

RESPONSE TO THE WELSH GOVERNMENT CONSULTATION: HEALTHY FOOD ENVIRONMENT. Exploring proposals to make the food environment in Wales healthier.

SPECTRUM is a research consortium of academic, public health agencies and advocacy partners working together to generate new evidence to inform the prevention of non-communicable diseases (NCDs). SPECTRUM provides a unique overview of NCD prevention strategies including action on price, availability and marketing of tobacco, alcohol and unhealthy food products, and industry influence on health policy. We investigate the conduct and influence of unhealthy commodity industries (UCIs) in driving unhealthy consumption, build understanding of the systems that perpetuate those drivers, and support the prioritisation of political, social and other measures to prevent harm to health and reduce the social health gradient.

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- 1. Should we introduce legislation to restrict the following types of promotion of High Fat Salt or Sugar products?**
 - a. temporary price reductions**
 - b. multi-buy offers**
 - c. volume offers**

All of the above.

Overweight and obesity are preventable causes of Non-Communicable Diseases (NCDs) including cardio-vascular conditions, cancers and diabetes. For cancer, overweight and obesity is the second biggest preventable cause in the UK – it affects a high proportion

of the population and is linked with numerous cancer types¹. It is now predicted to overtake smoking as the primary cause of cancer in women in approximately 25 years². As we emerge from the Covid-19 pandemic, it is also worth noting that those who are obese are significantly more likely to suffer severe negative consequences after infection with COVID-19 compared to those of a healthy weight³.

Research has demonstrated that rates of overweight and obesity in children and adults remain high across the UK, with evidence suggesting that it will continue to rise if strong, public health population level measures are not implemented^{4,5}. In Wales, 60% of adults aged 16 and over are overweight or obese while 24% are obese with the majority being males between the ages of 45-74. More than 25% of children are overweight or obese in Wales and 12% are reported to be obese. If the current pattern continues, Public Health Wales estimate that the percentage of Welsh citizens that are overweight or obese will continue to increase, reaching 64% of the population by 2030⁴.

We live in an obesogenic environment – this refers to environmental characteristics that promote obesity through a range of factors such as food affordability and availability, normalisation of food consumption in any place (such as walking down the street, during meetings) and the increasing calorie density of the food that is easily available. In some cases this may mean areas where individuals have little or no access to fresh fruit and vegetables at an affordable price. Our towns and villages are populated by an increasing number of fast food outlets (with higher numbers located specifically within areas of higher deprivation)^{6,7}. Further, our lives have become more sedentary, with opportunities for physical activity limited, for instance, by the lack of safe active travel infrastructure^{8, 9}.

A restriction on the promotions of HFSS products is supported by 62% of the public in the UK¹⁰. Limiting promotion would be a step forward in converting the current

¹ Brown, K.F., Rungay, H., Dunlop, C. et al. The fraction of cancer attributable to modifiable risk factors in England, Wales, Scotland, Northern Ireland, and the United Kingdom in 2015. *Br J Cancer* 118, 1130–1141 (2018). <https://doi.org/10.1038/s41416-018-0029-6>

² Coker, T., Rungay, H., Whiteside, E., Rosenberg, G. & Vohra, J. 2019. Paying the price: new evidence on the link between price promotions, purchasing of less healthy food and drink, and overweight and obesity in Great Britain.

³ Sattar N, McInnes IB, McMurray JJV. Obesity Is a Risk Factor for Severe COVID-19 Infection: Multiple Potential Mechanisms. *Circulation*. 2020 Jul;142(1):4-6. DOI: 10.1161/circulationaha.120.047659. PMID: 32320270

⁴ Obesity in Wales Report, Public Health Wales. <https://phw.nhs.wales/topics/obesity/obesity-in-wales-report-pdf/>

⁵ Office for Health Improvement and Disparities. Obesity Profile Update: July 2022 <https://fingertips.phe.org.uk/profile/national-child-measurement-programme>

⁶ Takeaway Wales: Britain's fast-food capital?: <https://www.bbc.co.uk/news/uk-wales-45943124>

⁷ More takeaways on high street despite anti-obesity push: <https://www.bbc.co.uk/news/uk-45875294>

⁸ <https://apps.who.int/iris/bitstream/handle/10665/353747/9789289057738-eng.pdf> (p. 70 onwards)

⁹ <https://www.nber.org/papers/w7423>

¹⁰ 74% of the Public Support Government Action on Obesity in the Wake of Emerging Links with COVID-19 - Obesity Health Alliance: <https://obesityhealthalliance.org.uk/2020/06/03/74-of-the-public->

obesogenic food environment to a healthier food environment. Although some policy interventions are highly contested, they can be effective public health measures without affecting industry revenues. For example, the tax on sugary drinks (the UK soft drinks industry levy) has resulted in a reduction in the amount of high-sugar drinks purchased since its introduction without harming the overall number of sales of soft drinks as consumers choose did not reduce the volume of soft drinks purchased – they chose to purchase more of the lower tier products with less sugar¹¹.

There is increasing evidence of the extensive role that promotions play in influencing food preferences and purchases. Studies have shown that promotions result in people buying more than they initially intended to, with these products often being HFSS thus making them more affordable and a cheaper alternative to healthier foods^{12,13}. Rather than stockpiling extra purchases, people tend to increase their consumption of these unhealthy products instead. In the context of the current cost of living crisis, this is of particular concern as many people will be sourcing cheaper alternatives and be relying on these promotions as an alternative to higher price healthier foods.

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

- a. store entrance**
- b. at the till**
- c. end of aisle**
- d. free standing display units**
- e. Are there any other locations you think we should consider?**

All of the above.

Research undertaken by our partner the Obesity Health Alliance (OHA)¹⁴ in 2018, found that 70% of products placed in prominent locations in a range of supermarkets were HFSS products and the 43% were for high sugar products particularly. Less than 1% of the food and drink products placed in high visibility locations were for fruit or vegetables. Additional research from the OHA following the covid-19 pandemic indicates that 72% of people welcome restrictions on the promotion of unhealthy foods in prominent areas like entrances and at checkouts³.

support-government-action-on-obesity-in-the-wake-of-emerging-links-with-covid-19/

¹¹ Pell D, Mytton O, Penney T L, Briggs A, Cummins S, Penn-Jones C et al. Changes in soft drinks purchased by British households associated with the UK soft drinks industry levy: controlled interrupted time series analysis *BMJ* 2021; 372 :n254 doi:10.1136/bmj.n254

¹² Public Health England 2015. Sugar reduction: the evidence for action. Annexe 4: An analysis of the role of price promotions on the household purchases of food and drinks high in sugar

¹³ Croker, H., Packer, J., Russell, S. J., Stansfield, C. & Viner, R. M. 2020. Front of pack nutritional labelling schemes: a systematic review and meta-analysis of recent evidence relating to objectively measured consumption and purchasing. 33, 518-537.

¹⁴ Obesity Health Alliance (2018). Out of Place – the extent of unhealthy food promotions in supermarkets

The placement of products has significant impact on how likely customers are to buy them – for example, the placement of HFSS projects at/near the till increases the likelihood of impulse purchases and is more likely to be an additional unplanned purchase¹⁵. Although some supermarkets have already voluntarily removed HFSS products from checkouts¹⁶, these potential new regulations should ensure that all retailers are bound by the same standards, creating a level playing field. However, the development, implementation, monitoring and evaluation of such regulation must be robust and allow for amendments to be made as new evidence arises or as industry identify new ways to circumvent rules.

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

- a. Option A – Products high in fat, sugar or salt which are of most concern to childhood obesity**
- b. Option B – All Products high in fat, sugar or salt**
- c. Other- please give details**

Option B

Option A is difficult to quantify and underpinned by poor research evidence. While it would be regarded by some as the main priority, it would be difficult if not impossible to implement without considering patterns of consumption in families and that the foods that children eat are determined not just by those that appeal to them but the wider food environment. A comprehensive and systematic approach to challenge the social norms around the consumption of HFSS products will be required to address the increasing incidence and impact of obesity and overweight on individuals and wider society. Children living in a home where one or more parent or guardian are overweight or obese are more likely to also be overweight or obese^{17,18}. Thus, adults have an important role in preventing children adopting unhealthy behaviours that can increase their risk of becoming overweight or obese. By reducing the number of promotions on HFSS products and increasing promotions on healthy products, it will be possible to support parents in enabling better choices¹⁹ for the benefit of families and communities.

¹⁵ Temptation at Checkout | Center for Science in the Public Interest: <https://www.cspinet.org/temptation-checkout>

¹⁶ Ejlerskov KT, Sharp SJ, Stead M, Adamson AJ, White M, Adams J (2018) Supermarket policies on less-healthy food at checkouts: Natural experimental evaluation using interrupted time series analyses of purchases. *PLoS Med* 15(12): e1002712. <https://doi.org/10.1371/journal.pmed.1002712>

¹⁷ <https://digital.nhs.uk/news/2018/health-survey-reveals-association-between-parent-and-child-obesity>

¹⁸ Lee JS, Jin MH, Lee HJ. Global relationship between parent and child obesity: a systematic review and meta-analysis. *Clin Exp Pediatr*. 2022 Jan;65(1):35-46. doi: 10.3345/cep.2020.01620. Epub 2021 Mar 29. PMID: 33781054; PMCID: PMC8743427.

¹⁹ Isaacs A, Halligan J, Neve K and Hawkes C. From healthy food environments to healthy wellbeing environments: Policy insights from a focused ethnography with low-income parents' in England, *Health & Place*, 77,2022, 102862,1353-8292. <https://doi.org/10.1016/j.healthplace.2022.102862>.

The main sources of energy consumption were previously demonstrated to broadly be the same in both children and adults with 25% of calories being derived from cakes, biscuits, cereals, confectionary and puddings for example in addition to a further 5% from sugary drinks²⁰. Therefore, by including all products high in fat, sugar and salt, both children and adults would benefit.

Although alcohol is not within the scope of the current consultation, we would encourage the Welsh government to consider the outcomes of this consultation in the context of wider NCD prevention. An additional source of “empty calories” for many adults is alcohol. One unit of alcohol contains eight grams or 10ml of alcohol which equates to 56 calories (kcal) and this is often increased due to the addition of soft drinks – many of which are sugar sweetened beverages. The sugar content of alcohol varies and also should be taken into account. For example, 13% ABV wine is around 70 calories per unit making a 175ml glass of wine around 160 calories in total. At the present time there is no requirement to include calorie labelling on alcoholic beverages despite the fact that those that drink derived 10% of their calorie intake from alcohol²¹ whilst 80% of the public are unaware of the calorie content of a large glass of wine and over 60% didn’t know how many calories there were in a pint of lager²².

We recommend that a review of any measures introduced should be undertaken within two years to monitor implementation, compliance and efficacy.

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

Yes.

The out of home food sector has grown rapidly in recent years and has expanded to include breakfast, lunch and groceries in addition to the standard dinner delivery. In 2016, Kantar reported that the UK’s online grocery market was the largest in the world²³ and it is forecast to remain so with an estimated value of \$22.1billion (£17.2bn) predicted for 2023²⁴. In 2021 58% of people reported purchasing their groceries online²⁵. These methods of purchasing food and drinks do not limit options to purchase food prepared outside of the home. The number of food outlets that accept orders

²⁰ Calorie reduction: The scope and ambition for action (publishing.service.gov.uk): https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/800675/Calories_Evidence_Document.pdf

²¹ Bates, B., Lennox, A., and Swan, G., (eds.), 2009. National diet and nutrition survey: headline results from year 1 of the rolling programme (2008/2009). London: Food Standards Agency.

²² <https://www.rsph.org.uk/static/uploaded/979245d2-7b5d-4693-a9b3fb1b98b68d76.pdf>

²³ McKeivitt, Fraser (2016) UK leads as third-largest adopter of online grocery shopping. 30/09/2016 Available from: <https://uk.kantar.com/consumer/shoppers/2016/kantar-worldpanel-ecommerce-grocery-market-data>

²⁴ <https://www.statista.com/statistics/960484/online-grocery-market-sizes-europe/>

²⁵ <https://store.mintel.com/report/uk-online-grocery-retailing-market-report>

through leading online delivery services increases alongside the level of deprivation in that area²⁶.

Prior to the Covid-19 pandemic, around a quarter of calories in the UK were consumed out of the home,²⁷ in places such as cafés, restaurants, takeaways and canteens and 15% of adults reported using an online food delivery service in the previous week²⁸.

Following the acute period of the pandemic, 34% of households used online delivery services with 10% using them weekly²⁹. A 2021 survey found 54% of young people had ordering unhealthy food online at least once a week³⁰. Evidence from Nesta shows that repositioning of products online – for example positioning those with the lowest calorie count at the top and highest at the bottom – affected purchase choices. When compared to those using a menu where food items were randomly listed, those ordering from a repositioned menu selected products that contained less calories on average³¹ demonstrating that placement (location) can influence purchasing online.

On this basis it would be proportionate to include online promotions, although we recognise the challenges in the context of devolved powers.

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

a. micro and small businesses (unless they are part of a symbol group with 50+ employees)

If retailers employ less than 50 employees, even if they are part of a medium or large brand, they should not be exempt from promotion legislation. If they were exempted, this could result in continued, albeit less, exposure to promotions that encourage increased selection, purchasing and consumption of HFSS products, which would undermine the aim of the policy and broader public health goals. It is vitally important that the policy is as robust as possible through effective policy design, as well as continued evaluation of the policy development process. Smaller retailers may require additional support from the Government to adjust to and comply with any new restrictions.

²⁶ M. Keeble et al. 2021 'Socioeconomic inequalities in food outlet access through an online food delivery service in England: a cross-sectional descriptive analysis' *Applied Geography* 133(2021): 102498 <https://doi.org/10.1016/j.apgeog.2021.102498>

²⁷ Calorie reduction: The scope and ambition for action (publishing.service.gov.uk): https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/800675/Calories_Evidence_Document.pdf

²⁸ M. Keeble et al. 2020 'Use of online food delivery services to order food prepared away-from-home and associated sociodemographic characteristics: a cross-sectional, multi-country analysis' *Int. J. Environ. Res. Public Health* 17: 5190 <https://doi.org/10.3390/ijerph17145190>

²⁹ National Diet and Nutrition Survey: diet, nutrition and physical activity (publishing.service.gov.uk): https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1019663/Follow_up_stud_2020_main_report.pdf

³⁰ BiteBack2030 2021 Survey data, pending publication – update needed

³¹ https://media.nesta.org.uk/documents/Nesta_BIT_AHL_Food_delivery_apps_July_2022_Final_pdf_aWtrcHp.pdf

b. close to use-by-date price reductions

Whilst we encourage restricting value promotions, it is acknowledged that minimising food waste is important and that overall the number of use-by-date HFSS products are a small percentage of the overall number of products sold each day which would mean allowing an exemption could be tolerated.

c. non-pre-packed products

No

d. Other

No other exemptions identified.

Others are better placed than our research consortium to respond to this consultation question.

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

- a. micro and small businesses (unless they are part of a symbol group with 50+ employees)**
- b. 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)**
- c. specialist retailers that sell one type of food product category, for example, chocolatiers or sweet shops**
- d. other**

No

As outlined in the previous answer, if retailers employ less than 50 employees, they should not be exempt from promotion legislation. If they were exempted, this could result in continued, albeit less, exposure to promotions that encourage increased selection, purchasing and consumption of HFSS products, which would undermine the aim of the policy and broader public health goals. It is vitally important that the policy is as robust as possible through effective policy design, as well as continued evaluation of the policy development process. Additional support and guidance will be required to enable smaller retailers to comply with new restrictions.

The broad range of products available within the suggested categories of specialist retailers have a wide range of nutritional value – all products are not the same composition of salt, sugar or fat. Chocolate and other sweets are a source of additional “empty calories” for both adults and children and therefore should be subject to the same promotional restrictions to all HFSS products. Investment in local expertise in Environmental Health and Trading Standards is important in order to support producers and retailers to assure food safety and quality and that HFSS products are not

mis-sold. These professionals already collaborate across the England-Wales boundary so should be able to identify potential loopholes as well as identifying and supporting good practice. This would complement action by Food Standards Authorities, Public Health and NHS bodies.

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

Yes.

Research from the USA, where calorie labelling is mandated in restaurants with more than 20 locations, indicates that such introductions have encouraged retailers to introduce lower calorie items³² and that small decreases in calorie were noted in the two years after the introduction of calorie labelling³³. Additional research on this topic would be advantageous but initial studies indicate that as one of a wider set of measures, the introduction of calorie labelling would help tackle obesity³⁴. In particular, a comprehensive evaluation of the introduction of calorie labelling upon different individuals, particularly those with eating disorders, should be undertaken.

Exempting businesses on basis of their size would undermine the aim of the policy and broader public health goals. In order for this policy to be successful, it must be applied across all sectors and sizes of business.

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

No

As outlined in NHS guidelines³⁵, the number of calories a person should consume each day can be affected by a range of factors, including an individual's age and level of physical activity amongst other things. Expanding the information provided to include data on the nutritional composition of the food – such as the amount of fibre, salt, protein, fat and carbohydrates - should be considered.

Further research evidence may be beneficial on the usefulness of extended labelling since previous studies show that restaurants who voluntarily undertook calorie

³² Grummon AH, Petimar J, Soto MJ, et al. Changes in Calorie Content of Menu Items at Large Chain Restaurants After Implementation of Calorie Labels. *JAMA Netw Open*. 2021;4(12):e2141353. doi:10.1001/jamanetworkopen.2021.41353

³³ Petimar J, Zhang F, Rimm EB, Simon D, Cleveland LP, et al. (2021) Changes in the calorie and nutrient content of purchased fast food meals after calorie menu labeling: A natural experiment. *PLOS Medicine* 18(7): e1003714. <https://doi.org/10.1371/journal.pmed.1003714>

³⁴ Crockett RA, King SE, Marteau TM, Prevost AT, Bignardi G, Roberts NW, Stubbs B, Hollands GJ, Jebb SA. Nutritional labelling for healthier food or non-alcoholic drink purchasing and consumption. *Cochrane Database Syst Rev*. 2018 Feb 27;2(2):CD009315. doi: 10.1002/14651858.CD009315.pub2. PMID: 29482264; PMCID: PMC5846184.

³⁵ <https://www.nhs.uk/common-health-questions/food-and-diet/what-should-my-daily-intake-of-calories-be/>

labelling reformulated existing products to reduce the amount of fat and salt in some of their products³⁶.

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

Yes.

Parents and guardians should be provided with adequate information to make informed decisions regarding the food their children consume. However, whilst there is insufficient evidence available on this topic, it may be preferable to exempt children's menus from calorie labelling whilst considering providing information on a broader nutritional profile – such as the amount of salt, sugar or fat in products.

10. Should we mandate businesses to make menus without calorie labelling available at request? Are there other mitigations we could put in place for people with eating disorders?

Yes.

It is acknowledged that there may be adverse effects on those with, or in recovery from, eating disorders. Further research in this area is needed to understand and ensure that the level of harm is minimised and inclusive discussion with eating disorder specialists and advocacy groups would be beneficial.

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

Yes.

Nutrient information including calorie labelling should be displayed clearly at the point of sale regardless of the source of the purchase. Exempting businesses on basis of the source of purchase (i.e. whether in person or online) would undermine the aim of the policy and broader public health goals. In order for this policy to be successful, it must be applied across all sectors and sizes of business.

To provide context to this answer and as outlined in a previous answer (see Q4), the out of home food sector has grown rapidly in recent years and has expanded to include breakfast, lunch and groceries in addition to the standard dinner delivery. Prior to the covid-19 pandemic, around a 25% of calories in the UK were consumed out of the home, in places such as cafés, restaurants, takeaways and canteens and 15% of adults reported using an online food delivery service in the previous week. Following the pandemic, 34% of households used online delivery services with 10% using them weekly. A 2021 survey found 54% of young people had ordering unhealthy food online at least once a week. Evidence from Nesta shows that repositioning of products online – for example positioning those with the lowest calorie count at the top and highest at the bottom –

³⁶ Theis, D. R. Z. & Adams, J. Differences in energy and nutritional content of menu items served by popular UK chain restaurants with versus without voluntary menu labelling: a cross-sectional study. PLoS One 14, e0222773 (2019).

affected purchase choices. When compared to those using a menu where food items were randomly listed, those ordering from a repositioned menu selected products that contained 6% less calories but nonetheless still ordered more than 55% of their daily calorie allowance in one meal (1,173kcal)³⁰. Online shopping – in particular related to takeaway food – could include a summary of the total calories in an order for example. Small reductions of just 5, 10 or 20 calories per day over a twenty five year period would result in fewer deaths and save the NHS approximately £350 million, £750 million and £1,400 million³⁷ respectively.

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

Yes

Evidence shows that portion sizes served outside of home are generally larger and often results in both adults and children consuming more calories than they would normally^{38,39} thus continuing to allow such promotions enables consumers to increase their consumption without conscious thought. Following a consultation on the restriction of promotions of HFSS products in 2019, the UK Government pledged to introduce restrictions which include restrictions on volume price promotions such as “buy-one-get-one-free” or “3 for 2” promotions⁴⁰. Free refills of sugary soft drinks is essentially the same approach and in response to the consultation only 5% of respondents disagreed with the question “Does the legislation describe the free refill restrictions accurately and clearly for both business and enforcement agencies to implement and enforce?” Therefore, the introduction of this legislation should effectively result in a ban on sugary refills.

We also recommend that consideration be given to restricting free re-fills on any HFSS product outside of the home – such as ice creams or frozen yoghurts which can also contribute to additional calorie intake without conscious thought. Such bottomless offers often are self-serve (for example Nando’s Bottomless Fro-Yo). Consequently there is no formal measure of portion size and some vendors will include unlimited sugary sweets and sauces (also self-serve with no serving size) too.

13. Should we restrict larger portion sizes of sugary soft drinks in the out of home sector? Yes/no/not sure Please explain

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

³⁷

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/736417/dhsc-calorie-model-technical-document.pdf

³⁸ Hollands GJ, Shemilt I, Marteau TM, Jebb SA, Lewis HB, Wei Y, Higgins JPT, Ogilvie D. Portion, package or tableware size for changing selection and consumption of food, alcohol and tobacco. *Cochrane Database of Systematic Reviews* 2015, Issue 9. Art. No.: CD011045. DOI: 10.1002/14651858.CD011045.pub2

³⁹ John LK, Donnelly GE, Roberto CA. Psychologically Informed Implementations of Sugary-Drink Portion Limits. *Psychological Science*. 2017;28(5):620-629. doi:10.1177/0956797617692041

⁴⁰ <https://www.gov.uk/government/consultations/restricting-promotions-of-products-high-in-fat-sugar-and-salt-enforcement/outcome/restricting-promotions-of-products-high-in-fat-sugar-and-salt-consultation-response-on-policy-enforcement>

Yes

As noted in the previous answer, it is well established that portion sizes served outside of home are generally larger and often results in both adults and children consuming more calories than they would normally. Portion sizes have increased significantly over the decades – with the average restaurant meal now more than four times larger than the 1950s⁴¹.

Reducing the portion size of sugary soft drinks to more appropriate and smaller level in out of home settings would be a welcome step. Modelling work in New Zealand⁴² and Australia⁴³ demonstrates that there are cost saving and health benefits related to the restriction of serving sizes of sugar sweetened beverages less than 360ml which would suggest that such a policy option would be reasonable tactic to include in obesity prevention measures.

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

- a. schools and colleges**
- b. early years and childcare settings**
- c. hospital in-patients**
- d. care homes and settings**
- e. charity sales**
- f. other**

If any of the above were exempted, this could result in continued, albeit less, exposure to promotions that encourage increased selection, purchasing and consumption of HFSS products. This would undermine the aim of the policy and broader public health goals. It is vitally important that the policy is as robust as possible making compliance with restrictions applicable across the board wherever possible.

School food is perhaps likely to become an even bigger contributor to children's dietary intake in Wales in coming months and years as Universal Free School Meal policies are rolled out across all primary schools in Wales by 2024⁴⁴. Wales already has a long established government funded free school breakfast programme in primary schools⁴⁵.

⁴¹ <https://www.bmj.com/content/351/bmj.h5863>

⁴² Cleghorn C, Blakely T, Mhurchu CN, Wilson N, Neal B, Eyles H. Estimating the health benefits and cost-savings of a cap on the size of single serve sugar-sweetened beverages. *Prev Med.* 2019 Mar;120:150-156. doi: 10.1016/j.ypmed.2019.01.009. Epub 2019 Jan 18. PMID: 30660706.

⁴³ Crino, M.; Herrera, A.M.M.; Ananthapavan, J.; Wu, J.H.Y.; Neal, B.; Lee, Y.Y.; Zheng, M.; Lal, A.; Sacks, G. Modelled Cost-Effectiveness of a Package Size Cap and a Kilojoule Reduction Intervention to Reduce Energy Intake from Sugar-Sweetened Beverages in Australia. *Nutrients* 2017, 9, 983. <https://doi.org/10.3390/nu9090983>

⁴⁴ <https://gov.wales/25m-kick-start-free-school-meals-all-primary-school-children-wales>

⁴⁵ Moore GF, Murphy S, Chaplin K, Lyons RA, Atkinson M, Moore L. Impacts of the Primary School Free Breakfast Initiative on socio-economic inequalities in breakfast consumption among 9-11-year-old schoolchildren in Wales. *Public Health Nutr.* 2014 Jun;17(6):1280-9. doi: 10.1017/S1368980013003133.

So during term time, many kids of primary school age will eat two-thirds of their meals in school. Any restriction is applied in relation to calorie labelling specifically will depend in part on whether school meal menus are aimed at parents (e.g. in primary schools parents often select children's meals via an app prior to the day of the meal) or to the child itself. Where the menu is aimed at parents, we recommend inclusion of calorie labelling to guide their choice of meal for their child. Where the menu is aimed directly at children, further research may be required.

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

Yes.

As noted in previous responses to this consultation, if businesses are exempted according to their size, it may undermine compliance with restrictions and their broader public health goals. Additional support and guidance will be required to enable smaller retailers to comply with new restrictions however there is no valid reason to exempt them.

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

Others are better placed than our research consortium to respond to this consultation question.

- a) menu items for sale for 30 days or less items prepacked off premises (which already displayed nutrition information). No – certain retailers will change their menu on a monthly basis and so this would potentially be a loophole which could be exploited.
- b) condiments added by the customer - Yes
- c) loose fruit or vegetables -No
- d) other

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

Others are better placed than our research consortium to respond to this consultation question.

18. 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?

International evidence linking the distribution of Hot Food Takeaways and health

outcomes (including obesity) – including extensive work in the UK^{46,47} – have previously established a clear association between the number of fast-food outlets and increased BMI, particularly amongst those living in more deprived neighbourhoods. Further research however, suggested that the increased BMI is associated with individuals living in areas of low-deprivation because of wider, more complex factors such as poor quality diets and lack of access to affordable, fresh products. The evidence on restricting the policy focus to the vicinity of educational establishment is not encouraging suggesting the importance of taking a more holistic approach to people’s food environment⁴⁸.

It is important that policy objectives consider the impacts on inequalities (that is, not only address overall distribution, but also close the gap across neighbourhoods sorted by deprivation). This point has been demonstrated by recent work from SPECTRUM collaborators with regards to another unhealthy commodity – tobacco. The results from this work show that very significant differences in outcomes depending on the specification of the policy⁴⁹.

Over an 8 year period, the number of fast food outlets in Wales increased by 48% – 14% higher than the UK average – resulting in an average of 65 outlets per 100,000 people in 2018^{50,51}. This figure has continued to increase and was reported to have reached an average of 100.65 fast food outlets per 100,000⁵² in February 2019, with the highest density calculated in Conway (132.58/100,000) and the lowest in Monmouthshire (73.72/100,000). While local authorities, including Wrexham and Cardiff, have policies in place which restrict the number of hot food takeaways permitted in those areas, we encourage the extension of national planning guidance to consider the implications of planning applications upon the health and wellbeing of those in the area. Planning policy can be successful as a way to reduce availability. In 2015, Gateshead Council in the North East of England, implemented three types of planning policy: a) restricting fast food outlets close to schools, b) restricting new outlets opening where there is a high density of existing retailers and c) restricting new outlets in areas where childhood

⁴⁶ Burgoine, T., Sarkar, C., Webster, C.J. et al. Examining the interaction of fast-food outlet exposure and income on diet and obesity: evidence from 51,361 UK Biobank participants. *Int J Behav Nutr Phys Act* 15, 71 (2018). <https://doi.org/10.1186/s12966-018-0699-8>

⁴⁷ Fraser LK and Edwards KL. The association between the geography of fast food outlets and childhood obesity rates in Leeds, UK. *Health & Place* 2010;16(6):1124-1128 <https://doi.org/10.1016/j.healthplace.2010.07.003>

⁴⁸ Shareck, M., Lewis, D., Smith, N., Clary, C., & Cummins, S. (2018). Associations between home and school neighbourhood food environments and adolescents’ fast-food and sugar-sweetened beverage intakes: Findings from the Olympic Regeneration in East London (ORiEL) Study. *Public Health Nutrition*, 21(15), 2842-2851. doi:10.1017/S1368980018001477

⁴⁹ Caryl FM, Pearce J, Reid G, et al. Simulating the density reduction and equity impact of potential tobacco retail control policies. *Tobacco Control* 2021;30:e138-e143 <http://dx.doi.org/10.1136/tobaccocontrol-2020-056002>

obesity exceeded a certain threshold. The results of an analyses of the impact of these polices showed a significant reduction (almost 12.5% per 100,000 people) in the density of fast food retailers over the four years between the introduction of the policy and the analyses of its affect⁵³.

However, transparency around the decision making related to the implementation of any policy to restrict the density of fast food outlets and other retailers of HFSS foods is key. It is essential that the Welsh Government conducts a review of the full extent of the planning and licensing system – including the appeals process which is poorly understood from a public health perspective. A review of 52 appeals against the National Planning Inspectorate in England and Wales, for example was unable to clearly identify a reasoning behind the decisions reached in the majority of cases⁵⁴. Providing robust evidence for decision making is essential.

⁵³ No new fast-food outlets allowed! Evaluating the effect of planning policy on the local food environment in the North East of England. <https://doi.org/10.1016/j.socscimed.2022.115126>

⁵⁴ O'Malley C, Lake A, Townshend T, Moore H. Exploring the fast food and planning appeals system in England and Wales: decisions made by the Planning Inspectorate (PINS). *Perspectives in Public Health*. 2021;141(5):269-278. doi:10.1177/1757913920924424