

Are there other mitigations we could put in place for people with eating disorders?

Please explain

We support this as a mitigation to support people with an eating disorder.

Q11. Should the requirement to display calorie labelling extend to online sales?

Yes

Please explain

This would be the consistent approach. Furthermore, the boundaries between online and paper menus are no longer always absolute – it is now common to order via apps or websites in restaurants, cafes and other settings. A consistent approach covering online and paper menus would ensure consumers are given appropriate information to make decisions for themselves and their children.

Q12. Should we prohibit free refills of sugary soft drinks in the out of home sector?

Yes

Please explain

Banning refills of sugary soft drinks would be consistent with wide moves to reduce sugar consumption by children and young people; and to reduce unnecessary excess calorie consumption generally. It would also be consistent with our support for banning the sale of energy drinks to under-16s. We are responding elsewhere to specific Welsh Government proposals on this (currently being consulted upon) and we have made similar calls in Scotland and in England. In England, our response to a Department of Health consultation in 2018 stated that:

“There is a plethora of evidence with regards to the effect of sugar. It is well-known that children and young people in the UK consume more sugar and calories than required, and therefore they do not require the additional metabolic energy provided by the sugar present in caffeinated energy drinks.

As with other beverages with a high sugar content, consumption of energy drinks has been shown to be associated with adverse metabolic, dental and renal effects, including overweight and obesity, dental decay and kidney disease.”⁵

Q13. Should we restrict larger portion sizes of sugary soft drinks in the out of home sector?

Yes

Please explain

Restrictions on larger portion sizes of sugary soft drinks to children and young people in the out of home sector would be consistent with parts of our position on banning the sale of energy drinks to under 16s; and on banning free refills of sugary soft drinks (see above). We therefore support this proposal.

If yes, do you think this should be limited to 1 pint (0.57 litres)?

Other

Please explain

Q14. Should the following settings be excluded from both the calorie labelling and soft drink restriction requirements?

- schools and colleges
- early years and childcare settings
- hospital in-patients
- care homes and settings
- charity sales
- other

Please explain

Given that parents and carers will not always be present to support choices made by children in some of these settings and that there may be additional considerations (including physical and mental health issues) when children are unwell in hospital settings, there is a case for exemptions in schools, colleges, early years and childcare settings; and to children and young people in hospital settings.

However, food provided in schools, colleges, early years and childcare settings; and to children and young people in hospital settings should be nutritious, balanced and contain age-appropriate

⁵ RCPCH (2018). *Ending the sale of energy drinks to children - consultation response*. Available at: <https://www.rcpch.ac.uk/resources/ending-sale-energy-drinks-children-consultation-response>

calorific content. This should be robustly monitored to ensure that standards are being met and that children, young people and their parents or carers can have confidence in food and drink provided in schools, colleges and other settings. Particularly in schools, children and their parents or carers should be given information on menus and nutritional content, which would be consistent with proposals for the out of home sector to support parents with this information. The Welsh Government should take this opportunity to consider as part of its policy and legislative response to the healthy food environment whether schools and other settings on this list are in compliance with existing guidelines and whether we have robust enough monitoring and reporting to ensure this is consistently the case; and be able to provide children, young people and their parents and carers with assurances that Welsh Government guidance is being adhered to and standards met.

Q15. Should small and medium out of home businesses be covered by both the calorie labelling and soft drink restriction requirements?

Yes/No/Not Sure

Please explain

YES

All businesses should be covered by these rules to ensure consistency, avoid loopholes and ensure a level playing field.

Q16. Should the following products be exempt from the calorie labelling requirement?

- menu items for sale for 30 days or less items prepacked off premises (which already displayed nutrition information)
- condiments added by the customer
- loose fruit or vegetables
- other

Yes/No/Not sure

Please explain

The RCPCH recommends mandatory calorie labelling be introduced for all food and drink, including special and temporary menu items; along with items provided by the business and added by the consumer. This ensures consistency, minimises confusion, reduces the risk of 'hidden calories' and supports children and their parents or carers with information to make appropriate food choices.

Theme 3: Healthier Local Food Environments – Shifting the Balance

Q17. What support and measures could we put in place to help improve the availability of healthier options within local areas?

Please explain

Q18. Should we review existing planning and licensing support, including guidance, to address the distribution of Hot Food Takeaways, particularly close to secondary schools and colleges?

Yes

Please explain

We support a review of planning and licensing opportunities to create healthier environments in spaces where children and young people come together, including limiting hot food takeaways near schools (within 400 metres). There should be consideration of expanding this to other locations with a high child footfall (e.g. leisure centres, parks, hospitals)⁶.

We have also called for a ban on advertising, sponsorship and promotion of products high in fat, sugar and salt (HFSS) products in public spaces including sporting events, family attractions and leisure centres with subsequent evaluation. If a review is taking place with the aim of delivering healthier environments, we would encourage consideration as to whether advertising, sponsorship and promotion could or should form part of that review, given that once the process is concluded it may be difficult to re-open conversations that may require updated policy, guidance or legislation.

Respondent information

Q19. Are you responding as an individual, or on behalf of an organisation or business? (select only one option)

- On behalf of an organisation

Q20. If answering on behalf of a business, what is the size of the business? (select only one option)

⁶ RCPCH (2020) *State of Child Health*. Available at: <https://stateofchildhealth.rcpch.ac.uk/evidence/prevention-of-ill-health/healthy-weight/#page-section-14>

- Micro business (0-9 employees)
- Small business (10 – 49 employees)
- Medium business (50 – 249 employees)
- Large business (250 employees or more)
- Don't know

Other potential measures and wider impacts

Q.21 Please provide details of other options you feel could help drive positive change in the food environment, and support people in Wales to make healthier choices.

Are there any other matters you would like to raise?

In considering the scope of policy and legislation on healthy food environments, we recommend that the Welsh Government consider food and nutrition for babies and infants and review commitments made in its Breastfeeding Five Year Plan with a view to ensuring alignment and responding to issues relevant to both Healthy Weight Healthy Wales and the Breastfeeding Five Year Plan. In particular, we note the following aims in the Plan and suggest that the Welsh Government review any potential crossover, especially on points 1 and 4.

1. Supporting the population to make informed choices on infant feeding.
2. Influencing social norms – towards breastfeeding being seen as the normal way of feeding a baby and accepted as part of everyday life.
3. Creating settings and environments which reflect a positive and inclusive ethos towards breastfeeding (e.g. schools, workplaces, public places/transport).
4. Controlling the advertising and managing the availability of less optimal infant feeding methods (e.g. follow-on formula milk).⁷

Equality Questions

Q22. Do you think the proposals in this consultation document might have an effect on the following?

- Children and young people

Childhood obesity is one of the biggest public health issues facing the UK. Obesity increases the risk of developing a range of health conditions in childhood and later life, including: heart disease;

⁷ Welsh Government (2019). All Wales Breastfeeding Five Year Plan. Available at: https://gov.wales/sites/default/files/publications/2019-06/all-wales-breastfeeding-five-year-action-plan-july-2019_0.pdf

stroke; high blood pressure; diabetes and some cancers. Obese children are much more likely to be obese adults, which may lead to significant health risks⁸.

The latest information from the childhood measurement programme is concerning:

“Data collection in 2020/21 was interrupted across many parts of Wales due to school closures and prioritisation of resources in response to the COVID-19 pandemic. We are, therefore, only able to report data for two Health Boards – Swansea Bay and Aneurin Bevan – where we have sufficient data for reliable results. In both Health Boards we see a significant rise in the percentage of 4/5 year olds having obesity and a significant decline in the proportion who were a healthy weight compared to 2018/19.”⁹

Pre-pandemic, the data already suggested a huge problem requiring urgent action. In 2018/19, 26.9% of children in Wales were overweight or obese, a higher proportion than England, Scotland or any English region.¹⁰

- Specific socio-economic groups

Prevalence of obesity was significantly higher than the Welsh average in the areas of greatest deprivation and significantly lower in the least deprived areas. The gap between obesity prevalence in the most and the least deprived areas has risen from 5.9% in 2017/18 to 6.9% in 2018/19¹¹.

Q23. We would like to know your views on the effects the consultation would have on the Welsh language, specifically on opportunities for people to use Welsh and on treating the Welsh language no less favourably than English.

What effects do you think there would be? How could positive effects be increased, or negative effects be mitigated?

Q24. Are there any other groups within society not already referenced you think any of the proposals would have an impact on?

⁸ RCPCH State of Child Health (2020). Available at: <https://stateofchildhealth.rcpch.ac.uk/evidence/prevention-of-ill-health/healthy-weight/>

⁹ Public Health Wales (2022). *Childhood Measurement Programme for Wales*. Accessed August 2022 at <https://phw.nhs.wales/services-and-teams/child-measurement-programme/>

¹⁰ Public Health Wales (2020). *Every Child: Childhood Measurement Programme 2018/19*. Available at: <https://phw.nhs.wales/services-and-teams/child-measurement-programme/cmp-2018-19/child-measurement-programme-for-wales-report-2018-19/>

¹¹ PHW (2020).

Business Support and Impact

Q25. What support could be provided to help your business prepare for the following proposals;

- promotion restrictions (Theme 1- proposals 1 and 2)
- mandatory display of calories (Theme 2-proposal 3)
- place restrictions of the servings of sugary soft drink (Theme 2- proposal 4)
- limits on hot food takeaways near schools and colleges (Theme 3- proposal 6)

Please Explain

Q26. We have calculated illustrative transition costs in both impact assessments. Do these calculations reflect a fair assessment of the costs that would be faced by your organisation/business?

Yes/No

If no, please provide any further evidence which could be used to improve our estimates. If you are referring to a specific calculation in one of the IAs, please state which one(s).

Q27. Do you have any further evidence or data you wish to submit for us to consider for our final impact assessment or any specific comments on the methodology or assumptions made?

Yes/No.

If yes, please provide further evidence which could be used to improve our estimates. If you are referring to a specific IA question or calculation, please state which one(s).