



# One Year On... Building on Bold Policy Ambitions

Stakeholder views on HFSS marketing restrictions and  
the next steps to help tackle obesity

July 2021

Together we will beat cancer

# Executive Summary

Overweight and obesity is the second biggest cause of cancer in the UK, being linked to 13 different cancer types and over 22,000 cancer cases every year [1]. In the UK, currently more than 6 in 10 adults live with overweight and obesity [2]. In children, it is estimated that over a third are leaving primary school with overweight or obesity [3]. By 2030, the rising levels of overweight and obesity are estimated to cost the NHS £9.7 billion, with wider costs to society estimated to reach £49.9 billion [4]. It is crucial to tackle rising levels of obesity by implementing policy interventions to benefit the health of the whole population.

There is substantial evidence that exposure to marketing of food and drinks high in fat, salt and/or sugar (hereafter HFSS) can lead to the increased consumption of these products, impacting the health of children and young people [5]. In recent years, the UK Government has begun to address the prevalence of HFSS marketing by introducing measures to limit advertising on children's TV programming. A recent CRUK report has shown that between 2017 and 2019 little progress has been made, with young people still recalling a range of HFSS marketing activities. This report also showed that increased awareness is still associated with higher reported consumption across a range of HFSS foods [6]. More needs to be done to reduce exposure to HFSS marketing, thereby reducing consumption and protecting the population's health, including reducing the risk of cancer.

In July 2020, the UK Government announced a new strategy aiming to tackle the rising levels of overweight and obesity in the UK. The strategy included commitments to policy such as a 9pm watershed on HFSS marketing on TV, the prospect of ending HFSS

marketing online, and restrictions on location and volume-based promotions in stores [7]. In July 2021, the UK Government published their response to the 2019 and 2020 consultations, in which they confirmed their commitments to restricting promotions of HFSS products. At the time of publication, this is currently going through legislation in the Health and Care bill. These policies, if implemented robustly, will be a crucial step in protecting young people from HFSS marketing and improving their health, whilst also benefiting the wider population. Focus now needs to be on continuing the momentum and progress across all factors which impact obesity.

This report presents research exploring stakeholder views on the policies within the July 2020 obesity strategy, whilst also looking ahead to future policy priorities, beyond the commitment already made by the UK Government. This report also explores views on the opportunities to improve the availability and promotion of 'healthy' options, and the impact of COVID-19 and Brexit on obesity policy.

This research gathered views from stakeholders with specific expertise in different policy areas. These included:

- **Policy stakeholders**, with expertise in obesity policy.
- **Commercial stakeholders**, with a commercial interest in policy development.
- **Advocacy stakeholders**, representing wider determinants of health.

The research purposely interviewed different stakeholders with specific expertise of working across obesity in the UK. This allowed the research to collate a range of views to recognise the importance of working together to progress obesity policy.

## Key Findings

### The July 2020 obesity strategy, if implemented fully, was seen as an important step forward...

Overall, stakeholders expressed a wide range of views in response to the announcements made by the UK Government obesity strategy in July 2020. Policy and advocacy stakeholders were cautiously optimistic about the announcements, seeing them as an important step forward in obesity policy in the UK. However, many agreed that policy effectiveness would depend on what was eventually implemented, with stakeholders sceptical about whether the strategy would progress into policy changes. There was also a shared frustration on all sides at the slow progress of obesity policy development.

### ... but only part of the bigger picture in tackling obesity.

Almost every stakeholder held slightly different opinions on the likely effectiveness and feasibility of the policies announced and what other policy priorities should be considered. Stakeholders shared a sense of disappointment, with policy and advocacy stakeholders suggesting that policies did not go far enough in tackling obesity, but with commercial stakeholders being disappointed by the content of the strategy, saying the policy focus was wrong.

*'So I think I would agree that if all of these policies were implemented as strictly as possible, so as in not watered down, I think that they could be a really good group of policies that cover quite a range of spaces.'* (S22 advocacy)

### A 9pm watershed of HFSS marketing on TV should be implemented alongside a near total ban online.

Stakeholders identified a 9pm watershed for advertising HFSS products on broadcast TV and online as a policy most relevant for children and young people. The 9pm broadcast was seen as straightforward to put in place, where existing legislation and definitions of HFSS could be used. Many stakeholders stressed the importance of implementing these marketing restrictions fully.

Stakeholders also mentioned that it is important to consider the shift towards children and young people consuming media through online platforms, rather than traditional broadcast TV. A 9pm watershed was viewed as an important part of a wider package of measures, which should be implemented alongside an online ban. A total ban of online HFSS advertising was perceived as very important but would be difficult to implement and would receive a lot of resistance from commercial stakeholders and industry.

*'Like I say, I think potentially, if you could do it correctly – and that's a really big if – the restricting the advertising of unhealthy foods online, that could be really important. That could be a real game-changer, that one. But we really wait to see what that will actually turn out and look like.'* (S09 policy)

## In-store restrictions by price and place promotions were supported across all types of stakeholders...

Restrictions on the placement of products and use of price promotions within retail locations was supported by all types of stakeholder. Stakeholders viewed these policies as easy to implement, with many mentioning certain retailers that have already taken the initiative and would welcome the consistency between other retailers.

Advocacy stakeholders were particularly supportive of these policies in respect of children and young people as a means of reducing pester power while shopping with adults. However, stakeholders did mention the potentially negative impact on families of restricting in-store price promotions, particularly considering COVID-19 and the financial hardship it has had upon many families, which should be considered.

*'I think anything that restricts multibuys on HFSS and, you know, the end of aisle placement and all of those things is a good idea, because we know that it encourages people to buy more...want to buy more impulsively.' (S10 policy)*

## ... But there needs to be a better balance between the price and availability of 'healthy' and 'unhealthy' products.

All stakeholder types considered the availability and price of healthier options to be crucial. While most policy and advocacy stakeholders discussed the potential of using

price to discourage consumption of 'unhealthy' foods, they also highlighted the need to balance this with reducing the price of 'healthy' foods to avoid regressivity, particularly in the context of COVID-19. The rebalancing of VAT was identified as a potential option to reduce the price of 'healthy' foods, highlighting the importance of defining which foods should be covered by policies.

*'So, I think availability of healthier options really matters and quantifying policies which would ensure that that happened I think would make a difference. So, that's one bit of availability.' (S19 policy)*

## Providing consistent food labelling could be helpful for certain populations.

Labelling in all forms, including front-of-pack nutritional labelling and out-of-home calorie labelling, was perceived by stakeholders to be helpful in terms of providing a level playing field and consistent nutritional information for individuals. However, some stakeholders thought their impact could be limited to certain populations and even potentially damaging to specific populations, such as people living with disordered eating. Changing the labelling rules could also be an operational burden, particularly for small businesses.

*'I think the government would find a lot of buy in for making things consistent and straightforward so long as everything's fair.' (S28 commercial)*

## Policies need to be complete and comprehensive...

All stakeholder types emphasised that no one policy was likely to work effectively in isolation, and multiple policies need to be working together. Stakeholders noted that for advertising restrictions to be effective, they need to be comprehensive and cover all possible outlets. This includes all advertising spaces in the physical environment, all media, and digital platforms. Policy and advocacy stakeholders were concerned that marketing restrictions and regulation of one form of advertising may simply drive investment in another area.

## ... and it is crucial that policies work for everyone and at every level.

Stakeholders highlighted that strategies should be positioned as being for the health of the whole population, not targeted at individuals or individual behaviours. This unhelpful framing of obesity policy should be avoided, and a prime concern for many stakeholders was avoiding the stigmatisation of those living with obesity. Stakeholders also stressed the importance of having a strategy and policies that cover all levels of society, from supporting individual understanding to local and national government policies.

*'So I think it's national government set the ambition and the framework, local authority is empowered and funded to be able to get into where the issues are, and then the individual through their environment being empowered and then enabled to make the choices that they should make.'* (S11 commercial)

## Future policies should aim to tackle the key drivers of obesity...

Many stakeholders highlighted the complexity of the food environment and advocated for a whole systems approach in tackling obesity. Stakeholders suggested policies beyond restricting the marketing of HFSS foods as a priority for the future of tackling obesity. These included policies that promote systemic change, address the role that 'unhealthy' foods play in society and change social norms. Many commercial stakeholders highlighted the willingness of industry players to recognise their social responsibilities and seek progressive solutions to tackling obesity.

## ... including a focus on reducing health inequalities.

Throughout their interviews, stakeholders referenced the need for policies to focus on tackling inequalities, which was seen by many as a key driver of obesity and fundamental to address. An example of this highlighted in the report was that, whilst providing more free school meals is crucial in the short-term, the final policy objective should be to eliminate the need for free school meals by tackling inequalities.

*So we know, for instance, that there is a really clear and obvious relationship between socioeconomic inequality and incidence of obesity. And I'm not seeing from any of these policies really any sense that it's engaging with that. (S35 advocacy)*

## 'Healthy' vs. 'unhealthy' categories could be considered unhelpful.

Stakeholders expressed a clear need to be able to clearly define which foods policies apply to, and that these definitions should be as simple as possible. Being able to clearly define what foods were within the scope of policies was considered to be an important step in gaining support for the introduction on policies. The existing nutrient profiling model was recognised to be well established and understood, but stakeholders highlighted its tendency to result in a definition of 'healthy' and 'unhealthy' foods, which was seen as demonising and unhelpful. Many agreed it would be better to develop a way of linking policies to a whole diet approach and to focus on encouraging people to make healthy changes.

*'We need to be moving away from referring to food as unhealthy anyway because, you know, actually just labelling food as unhealthy can be detrimental in terms of relationships with food.'* (S34 advocacy)

## Reformulation doesn't always result in 'healthy' products.

A key topic of conversation for all types of stakeholders was the reformulation of products. Policy and advocacy stakeholders expressed concerns of an overreliance on processed foods, and that existing reformulation programmes simply result in slightly less 'unhealthy' products rather than encouraging healthy eating practices. However, others observed that the reality of life that people rely on processed foods and that it is important to reduce their impact on obesity.

*'But then on another level, we don't want that reliance on ultra-processed foods as a norm, the reality probably is that they are at the moment and the way that our lives are structured.'* (S32 advocacy)

## COVID-19 has impacted obesity policy...

The emerging link between obesity and worse outcomes from COVID-19, was suggested as a reason we need stronger Government action on obesity and to have raised obesity up the policy agenda. Stakeholders also mentioned the impact that the COVID-19 lockdown and restrictions have had on people's diet and eating behaviours as important to consider. This included changes such as the 'Deliveroo effect' of increased out-of-home food consumption and increased food insecurity in more deprived groups. However, many stakeholders thought that the linking of COVID-19 with obesity COVID-19 policies might not be helpful in the long-term.

## ...and so has Brexit.

Many stakeholders also mentioned the impact of Brexit, perceiving it would increase food prices and require stronger Government action to support individuals and businesses. Brexit was also perceived as an opportunity to review policies previously under EU regulation.

*'There is an opportunity I think with Brexit for the UK to have more power over whether more products could have front of pack labelling?'* (S16 policy)



## What should Government do?

This report marks one year since the launch of the UK Government's 2020 Obesity Strategy, an important step forward in tackling obesity in the UK. This report represents the diverse range of stakeholder views and is a clear demonstration of the need for comprehensive action on obesity. Based on this report Cancer Research UK recommends that the UK Government:



### Create a Cabinet-level committee on health improvement

The UK Government should create a Cabinet-level committee on health improvement and prevention, to ensure political focus on the delivery of the Government's obesity policy commitments and co-ordination of the development of the strategy's next stages.



### Secure legislation on strong marketing and promotions restrictions for unhealthy food and drink

Cancer Research UK supports the UK Government's legislation on HFSS TV and online marketing and promotions restrictions, and we will work to secure their passage through Parliament. These measures, if implemented robustly and effectively future-proofed, including on social media, will be a significant step towards tackling overweight and obesity in the UK.



### Investigate and respond to the impact of other types of marketing

Industry reaction to upcoming marketing restrictions will need to be monitored carefully to understand and respond to new challenges - including the impact of, and potential advertising displacement towards, other types of marketing; such as brand advertising, sports sponsorship or via food delivery applications.



### Adjust definitions of "healthy food"

The UK Government should further increase the effectiveness of its marketing and promotions restrictions by bringing in the new revised Nutrient Profiling Model (NPM). It should also then continue to examine the case for further changes to the definition of what constitutes 'less healthy' and 'healthy eating'.



### Conduct further research to identify future obesity policy measures

The UK Government should conduct further research into impactful policies, including fiscal levers, and then use that to build on the measures currently being implemented – in order to ensure the target of halving childhood obesity by 2030 is achieved.



### Address obesity related health inequalities

The UK Government should undertake more critical research into the drivers of health inequalities and to introduce interventions on obesity to address the higher rates of excess weight that disproportionality affect the most deprived communities in the UK.



### Prioritise public health in future trade deals

The UK Government should give high priority to public health and the impacts on obesity when entering into trade deals. Public health experts must be offered the same opportunities as industry to comment on UK trade policy.

We also call the governments of the devolved nations to:



### Implement the measures in their respective obesity strategies

We welcome the commitments made by the governments of the devolved nations to tackle obesity and call on the respective governments to implement these measures so that there is consistent action across all four UK nations.

# Reference

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# Cancer Research UK

Cancer Research UK is the world's largest independent cancer charity dedicated to saving lives through research. We support research into all aspects of cancer through the work of over 4,000 scientists, doctors and nurses. In 2018/19, we committed £546 million to fund and facilitate research in institutes, hospitals and universities across the UK. Our ambition is to accelerate progress and see 3 in 4 patients surviving their cancer by 2034. This research was funded by the Cancer Policy Research Centre, Cancer Research UK.  
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<http://www.cancerresearchuk.org/>



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MRC/CSO Social and Public Health Sciences Unit



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