# Reflections on the Government Food Strategy and recommendations for the Health Disparities White Paper

**June 2022**

FIRST STEPS NUTRITION TRUST

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## The Food Strategy does not make explicit, or address, the food and nutrition needs and vulnerabilities of infants and young children

We are pleased to finally see a 'Food Strategy' for England released, to "start the conversation" about how best to deliver "healthier, more home-grown and affordable diets for all…". However, this is not the comprehensive strategy we were hoping for. In particular we believe it is misleading to state it is applicable to **all**, because the food and nutrition needs of babies (aged 0-12 months old) are ignored and those of young children (aged 1-<5 years) are barely considered, even less so than in Henry Dimbelby's Independent Review (Sibson, 2022). This is important for babies and young children in their own right, but also vital given the strategy's aim to reduce obesity rates by half by 2030. Over 14% of children who started school in England in 2020 were already living with obesity, and among those from the most deprived households, the prevalence was 20.3% (NHS Digital, 2021). Obesity tracks from early childhood into adolescence and adulthood, and to reverse it is harder than to prevent it in the first place (Obesity Health Alliance, 2021). Without improving diets in the early years (from pre-conception, through pregnancy, the first year of life and to when children start school), the rising tide of obesity will not be reversed (Obesity Health Alliance, 2021; Sibson and Crawley, 2021).

One particularly concerning omission in the Food Strategy is breastfeeding, which is the normal and optimal way to feed babies. Alongside other health benefits, breastfeeding is associated with reduced risk of obesity in later life (Victora et al, 2016). Breastfeeding is key to infant food security and is the ultimate example of a sustainable diet (Rollins et al, 2016; GIFA, 2019). Most mothers in the UK want to breastfeed their babies, but for complex reasons, most do not meet their breastfeeding goals, making formula feeding the norm (McAndrew et al, 2012). Efforts to ensure security and sustainability of food supply need to encompass those which protect and support breastfeeding, as well as ensuring a resilient formula supply chain.

## The Food Strategy pays disproportionate attention to individuals' food choices in an environment in which families are not enabled to eat well

In our opinion, the Food Strategy pays disproportionate attention to individual food choice. Approaches to enable consumers to make more sustainable, ethical and healthier food choices need to be superseded by greater efforts to create a society that *enables* everyone to eat well. A good example relevant to the early years, as mentioned above, is that the vast majority of new mothers want to breastfeed, but 80% do not meet their breastfeeding goals (McAndrew et al, 2012). Although in a very small number of cases women may not be able to breastfeed or may need to stop, those who are able to, have made a choice to feed their babies in a way that is optimal for their baby's health their own health (NHS, 2020), and that

of the environment too (Rollins et al, 2016; GIFA, 2019). However, because of a poorly enabling society, many mothers feed their babies formula before they want to (McAndrew et al, 2012). These women do not need help to improve their choices, they need equitable access to skilled support to overcome breastfeeding challenges, and protection from the inappropriate marketing of formula and other breastmilk substitutes through stronger regulations, which are independently monitored and their compliance effectively enforced.

## Our 7 priority recommendations for a Health Disparities White Paper that is inclusive of infants and young children

In May 2021, we outlined a set of 18 recommendations to Government which we believed would enable more children to maintain a healthy weight as they grow, in this report: Enabling children to be a healthy weight: what we need to do better in the first 1000 days (Sibson and Crawley, 2021). With small changes to accommodate the current context, nearly all of these recommendations remain relevant to the DHSC as they prepare their White Paper on health disparities, and several are also relevant to DEFRA with respect to the recommendations in the Food Strategy. Below we make and provide the rationale for 7 priority recommendations drawing from this report, which we believe would better enable families and their babies and young children to eat well, leveraging short and longer term health benefits, as well as benefitting the environment.

### 1. Invest in leadership and strategy on maternal, infant and young child nutrition

> The specific food and nutrition needs of babies and young children (and their mothers) are being consistently overlooked in Government actions intended to ensure population food security. In addition, England, unlike Scotland, Northern Ireland and Wales, does not have a national Infant Feeding Strategy. Failure to address the food and nutrition needs of our youngest citizens sets us up for failure with respect to the objective of reducing obesity levels by half by 2030.

We recommend the Government to appoint a permanent, multi-sectoral maternal, infant and young child nutrition strategy group and develop, fund and implement a national strategy to protect and improve mothers' diets and infant and young child feeding practices.

### 2. Collect data on infant and young child feeding practices and ensure better measurement and population surveillance of nutritional status in the early years

> The national data on diets in the early years is now over a decade old (McAndrew et al 2012; Lennox et al, 2013), and we have no data on overweight or obesity for children before they start school. There is a national obesity crisis and we believe that the lack of up to date data obscures the severity of the situation and is one reason that the food and nutrition needs and vulnerabilities of babies, young children and their families are being consistently ignored.

We recommend the DHSC to ensure that data collection for a comprehensive maternal and infant diet and nutrition survey starts in 2023 and that this survey is repeated periodically to monitor changes over time. In addition, OHID should give a target date for the availability of nationally representative weight data from the personal child health record, and should mandate the quality-checking, collection and reporting of data on weight and height at the 2-2.5 year health visitor review.

**3. Invest in universal breastfeeding support**

The Food Strategy states that "the drivers of people eating more calories than their bodies need, causing excess weight gain are numerous and complex". These drivers start in infancy and evidence shows that formula-fed infants typically consume more energy than breastfed infants, and exhibit faster weight gain (Appelton et al, 2018).

Most mothers want to breastfeed, and this is optimal for their health, the health of their babies and is the most sustainable means of infant feeding. Breastfeeding ***is*** infant food security. However, the environment in which mothers are trying to follow through on their breastfeeding intentions hijacks the best efforts of the majority early on. One key issue is that many lack the necessary skilled support to overcome common breastfeeding challenges (Brown et al, 2011).

It is a step in the right direction that in the 2021 autumn budget, the Government pledged to invest £50 million in breastfeeding support (HM Treasury, 2021). However, this will cover only half of England's council areas.

We recommend that ***all*** local authorities be given the means to commission, and consistently fund, evidence-based, universal breastfeeding support programmes. To enable more women to meet their breastfeeding goals, these programmes should be delivered by specialist/lead midwives and health visitors or suitably qualified breastfeeding specialists alongside trained peer supporters with accredited qualifications.

**4. Strengthen and enforce regulations on the composition, labelling and marketing of formula and commercially-produced foods and drinks aimed at infants and young children**

Current regulations governing the labelling and marketing of formula and other breastmilk substitutes are inadequate in scope and present a large number of loopholes which are routinely exploited by industry to undermine breastfeeding, preventing many mothers meeting their breastfeeding goals (WHO, 2022a).

Current regulations on the composition, labelling and marketing of foods and drinks aimed at infants and young children are very weak (PHE, 2019). Families across all socioeconomic groups rely on commercially-produced foods for their babies and

toddlers (PHE, 2019), many of which are high in sugar and/or ultra-processed (PHE, 2019; Grammatikaki et al, 2021). While evidence shows that their consumption is associated with negative health effects, companies typically market them as a healthy choice (Garcia et al, 2019) misleading parents and carers into purchasing what are typically costly, and often discretionary, foods.

The emphasis in the Food Strategy on food labelling and transparency intended to enable consumers to make more sustainable, ethical and healthier food choices, is positive. However, in order to improve the nutritional composition of products marketed to infants and young children and shift the marketing spotlight away from inappropriate products, regulatory and enforcement actions are needed. Only then will parents and carers be enabled to make independent and informed decisions about what to feed their children, independently of inappropriate commercial influence. The Brexit Freedoms Bill creates a new opportunity for strengthened UK regulation to better protect the health of infants and young children.

We recommend that the WHO Europe guidance on ending inappropriate promotion of commercially available complementary foods for infants and young children between 6 and 36 months, is made mandatory (WHO, 2019). This will involve application of the newly developed Nutrient and Promotion Profile Model (NPPM) to all baby foods and drinks, ensuring commercial products meet nutrient and composition standards that safeguard optimal health and development of this vulnerable group. In addition, we recommend that the use of cartoon characters on foods marketed for pre-school children is banned. Lastly, we recommend that the International Code of Marketing of Breastmilk Substitutes and subsequent relevant World Health Assembly resolutions are incorporated into UK law (WHO, nd). WHO Europe has produced a model law which would provide a useful framework to implement these recommendations (WHO, 2022b) and together, these regulatory changes would make the UK a global forerunner in public health policy which supports optimal infant and young child nutrition and development.

**5. Protect and expand universal health visiting services**

Statutory family support services need to be made fit for purpose if we are to stem the rising tide of obesity. Babies and children under two are the most vulnerable of all our children to the consequences of inadequate nutrition, and are also least likely to have engagement with public services. Health visitor numbers have been decimated since health visiting was transferred to local authority commissioning, and yet, alongside GPs, these specialist community public health nurses are often the only professionals who have contact with babies and young children and their families (1001 Days Movement, 2022).

We recommend that funding for universal health visiting services should be provided to local authorities by central Government to ensure that *all* families receive, as a minimum, seven face-to-face contacts with a health visitor (antenatal, new birth, 6-8 weeks, 3-4 months, 6 months, 1 year and 2-2½ year review), as set out in the 2021 Healthy Child Programme. In addition, all health visitors should be enabled to develop their knowledge and skills to support healthy nutrition and healthy weight as a part of their core training.

**6. Review and refresh the Healthy Start scheme & increase the payment value**

> The Government's Healthy Start scheme provides vitamins and payments to young and low-income pregnant women and low-income families with children up to 4 years of age, to purchase specific foods. The Food Strategy states that the scheme supports children and families on low incomes struggling to afford food, helping them to learn and to eat healthily. It also says that the Government has made it easier for families to apply for and use the Scheme through digitisation.
>
> The scheme is indeed a vital nutritional safety net for those on the lowest incomes. However, and despite being increased in 2021, the payment amount is failing to keep abreast of rising food prices (First Steps Nutrition Trust, 2022), there is no in-built learning element, and there are ongoing challenges associated with digitisation (Defeyter et al, 2022).

We recommend that the Healthy Start payment is increased in value to take into account food price rises, and that the scheme as a whole is fully reviewed and refreshed to meet some of its original objectives, including promoting breastfeeding and preventing obesity. In addition to an increase in the payment, additional required changes include: extended eligibility; an enhanced offer for breastfeeding women; increased visibility and improved accessibility and uptake of the newly digitised scheme; and integration with other benefits and services for young families.

**7 Make food and drink standards in early years settings mandatory**

> The Food Strategy states: "It is important that individuals build a better understanding of their food choices from a young age as early childhood experiences have far-reaching implications for later life. There are already several initiatives in schools which promote and provide children with high quality, nutritious and tasty food and drink". However, starting at school age means missing out on meeting the needs of pre-school children, who are already developing food preferences. The sensory food education proposal included in the Independent Review as a means to improve the diets of children, has not been incorporated into the Food Strategy, and the Early Years food and drink guidance remains voluntary (PHE, 2017), with a lack of clarity as to how compliance to the Early Years Foundation Stage requirement that meals be 'healthy, balanced and nutritious' is being assessed.

We recommend that the Early Years food and drink guidance should be made in to mandatory standards. We believe it is an opportune time to do this, given the Government's ambition to mandate buying standards across the public sector, and the joint Department for Education and Food Standards Agency pilot looking at school food standards compliance. We also recommend that additional support to meet these standards should be provided to settings in areas of deprivation where more families are likely to be food insecure and where obesity rates are highest. Compliance should be regulated, either being part of the inspection framework for Ofsted, or included under the remit of the Food Standards Agency, as is the case for the School Food Standards Pilot.

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