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Healthy food environment

BMA Cymru Wales response

INTRODUCTION

BMA Cymru Wales is pleased to provide a response to the Healthy Food Environment consultation.

The BMA is a professional association and trade union representing and negotiating on behalf of all doctors and medical students in the UK. It is a leading voice advocating for outstanding health care and a healthy population. It is an association providing members with excellent individual services and support throughout their lives.

RESPONSE

BMA Cymru Wales very much welcomes the opportunity to respond to this consultation. When the Public Health (Wales) Bill was re-introduced in the Assembly in 2016, we called for it to be strengthened in several regards, including through the inclusion of measures aimed at tackling obesity. We were therefore happy to subsequently express our support for the amendments which were proposed and accepted at stage 3 of the Bill's proceedings, creating the requirement for a national strategy aimed at preventing and reducing obesity.

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We strongly supported the development of the *Healthy Weight Healthy Wales* strategy in early 2019ⁱ, in particular the proposed measures around making the food environment healthier. We are pleased to see action being taken forward to implement these proposals, which we appreciate may have been delayed due to the impacts of the COVID-19 pandemic. The experience of the last two years has demonstrated the urgency of tackling obesityⁱⁱ, which is associated adverse outcomes for COVID-19 in addition to being a contributory factor toward many other chronic diseases.

As an Association, the BMA has long established policy on obesity prevention and the promotion of healthier lifestyles, much of which is summarised in our 2018 report [Improving the nation's diet: action for a healthier future](#). The report describes a range of actions to respond to the public health challenge of diet-related ill health across the UK, including:

- supporting local authorities to create healthier food environments.
- standardisation of food labelling to enable healthier choices.
- restricting children's exposure to high fat, salt, or sugar food promotions.

We also responded to the UK Government's [consultation on restrictions upon promotions of products high in fat, sugar and salt](#) in 2019; where we supported the planned measures to limit the prevalence of these techniques.

BMA Cymru Wales is an active member of the Obesity Alliance Cymru (OAC), and therefore we have contributed toward their collective response. The BMA is also a member of the [UK wide Obesity Health Alliance](#), which has makes tackling unhealthy food & drink marketing and restricting promotional tactics as key campaign priorities.

This document therefore takes into account previous responses to similar proposals elsewhere within the UK, alongside the wider policy of the BMA.

Theme 1: Healthier Shopping Baskets

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

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

Yes - we support restrictions upon all the promotional techniques listed with regard to High Fat, Salt or Sugar (HFSS) products.

This is a potentially powerful tool, as analysis has demonstrated that promotions often encourage shoppers to buy more and eat more; particularly true for multibuy promotionsⁱⁱⁱ.

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

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

Are there any other locations you think we should consider?

Yes – we are supportive of measures restricting certain location-based promotions.

The nudge effect of visibility within retail environments is well known^{iv}, and placement at prominent locations which shoppers will encounter is associated with higher sales^v. However, it should be recognised that end of aisle and free-standing unit restrictions may be overtly disadvantageous to smaller rural shops and supermarkets which may have no realistic alternatives.

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

- *Option A – Products high in fat, sugar or salt which are of most concern to childhood obesity*
- *Option B – All Products high in fat, sugar or salt*
- *Other?*

We suggest that Option A should be the initial focus for restrictions.

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

Yes, the restrictions should also cover purchases made online.

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

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

It is important that value restrictions apply to all businesses as not to weaken proposals. However, there will be an inevitable impact upon smaller scale businesses and a phased timeline for full implementation should be considered.

Close to use-by-date promotions can be invaluable for those on lower incomes and to restrict these entirely could disadvantage those groups, in addition to increasing food waste with retailers unable to sell such stock.

In line with our response to the UK Government consultation in 2019, price promotions should also cover non-pre-packaged items given pastries and other HFSS items are sold loose. As retailers look to limit their use of plastic in future years, this would also future proof the restrictions.

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

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

It is important that location-based promotion restrictions apply to all settings to avoid the lessening the impact of restrictions. There will likely be a differential effect upon smaller scale businesses and therefore a phased timeline for full implementation should be considered, along with measures to provide guidance and support.

For specialist retailers that sell one type of food product category, it may be extremely difficult to implement restrictions in any meaningful form, therefore greater consideration should be given as to how they could be practically applied.

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

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

Yes – we are generally supportive of calorie labelling in all out of home settings.

As cited in the BMJ^{vi}, up to a quarter of adults' calories are consumed outside of the home, and whilst not entirely conclusive, systematic reviews have found that calorie labelling does result in fewer calories being purchased overall^{vii}.

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

Members have suggested inclusion of additional information such as such as:

- Carbohydrate/sugar content of the product
- RDA% for sugars, salt and fat as per traffic light labels
- Indication of the 'processed' nature of the product
- cal/Kcal, Joules/kJoules, and 10g CHO equivalents (for diabetics)

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

We are not convinced that this would be particularly helpful as a default measure. However, a compromise position would be having calorie-included children's menus on available upon request by the parent/guardian.

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

Yes – businesses should make calorie-free menus available.

Whilst we support the proposal, it must be acknowledged that evidence base in this area is limited and mixed, with some studies suggesting that menu labelling reduces the number of calories ordered by those with eating disorders such as anorexia or bulimia^{viii} and others suggesting no adverse impact was observed^{ix}. In addition to highlighting the need for discussion and consultation with eating disorder experts, this suggests a need for continual evaluation and refinement should the proposal be introduced.

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

Yes - calorie labelling should be displayed with regard to online sales of food and drink products.

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

Yes –refills of any drinks considered HFSS should be prohibited; the same should also be true for ice cream and similar desserts. Unlimited refills incentivise larger portions to ensure the customer is getting value for money.

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

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

Yes – we support restrictions of larger portion sizes for any drinks considered HFSS and a limit of one pint would seem proportionate.

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

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

In our initial response to the consultation on the draft Healthy Weight: Healthy Wales strategy, we stated that “*public sector settings, such as leisure centres, libraries and community centres, should play a leading role in advocating healthier lifestyles and encouraging behaviour change*”. This remains our guiding principle on this matter, subject to some specific considerations.

Subject to the proposed review of the existing nutritional standards for education settings as outlined in the Healthy Weight: Healthy Wales delivery plan 2022-24^x, it may be appropriate to exclude schools and colleges from these specific proposals as to not require adherence to multiple sets of requirements which may prove somewhat burdensome.

Likewise, application within hospital settings should be considered alongside a review/update to the All-Wales Nutrition and Catering Standards for Food and Fluid Provision for Hospital Inpatients^{xi} which do not appear to have been revised significantly since launch in 2011. We have previously called for inpatient nutritional

standards to be established on a statutory footing in the same manner as those for educational settings^{xii}.

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

Yes – as previously noted, it is important that restrictions apply to all settings to avoid the impact of the restrictions being lessened

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

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

We do not agree with exemptions for items on sale for 30 days or less: many establishments may change their menus on a frequent basis with ‘specials’ and they should be covered by requirements in the same way as other choices.

We support measures to increase fruit and vegetable consumption. Labelling of loose fruit and vegetables could prove practically difficult, but this could be achieved with nutritional info/calorie labelling on adjacent signs.

Theme 3: Healthier Local Food Environments – Shifting the Balance

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

We have long advocated for the full roll out of Health Impact Assessments (HIAs), as introduced by the Public Health (Wales) Act 2017, to become a fundamental part of the planning and development process.

HIAs are currently recommended as good practice^{xiii,xiv} but strengthening their position by establishing them on a statutory basis would enhance their effectiveness. This added consideration within the process could make a significant contribution to improving the health and well-being of communities, particularly regarding limiting the proliferation of Hot Food Takeaways (HFT). Prior to the pandemic, Wales had the highest density of HFTs when compared to the UK average^{xv} at 65 per 100,000 people; estimates from the ONS suggest that the sector has further grown since the advent of COVID^{xvi}.

Restricting HFTs must also be supported with increased availability of alternative, healthier food options alongside measures to enhance space and enable active travel^{xiv}. Ensuring the widespread availability of affordable, nutritious, and healthy food is particularly important with the mounting cost of living crisis and marked increase in foodbanks in recent years (with an estimated 2,500 foodbanks currently operating across the UK^{xvii}).

Suggestions provided by our membership in this area include:

- Local authority backed initiatives to encourage local fruit and vegetable growing, alongside expansion of allotment provision where possible.
- Evidence based public health information and funded support services about eating habits and dietary advice.
- Establishment of healthy food co-operatives, potentially including subsidies funded by price rises on high sugar, heavily processed foods
- Lobbying companies for alignment of pricing between major supermarkets and town-centre stores which have a limited range of goods and are comparatively more expensive. This can create food deserts in areas of city/town centre deprivation.

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

Yes – it is important that existing planning and licensing measures are reviewed to tackle the proliferation of hot food takeaways.

As recognised by Public Health Wales in the *Planning and enabling Healthy Environments* guidance from June 2021, consideration within local development plans and supplementary planning policies can be effective in restricting HFT distribution – for instance the Wrexham County Borough Council’s restriction zone as referenced in the consultation. Looking further afield, Supplementary Planning Policies adopted by Gateshead Council^{xviii} and Newcastle Council^{xix} are considered to have been effective. A study of the planning appeals system in England^{xx}, which analysed a number of appeals against refusals to sanction the opening of new fast-food outlets, found that:

In terms of appeals, local authorities with the most robust, locally informed evidence bases have the greatest chance of success in having their decisions upheld. In England, local authorities are more likely to have planning policies around health and HFTs if they have a high number of HFTs and higher rates of childhood obesity (O’Malley et al 2021)

Regarding exclusion zones near schools and saturation limits, it was observed by Brighton and Hove Council in a 2011 study^{xxi} that a 400m radius exclusion zone upon HFTs near schools was insufficient, and that a greater proportion of lunchtime journeys by pupils to visit such establishments would be captured by an 800m radius exclusion zone. This precedent could be replicated by local authorities in Wales, although consideration should be given to the fact it may have a particularly detrimental effect on businesses in smaller rural towns and villages.

Hot Food Takeaways are considered a separate *use class* for planning considerations in England (A5)^{xiv}, in comparison to the current situation in Wales where HFTs are grouped alongside all other hot food and drink establishments including restaurants and pubs (A3). This is despite [a consultation in 2018](#) on consolidation of extant planning legislation which proposed considering HFTs as their own use class as is the case across the border. It is unclear as to why this change has yet to be made and consideration should be given to bringing this forward.

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

- Those living in rural areas
- Specific socio-economic groups
- Children and young people
- Equality in relation to any protected characteristics

The range of proposed policies may have a disproportionate financial impact on socio-economic groups in deprived areas, but ultimately, they stand to derive the greatest benefits in health terms from the interventions^{xxii}. Given the present cost of living crisis and unprecedented rise in inflation, a full socioeconomic impact analysis should be undertaken, in consultation with academics, relevant third sector bodies and community groups.

In the long term, the policies should disproportionately benefit children and young people.

ⁱ BMA Cymru Wales (12 April 2019) *Healthy weight: Healthy Wales – consultation response* ([pdf](#))

ⁱⁱ 'Covid-19 has made the obesity epidemic worse, but failed to ignite enough action' *BMJ* 2021;372:n411 www.bmj.com/content/372/bmj.n411

ⁱⁱⁱ Chandon P, Wansink B. *When are stockpiled products consumed faster? A convenience-salience framework of post-purchase consumption incidence and quantity*. *J. Mark. Res* (2002). 39:321–35

^{iv} Wilson A, Buckley E, Buckley J and Bogomolva S. *Nudging healthier food and beverage choices through salience and priming: Evidence from a systematic review*. *Food Quality and Preference* (2016). 51:47–64.

^v Hawkes C. *Sales promotions and food consumption*. *Nutrition Reviews* (2009). 67(6):333–342.

^{vi} *BMJ New calorie labelling regulations in England* (2022);377:o1079

^{vii} Crockett, Rachel A., et al. "Nutritional labelling for healthier food or non - alcoholic drink purchasing and consumption." *Cochrane Database of Systematic Reviews* 2 (2018).

^{viii} Haynos AF, Roberto CA. *The effects of restaurant menu calorie labelling on hypothetical meal choices of females with disordered eating*. *Int J Eat Disord*. (2017_ Mar;50(3):275-283. doi: 10.1002/eat.22675. Epub 2017 Jan 27. PMID: 28130796; PMCID: PMC5378635.

^{ix} Lillico, H.G et al *The effects of calorie labels on those at high-risk of eating pathologies: a pre-post intervention study in a University cafeteria* *Public Health* 129 (2015) 732-739

^x Welsh Local Government Association *Healthy Eating in Schools* ([pdf](#)) Accessed 15 August 2022

^{xi} Welsh Government (October 2011) *All Wales Nutrition and Catering Standards for Food and Fluid Provision for Hospital Inpatients*

^{xii} p.6, BMA Cymru Wales (12 April 2019) *Healthy Weight: Healthy Wales consultation – BMA Cymru Wales response*

^{xiii} p.30, Welsh Government (Feb 2021) *Planning Policy Wales – Edition 11* ([pdf](#))

^{xiv} Public Health Wales (June 2021) *Planning and enabling Healthy Environments: incorporating a template for planning policy* ([pdf](#))

^{xv} BBC Wales (October 2018) *Takeaway Wales: Britain's fast-food capital?* <https://www.bbc.co.uk/news/uk-wales-45943124>

^{xvi} WalesOnline (22 May 2022) *Takeaway businesses booming across the UK but not everyone happy* <https://www.walesonline.co.uk/whats-on/food-drink-news/takeaway-businesses-booming-across-uk-24073487>

^{xvii} Commons Library Research Briefing (14 July 2022) *Food Banks in the UK* ([pdf](#))

^{xviii} Gateshead Council (2015) *Hot food takeaway Supplementary Planning Document* ([pdf](#))

^{xix} Newcastle City Council (2016) *Hot Food Takeaway - Supplementary Planning Document* ([pdf](#))

^{xx} O'Malley CL, Lake AA, Townshend TG, Moore HJ. (2021) *Exploring the fast food and planning appeals system in England and Wales: decisions made by the Planning Inspectorate (PINS)*. *Perspect Public Health*. 2021 Sep;141(5):269-278.

^{xxi} Brighton and Hove Local Authority. (2011) *Hotfood Takeaways Near Schools: An Impact Study on Takeaways Near Secondary Schools in Brighton and Hove* 2011. ([pdf](#))

^{xxii} Claire Beynon, Linda Bailey (2020) *Prevalence of severe childhood obesity in Wales UK*, *Journal of Public Health*, Volume 42, Issue 4, December 2020, Pages e435–e439, <https://doi.org/10.1093/pubmed/fdz137>