



Response to UK Government Consultation:

Introducing further advertising restrictions on TV and online for products high in fat, sugar and salt (HFSS)

June 2019

About ISBA

1. ISBA is the only body representing the UK's leading advertisers. Speaking with one voice on behalf of over 3,000 brands, we advocate a trusted advertising environment – transparent, accountable and effectively regulated. Working with our network of senior marketers, we help our members make better decisions both now and for the future.
2. ISBA is one of the tripartite stakeholders that make up The Advertising Association, which represents advertisers, agencies and media owners. We play a unique advocacy role, ensuring our members' interests are clearly understood and are reflected in the decision-making of media owners and platforms, media agencies, regulators and Government.
3. Our priorities fall into the following areas;

Accountability & Responsibility

Through both public and private advocacy we will:

- Drive faster progress within a defined timeframe for accountable, cross-platform, cross-channel audience measurement of commercial video.
- Hold technology companies to account for improved standards of brand safety and ad fraud.
- Shape future self-regulation of advertising to be fit for purpose.
- Play a leading role in delivering industry accountability for digital content.

Agency Alignment

To ensure transparency and competitiveness we will:

- Drive wider industry adoption of ISBA's contract frameworks.
- Ensure contract advice remains current and addresses marketers' needs.
- Define and drive take-up of best practices in media agency / client relationships.

Data Compliance and Equivalency

Through our advocacy and capability building we will:

- Ensure that implications of data protection authorities' GDPR enforcement actions are understood by advertisers.
- Continue to exert influence on the finalised drafting of European ePrivacy regulation.
- Ensure that government and advertisers are fully cognisant and prepared for the impact of Brexit on the sector.

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4. ISBA represents advertisers on the Committee of Advertising Practice (CAP) and the Broadcast Committee of Advertising Practice (BCAP) - sister organisations of the Advertising Standards Authority - which are responsible for writing the Advertising Codes. We are also members of the World Federation of Advertisers (WFA) and use our leadership role in such bodies to set and promote high industry standards as well as a robust, independent co-regulatory regime.

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Framing our response

5. ISBA recognise the significant public health challenges related to obesity and support the government's desire to halve childhood obesity levels by 2030. As is universally understood, obesity is a complex, multi-factorial issue which requires a sophisticated, proportionate and evidence-led response. Based on a basis of evidence, it is right to consider any option that can deliver a targeted, proportionate and meaningful impact.
6. ISBA support an approach which is holistic in nature and effectively targeted at the causes for obesity. In ensuring that the efficacy and value of policy intervention is correctly understood over- time, it is vital that policy measures are individually measured and independently assessed. Only then can policy makers, civil society and the general public feel confident. In this case, regulatory intervention must be justified by reasonable evidence of harm and the real potential for harm relating to food advertising and its influence on children's dietary choices.
7. We recognise and accept that brands, through their advertising and marketing activities, have a role to play and responsibility in promoting a healthy lifestyle and balanced diet. However, as the Government evidence demonstrates, we would caution against any unreasonable expectation of the impact of such interventions on the core issues driving childhood obesity and the likelihood of significant unintended consequences.
8. Government sets out that as its rationale for intervention that "*children still see significant volumes of HFSS advertising*"¹. To address this, it is seeking to limit children's exposure (rather than adult) to HFSS advertising and to effectively target its interventions at HFSS products of most concern².
9. Yet the policy options put forward by Government for consultation are:
 - Not supported by the evidence used to justify them in the accompanying Impact Assessment;
 - Limited in nature and speculative in understanding;
 - Disproportionately impactful on adult exposure, rather than children;
 - Lacking in regard to the current HFSS advertising restrictions or the potential for further benefits arising from the current regulatory framework;
 - Lacking in sufficient explanation when it comes to the proposed 'laddered' approach or the upcoming new Nutrient Profile Model.
10. As a result of the options put forward for consultation, the Government's Impact Assessment predicts a 1.74 calorie per day reduction in children's diets. Taken against the need to address the 150-500 calorie imbalance (per day) that PHE says is prevalent amongst overweight/obese children, the policy options deliver significant negative consequences for no appreciable impact.

¹https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/786554/advertising-consultation-impact-assessment.pdf

² Noting Consultation Document section 4, page 13 and Impact Assessment paragraphs 15-17.



11. We would therefore support the conclusion of the Secretary of State for Health and Social Care who, during his speech to the APPG on Obesity at the international conference on Obesity, said³:

“No organisation wanting to tackle a problem as big as obesity would use the same approach for everyone, and target the whole population the same. After all, food is safe, obviously critical, as part of a balanced diet... There is huge, overwhelming, support for action to tackle obesity. Let’s not lose that support with too much of a blanket approach.”

12. As such, our response does not support any particular policy option and instead provides an analysis of the government’s premise and impact assessment, the current regulatory system, an overview of effective intervention at a domestic and global level and the role already being played by brands. All of this should be taken into account by Government as it ponders its response to this consultation and we would welcome further discussions with them during this period.

³ [Matt Hancock Speech: Tackling-obesity-is-a-shared-responsibility-for-society.](#)



Current Regulatory Framework

13. The consultation document and Impact Assessment make reference to the current regulatory framework. That framework controls the scheduling and placement of advertising and is underpinned by both a commitment to good regulation and legal tests that should be clearly understood and set out. Particularly as the regulatory system is simultaneously described as both “*the strictest in the world*” and “*insufficient*” by public health bodies.
14. ISBA support in the full the submission being made by the Advertising Standards Authority (ASA) to this consultation and would urge Government to take careful consideration of it.
15. The ASA is the independent body responsible for administering the UK Advertising Codes and ensuring that the regulatory system works in the public interest. The Codes are written by the Committee of Advertising Practice (CAP) and Broadcast Committee of Advertising Practice (BCAP).
16. The ASA, CAP and BCAP are committed to an evidence-based approach to regulation. In assessing the evidence ahead of the imposition of any new restrictions on advertising, CAP and BCAP must have regard to the following key legal and regulatory considerations:
 - the right to commercial freedom of expression (in most cases, the right of businesses to advertise);
 - the principle that restrictions must be necessary in a democratic society for a legitimate aim, including the protection of health;
 - any evidence of harm, or a real potential for harm; and
 - the principle that restrictions imposed must be a proportionate means of achieving a legitimate aim: CAP and BCAP must consider whether there are less restrictive alternative means of achieving the aim.
17. The principal legal consideration is Article 10 of the European Convention on Human Rights (ECHR) concerning freedom of expression, which provides that:

Everyone has the right to freedom of expression. This right shall include freedom to hold opinions and to receive and impart information and ideas without interference by public authority and regardless of frontiers. This Article shall not prevent States from requiring the licensing of broadcasting, television or cinema enterprises.

The exercise of these freedoms, since it carries with it duties and responsibilities, may be subject to such formalities, conditions, restrictions or penalties as are prescribed by law and are necessary in a democratic society, in the interests of national security, territorial integrity or public safety, for the prevention of disorder or crime, for the protection of health or morals, for the protection of the reputation or rights of others, for preventing the disclosure of information received in confidence, or for maintaining the authority and impartiality of the judiciary.



18. Article 10(1) of the ECHR protects the right to commercial freedom of expression but to a lesser degree than political, religious or cultural expression.
19. Taking this into account, any restrictions imposed must be a proportionate means of achieving the aim of restricting children's HFSS exposure. CAP and BCAP must then have regard as to whether there are less restrictive alternative means of achieving that aim.
20. In short, the greater the potential impact of the restriction – on free speech or lost revenue for example – the greater the need for robust evidence to justify it. This is a benchmark that Government purports to hold itself to. It has failed to meet this bar in this instance based on the narrow scope of consultation and the lack of evidence presented.
21. The existing TV scheduling, non-broadcast placement and creative content rules are broad-based, apply across all TV and non-broadcast media and cover brand as well as product promotion. Their focus is on reducing proportionately the overall impact of HFSS advertising by limiting children's exposure to HFSS advertising and the potential for the creative content to exploit children's vulnerabilities.
22. In 2017, placement restrictions were extended to non-broadcast media. This means that the CAP Code now extends protections across the full range of media popular with children and meets the challenge of modern day multi-media lives.
23. Finally, brands take compliance with the Codes seriously. The ASA complaints and casework data suggest that compliance rates are generally very high.



Rationale for Change

24. As noted, the Government state that “*children still see significant volumes of HFSS advertising*”⁴.
25. That justification for intervention must be set against the following context:
- **Government’s data shows children’s exposure to TV HFSS advertising has declined by at least 70% since 2005, while obesity rates have remained largely static;**
 - **Evidence that suggests children’s reduced exposure to TV HFSS ads is not being replaced by online exposure at the same rate; the consultation found online exposure to be around 20% of that on TV; and**
 - **The basis of the evidence referred to in the consultation for advertising’s impact centers on acute exposure, calling into question the significance of real-world impact.**
26. As accepted by Government, the long-term trends in children’s exposure to HFSS advertising is clearly downward for TV. Furthermore, the evidence presented suggests that changes in children’s media habits are not resulting in TV exposure being replaced by online exposure. Were Government to take the do nothing option, then these trends look set to continue.
27. The UK Advertising Codes stop advertisers advertising to children in children’s media. In doing so, they play their part in incentivising the reformulation of HFSS products and the promotion of healthier options within a brand’s range. This is an aim which Government supports and plays a role in an holistic response. However, this is potentially undermined by the policy options within this consultation.
28. All of these factors are essential to any consideration of additional restrictions and to ensuring the interventions remain proportionate to the evidence of harm. In assessing the evidence of harm, it is also worth noting that at the same time as we have seen at least a 70% reduction in children’s exposure to TV HFSS advertising since 2005, childhood obesity figures have remained largely static⁵.

Evidence base

29. During the implementation of broadcast HFSS advertising restrictions (1 April 2007 to 1 January 2009) Ofcom carried out an interim review, at the request of Government. A subsequent, ‘final’ review was published in July 2010 following implementation of the restrictions

⁴https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/786554/advertising-consultation-impact-assessment.pdf

⁵ [National Child Measurement Programme](#)



30. The consultation fails to take appropriate account of Ofcom's reports and the associated evidence reviews (Livingstone and Helsper, 2004 and Livingstone, 2006). This is important as a significant proportion of the evidence cited by the consultation was considered by Ofcom before 2007 and CAP in 2017; playing a pivotal in informing the current HFSS advertising scheduling and placement rules.
31. As Ofcom note in their Final Review of HFSS advertising restrictions⁶:
- The restrictions were particularly effective at reducing impacts on younger children (4-9-year olds) who saw 52% less HFSS advertising between 2005 and 2009, while older children (10-15-year olds) saw 22% less HFSS advertising;
 - Exposure to HFSS advertising during children's airtime (on children's channels and during children's slots on other channels) has been eliminated by Ofcom's restrictions;
 - The majority of all food and drink advertising seen by children was either for non-HFSS products or for HFSS products unlikely to appeal to them (spreads, cooking oil, drinks mixers etc);
 - Children are exposed to significantly less HFSS advertising using techniques considered to be of particular appeal to children as a result of the Ofcom restrictions:
 - Children saw 84% less advertising featuring licenced characters, 56% less advertising using brand equity characters and 41% less promotions between 2005 and 2009, and
 - There was a significant shift in the balance of food and drink advertising on television towards non-HFSS products – which accounted for 41.1% of all food and drink child impacts in 2009 compared to 19.3% in 2005.
32. Ofcom and CAP took action to address the potential for harm to occur in a proportionate and evidence led fashion. The resulting restrictions have delivered the results described.
33. In assessing the efficacy of a pre-9pm watershed, Ofcom stated that such a policy was inefficient in targeting intervention at children, as it eliminated 11.4 adult impacts for every one 4-15 child impact. This is a disproportionate outcome.
34. In rejecting a pre-9pm watershed, they said that they would not conduct a further review unless there was "*clear evidence of a change in circumstances*"⁷. In failing to present evidence of a considerably greater effect of food and soft drink advertising on children overall than previously thought, or evidence to suggest that children's receptiveness to marketing messages have changed significantly, Government fails to meet this evidential threshold.

⁶ https://www.ofcom.org.uk/_data/assets/pdf_file/0024/31857/hfss-review-final.pdf

⁷ https://www.ofcom.org.uk/_data/assets/pdf_file/0024/31857/hfss-review-final.pdf



35. In short, Ofcom concluded that the public health benefits were too uncertain and current targeted HFSS restrictions were more effective and proportionate than a blanket pre-9pm ban. If Government now concludes differently, it must set out why. It hasn't.
36. Not only does Government's own Impact Assessment support the conclusion of both Ofcom and CAP, it goes further by showing that children's viewing of HFSS advertising has continued to fall since 2009 and that that rate of decline has increased in recent years.
37. On this basis, the case for intervention is even weaker than that analysed by Ofcom. Therefore, it would be logical to assume that Government should support the actions already put in place and further support CAP and BCAP commitments under the CAP 12-month review and BCAP's call for evidence to keep the Codes under review.



Impact Assessment

38. ISBA support the conclusions of the independent economic assessment undertaken by SLG Economics on behalf of the Advertising Association looking at the Impact Assessment (IA).
39. We would urge Government to read the report carefully and wish to reaffirm the following points.
- The 70% drop in children's weekly exposure to HFSS advertising since 2005 and further 30% expected drop over the next 5 years means the rationale for further intervention is invalid;
 - The case for reopening the policy on television HFSS advertising has not been made and there is no case for doing so. No evidence is provided to justify the need for further restrictions on online HFSS advertising;
 - The IA does not consider the interaction of the proposals with current or recently introduced self-regulatory measures and elements of the obesity strategy and therefore cannot say whether further restrictions are necessary;
 - The proposal is based on the current version of the Nutrient Profiling Model. Going ahead with changes now when the NP model is under review and likely to change is not good policy;
 - The IA fails substantively to consult on alternative or self-regulatory options;
 - The IA does not properly consider the implications of the wide range around its central estimates of costs and benefits;
 - The pre-9pm ban was the least targeted of the eight options considered by Ofcom and almost four times less well targeted than the current television advertising restriction, according to Ofcom it will "represent a significant intrusion on adult viewing and limit advertisers ability to reach a legitimate audience for their products";
 - The NPM model is not consistent with other nutrient profiling models in other jurisdictions or the Nutrient Rich Food index, would cover foods that play a highly constructive role within the overall calorific intake and is inappropriate for foods that are eaten in small quantities;
 - The NPM threshold is not set at a level that would encourage product reformulation;
 - The practicalities of introducing a time-based restriction on online advertising has not been properly thought through;
 - The IA significantly underestimates the transition costs of the proposals and there are methodological errors in the calculations of revenue mitigation and the adjustment for UK shareholders;



- The IA fails to show a causal relationship between watching HFSS adverts and childhood obesity, published academic studies do not find such a relationship;
- The IA benefit analysis is totally reliant on one paper with small samples and wide confidence intervals for its estimate of calorie reductions from advertising restrictions. It inappropriately extrapolates the results of the study which are not sufficiently robust to support the analysis;
- There are a number of methodological errors in the monetisation of the benefits including:
 - The conversation from calories to QALYs is not consistent with the DHSC IAs on locational and volume-based promotions of HFSS products;
 - The inclusion of health benefits that are not negative externalities and so should not be included in the analysis;
 - The incorrect multiplication of NHS savings by a factor of four against Treasury and Regulatory Policy Committee guidance;
 - Not taking account of the extra calories from non-HFSS foods – or HFSS foods not in scope of the policy – that would replace HFSS foods;
 - Not adjusting the calculations to take account of the decrease in viewing between 2017 and 2019.
- Overall the revised costs very significantly outweigh the benefits for all options:
 - Even the high estimate of the benefits is less than the low estimate of the benefits for all options;
 - Including a valuation of consumer loss and transition costs for online platforms would make the NPV even more negative;
 - It is extremely unlikely that including non-monetised benefits would change these results.
- Given that the estimated costs would be between ten and seventeen times the benefits (depending on policy option), it would be totally disproportionate to introduce any of the proposed policies;
- The tiny calorific improvements that might be expected from the policy options would not make a meaningful difference to the problem of childhood obesity. Alternative measures focussing on calorie expenditure such as the Daily Mile project have the potential to increase calorific expenditure by over 40 times as much.
- The DCMS IA does not consider whether the measures would have a disproportionate impact on particular sectors – Ofcom’s analysis showed that this was very likely.



Policy options

40. We would make some further top line observations with regard to the Government's proposed approach which build on the more substantial analysis of the evidence base set out previously:

TV

- A 05.30-21.00 watershed would have the impact of significant and overwhelming impact on adult audiences due to the overwhelming majority of viewers before 21.00 being adult;
- The Government ignores the conclusion of Ofcom in 2007, based largely on the same evidence, that a 21.00 watershed is an inefficient method of targeting intervention at children, eliminating 11.4 adult impacts for every one 4-15 child impact it removed;
- A 05.30-21.00 watershed would therefore disproportionately restrict the ability for advertisers to reach adult audiences, differentiate their products and launch new products;
- A 05.30-21.00 watershed would have significant unforeseen impacts on the media buying market;
- The Government fail to consider the potential for further regulatory benefits arising from of the present framework of cross-media, HFSS advertising restriction.

Online

- The Government's own evidence makes clear that the rationale for restrictions on online advertising is even weaker than its case for restrictions on television advertising;
- Government also acknowledges that there is a much smaller evidence base for understanding online advertising's impact on children's food preferences;
- Government further acknowledges that the proposal to extend a watershed approach to all types of online advertising is simply not viable; and even where technically possible, the consequences are potentially disproportionate.
- Government ignores the most obvious and effective means to exclude children from dynamically served HFSS ads online, by effectively targeting advertising to defined groups of web users. This ability allows advertisers to positively select some audience types, and de-select others (including by actual or inferred age).



Nutrient Profile Model (NPM)

41. ISBA support the submission by the Food and Drink Federation and would urge Government to take close account of their expert analysis of the proposed new NPM, its impact and the practicality of its interaction with policy.
42. It is critical that advertisers have the ability to reach consumers. Public Health England recognise the use promotions and marketing in persuading consumers to shift purchase behaviours. If there are products that Public Health England would prefer consumers to choose, for example products lower in calories, fat, sugar or salt, it would be perverse to restrict advertisers' ability to reach consumers and communicate about these products. It would have the effect of disincentivising reformulation.

Case Study – Kellogg's: creating demand for reformulated foods

In 2018 Kellogg's reformulated its original Coco Pops breakfast cereal, reducing the sugar by 40% from 30 grams per 100g to 17 grams meaning this popular kids food is no longer HFSS. The ability to responsibly advertise this renovated food was at the heart of the business case for making such a significant recipe change. Depending on the outcome of this consultation and the potential revision of the NPM, there is a risk some renovated foods would not be able to be advertised and therefore impact the commercial viability of business investing in reformulation.

Asda Case Study

Asda has reduced the sugar content of its breakfast cereals on average by 23% since 2015. One example includes, Asda's Honey Nut Crunch with Chocolate cereal, where Asda has reduced the sugar content by 20%. This cereal is now lower in calories, fat, saturated fat, sugar and salt than the national brand. In addition this product is higher in fibre. However, despite this reformulation work and the fact it is a healthier alternative to the national brand, under the proposed 9pm Watershed Asda would not be able to advertise the product as it is HFSS.

43. In the consultation document, Government describe a laddered NPM to enable reformulated products and those lower in calories, fat, sugar and salt to be promoted. Whilst we are supportive of the intention, we do not think that the proposed model is sufficiently workable to deliver against this aim.
44. The current NPM was designed for use as part of a framework of restrictions that did not seek to eliminate exposure during certain time periods. Thus, the impact on HFSS products that are not of likely interest to children is mitigated. The present system allows HFSS advertisers to reach audiences prior to 9pm but not around children's programming or programmes where that group is over-represented.
45. Moreover, the laddered option would add significant further complexity the regulatory process and could disincentivise reformulation for categories where all products fail the NPM. Even in categories where some products pass, it still does not recognise significant reformulation work.



Case Study – Cadbury Dairy Milk 30% less sugar

Mondelez has invested millions of pounds over the course of at least two years, developing a lower sugar version of Cadbury Dairy Milk, with 30% less sugar than a standard bar. However, this is still classified as a HFSS product, which means, depending on outcome of the consultation, there is a risk that driving trial and awareness of this product will be challenging.

46. A revised NPM is due to be published later this year. Government has failed to provide clarity on the relationship between the ladder approach and the proposed new NPM. The consultation does not acknowledge or explain what will happen when the new model is introduced. Once clarification has been made, it is essential that any changes are subject to a comprehensive consultation and a further full impact assessment.
47. We also note the consultation's proposal to tighten the nutrient profile threshold over time and would echo the call of the ASA to ask for clarity on this process; what criteria would be applied to guide such a move and which body would be responsible for it.
48. We would draw particular attention to the following key concerns raised by the FDF:
- The revised model would greatly widen the range of products which fail the model, including pure fruit juices and smoothies, many yogurts / fromage frais and high fibre breakfast cereals;
 - The revised model would undermine the SDIL by subjecting any drink with 0.9g/100ml sugar to restrictions;
 - The revised model would capture some of the products recommended in the sugar swaps Change 4 Life programme - classifying them as HFSS; and
 - The revised model sets the bar too high to make this a valid mechanism to encourage reformulation for many of the foods subject to restrictions.

Case Study – Ambrosia reduced Sugar Mini Custard Pots

Ambrosia Mini Custard Pots have been specifically developed for children in a smaller portion size and with 30% less sugar. Under the revised NPM, they would be classified as an HFSS product and therefore be subject to the proposed promotional restrictions. Under the current NPM, this product passes the model and so would not be subject to restrictions. The product contains less than 4% free sugars, and already meets the PHE '20% by 2020' sugars reduction guideline. It is also a valuable source of protein, calcium and vitamin D.

Case study – Hellmann's 'Lighter than Light'

A blanket 9pm watershed for any foods that meet the HFSS criteria limits the ability to promote healthier options and drive behaviour change. Using the NPM as a basis for HFSS classification means that in the example of mayonnaise, healthier swaps are equally penalised; Hellmann's Lighter than Light (72 calories per 100g / 11 calories per 15g portion) has an NPM score of 7 and is therefore classed as HFSS and would be subject to a 9pm watershed. Hellmann's Lighter than Light also fails as the calculations are based on 100g per portion but mayonnaise is consumed in much smaller amounts than 100g.



Industry Action

49. Analysis by Kantar of Food and Drink Federation members' voluntary action to reformulate products and offer appropriate portion sizes, show that impressive change is being delivered. Over the last 5 years, the average shopping basket is lower in⁸:

- Calories by 11.8%
- Sugars by 13.1%
- Total fat by 11.5%
- Saturated fat by 9.5%
- Salt by 13.5%

50. The Government's Impact Assessment predicts a 1.74 calorie per day reduction in children's diets. Set against the benefit of the voluntary action taken by industry and the need to address the 150-500 calorie imbalance (per day) that PHE says is prevalent amongst overweight/obese children, this measure delivers significant negative consequences for no appreciable impact.

51. To meaningfully address the 150-500 calorie imbalance requires holistic intervention which could deliver a targeted and meaningful impact. These require Government, civil society and brands to work together in order to not threaten the breadth of "*overwhelming support*"⁹ that the Health and Social Care Secretary references.

52. It appears that consumers agree. Government consumer research indicates people consider that the most useful ways they can manage their calorie intake are: smaller portions; eating more vegetables; doing more exercise; and calorie counting¹⁰. Only 6% of adults (including those overweight and from lower socioeconomic groups) thought less advertising would help them to consume less calories.

Case Study – Tropicana

In March 2016 Tropicana took the lead to rebalance the messaging around 100% juice. Recognising the misconception about the goodness of juice, Tropicana invested in an Above the Line advertising campaign to educate people about how just a 'Little Glass' of a 150ml portion gives you 45% of the recommended daily amount of Vitamin C as well as counting as one portion of the recommended five a day. Today all Tropicana NFC packaging continues to communicate the Little Glass message; and all Tropicana packaging states that 150ml is the recommended serving size. In 2019 Tropicana Whole Fruit was launched, retaining more of the natural fruit fibre and in a 150ml bottle to reinforce and help consumers better manage portion size.

53. Obesity is a multi-faceted and complex issue, with various causal factors but there is no easy solution and every intervention needs to be carefully considered. There are a number of global, and national examples of interventions that prove the value of targeted holistic intervention.

⁸ [Kantar Worldpanel data for FDF members \(2019\).](#)

⁹ [Matt Hancock Speech: Tackling-obesity-is-a-shared-responsibility-for-society.](#)

¹⁰ [Calorie reduction: The scope and ambition for action.](#)



Daily Mile

54. Originally started by Elaine Wylie, a headteacher in a primary school in Stirling, the Daily Mile is a simple and successful initiative to get children walking or running a mile a day during school time and is now a nationwide programme involving 4,500 schools.
55. Since April 2018, ITV has partnered with the Daily Mile and put on-air promotional weight behind the campaign. As a result, the number of schools taking part has more than doubled and the number of children at schools now organising their own Daily Mile is almost one million.
56. The cinema industry is also arranging to donate screen time to the Daily Mile campaign as part of its commitment to encourage healthy lifestyles. They are looking to create a template for community involvement between local cinemas and schools to stimulate further participation.

Get Smart outside

57. Recently, Outsmart, the trade body for Out of Home advertising media owners, launched its 'Get Smart, Outside' campaign to work in partnership with public authorities to promote healthy living campaigns in their areas.¹¹ Outsmart members have pledged to provide unsold advertising space to the value of up to £15m annually to support the campaign.

¹¹ www.getsmartoutside.org.uk



Effective Intervention

Amsterdam Healthy Weight Programme

58. The Amsterdam Healthy Weight Programme (AAGG) was established in 2013 by the Amsterdam Municipality to give every child a healthy childhood and future, regardless of their start in life. The overall objective is to achieve a healthy weight for all children in Amsterdam by 2033.
59. In Amsterdam in 2013, around 21% of under 18s were overweight or obese, (compared to 13% of 10-year olds in the Netherlands who were overweight or obese).
60. Amsterdam and its child obesity challenges have much in common with many urban areas in the UK, and there is also much to learn from its success. Commencing in 2012, the programme is still running and evolving based on what works and finding new approaches to areas where it has worked less well (for instance amongst older children).
61. The programme is focused on communities where the need is greatest, choosing 11 areas of low socio-economic status (and high child obesity levels). Its success can be attributed to the package of measures focused on both school and neighbourhood initiatives. The main risk factors for childhood obesity were identified to be: (1) families with little money, (2) non-western ethnicity, (3) parents with limited education, (4) growing up in a major city. The programme was designed, implemented and amended with these risk factors providing the foundation.
62. Compared to the low impact of nation-level measures, the results are impressive¹²:
- A 12% decrease in the total number of obese and overweight children aged 2-18 between 2012 and 2015;
 - A 16% decrease amongst 5 year-olds;
 - The biggest declines in obesity seen in the lowest social economic status groups;
 - Of the 11 areas with the highest proportion of overweight children - and the most deprived - 9 are now lighter.
63. In the example of Amsterdam's healthy-weight programme, between 2012 and 2015, the percentage of children aged 0-18 who were overweight fell from 21% to 18.5%, representing a fall from 27,000 to 24,500 children. The key objectives of the programme were to reduce obesity by enabling children to eat and drink healthy foods, increase their physical activity, and have good quality sleep¹³.

¹² 'Amsterdam will be the healthiest city for children'; Review 2012-2017;

<https://www.amsterdam.nl/bestuur-organisatie/organisatie/sociaal/onderwijs-jeugd-zorg/zo-blijven-wij/amsterdam-healthy/>

¹³ [BBC News](#)



Leeds: “HENRY” Programme

64. The city-wide Leeds programme called “Henry” was introduced in 2009 and focused on pre-school children and helping families make lifestyle changes through advice on improved nutrition, increased physical activity and parenting skills. Primarily delivered via community-based children’s centres in the most deprived areas of Leeds.
65. Similarly, figures from the National Child Measurement Programme from 2009-17 found that the proportion of children in Leeds entering primary school who were obese fell from 9.4% in 2009-10 to 8.8% in 2016-17 against the national average in England 9.5% to 9.4%.

Ineffective Intervention

Quebec

66. Quebec illustrates the inefficiency of advertising restrictions as a means of tackling child obesity. Quebec has banned the marketing of foods and other products to children since 1980, while the rest of Canada has not. At the time of imposition, children in Quebec had the same likelihood of being obese or overweight as Canadian children in other provinces¹⁴.
67. Nearly 40 years later, childhood obesity and overweight rates in Quebec are higher than in the rest of Canada, and these rates have grown faster than elsewhere in Canada. Indeed, the rates of obesity in Quebec have continued to climb over the past decade while these rates have declined elsewhere in Canada.
68. In addition, examining consumption of the specific foods that are most heavily promoted to children outside of Quebec, but which are not permitted to be promoted within Quebec, suggest that Quebec children consume more calories from these products than Canadian children more broadly¹⁵.

¹⁴ Willms JD, Tremblay MS, Kazmarzyk PT. Geographical and Demographic Variation in the Prevalence of Overweight Canadian Children. *Obesity Research*, 2003, <https://www.ncbi.nlm.nih.gov/pubmed/12740457>

¹⁵ Ipsos FIVE Consumption Database data regarding number of “consumptions” of each product per year per child. That number of “consumptions” is then multiplied by the calories per consumption (using standard serving size) to arrive at the number of calories of that food consumed each year per child.



Conclusion

69. The Government fails to make the case for further intervention. It fails to set out:

- evidence of a considerably greater effect of food and soft drink advertising on children overall than previously thought;
- evidence to suggest that children's receptiveness to marketing messages has changed significantly;
- consideration of the potential for further regulatory benefits arising from of the present framework of cross-media, HFSS advertising restriction;
- an account of the cumulative impact of existing regulation and that under consideration from the Childhood Obesity Plans, wider Government policy or Brexit preparedness requirements.

70. At the same time:

- Government's data shows children's exposure to TV HFSS advertising has declined by at least 70% since 2005, while obesity rates have remained largely static;
- Evidence suggests children's reduced exposure to TV HFSS ads is not being replaced by online exposure at the same rate; the consultation found online exposure to be around 20% of that on TV; and
- The basis of the evidence referred to in the consultation for advertising's impact centers on acute exposure, calling into question the significance of real-world impact.

71. As such, our response cannot support any particular policy option over another. We would ask Government to fundamentally reassess its approach and take account of CAP and BCAP commitments under the CAP 12-month review and BCAP's call for evidence to keep the Codes under review.

72. ISBA recognise the significant public health challenges related to obesity and support the government's desire to halve childhood obesity levels by 2030. Obesity is a complex, multi-factorial issue which requires a sophisticated, proportionate and evidence led response.

73. ISBA support an approach which is holistic in nature and effectively targeted at the causes for obesity. This should be evidence-led, proportionate, practical and calculated to tackle the issue.

74. As the Secretary of State for Health and Social Care said during his speech to the APPG on Obesity at the international conference on Obesity¹⁶:

"No organisation wanting to tackle a problem as big as obesity would use the same approach for everyone, and target the whole population the same. After all, food is safe,

¹⁶ [Matt Hancock Speech: Tackling-obesity-is-a-shared-responsibility-for-society.](#)



obviously critical, as part of a balanced diet... There is huge, overwhelming, support for action to tackle obesity. Let's not lose that support with too much of a blanket approach."

ONE VOICE

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