



Public Health
England

Childhood obesity: a whole systems approach and sugar reduction

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Diet and Obesity
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UK diet compared with recommendations

Nutrient (% food energy)	Target	Children 4-10 yrs	Teenagers 11-18 yrs	Adults 19-64 yrs
Total fat	≤35%	33.4	33.6	34.2
Saturated fat	≤11%	13.3	12.6	12.7
Trans fat	≤2%	0.5	0.5	0.5
Total carbohydrate	≥50%	51.7	51.2	48.5
Sugars*	≤11%	13.4	15.2	12.3
Fibre (g/day) **	≥18g	10.7	12.2	14.0
Salt (g/day)	≤6g	***	6.6	8.0
Fruit & veg	≥5	****	2.8	4.0

* Non milk extrinsic sugars including added sugars and sugars released from cell structure e.g. fruit juice

** Fibre recommendations relate to adults only

*** Mean salt intake children 4-6 yrs 3.7g (recommendation ≤3g); children 7-10 yrs 5.0g (recommendation ≤5g)

**** Portions not presented for children under 11 years as 80g portion not appropriate for this age group

≥ = more than or equal to; ≤ = less than or equal to

Sources: National Diet and Nutrition Survey (NDNS) years 5 & 6 (2012/13-2013/14)

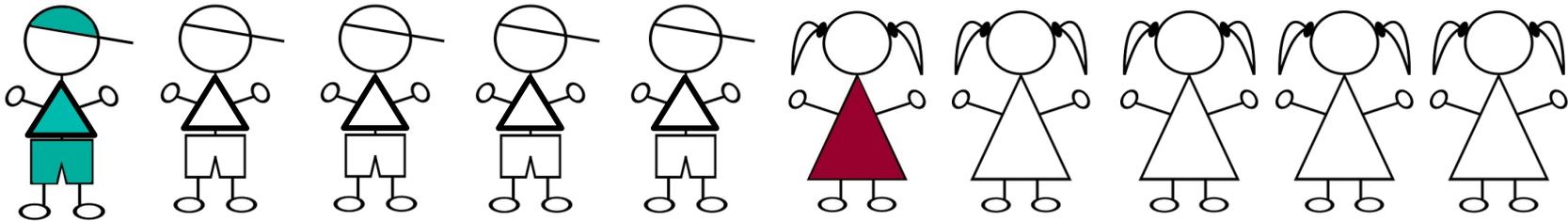
Salt intakes: adults: NDNS: salt intakes in adults 19-64 years in England 2014; children: NDNS: years 1-4 (2008/09-2011/12)



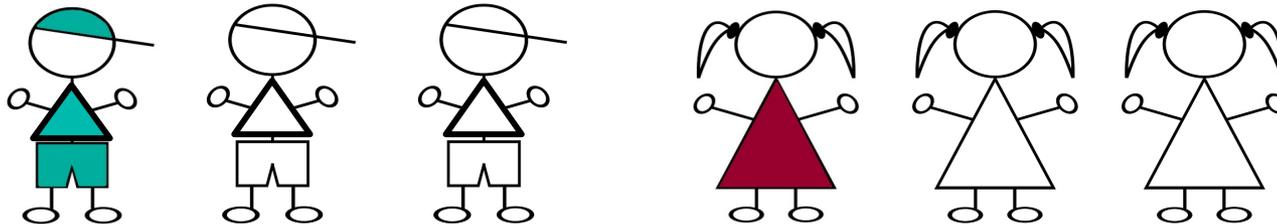
Scale of the challenge

Excess weight and tooth decay

One in five children in Reception is overweight or obese



One in three children in Year 6 is overweight or obese



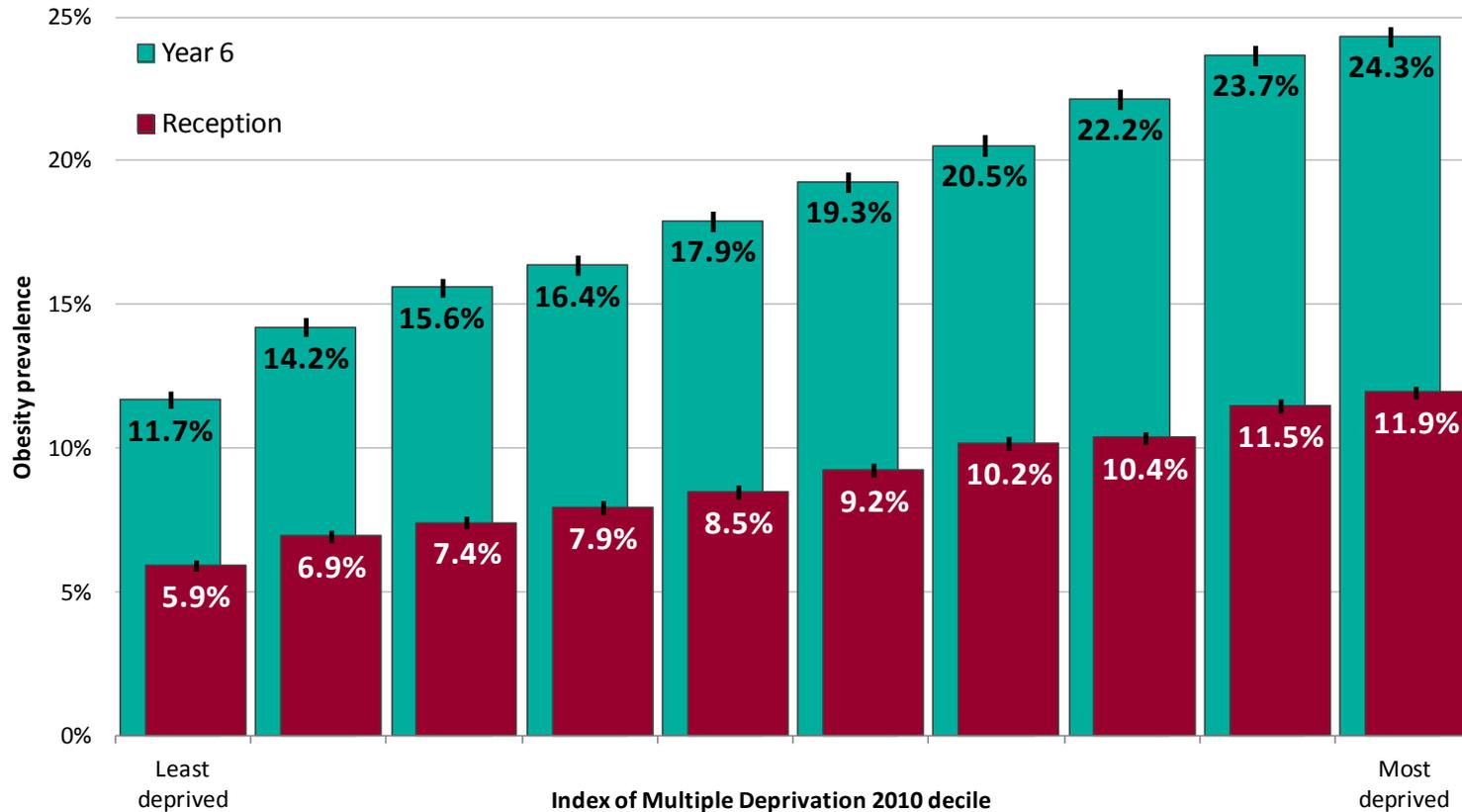
In 2013

- 31%** of children aged 5 years had tooth decay
- 46%** of children aged 8 years
- 34%** of children aged 12 years
- 46%** of children aged 15 years



Obesity prevalence by deprivation decile

National Child Measurement Programme 2012/13



Child obesity: BMI \geq 95th centile of the UK90 growth reference



PHE's obesity work plan: five pillars for action

Where future generations live in an environment, which promotes healthy weight and wellbeing as the norm and makes it easier for people to choose healthier diets and active lifestyles

1. Systems Leadership

- Influence local & national leaders
- raise the national debate
- influence political ambition
- maximise communication

2. Community Engagement

- enable behaviour change through social marketing
- drive social investment through local action
- support communities with tools on healthy eating & getting active to help reduce health inequalities

3. Monitoring & Evidence Base

- enhance surveillance, analysis & signposting of data
- tailor evidence to meet local needs – Public Health Outcomes Framework
- support effective commissioning & evaluation
- develop & communicate research to inform strategy
- promote evidence of good practice

4. Supporting Delivery

- support the obesity care pathway
- work with Directors of Public Health & Clinical Commissioning Groups
- support commissioning
- practical tools to help deliver healthier places; enable active travel

5. Obesogenic Environment

- develop long term, evidence based strategy to deliver a whole system approach to tackle the root causes of obesity and address health inequalities

Tackle obesity, address the inequalities associated with obesity and improve wellbeing



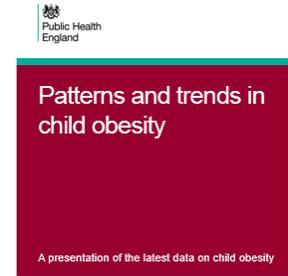
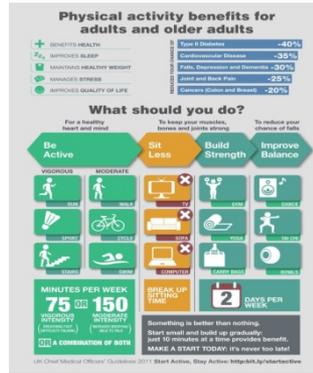
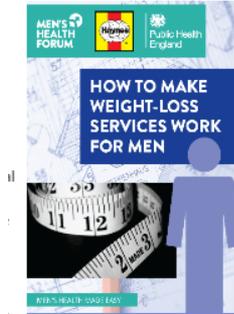
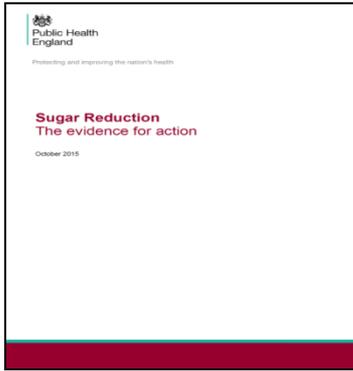
Public Health England

PHE – universal and targeted approach

Leading the debate

Supporting delivery

Evidence

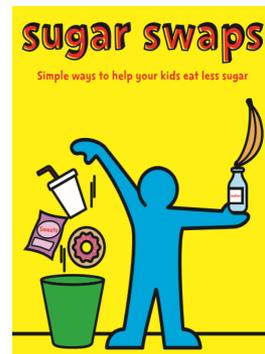
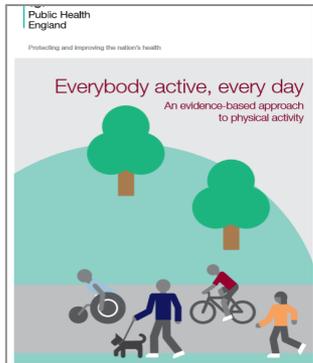
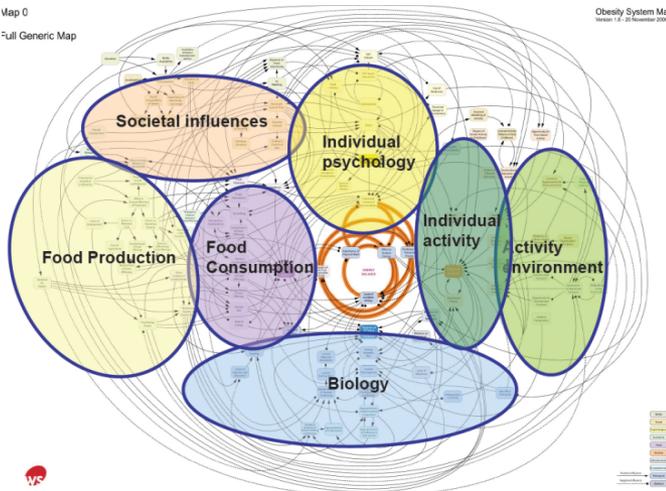


Translating evidence



Healthy place... healthier choices

Map 0
Full Generic Map



sacn

Scientific Advisory Committee on Nutrition

**Carbohydrates
and Health
report**

**Carbohydrates
and Health**

sacn
Scientific Advisory Committee on Nutrition

2015

Conclusions on sugars:

Prospective cohort studies indicate:

- higher consumption of sugar and sugar-containing foods drinks is associated with a greater risk of dental caries (10 studies)
- greater consumption of SSBs is associated with increased risk of type 2 diabetes (around a 20% increase in risk for each 330ml/day increase in SSB consumption) (5 studies)

Randomised controlled trials (RCTs) indicate:

- in adults, increasing or decreasing the percentage of total dietary energy as sugars when consuming an *ad libitum* diet leads to a corresponding increase or decrease in energy intake (11 studies)
- in children and adolescents, consumption of SSBs, as compared with non-calorically sweetened drinks, results in greater weight gain and increases in body mass index (3 studies)

Recommendations on sugars:

- The definition for ‘free sugars’* be adopted in the UK.
- Average population intake of free sugars should not exceed 5% of total dietary energy (for age groups from 2 years upwards)
- Consumption of sugar-sweetened beverages (SSBs) should be minimised (in children and adults)

*Sugars added to food, and naturally present in honey, syrup and fruit juice



Cost savings of achieving the reduction to 5% of energy from sugar

Assuming the SACN recommendations to reduce sugar intakes to 5% of energy intake are achieved within 10 years, **the cost saving to the NHS is estimated to be about £500M per annum** by year 10 (due to reductions in the costs associated with dental caries and consequences of obesity).



What does SACN's advice mean?

Maximum sugar intake per day

	Grams	Sugar Cubes*	Teaspoons (4g – 6g in a teaspoon**)
4 to 6 years	19	5	3 - 5
7 to 10 years	24	6	4 - 6
11 years and above	30	7	5 - 7

* The size and weight of sugar cubes varies; a 4g (Silver Spoon) sugar cube has been used.

** Food Portion Sizes, Ministry of Agriculture, Fisheries and Food, 2nd edition, HMSO, 1993.

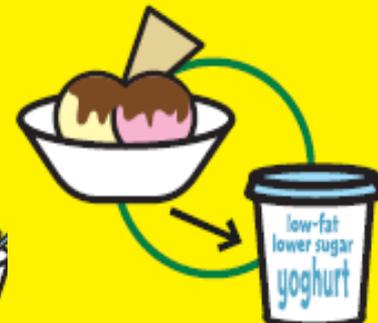
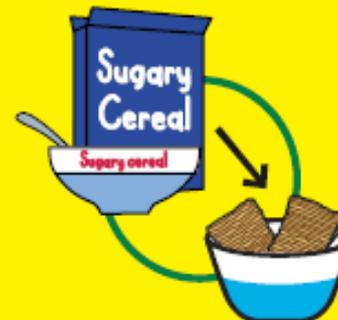




Key Change4Life messages:

- Sugary drinks have no place in a child's daily diet.
- Swap to water, lower fat milks, sugar free, diet and no added sugar drinks instead.
- A typical 8 year old shouldn't have more than 6 sugar cubes a day

Continuation of Change4Life messaging to increase consumer awareness and improving diets towards achieving the recommendations



swap

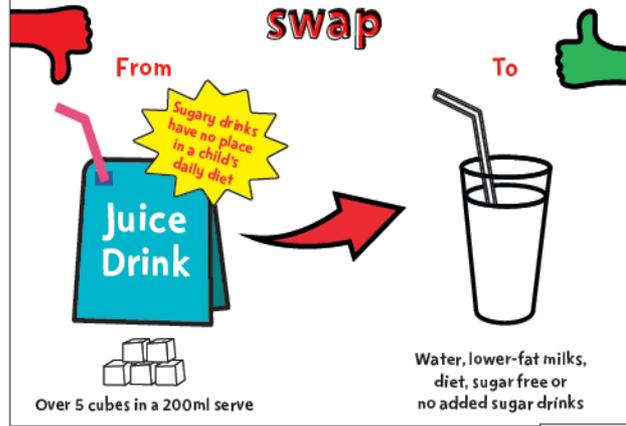
From  **To** 

Juice Drink

Sugary drinks have no place in a child's daily diet

Over 5 cubes in a 200ml serve

Water, lower-fat milks, diet, sugar free or no added sugar drinks



swap

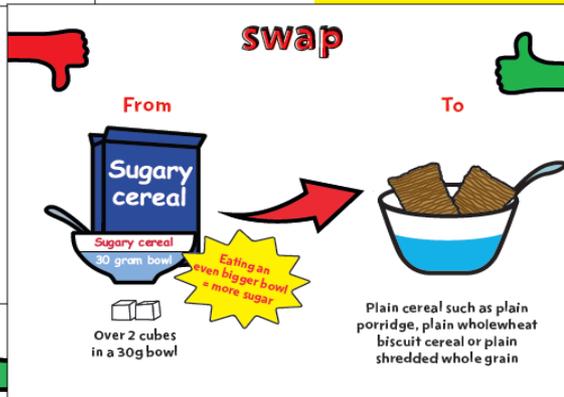
From  **To** 

Sugary cereal

Eating an even bigger bowl = more sugar

Over 2 cubes in a 30g bowl

Plain cereal such as plain porridge, plain wholewheat biscuit cereal or plain shredded whole grain



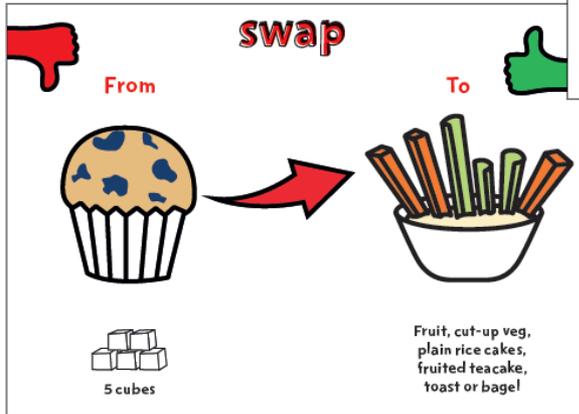
swap

From  **To** 

Muffin

Fruit, cut-up veg, plain rice cakes, fruited teacake, toast or bagel

5 cubes



swap

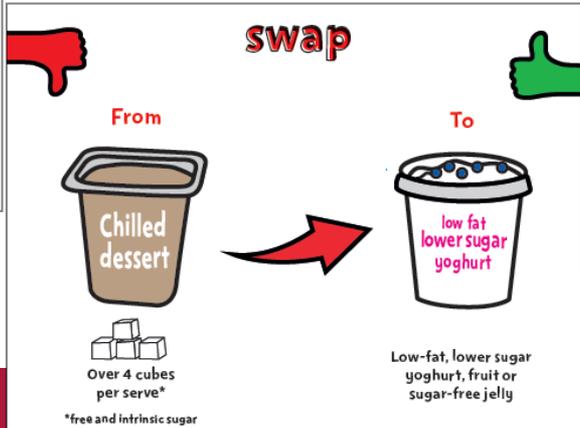
From  **To** 

Chilled dessert

Low-fat, lower sugar yoghurt, fruit or sugar-free jelly

Over 4 cubes per serve*

**free and intrinsic sugar*



let's get sugar smart



Find the sugar with our Sugar Smart app



1. Download the Change4Life Sugar Smart app for free from the App Store or Google Play
2. Scan the foods in your fridge, cupboard and when you shop
3. See for yourself the amount of total sugar in everyday food and drinks

The eatwell plate

Use the eatwell plate to help you get the balance right. It shows how much of what you eat should come from each food group.



Public Health England in association with the Welsh Government, the Scottish Government and the Food Standards Agency in Northern Ireland

Eatwell Guide

Check the label on packaged foods

Each serving (150g) contains

Energy 1046kJ 250kcal	Fat 3.0g	Saturates 1.3g	Sugars 34g	Salt 0.9g
	LOW	LOW	HIGH	MED
13%	4%	7%	38%	15%

of an adult's reference intake

Typical values (as sold) per 100g: 697kJ/ 167kcal

Choose foods lower in fat, salt and sugars

Use the Eatwell Guide to help you get a balance of healthier and more sustainable food. It shows how much of what you eat overall should come from each food group.



Water, lower fat milk, sugar-free drinks including tea and coffee all count.

Limit fruit juice and/or smoothies to a total of 150ml a day.

Eat at least 5 portions of a variety of fruit and vegetables every day



Choose wholegrain or higher fibre versions with less added fat, salt and sugar



Beans, pulses, fish, eggs, meat and other proteins

Eat more beans and pulses, 2 portions of sustainably sourced fish per week, one of which is oily. Eat less red and processed meat



Dairy and alternatives

Choose lower fat and lower sugar options



Choose unsaturated oils and use in small amounts



Eat less often and in small amounts

Per day 2000kcal 2500kcal = ALL FOOD + ALL DRINKS

Source: Public Health England in association with the Welsh Government, Food Standards Scotland and the Food Standards Agency in Northern Ireland

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Eatwell Guide

The title

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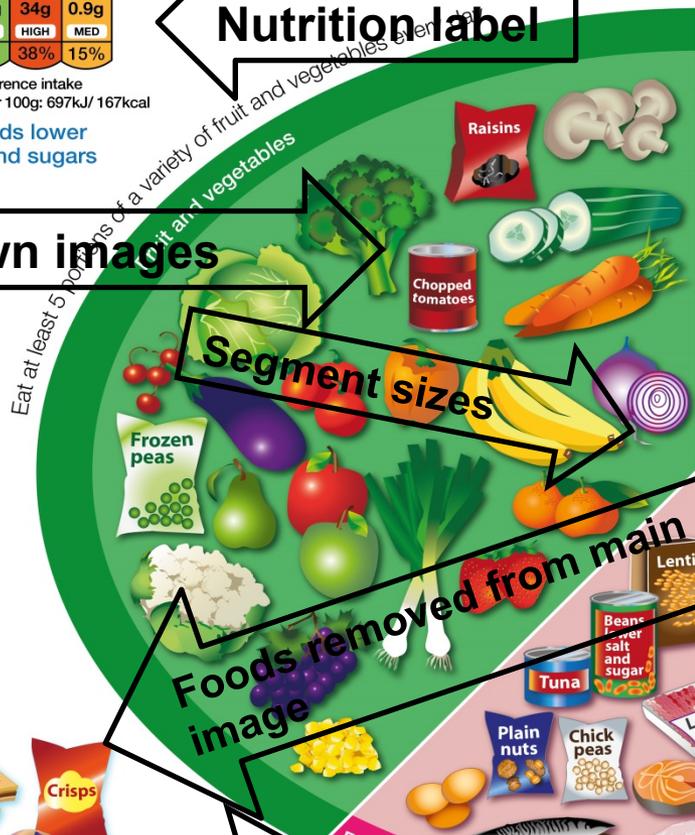
Nutrition label

Hydration message



Water, lower fat milk, sugar-free drinks including tea and coffee all count.
Limit fruit juice and/or smoothies to a total of 150ml a day.

Drawn images



Eat at least 5 portions of a variety of fruit and vegetables every day

Segment sizes



Choose whole grain or higher fibre versions with less added fat, salt and sugar
Potatoes, bread, rice, pasta and other starchy carbohydrates

Purple segment now only oils & spreads

Foods removed from main image

Beans, pulses, fish, eggs, meat and other proteins
Eat more beans and pulses, 2 portions of sustainably sourced fish per week, one of which is oily. Eat less red and processed meat

Dairy and alternatives
Choose lower fat and lower sugar options

Removal of knife and fork



Oil & spreads
Choose unsaturated oils and use in small amounts

Segment names

Additional messaging

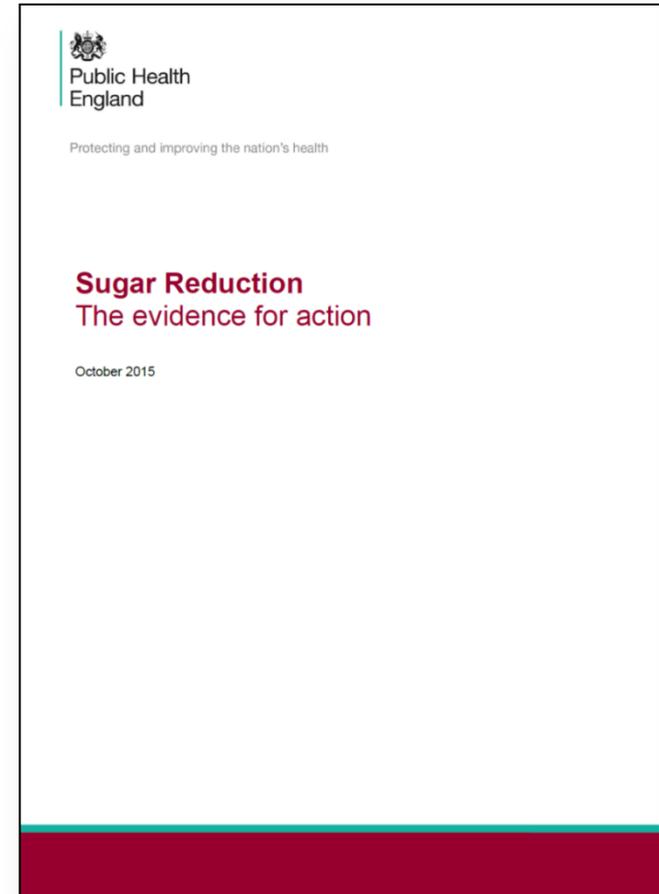
Energy information

Per day 2000kcal 2500kcal = ALL FOOD + ALL DRINKS



Sugar Reduction: The evidence for action (October 2015)

- PHE has carried out an extensive programme of work in order to provide a package of evidence to inform the government's thinking on sugar in the diet.
- Considers the need for action and draws conclusions about what drives our consumption. Advises on actions that could be implemented in these areas:
 - **Influencers:** marketing and advertising, price promotions and fiscal measures
 - **Food supply:** sugar content of food and drinks
 - **Knowledge, education, training & local action**





Sugar reduction: the evidence



1) Influencers:

- Food retail **price promotions** are widespread in Britain; account for 40% of all food and drink expenditure; increase the amount people spend overall by 22% and the amount of sugar purchased by from higher sugar foods and drinks by 6%.
- Children are exposed to a high volume of **marketing and advertising** which, in all its forms, consistently influences food preference, choice and purchasing.
- **Price increase**, such as by taxation, can influence purchasing of sugar sweetened drinks and other high sugar products, at least in the short-term. The effect appears to be proportional to the size of the tax implemented.





Sugar reduction: the evidence

2) Food supply:

- A structured and universal programme of **reformulation** to reduce levels of sugar in food and drink would significantly lower sugar intakes, particularly if accompanied by reductions in portion size
- Better **public sector food procurement** at a national and local level would improve diets

3) Knowledge, training and local action:

- Accredited training in diet and health is not routinely delivered to many who could influence others food choices but tools like **competency frameworks** can help change this
- **Other consumer tools**, such as the Change4Life campaign, can also help inform and educate
- **Local action**, when delivered well, can contribute to changing knowledge and also influence food environments and can improve diets



Sugar reduction: areas for action

PHE's analysis suggests a successful programme of measures could include:

- 1) Reduce and rebalance the number and type of price promotions in all retail outlets
- 2) Significantly reduce opportunities to market and advertise high sugar food and drink
- 3) The setting of a clear definition for high sugar foods (to aid with 1 & 2 above)
- 4) Introduction of a broad, structured and transparently monitored programme of gradual sugar reduction in everyday food and drink
- 5) Introduction of a price increase of a minimum of 10-20% on high sugar products through the use of a tax or levy such as on full sugar soft drinks
- 6) Adopt, implement and monitor the government buying standards for food and catering services across the public sector
- 7) Ensure that accredited training in diet and health is routinely delivered to all of those who have opportunities to influence food choices
- 8) Continue to raise awareness of concerns around sugar levels in the diet to the public as well as health professionals, employers, the food industry etc.



It is unlikely that a single action alone would be effective in reducing sugar intakes

- The evidence suggests a **broad, structured approach**, involving restrictions on price promotions and marketing, product reformulation, portion size reduction and price increase on unhealthy products, **implemented in parallel**, is likely to have a more universal effect.
- **Positive changes to the food environment** (e.g. public sector food procurement, provision and sales of healthier foods) as well as **information and education** are also needed to help support people in making healthier choices.



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New sugar levy on soft drinks

FT Financial Times
@FT

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Sugar tax - new UK levy on soft drinks to tackle childhood obesity on.ft.com/1RNVRHc
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Kashmira Gander | @kashmiragander | 2 minutes ago | 0 comments



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Budget 2016: George Osborne unveils sugar tax on soft drinks

7 minutes ago | UK Politics



Public Health
England

HM Government Childhood Obesity A Plan for Action

“We are confident that our approach will reduce childhood obesity while respecting consumer choice, economic realities and ultimately our need to eat.

Although we are clear in our goals and firm action we will take, the launch of this plan represents the start of a conversation rather than the final word.

Over the coming year, we will monitor action and assess progress and take further action where it is needed.”





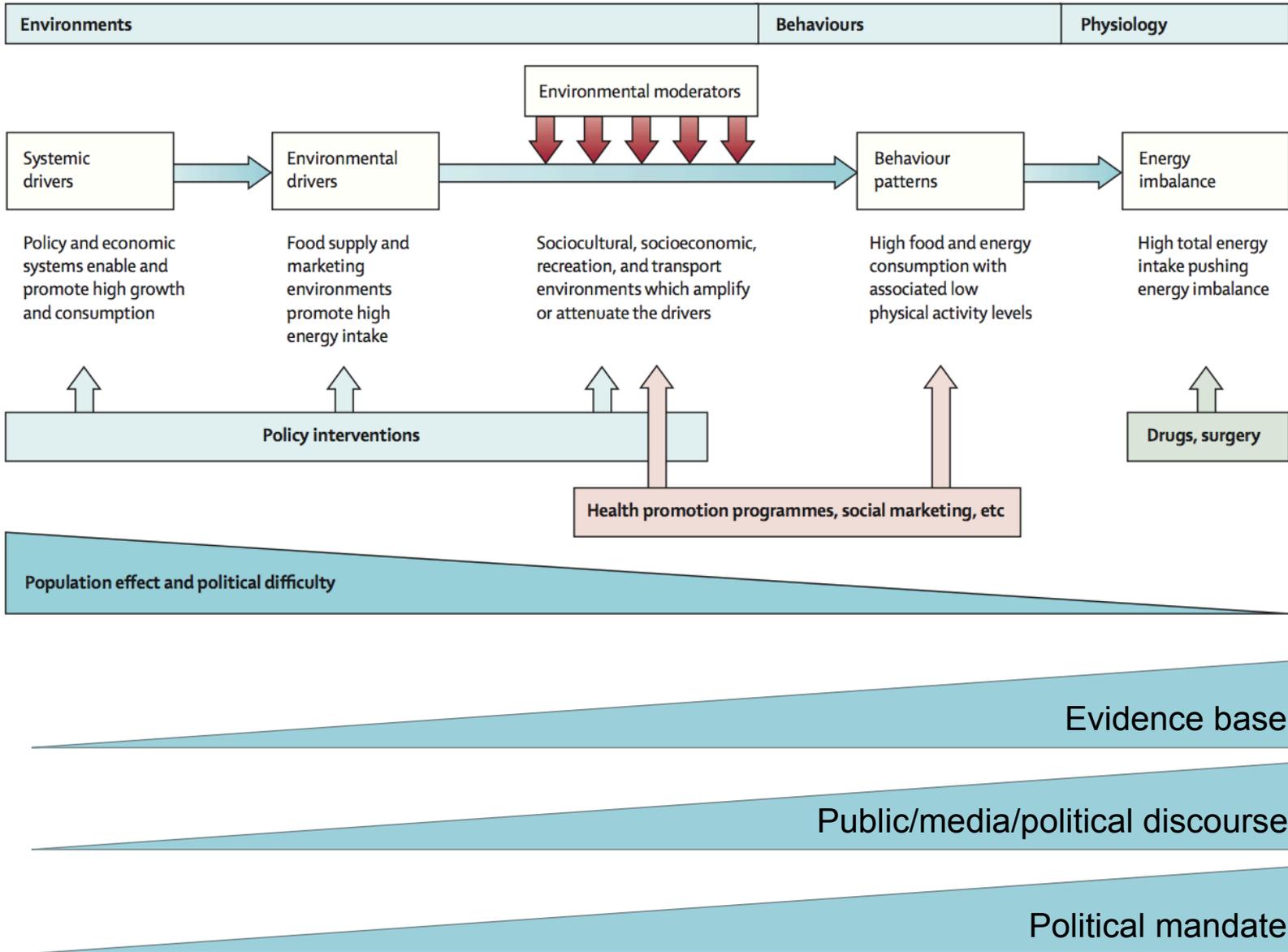
Childhood Obesity Plan - Deliverables

1. Soft drinks industry levy
2. Taking out 20% of sugar in products, achieving salt targets (calories from 2017, & saturated fat considered post SACN)
3. Supporting innovation to help businesses to make their products healthier
4. Updating the nutrient profile model
5. Making healthy options available in the public sector
6. Continuing to provide support with the cost of healthy food for those who need it most
7. Helping all children to enjoy an hour of physical activity every day
8. Improving the co-ordination of quality sport and physical activity programmes for schools
9. Creating a new healthy rating scheme for primary schools
10. Making school food healthier
11. Clearer food labelling
12. Supporting early years settings
13. Harnessing the best new technology
14. Enabling health professionals to support families

PHE led actions in red
PHE actively supporting blue
Other actions in brown

2. Taking out 20% of sugar in products

- Challenge all sectors of the food industry to reduce the amount of sugar we consume by 20% by 2020 (5% reduction in year 1). The reductions should be accompanied by reductions in calories, where possible, and should not be compensated for by increases in saturated fat.
- Covers: food and drinks that contribute the most to children's sugar intakes, including those aimed at very young children. Initial focus on breakfast cereals, yoghurts, biscuits, cakes, confectionery, morning goods (e.g. pastries), puddings, ice cream and sweet spreads.
- Interim reports on progress every 6 months and provide an assessment at 18 & 36 months
- Work to achieve salt targets should continue alongside the sugar reduction programme. From 2017, the programme will be extended to include setting targets to reduce total calories. Work on saturated fat will be further reviewed in light of SACN recommendations due in 2017.



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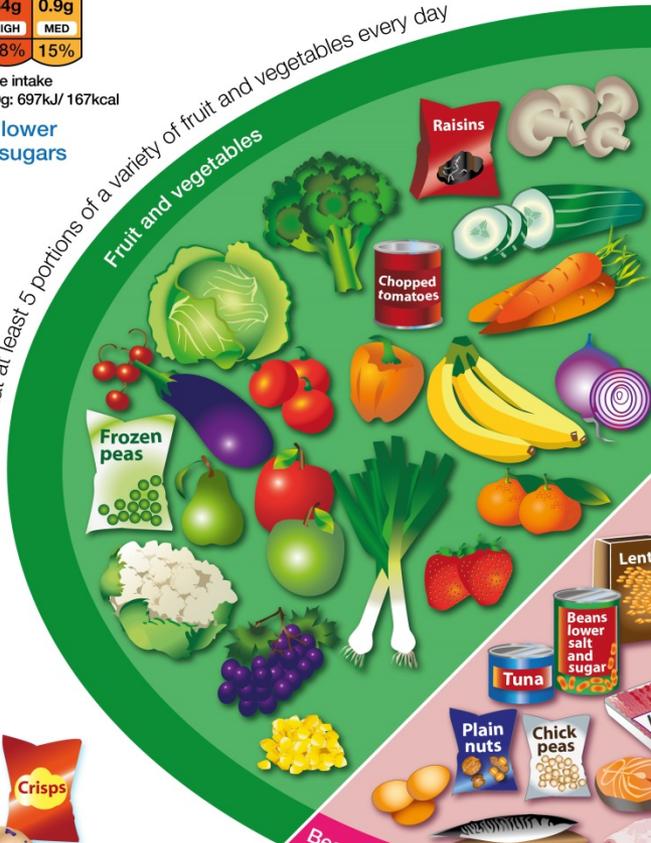
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