UK Supermarket Spotlight

A review of the 10 largest UK food retailers' disclosure on nutrition, diets and health

Contents

Acknowledgements

Access to Nutrition Foundation core funders
The Access to Nutrition Foundation (ATNF) is a registered charity in The Netherlands and hosts the Access to Nutrition Initiative (ATNI). We are grateful for the generous support of the Bill & Melinda Gates Foundation, UK aid and the Dutch Ministry of Foreign Affairs, which have funded the work of ATNI to date and laid the foundation for the work presented here. This report was funded through a grant from urban health foundation Guy's and St Thomas' Charity awarded to ShareAction.

Project partners
Guy's and St Thomas' Charity is running a 10-year programme to improve children's health in urban areas. Its goal is to close the inequality gap by bringing the high rates of childhood obesity in neighbourhoods with the lowest incomes down to the level of the more affluent areas. These efforts are centred particularly on the London boroughs of Southwark and Lambeth (where the Charity is based), which are areas of high diversity with significant levels of both income inequality and health inequality.

The charity funds ShareAction's Healthy Markets campaign. ShareAction is a non-profit, working to build a global investment system that is responsible for its impact on people and planet. ShareAction has a well-established toolkit to mobilise investors to take action to improve labour standards, tackle climate change and address pressing global health challenges. With the issue of consumer health now rising up corporate agendas, it is expanding its scope into mobilising investors to tackle childhood obesity. The Healthy Markets campaign, launched in 2019, aims to bring investor allies together to ask UK food and drink manufacturers and retailers to produce and sell healthier, more affordable products, to limit the marketing of unhealthy products to children, and to encourage clear and accurate food labelling.

Writing, review and design
We would like to thank Katy Cooper (consultant) who undertook the research and drafted the report. Olivia Frost (WREN*media*) proofread it. Design is by Kummer & Herrman.

Abbreviations

ATNI	Access to Nutrition Initiative
BMS	breast-milk substitutes
CAP	Committees of Advertising Practice
CF	Complementary foods
CSR	Corporate social responsibility
EU	European Union
FOP	front-of-pack (labelling)
FSA	Food Standards Agency
HFSS	high fat, salt and sugar
NPS	nutrient profiling system
PHE	Public Health England
SDGs	Sustainable Development Goals
SDIL	Soft Drinks Industry Levy
SSB	sugar-sweetened beverage
The Code	The International Code of Marketing of Breast-milk Substitutes and subsequent relevant WHA resolutions
UN	United Nations
WHA	World Health Assembly
WHO	World Health Organization

Foreword

It is with great pleasure that I introduce ATNI's first report looking at what UK food retailers are doing to address the country's nutrition challenges. It follows the UK Product Profile, published in September 2019, which assessed the nutritional quality of more than 3,000 packaged products sold by the world's major food and beverage manufacturers.

The Access to Nutrition Initiative (ATNI) is an independent not-for profit organisation that works to encourage the world's largest food and beverage companies to do everything they can to address all forms of malnutrition. This encompasses tackling overweight and obesity as well as stunting, wasting and micronutrient deficiencies that persist in many of the world's poorer countries. We strive to encourage 'healthy competition' among food and beverage companies by tapping into their competitive nature. In the seven years since ATNI was established, we have proven that our model of benchmarking the world's largest food and beverage manufacturers' efforts to address global nutrition challenges is a driver of, and accelerates, meaningful change. We are pleased now to expand our scope to the retail sector.

Based on their current public disclosure, this report provides – for the first time – analysis of what the UK's 10 largest food retailers say publicly that they are doing to tackle obesity and related health conditions. The UK, like many other countries, is facing serious social and economic challenges driven in large part by the nation's poor diet. A concerted cross-society effort is urgently needed to transform the country's food system so that everyone is able to afford and access a healthy diet. Healthier people and communities are happier and more productive, and critical to vibrant societies.

The UK's major food retailers have enormous potential to positively influence the diets and health of the entire population. The 10 largest account for over 94% of the grocery market share, with 2018 revenues of around £180 billion. Their national scale and reach mean they have substantial influence over the food people have access to and what they buy. Retailers influence food consumption through the formulation, packaging, labelling, pricing, promotion, positioning and advertising of both their own-brand and branded products. They also influence the legal and regulatory framework through their engagement with the UK's governments and policymakers.

I would like to thank ShareAction for funding the publication of this report, through partnership with Guy's and St Thomas' Charity. It was prepared principally to inform the engagement that ShareAction and its investor coalition will undertake with retailers through its Healthy Markets campaign. I hope it will also support the work of all of those committed to transforming the UK's food system into one that delivers affordable, healthy diets for all.

Inge Kauer
Executive Director
Access to Nutrition Foundation

Executive summary

Urgent systemic action is needed to improve British diets

Far too few people's diets in the UK today align with the recommendations of the Eatwell Guide, the UK government's recommended healthy diet. Instead, the diets of adults and children alike, up and down the country, contain too many foods high in saturated fat, salt and sugar, and too little fruit, vegetables and fibre. As a result, death and illness rates from diet-related diseases are far too high. **Poor diets accounted for 17% of all deaths in 2017 in the UK** and a wide range and high proportion of preventable illnesses, including obesity, as is well documented by many organisations. **Overweight accounts for 8.4% of health expenditure in the UK**, which, combined with its effect on reducing labour-market outputs, reduces the country's GDP by 3.4%.

This situation is not an inevitable consequence of modern life. Improving the food consumption environment so that everyone has access to affordable, healthy foods and drinks has been proven most likely to improve people's diets. **Urgent action is therefore needed** to transform Britain's food system, which too often makes unhealthy foods and drinks the most affordable and easy options.

Food retailers can play a pivotal role in transforming Britain's diets

UK families spend just under 80% of their budget for food that is eaten at home at supermarkets. **UK food retailers therefore have a huge opportunity – and arguably the responsibility – to play a pivotal role in addressing the UK's poor eating habits**. Their goal should be to ensure that all of their customers, whether shopping in large supermarkets or smaller stores, in a major city or in a remote town, have access to a wide range of affordable, healthy products. To drive sales of these products, retailers need to redirect their considerable marketing muscle towards them and away from less healthy products. They should focus particularly on how to shift children's eating habits to help combat childhood obesity.

The UK's largest food retailers need to demonstrate that they are addressing nutrition-related risks and opportunities

The mounting economic and societal costs of diet-related poor health outlined above generate business risks for those retailers that do not act. These include: the greater likelihood of regulation and taxes (such as the Soft Drinks Industry Levy), and the costs that meeting new regulation entails; potential loss of market share and revenues if their response to the growing public demand for affordable healthier options is too slow or inadequate; and reputational damage if their approach is not perceived by customers, and other stakeholders, to be the right one. Conversely, those that take action to reorientate their business strategies so as to sell a much wider range and larger number of healthy products are more likely to realise commercial and reputational benefits.

This report assesses the UK's 10 largest supermarket chains for the first time

The primary goal of the Access to Nutrition Initiative (ATNI) in publishing this report is **to encourage the UK's 10 largest supermarket chains to take concerted action to tackle the country's diet-related health challenges**. The report – the first of its kind – provides a snapshot of these companies' reporting on their contribution to addressing these challenges. **Good disclosure is an essential element of corporate accountability** for publicly listed or privately owned companies, or cooperatives. Being such a highly competitive and consumer-focused sector, it is imperative that retailers provide their stakeholders with a clear understanding of the commitments and contribution they are making on this critical issue. It is particularly important for institutional investors, who are increasingly taking into account companies' records on key issues such as health and nutrition when making their investment decisions and in their engagement with them. Further, comprehensive, systematic reporting is also essential to organisations such as ATNI and others to track the action being taken by food retailers to address nutrition-related health issues in the UK. Willingness to be assessed in this way is in itself an important indication of the seriousness of food retailers' commitment to creating a healthier future.

This report focuses on the **10 major food retail chains**: ALDI UK, Asda, Co-op, Iceland, Lidl, Marks & Spencer, Morrisons, Sainsbury's, Tesco and Waitrose. ATNI has estimated that these companies hold **more than 94% of the grocery market share, with combined revenue in 2018 of around £180 billion**. Of particular importance is the fact that more than half of their food sales are now made up of own-brand products, the nutritional quality of which they control.

Methodology focus

Based on the advice of UK experts, ATNI adapted its well-established methodology for assessing food and beverage manufacturers to food retailers' business models. Using up to 120 indicators, ATNI assessed the reporting of each company's commitments and action to address nutrition, diets and health in eight areas:

1. **Governance**
2. **Nutrient profiling**
3. **Product formulation**
4. **In-store promotion**
5. **Responsible marketing**
6. **Labelling**
7. **Stakeholder engagement**
8. **Infant and young child nutrition**

The scores indicate the extent to which companies are disclosing activity or progress only. They do not assess companies' actual performance.

The UK food retail sector currently scores poorly across the board on nutrition reporting

While most of the 10 retailers appear to recognise that they have a role to play in addressing the UK's diet- and health-related challenges, their reporting is limited in many respects. Some companies provide better transparency than others; however, they all have scope to explain more fully how they are changing their business practices – from their product formulation to their marketing strategies – to help their customers eat healthier diets.

If any are doing a significant amount, their current disclosure does not make this clear. In fact, it can give the impression that these retailers have not yet given this issue the attention it deserves and continue to pursue business practices that have contributed to the current health crises. All of the retailers therefore need to do a much better job at explaining how they are rising to these serious challenges.

Sainsbury's reports most extensively, on 35% of the indicators used for this assessment, followed by Marks & Spencer at 32% – though these two companies, plus four others, only achieved a Grade D (reporting on between 20% and 39% of all indicators within the methodology). The remaining four companies reported on fewer than 20% of the indicators and so were rated as Grade E. Asda and Iceland have the most to do to improve their disclosure with scores of 8% and 7%, respectively. **None of the retailers achieved a grade of A, B or C.**

Grade	Retailers
A	None
B	None
C	None
D	Sainsbury's (35%) Marks & Spencer (33%) Co-op (30%) Tesco (30%) Lidl (25%) Morrisons (20%)
E	ALDI UK (19%) Waitrose (15%) Asda (8%) Iceland (7%)

% score relates to the number of indicators out of a maximum of up to 120 for which relevant information was found and given credit. Grade A indicates a reporting score of 80–100%; Grade B = 60–79%; Grade C = 40–59%; Grade D = 20–39%; Grade E <20%.

Overall, **reporting is fragmented and does not provide a structured and transparent picture** of the companies' strategy on nutrition and health, nor its progress in delivering any such strategy. **Quantitative data is often not provided** and the data that is reported is not related to key financial metrics (such as overall revenues or revenue and profit growth). Crucially, reporting does not currently appear to be designed to demonstrate to institutional investors, policymakers or other stakeholders how retailers are evolving their businesses to support healthier diets across all sections of society.

It is likely that the companies are doing and planning more than they currently publicly report. However, because confidential and unpublished information has not been taken into account in this initial review, as it would be in an Access to Nutrition Index for the sector, it is not possible to arrive at a conclusion about their actual performance, i.e. the full extent of their commitments, targets and activities.

Current disclosure is patchy and not informative enough

Scoring on each topic varied considerably and was sparse on many.

Topic	Top score	Achieved by
Governance	7/14	Marks & Spencer
Nutrient profiling	1/8	Several
Product formulation	15/30	Sainsbury
In-store promotion	11/31	Co-op
Responsible marketing	3/11	Several
Labelling	2/6	Several
Engagement	5/6	Co-op
Infant and young child nutrition	4/12	Marks & Spencer

Reporting is most extensive on **sugar and salt reformulation efforts** (which has been a focus for Public Health England over the last few years), **moves towards healthier checkouts**, and **front-of-pack traffic-light labelling** – although not all the companies report on all of these subjects. Reporting is most limited on responsible marketing to children, the use of nutrient profiling systems to guide reformulation and/or to identify healthy products, and marketing of breast-milk substitutes. The retailers also say very little about their commitments to marketing complementary foods for young children or about their formulation of their own-brands in this segment. In addition, there is a lack of information about whether any commitments and initiatives that do exist extend to their convenience store formats and franchises. Examples are provided throughout the eight sections, detailing the results on each topic assessed.

ATNI recommends that all 10 supermarket chains publish comprehensive strategies on diet, nutrition and health

While some companies provide better transparency than others, **all of them have the scope to explain more fully their commitments and action in all areas**. An easy win would be for those retailers that already have internal nutrition plans, policies and data to put them into the public domain as soon as possible. Those that do not are encouraged to develop and publish comprehensive, well-informed strategies on diet, nutrition and health.

It is imperative that these strategies are comprehensive and holistic, i.e. that they require joined-up action across multiple business functions. For example, if the marketing function is to overhaul its pricing and promotion strategy to drive up sales of healthy products, it must be linked to a plan to develop or stock more healthy options and the use of a robust nutrient profiling system to determine which products are healthy. Responsibility for the latter resides with the company's nutritionists. That nutrient profiling system should then also underpin the use of front-of-pack labelling and 'healthy' logos. And in order to be as impactful as possible, the strategy needs to be **rolled out to all stores nationwide** and tailored appropriately to different store formats. A joined-up approach requires leadership and coordination by the executive management and/or the Board.

Conclusions

Although there are strong imperatives for the UK's 10 major supermarket chains to report comprehensively on how they are helping to address the growing diet-related health challenges, their current disclosure does not serve this purpose. However, **most of the food retailers appear to recognise that they have a role to play**, which is an important start. The report has set out the topics on which more structured and comprehensive reporting is needed.

Better disclosure is essential. It would help stakeholders to understand how these major players are offering and promoting healthier products to help their customers maintain a balanced diet and a healthy weight. It would also enable their investors to discern whether companies fully grasp the business and societal risks posed by nutrition-related issues, and how they are managing them. Crucially, it would allow the investors to identify which companies in this highly competitive sector are achieving a strategic shift towards higher sales of healthier products and lower sales of less healthy products.

ATNI recognises that this report, based as it is on an assessment of companies' own disclosure, may not capture everything that these 10 grocery retailers are doing. However, it is intended to provide an initial insight into their formal reporting and wider communications. ATNI hopes the report will be of value to the many organisations and individuals committed to improving the nation's diet and that it will inspire other countries to look more closely at the role large supermarket chains are playing in contributing to, or addressing, their own nutrition challenges.

The methodology proved effective at capturing all areas of activity on this agenda by companies, i.e. no information was found on companies' websites or in their reports that was relevant and that was not captured by the methodology. ATNI believes that this methodology, focusing on companies' commitments and performance on eight key business areas, provides a valuable new framework that can be used in various ways. Food retailers can use it to design their strategies and action plans. Moreover, they can structure their reporting accordingly so that they all provide consistent, comparable information to their stakeholders. It should enable investors and other stakeholders to evaluate companies' performance and reporting more easily. However, ATNI is open to receiving feedback on ways to improve the methodology.

Finally, ATNI aspires to publish a UK Access to Nutrition Index for Retailers in the next few years. Such an Index would make use of any confidential, unpublished information the retailers would be willing to provide under a non-disclosure agreement. It would therefore go beyond disclosure and more fully capture the strength of companies' commitments, targets and action, providing a tool to track the progress of the UK food retail sector on this critical agenda.

1. Introduction

The primary goal of the Access to Nutrition Initiative (ATNI) in publishing this report is to encourage the UK's 10 largest retailers to take concerted and urgent action to tackle the country's diet-related health challenges. As set out in the next chapter, the evidence of the scale and nature of these challenges is strong and mounting. The consequences are social, economic and personal. The notion that individual choices and bad lifestyle habits are the principal culprits has been thoroughly disproven. It is clear that systemic solutions are needed to improve the food consumption environment and diets. It is equally clear that this will only be achieved if all stakeholders – from government to investors, the private sector and the not-for-profit sector, opinion leaders, academics and the media – all play their part.

In this report, ATNI trains the spotlight on the UK's 10 largest supermarket chains, which are estimated to hold 94% of the country's grocery market share. It is what ATNI hopes will be the first in a series of reports focusing on this sector. As an initial step, this report, **UK Supermarket Spotlight**, provides a snapshot of what these large and influential companies are doing to address the UK's diet-related health challenges, as articulated in their own reports and via their websites.

Good disclosure is an essential element of corporate accountability on all sustainability issues, for publicly listed or privately owned companies, or cooperatives. As the UK food retail sector is highly competitive and consumer-focused, there is a strong imperative for all companies to provide stakeholders with a clear understanding of the commitments and contribution a company is making in any area. It is particularly important for any company backed by institutional investors, who are increasingly taking into account companies' records on key issues such as health and nutrition when making their investment decisions and in their engagement with them. Further, comprehensive, systematic reporting is also essential to organisations such as ATNI and others to track the action being taken by food retailers to address nutrition-related health issues in the UK. Willingness to be assessed in this way is in itself an important indication of the seriousness of food retailers' commitments to creating a healthier future. How reporting fits into a well-managed business cycle is outlined in **Box 1**.

The analysis was undertaken using a methodology adapted from that used for several ATNI Access to Nutrition Indexes, which to date have focused on food and beverage manufacturers. It looks at what these companies are doing in eight areas, the detailed results of which are set out in separate chapters covering: Governance, Nutrient profiling, Product formulation, In-store promotion, Responsible marketing, Labelling, Stakeholder engagement, and Infant and young child nutrition.

ATNI recognises that retailers' current disclosure may not fully describe the full scope of food retailers' activity on this important agenda. Nevertheless, ATNI hopes to foster greater dialogue about the role the UK's food retailers might play in preventing and reducing the high levels of obesity and diet-related diseases in the UK.

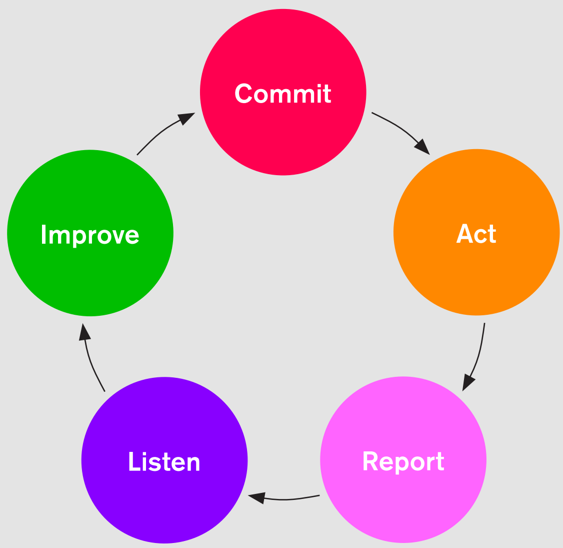
Box 1

Why is clear and comprehensive reporting important?

Stakeholders cannot judge whether a retailer is making a positive contribution to improving consumers' diets and health unless it publicly reports on its commitments, policies, targets and progress. Most companies routinely report to their investors on their progress in delivering their business strategy, on their governance, risk management, financial performance, operations and progress towards achieving their goals. So it should be on any sustainability issue, including nutrition and health. **Figure 1** outlines the typical steps of a cycle to address any issue. Once a company has developed its objectives, a strategy to achieve those objectives is developed by the Board. A strategy usually includes clear commitments and is implemented by management. Clear, comprehensive and formal annual reporting, augmented by communications through websites and other channels, is essential to demonstrate progress in delivering the strategy. Feedback from stakeholders can then be used to continually fine-tune commitments and evolve the strategy so that the objectives are achieved.

Figure 1

Business cycle for strategy delivery and improvement



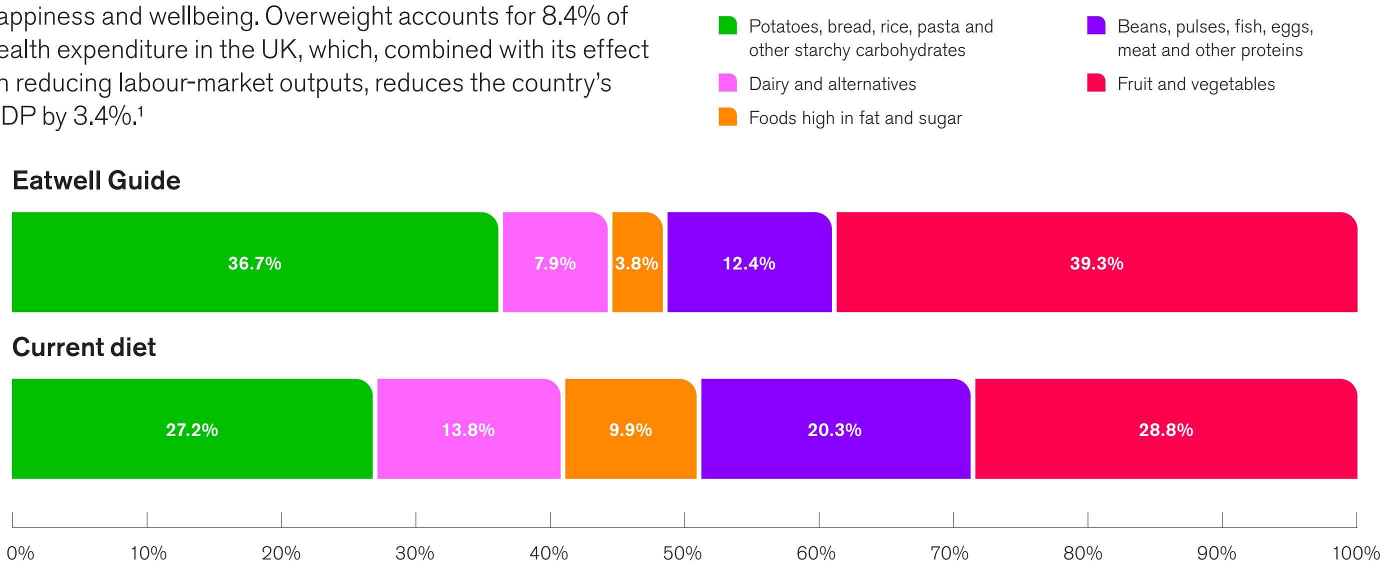
2. Nutrition and health in the UK

The impacts of the UK's poor diet

The gulf between the UK government's recommended healthy diet (the Eatwell Guide) and the average diet is currently wide. It contains too many foods high in saturated fat and sugar, and too little fruit, vegetables and fibre, as shown in **Figure 2**. Poor diet is responsible for high death rates, shortening lives, a substantial proportion of the country's disease burden, underperformance at school by children and poor productivity at work. It also reduces overall happiness and wellbeing. Overweight accounts for 8.4% of health expenditure in the UK, which, combined with its effect on reducing labour-market outputs, reduces the country's GDP by 3.4%.[1]

Figure 2

Comparison between average diet and the UK government recommendations



Source: P. Scarborough et al., 'Eatwell Guide: modelling the dietary and cost implications of incorporating new sugar and fibre guidelines' (2016) *BMJ Open* (6): e013182: doi: 10.1136/bmjopen-2016-013182

Levels of diet-related deaths and diseases

Improving diets will avoid a large number of deaths and many illnesses. Poor diets accounted for 17% of all deaths in 2017 in the UK and a significant proportion of the disease burden. As **Figure 3** shows, five of the top seven risk factors in the UK are diet-related and have remained consistently high over the preceding 10 years.

Figure 3

Top 10 risk factors for death and disability in the UK in 2017 (with percentage change from 2007)

1	Tobacco	-9.2 %	▼
2	Dietary risks	-6.7 %	▼
3	High body mass index	7.6 %	▲
4	High blood pressure	-12.6 %	▼
5	High fasting plasma glucose	21.5 %	▲
6	Alcohol use	2.0 %	▲
7	High LDL cholesterol	-15.8 %	▼
8	Occupational risks	4.7 %	▲
9	Air pollution	-8.4 %	▼
10	Drug use	13.0 %	▲

Diet-related risks

Source: Institute for Health Metrics and Evaluation, 'What risk factors drive the most death and disability combined?' http://www.healthdata.org/united-kingdom

Adults: In 2015, 12.5 million people in England (out of a total of 55 million) were estimated to have high blood pressure with a further 5.5. million undiagnosed.[2] By 2017, 3.7 million people across the UK (out of 65 million) had been diagnosed with diabetes; 90% of those cases were type 2 diabetes. In addition, 12.3 million people are at increased risk of developing type 2 diabetes.[3] A high body mass index (of over 25) increases the risk of developing a range of diet-related diseases such as cardiovascular disease, type 2 diabetes, musculoskeletal disorders and many cancers. By 2016, 61% of adults were overweight or obese in England, and the proportion in Scotland and Northern Ireland was slightly higher. These levels are among the highest in Europe.[4] And it is not just people with obesity who will benefit from improvements to the food environment: 40% of people with a body mass index in the normal range have metabolic abnormalities associated with obesity.[5] People who consume high levels of salt may not be overweight but are at higher risk of stroke or coronary heart disease.[6]

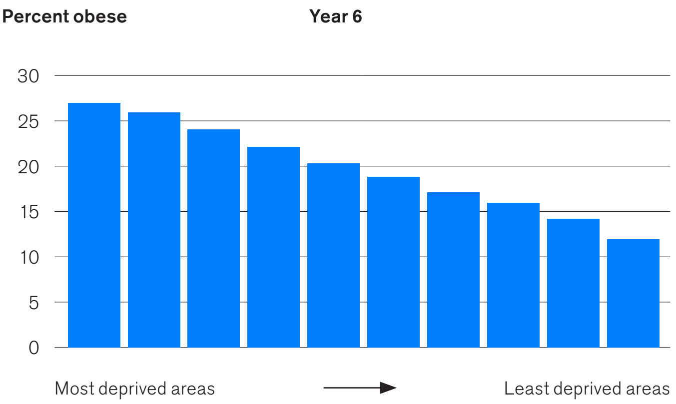
Children: Childhood obesity must be accorded high priority because it is a ticking time-bomb: children who have obesity are five times more likely to be obese adults. Children's diets are also out of line with government recommendations, as shown in **Box 2**. This is a principal reason why rates of childhood obesity and overweight are so high. Although obesity among children nationally in the UK has seemed to have stabilised in recent years, there is no room for complacency. In 2017/18[7]: 34.3% of children in year 6 (age 11) and 22.4% of children starting school (age 5) were classified as overweight or obese.[1,2]

Obesity is higher in the most deprived areas

The average figures mask a strong association between deprivation and childhood obesity: in the most deprived areas, obesity prevalence was over twice that of the least deprived areas, as shown in **Figure 4**, and this gradient is continuing to get steeper.[9]

Figure 4

Obesity prevalence by level of deprivation at year 6



Source: NHS Digital, *Statistics on Obesity, Physical Activity and Diet, England, 2019*, 'Part 4: Childhood overweight and obesity' (2019) https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-obesity-physical-activity-and-diet/statistics-on-obesity-physical-activity-and-diet-england-2019/part-4-childhood-obesity

Children who are overweight or who have obesity tend to continue be affected in adulthood – 70% of adolescents with obesity will still have the condition at age 30[10] – and adults who live with obesity are more likely to develop a range of non-communicable diseases.

Change is possible

Systemic joined-up solutions are needed – and possible. High rates of diet-related death and disability are not an inevitable consequence of modern life. Put simply, the prevailing food consumption environment is obesogenic – that is, it biases conscious and unconscious decisions towards unhealthier choices that promote overweight and obesity.[11] UK consumers are surrounded by an abundance of cheap, energy-dense, nutrient-poor foods, marketed heavily and pervasively.

The most effective way to improve a country's diet is to take a systemic approach – that is, one that tackles the many influences on behaviour using the best evidence available. *'The single most important intervention [in obesity] is to understand that there is no single most important intervention.'*[12] Evidence shows that improving food environments so that everyone has access to affordable, healthy foods is most likely to improve people's diets. Systemic solutions are being developed, such as Amsterdam's Healthy Weight initiative.[13] It is critical that all stakeholders play their part in delivering these solutions.

Box 2

Children's diets are falling short of recommended daily intakes[8]

- **Excess calorie intake:** On average, boys and girls with obesity consume an excess daily calorie intake of 140–500 and 160–290 calories per day respectively. Three-quarters of children aged 4–18 months exceed their daily energy intake requirements and this figure increases with age following the introduction of solids.
- **Excess free sugars intake:** Free sugars are a major contributor to this excess calorie intake: 14% of the daily calorie intake of children is from free sugars – nearly three times the maximum amount of 5% recommended by the UK's Scientific Advisory Committee on Nutrition. Sugar levels in some commercial baby foods have been found to be very high and around 90% of children aged 1.5–3 years old exceed recommended daily sugar intake levels.
- **Excess salt intake:** In 2014, the average salt consumption for adults was 8g per day – a third higher than the recommended level for adults and children over 11 of 6g per day. Younger children should consume less, depending on their age – e.g. babies under a year old should have less than 1g of salt a day.
- **Excess saturated fat intake:** The maximum recommended intake of saturated fat is 11% of total calories, but average intake for children is 12.4%.
- **Inadequate fruit and vegetable intake:** Recommended intake is five portions per day – but just 18% of children reach this level, with lowest consumption among lower-income households.
- **Inadequate fibre intake:** For children aged 11 to 16, the recommended intake is 25g per day increasing to about 30g per day for adolescents aged 16 to 18 years – but for these groups combined, the intake is 15.3g per day.

Government action

The UK government is taking action through a range of policy levers, including the publication in 2016 of *Childhood Obesity: A Plan for Action*,[14] followed by *Chapter 2* of the Plan in 2018.[15] These state the government's overarching ambition 'to halve childhood obesity and significantly reduce the gap in obesity between children from the most and least deprived areas by 2030'.

Prior to 2019, in response to the UK's diet-related health challenges, the government introduced some regulatory measures and voluntary initiatives to drive improvements in food composition. Specifically, they focused on reducing levels of sugar, calories and salt in foods, and changing labelling and marketing practices. They were directed to both manufacturers and retailers. The relevant prevailing measures and ongoing programmes are set out in **Box 3** and in Annex 1.

More recently, in January 2019, the Department of Health and Social Care published a consultation, which for the first time outlines potential measures on restricting promotions of products high in fat, sugar and salt (HFSS) by location in-store and by price across retail settings, including supermarkets and other shops. These proposals are designed to reduce overconsumption of HFSS products that contribute to childhood obesity and shift balance of promotions towards healthier options. They aim to maximise the availability of healthier products offered on promotion, to make it easier for parents to choose healthier options when shopping for their families. Specific proposals include:

- restricting the volume-based types of price promotions of pre-packaged HFSS products that specifically encourage overconsumption, such as multi-buy offers and free refills of sugary soft drinks;
- restricting the placement of all HFSS food and drink products at key selling locations such as store entrances, checkouts and aisle ends, which can lead to pester power and impulse purchases.[20]

The conclusions from the consultation or next steps have not yet been published.

In July 2019, further proposals were laid out in the Green Paper on prevention published by Public Health England (PHE), which announced a forthcoming ban on the sale of energy drinks to children under 16, as well as several other proposals set out in what is called *Chapter 3* of 2016's *Childhood Obesity: A Plan for Action*. These include an exploration of how the marketing and labelling of infant food can be improved, given mounting evidence of the poor diets of infants and young children. Other measures outlined relate to front-of-pack (FOP) nutrition labelling, further product reformulation (with a renewed focus on reducing salt intake) and support for individuals to achieve and maintain a healthier weight.

Notes

1 The National Child Measurement Programme for England includes nearly all children in their reception year (aged 4–5) and year 6 (aged 10–11). 95% of eligible children were measured in 2017/18.

2 Obesity prevalence among reception-year children decreased slightly from 9.9% in 2006/7 to 9.5% in 2016/17, but has continued to increase among children in year 6.

Box 3
Government measures and programmes

- **Product formulation**
  Soft Drinks Industry Levy (SDIL): This was announced in March 2016 and came into force in April 2018 across the whole of the United Kingdom.[16] It aims to encourage manufacturers to further reformulate soft drinks. The levy is set at:
  - **24p per litre of drink** containing 8g or more of sugar per 100ml and
  - **18p per litre of drink** containing 5–8g of sugar per 100ml.

  The levy may be extended to cover milk-based drinks, as suggested in a Green Paper on prevention published in 2019.[17]
  Sugar: PHE's Sugar Reduction Programme sets a voluntary 20% sugar reduction target, to be achieved by 2020 by food manufacturers and retailers.
  Calories: The 2018 Calorie Reduction Programme challenges the food industry to achieve a voluntary 20% reduction in calories by 2024 in product categories that contribute significantly to children's diets.
  Salt: Voluntary salt targets were first introduced in 2006 in an effort to bring salt consumption to recommended levels. The targets are applicable to manufacturers, retailers and the out-of-home sector, and have been updated three times.

- **Responsible marketing and advertising policy**
  There are restrictions on the inappropriate advertising of HFSS products to children, set by the Advertising Standards Agency, for both broadcast advertising and non-broadcast marketing.
- **Labelling**
  There is mandatory back-of-pack labelling of nutritional information and an additional voluntary front-of-pack FOP traffic-light scheme was recommended by the Food Standards Agency in 2013.
- **Infant and young child nutrition**
  UK marketing restrictions on infant formula and follow-on formula were set in 2007 (since updated)[18] and are grounded in EU legislation.[19]

Further detail on these measures is provided in Annex 1.

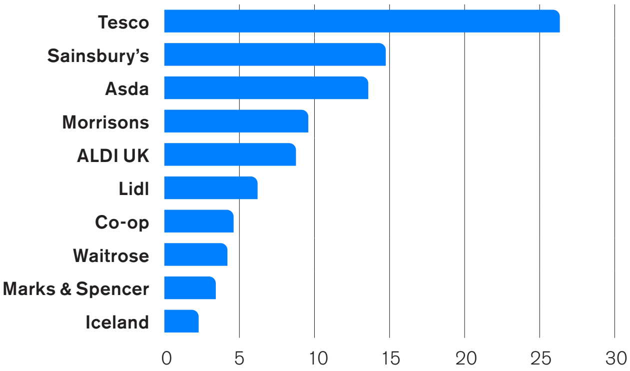
3. The UK food retail sector

The size and structure of the food retail sector

The vast majority of packaged food in the UK is bought in 10 major retail chains: ALDI UK, Asda, Co-op, Iceland, Lidl, Marks & Spencer, Morrisons, Sainsbury's, Tesco and Waitrose. ATNI has estimated that they hold more than 94% of the grocery market share and that their combined revenue in 2018 was around £180 billion.[1]

Figure 5

Grocery market share of major retailers (%)



Source: Nielsen data in https://www.retailgazette.co.uk/blog/2020/01/uk-grocers-endure-slowest-christmas-growth-since-2015/nielsen-3/

The 'big four' well-established chains – Tesco, Asda, Sainsbury's and Morrisons – account for nearly two-thirds of market share, as shown in **Figure 5**. They have a range of formats, from hypermarkets and supermarkets, to smaller convenience store formats. However, the 'big four' are now being challenged: ALDI UK is nearly neck-and-neck with Morrisons. This is testament to the significant recent year-on-year growth posted by the two privately owned German discounters: Lidl has grown to claim over 6% market share.

The growth of these discount supermarkets has also contributed to a rise in own-brand products across the market. Larger retailers are responding to consumer demand for lower-cost options by developing more of their own-brand products: such products now make up just over half of the grocery market share.[21] As retailers' revenues from own-label products grow, so their responsibility increases to ensure that their own-label products are healthy.

Spending is also shifting between store formats. **Figure 6** shows spending by format in 2018. The growth in the convenience store format means that it accounts for over 20% of spending.[22] This is a diverse segment, which includes local stores established by the major retailers (such as Sainsbury's Local and Tesco Metro) as well as chains that have been purchased by the major retailers. These include Nisa (acquired by Co-op) and Premier Stores, Budgens, Londis and One Stop (all owned by the Booker Group (which to wholesaler that, which was itself bought by Tesco in 2018).

Figure 6

Spending across different retail store formats, 2018, £ billion

Format/channel	£ billion 2018	% spend
Hypermarkets	16.4	8.6%
Supermarkets	89.1	46.8%
Convenience	40.1	21.1%
Discounters*	23.1	12.1%
Online	11.4	6.0%
Other**	10.2	5.4%
Total	**190.3**	**100%**

* 'Discounters' includes all sales of ALDI UK and Lidl, and grocery-only sales of principal variety discounters.
** 'Other retailers' includes specialist food and drink retailers, CTNS (confectionery, tobacco and news), food sales from mainly non-food retailers and street markets.
Source: IGD, 'UK food and grocery market to grow 14.8% by £28.2bn by 2023' (5 June 2018) https://www.igd.com/articles/article-viewer/t/uk-food-and-grocery-market-to-grow-148-by-282bn-by-2023/i/19052

Several retailers also sell online. The channel now accounts for 6% of all sales and is increasing.[23] Ocado – the sole online-only player in food retail in the UK – posted growth of over 12% in its last financial year, though still claims only 1.4% of the total market.[24]

The role of the UK food retailers in shaping consumers' diets

Changing current food consumption patterns is a critical part of the patchwork of interventions required to deliver systemic change. UK families spend just under 80% of their budget at supermarkets for food that is eaten at home.[25] The UK's food retailers therefore have a huge opportunity – and arguably the responsibility – to play a pivotal role in addressing the UK's poor eating habits. Their goal should be to ensure that all of their customers – whether shopping in large supermarkets or smaller stores, in a major city or in a remote town – have access to a wide range of affordable, healthy products. And to ensure that sales of those products climb, they need to redirect their considerable marketing muscle towards them, away from less healthy products.

The mounting economic and societal costs of diet-related poor health generate business risks for those retailers that do not act. These include: the greater likelihood of regulation and taxes (such as the SDIL – see **Box 3**), and the costs they entail; potential loss of market share and revenues if their response to the growing public demand for affordable healthier options is too slow or inadequate; and reputational damage if their approach is not perceived by customers, and other stakeholders, to be the right one.

Conversely, retailers have an opportunity to play a pivotal role if they develop comprehensive, well-informed strategies. Such strategies should have as their twin objectives protecting and enhancing financial returns while also driving far-reaching changes to UK food consumption. Just as leading companies in sectors that emit high levels of greenhouse gas emissions have stated their commitment to decouple their financial growth from those emissions, so grocery retailers could pledge to decouple their financial growth from the sale of less healthy products. Over time, they would be able to demonstrate a higher rate of sales growth of healthier products compared to their overall sales growth.

In order to be comprehensive and effective, retailers' strategies on nutrition, diet and health should be designed to:

- offer more healthy packaged food and beverage options in all categories;
- lead to extensive product reformulation of their own-brand products to make them healthier (and to meet Public Health England's targets, as outlined in Annex 1), including complementary foods and snacks for children up to age three;
- create easier access to healthier products through affordable pricing, attractive positioning and extensive in-store promotion, using a wide range of promotional techniques, at all points of sale, online, and within in-store cafés;
- label products in clear, easily understood ways, including using recommended front-of-pack colour-coding on all products;
- market all products responsibly through all media channels, including traditional and online channels;
- put greater marketing spending behind healthier products and restrict the marketing to children of HFSS products;
- adhere to international codes of marketing for breast-milk substitutes and complementary foods for children up to the age of three; and
- engage branded food and beverage manufacturers as partners on this agenda to deliver a joined-up approach.

Implemented consistently, across the country and across all store formats and retail channels, such changes could make an important contribution to a healthier future. The methodology used for this report is designed to assess whether retailers' strategies embrace these goals, as outlined in the next section.

Notes

[1] ATNI calculated the total revenue figure by taking IGD data for the whole sector and using individual company market share figures from Nielsen, published in the *Retail Gazette*.

4. Scope, methodology, research and scoring

Scope

The 10 largest UK retail chains were selected for inclusion in this report. Their size, in terms of revenues, number of stores and employees is shown in **Figure 7** below. Ocado was excluded as its business model is considerably different to the other 10, being online only.

Figure 7

Revenues (2018), ownership and number of stores of the 10 largest UK grocery retailers

Retailer	UK grocery revenues 2018* (£billion)	Ownership	Number of stores ***
Tesco	50.35	Public	3,787
Sainsbury's	28.12	Public	1,428
Asda	26.03	Private **	641
Morrisons	18.24	Public	494
ALDI UK	16.72	Private	840
Lidl	11.97	Private	760
Co-op	8.93	Cooperative	2,500
Waitrose	7.98	Employee-owned	349
Marks & Spencer	6.65	Public	1,035
Iceland	4.37	Private	842
Total	**179.36**		

* Figures calculated from market share statistics from Nielsen (see Figure 5, above) multiplied by total grocery revenues supplied by IGD (see Figure 6, above).
** Asda is owned by Walmart, a US publicly listed company. Its ownership status in the UK is 'private'.
*** According to companies' reporting (2019).

Methodology

The methodology used for this research is designed to assess the extent of retailers' disclosure on their business activities that influence consumers' purchasing decisions, and therefore their diets and health. It links to those areas in which the government is already taking action and assesses topics on which it has recently consulted.

Figure 8 shows how the methodology has been adapted to retailers' business models from ATNI's well-established methodology for assessing food and beverage manufacturers. To determine the appropriate changes, ATNI consulted several UK-based stakeholders within government and non-governmental organisations, as well as academics, former company employees, independent experts and key investors.

The 120 indicators included in the eight topics covered by the methodology assess companies' reporting on two types of activity: commitments and/or targets, and performance. Where an indicator was not relevant to a particular retailer's business model (for example, because it does not have in-store cafés or does not manufacture complementary foods for children aged under three), it was not applied, and the scoring was adjusted accordingly.

A critical point to note is that many indicators throughout the methodology assess companies' commitments and practices relating to 'healthy' products. Without undertaking a separate analysis of each retailers' products, it is not possible to determine whether the products each company refers to as healthy meet an evidence-based definition of healthy. The research therefore relies on companies' own use of the term 'healthy', despite the obvious limitation of doing so.

More detail on the methodology is provided in the summary methodology document.

Figure 8

Adaptations made to the methodology ATNI uses to assess food and beverage manufacturers

Categories used to assess manufacturers in ATNI Indexes		Topics on which UK retailers have been assessed	No. of indicators (out of 120)
A **Governance, management and reporting**	▶	**1: Governance, management, reporting on financial results**	14
B **Product formulation and use of a nutrient profiling system (NPS)**	▶	**2: Nutrient profiling system (NPS)**: to assess the nutritional quality of all products and identify which are 'healthy'	8
		and	
		3: Product formulation: formulation and reformulation of own-brands, and efforts to influence branded manufacturers	30
C **Accessibility and affordability**	▶	**4: In-store promotion, pricing and distribution** (affordability and accessibility) across all store formats, online and within in-store cafés	31
D **Marketing – responsible marketing policy and auditing**	▶	**5: Responsible marketing:** outside the store environment, i.e. on all media and for sponsorship, beyond requirements of the CAP Codes, and via sponsorship	11
E **Lifestyles (e.g. workplace health, support of healthy lifestyle programmes)**	▶	Excluded so as to focus on retailers' direct and indirect influences on the food consumption environment	n/a
F **Labelling of products and use of claims**	▶	**6: Labelling**: front-of-pack only, as back-of-pack labelling and health claims are regulated	6
G **Engagement and lobbying with stakeholders**	▶	**7: Engagement with stakeholders and policymakers**	6
BMS / CF marketing **Marketing of breast-milk substitutes and complementary foods**	▶	**8: Infant and young child nutrition**: marketing of BMS and CF, and composition of CF	14

Research process

The research was undertaken using a rigorous process outlined in more detail in Annex 2. Retailers were contacted to confirm the list of recent reports and other materials available in the public domain, on which the research was based. These, and their websites, were reviewed using a comprehensive list of search terms up to a cut-off date of 18 October 2019. ATNI recognises that it is possible that many of the retailers are doing and planning more than they currently publicly report. The limitations and challenges faced in undertaking the research are also set out in Annex 2.

Scoring and grading system

Retailers are given one point for any reporting on any indicator. The report does not assess the level or extent of the commitment made or the action that is taken. Scores in each section are added up and converted to a percentage score, based on the total number of indicators used to score each company. Retailers are then graded from A to E as shown in **Figure 9** below. The aggregate results are shown in the Results Table in the next section, Overall results and recommendations.

Figure 9

Grading system

Grade	% indicators reported against
A	80–100%
B	60–79%
C	40–59%
D	20–39%
E	0–19%

5. Overall results and recommendations

Results

Most of the 10 major food retailers appear to recognise that they have a role to play in addressing the UK's diet- and health-related challenges. However, their disclosure is currently too limited to provide stakeholders with an understanding of whether they are doing all they can to improve their customers' diets and health.

While some companies provide better transparency than others, all have scope to explain more fully what they are doing on each of the topics assessed. If any are, in fact, doing a significant amount to address these challenges, their disclosure does not yet make this clear. Current reporting gives the impression that this issue has not been given the attention it deserves by these retailers. In either case, all of them could do a much better job at explaining, how – through their formal reports, their websites and via other communications – they are rising to these serious challenges.

Sainsbury's reports most extensively, on 35% of the indicators used for this assessment, followed by **Marks & Spencer** at 32% – though these two companies, plus four others, achieved a Grade D (reporting on between 20% and 39% of all indicators within the methodology). The remaining four companies reported on fewer than 20% of the indicators and so were rated as Grade E. **Asda** and **Iceland** have the most to do to improve their disclosure with scores of 8% and 7%, respectively. None of the retailers achieved a grade of A, B or C.

Grade	Retailers
A	None
B	None
C	None
D	Sainsbury's (35%) Marks & Spencer (33%) Co-op (30%) Tesco (30%) Lidl (25%) Morrisons (20%)
E	ALDI UK (19%) Waitrose (15%) Asda (8%) Iceland (7%)

% score relates to the number of indicators out of a maximum of up to 120 for which relevant information was found and given credit. Grade A indicates a reporting score of 80–100%; Grade B = 60–79%; Grade C = 40–59%; Grade D = 20–39%; Grade E <20%.

Figure 10 shows the top score on each topic and which company reported the most, if it was possible to differentiate between them. This illustrates where retailers are reporting most and least.

Figure 10

Scoring by topic

Topic	Top score	Achieved by
Governance	7/14	Marks & Spencer
Nutrient profiling	1/8	Several
Product formulation	15/30	Sainsbury
In-store promotion	11/31	Co-op
Responsible marketing	3/11	Several
Labelling	2/6	Several
Engagement	5/6	Co-op
Infant and young child nutrition	4/12	Marks & Spencer

Retailers' reporting is most extensive on sugar and salt reformulation (which has been a focus for Public Health England (PHE) over the last few years), moves towards healthier checkouts, and front-of-pack (FOP) traffic-light labelling – although not all the companies report on all of these subjects. The topics where their reporting is most limited include responsible marketing to children, their use of nutrient profiling systems to guide their reformulation and/or to identify healthy products, and their approach to marketing breast-milk substitutes (BMS). They also say very little about their commitments to marketing complementary foods (CF) for young children or formulation of their own-brands in this segment. In addition, information is lacking about whether the commitments and initiatives described extend to convenience store formats and/or franchised units.

Overall, the research revealed that the information in the public domain at present:

- tends to describe ad hoc initiatives and occasional successes rather than providing a structured and transparent picture of the company's strategy on nutrition and health, and charting its delivery of that strategy;
- is fragmented, has major gaps on key topics, and is often articulated in marketing language directed at customers;
- is not presented using a consistent framework to enable direct comparison between companies;
- does not appear to be designed to inform investors, policymakers or other stakeholders about the efforts being made to align businesses to the necessity of shifting to support healthier diets across all sections of society; and
- does not include sufficient quantitative data, and the data that is reported is generally not related to key financial metrics (such as overall revenues or revenue and profit growth).

This type of reporting does not enable investors or other stakeholders to differentiate which companies are best addressing the risks associated with the nutrition and health agenda, and which are best positioned to realise the business opportunities they present. Nor does it provide insight into whether a retailer is delivering the essential strategic shift needed towards a business model based on higher sales of healthier products. Moreover, it means that these retailers are missing the opportunity to showcase how they are contributing to preventing and reducing obesity and diet-related diseases across the UK, and realising the reputational benefits of doing so.

Recommendations

All 10 of the food retailers assessed are encouraged quickly and substantially to improve their disclosure about how they are changing their business practices to help their customers eat healthier diets.

This may necessitate that companies review their current strategies on diets, nutrition and health and strengthen them where necessary. ATNI encourages retailers to use the methodology used for this research as a framework for doing so. Their strategies should have as their twin objectives protecting and enhancing financial returns while also delivering far-reaching changes to their customers' diets.

It is imperative that these strategies are comprehensive and holistic, i.e. that they require joined-up action across multiple business functions. For example, if the marketing function is to overhaul its pricing and promotion strategy to drive up sales of healthy products, it must be linked to a plan to develop or stock more healthy options and the use of a robust nutrient profiling system to determine which products are healthy. Responsibility for the latter resides with the company's nutritionists. That nutrient profiling system should then also underpin the use of FOP labelling and 'healthy' logos. And in order to be as impactful as possible, the strategy needs to be rolled out to all stores nationwide and tailored appropriately to different store formats. A joined-up approach requires leadership and coordination by the executive management and/or the Board.

5.1 Governance

A company can better sustain and scale up its nutrition-related activities if its commitment starts at the top of the organisation and is integrated into its core business strategy. Nutrition issues are then more likely to be prioritised as the company allocates resources, tracks performance and reports to its stakeholders. This section assesses each company's reporting on its corporate strategy and the commitments it has made to addressing nutrition and health issues. It also assesses whether the approach appears to be embedded within the company's standard governance and management systems, and whether the company reports on key financial metrics, for example, related to the sales of healthier products.

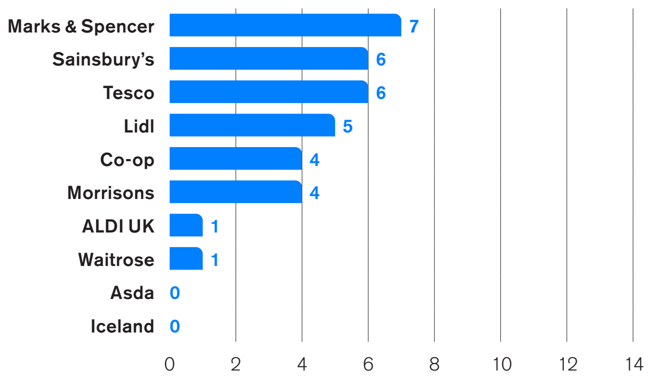
Expectations

To perform well in this area, retailers need to report about their commitments and action to:

- identify and manage effectively risks and opportunities related to nutrition and health;
- embed good nutrition throughout the company – including the active involvement and accountability of executive management, and a publicly available plan for delivery of a nutrition strategy;
- show increasing sales of healthier products over time and as a proportion of overall sales over time – including healthier packaged products as well as fresh fruit and vegetables.

Results

All retailers were assessed on their reporting on their commitments and performance, using a total of 14 indicators. Overall, the retailers' reporting on their approach to governing and delivering a nutrition strategy or plan is sparse. Little quantitative data is presented to demonstrate the success of any such strategy.



Marks & Spencer has the most comprehensive disclosure in this area, reporting information on seven indicators. Six of the retailers have publicly and explicitly committed to playing their part in improving the food environment or to selling more healthy products. Many of the companies do not currently explicitly mention obesity in their reporting. Public and governmental concern about obesity is infrequently reported as being included in business risks or in the allocated responsibilities of the Board and executive management. Some of the companies make reference to an internal nutrition strategy, but these strategies (and plans to implement them) are not generally available. There is little structured, quantitative reporting on the sales of healthier products, such as fruit and vegetables or healthier packaged foods.

Detailed findings

Have the retailers stated their intention to play a part in tackling the UK's diet and health challenges and sell more healthy products, and is a plan to deliver this reported?

Six of the 10 companies have stated an intention to play a part either by explicitly referencing obesity or by committing to more healthy products. It is striking that several companies that are taking action in this area (for example, through extensive reformulation) do not mention obesity more prominently. **ALDI UK, Lidl** (see Box 4), **Marks & Spencer, Morrisons** and **Sainsbury's** mention obesity specifically. **Morrisons** states '*Following the publication of the Government's Childhood Obesity Plan in 2018 we updated our Morrisons branded nutrition policy to support the Government's ambitions to promote healthier choices for children.*'

Box 4
Lidl's focus on obesity and deprivation

Lidl's focus is specifically on the link between obesity and deprivation: The '*obesity crisis… is the greatest health challenge we face … There's a clear and proven link between obesity and deprivation…. To achieve our vision of "making good food accessible to everyone" we are helping families eat more healthily. Our approach in tackling this challenge is to focus on those that need the support the most, low-income households. Evidence suggests that low-income households need specific support to overcome the barriers to healthy eating.*' The company is working with Brighton University and Brighton and Hove Council to '*explore how and why families who shop on a budget in an area of multiple deprivation in the South East of England eat the veg they do – and to shed light on the possible opportunities for change*'.

Four of the companies – **Lidl, Marks & Spencer, Tesco** and **Sainsbury's** – commit to selling more healthy products.

In addition, four of the companies (**Co-op, Lidl, Marks & Spencer** and **Sainsbury**) report some level of commitment to a strategic focus on nutrition and healthy diets over time. For example, **Marks & Spencer** reported: '*We have had a dedicated health strategy in place for over 10 years, focused on supporting our customers to make healthier choices and this is embedded as a strategic pillar of our Food business.*' However, this strategy is not publicly available.

Commitments to increasing the proportion of sales of healthier products are made by only three companies.

> **Marks & Spencer** stated '*By 2022, 50% of our global Food sales will come from healthier products.*'
> **Sainsbury's** has a target to increase the percentage of healthier products sold from 41.4% in 2015 to 45% in 2020.
> **Lidl** has a goal to '*increase consumption of fruit and vegetables, especially in children*', although it does not set a target proportion of total sales.

A well-embedded nutrition strategy requires a detailed plan for delivery; if this plan is in the public domain then progress towards it can be assessed. Some of the companies – such as **Marks & Spencer** and **Morrisons** – make reference to a 'health strategy' but these are not available online so there is no indication as to their scope or content. **Tesco** reports against a small number of high-level, specific actions and, in addition, states that the targets apply to all of its retail businesses.

Box 5

Iceland's view does not accord with the evidence

The food consumption environment plays a critical role in shaping and driving food choices and eating habits. The role of retailers in addressing poor diet as a key driver of obesity is increasingly acknowledged by the government, the public and many of the retailers themselves. However, a 2017 blog by Iceland – still on its website[26] – rejects the responsibility of the retailers: '*Supermarkets are also blamed for causing obesity and Type 2 diabetes by selling multi-buys, BOGOFs, sweets at the checkout, and sugary drinks and snacks. But we only offer what the consumer wants to buy… Obesity won't be prevented by taxing sugar or banning junk food… Stop blaming others, take a long hard look in the mirror.*'

What is the reported engagement of executive management?

An engaged Board and executive management will drive commitments throughout the company. Best practice would see an individual Board member with specific responsibility for driving the health and nutrition agenda across the company, with his/her remuneration linked to the successful delivery of a formal nutrition strategy, accompanied by a plan to increase sales of healthy products. Some of the companies – **Co-op, Morrisons, Marks & Spencer, Tesco** and **Sainsbury's** – give some evidence that the company's executive management is involved in setting strategy and plans on health and nutrition. For example, the **Marks & Spencer** Plan A Committee manages social/environmental performance (with external input provided through a Sustainable Retail Advisory Board, which includes in its membership an independent expert on wellbeing, sustainability and public health), and reports through the Operating Committee to the Board.

Box 6

Obesity or diet-related health trends and regulation are rarely listed as a business risk

Two companies specifically cite health/obesity as a business risk:

> **Tesco's** materiality report notes that industry trends – including '*public health issues, such as obesity and diabetes, and growing expectations of retailers to take action to help tackle these*' – have been mapped.
> **Co-op** is the only one of the retailers that explicitly notes the relevance of regulation on HFSS products: '*The main emerging risks being monitored related to changing regulations in the food and drink sector that is expected to place restrictions on the promotion of food with high fat, salt and sugar content.*'

Do the companies formally report on efforts to promote healthier diets and address childhood obesity?

Ideally, reporting on efforts to promote healthier diets and address childhood obesity in the UK is housed in an annual report or a corporate social responsibility (CSR)/sustainability/nutrition report. Web pages, blogs and press releases are not easy to locate online and can be easily deleted.

> **Co-op, Lidl, Marks & Spencer, Sainsbury's, Tesco** and **Waitrose** all provide some formal reporting on their role in encouraging healthier diets – for example, there is a section on 'healthy living' included in annual Co-op Way reports.[1] **ALDI UK** reports only through web pages.
> Additionally, **Lidl** (see Box 4) and **Morrisons** report specifically on obesity – the latter's Corporate Responsibility Report 2018/19 notes its support for the government's *Childhood Obesity Plan*, reporting on reformulation and nutrition labelling in this context.

Do the companies report on sales of healthy processed products and fruit/vegetables?

To drive real change in their customers' diets, retailers need to sell more healthy processed products, fewer less healthy options and to sell more fruits and vegetables. In the UK, best practice would also include reporting on the percentage of sales volume or value of products that fall under either PHE's Sugar Reduction Programme or under the Soft Drinks Industry Levy (SDIL), and the reduction in sales volume subject to the SDIL over time (including non-own brand products).

Two of the companies report information on sales of healthier products: for example, **Marks & Spencer** reported that 40% of its food sales are healthier products (with some exceptions, such as hospitality lines). (For definitions of 'healthier products, see **Box 9**.)

Three report on sales of fruit and vegetables.

Lidl reported a 37% increase in two years (to 2017 – the most recent update).
Tesco reported that its seasonal Fresh 5 promotion has driven an additional 2% sales volume.
Sainsbury's stated that 18.8% of its own-brand food sales are vegetables (compared with a UK average of 7.2% of food sales).

Do the companies report on sales of high-sugar soft drinks?

None of the retailers reported detail on the changes in sales volume under PHE's Sugar Reduction Programme or the SDIL, either online or in their own CSR/nutrition reports. This is despite: a) an increasing focus by the government on sugar reduction and b) much of this information, calculated by PHE, is published on its website (see **Box 10**).

Box 7
Lack of clarity on coverage of policies and reporting

The 10 retailers assessed operate using a variety of business models, including franchises and cooperatives, and many have branded convenience stores or own other convenience store chains. It is not made clear in companies' reporting to what extent their policies, commitments etc. are applied to all these different formats and across different geographies in the UK.

Recommendations

Retailers are encouraged to improve their reporting by:

- **publishing an explicit Board-level commitment to address nutrition and health, and childhood obesity specifically, and to strategically shift to selling substantially more healthier products and fewer less healthy products;**
- **publishing a nutrition strategy and an accompanying multi-year plan for delivery, applicable across the whole company, including all store formats and online;**
- **explaining the active involvement of executive management in nutrition/obesity strategy and planning, with clear accountability and incentive structures;**
- **demonstrating progress in delivering against SMART targets (Specific, Measurable, Achievable, Realistic and Time-bound) for sales of healthier products;**
- **demonstrating success through high and increasing levels of sales of healthier products, and falls in sales of soft drinks high in sugar subject to the SDIL.**

Notes

1 Donating surplus food is not treated as relevant unless it is explicitly linked to the promotion of healthier diets.

5.2 Nutrient profiling

A nutrient profiling system (NPS) is a tool used to analyse the nutritional quality of products. It is essential to inform retailers' efforts to develop new healthy products and reformulate existing products to make them healthier. Such systems can also be used to guide decisions on the pricing, positioning, promotion, marketing and labelling of healthier products. Any NPS used by a retailer should align to international and/or UK dietary guidelines. It should have nutritional standards for adults and children. This section assesses companies' reporting on the characteristics of their nutrient profiling system(s), and how they are used – if at all.

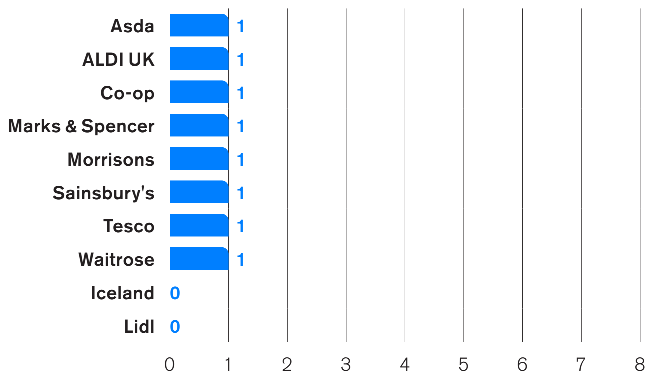
Expectations

To perform well in this area, retailers need to report about their commitments and action to:

- use a comprehensive NPS, differentiated for adults and children, to determine which products are most and least healthy, and to define 'healthy' products;
- apply the NPS to both own-brand product development and reformulation and to determine the positioning, pricing and promotion of branded manufacturers' products;
- guide own-brand product (re)formulation and underpin marketing and promotions.

Results

All retailers were assessed on their reporting on eight indicators. Overall, their reporting in this area was minimal: none report having a full NPS. Some form of assessment of own-brand products is clearly being undertaken, but there is little information on how this is being done and the criteria being used.



Eight companies scored on one of the eight indicators and two companies did not report at all. Although most of the retailers have significant own-brand product portfolios, they do not report having a nutrient profiling system to determine which of their products meet healthy standards and/or to underpin their reformulation programmes or decisions about which products to market as healthy, for example. None publishes details about any such system, although there is some evidence of these systems being used to determine which products can carry their own 'healthy' logos, icons or marks. Unfortunately, these vary between retailers, with little clarity as to how the logos are awarded (see section 5.6 on labelling).

Detailed findings

Do the companies report on using one or more nutrient profiling systems based on existing national standards?

Best practice calls for a NPS – see **Box 8** – to be made publicly available, adapted from a well-verified system and which covers all products and all nutrients. An NPS can be used extensively to define and label 'healthier' products, and to underpin all formulation and marketing activities, i.e. so as to differentiate between healthy and less healthy products. None of the retailers report developing and using a comprehensive NPS.

Box 8
What is a nutrient profiling system?

Nutrient profiling is the science of classifying or ranking foods according to their nutritional composition to aid disease prevention and health promotion.[27] For a company to maximise its impact on public health, it must focus on producing and responsibly selling more healthy products and fewer less healthy products; nutrient profiling can be used to underpin this distinction, and to identify grades of healthiness through a set of relevant nutritional criteria in an NPS. This is relevant to retailers' own-brand (re)formulation and to assess the full range of products sold, for example for responsible marketing purposes.

Food manufacturers – including retailers that offer own-brand products – are urged to implement an NPS that is based on internationally recognised guidelines on diets and nutritional quality. Ideally this should be adapted from an existing NPS developed through an independent multi-stakeholder consultation process. In respect of products designed for children, the NPS should be adapted from models such as the WHO Regional Office for Europe's Nutrient Profile Model (2015)[28] or the Ofcom model.[29] The NPS should be applied to all products sold across the UK and cover a range of nutrients, both negative (e.g. saturated fat, salt, sugar) and positive (e.g. fibre). A full NPS calculates overall scores of the nutritional quality of products and takes into account that nutritional criteria differ between product categories. More limited systems (such as adhering to generic limits for specific nutrients) could be considered to be a precursor to an NPS.

Tesco seemed to be most advanced among the retailers assessed, reporting in 2014 that it was in the process of developing its own NPS: '*Every food and drink product sold in a Tesco store will be given a [nutrient profiling] score based on the UK Government's nutrient profiling model – this is the same model used by OFCOM in the UK to judge whether a product can [sic] in advertising aimed at children.*' The model includes negative and positive nutrients, and the company states that it will drive reformulation, changes to store layouts and advice for customers, and to measure the impact of interventions on shopping behaviour ('Healthy Little Differences Tracker' document, 2014). However, in the intervening five years, the Tesco NPS has not been made available online and it is unclear to what extent it is used as no detailed report has been published.

Box 9
Defining 'healthier'

In the absence of detailed information about an NPS, some of the companies provide some information on their definition of 'healthier', for example:

> **Co-op:** '*Healthier products are defined as fresh produce, bread, pure fruit juice, canned fruit and vegetables in water or fruit juice, lean protein, plain pasta, rice and noodles, products meeting the Food Standards Agency nutrient-profiling criteria used by Ofcom, products without a red traffic light, any products which comply with the Change4Life guidelines, drinks classed as diet or no added sugar or any "reduced" or "light" products which comply with the legal definition of "reduced" in the nutrition claims regulations*' (Co-op Way Report 2017). However, Co-op does not link to the FSA's NPS or list the criteria on its website.
> **ALDI UK** has a set of Healthier Checkout Criteria in 2015 that is used to decide which products can be placed by the tills – this is '*based on the nationally recognised OFCOM model*' but no further details were in the public domain at the time of the research for this report.

Recommendations

Retailers are encouraged to improve their reporting by:

- **developing a publicly available, comprehensive, evidence-based, stringent and appropriate NPS or similar tool (based on, or at least equivalent to, a leading international NPS), to form the basis of the company's definition of 'healthy products' and guide own-brand product (re)formulation and marketing activities, both for adults and children;**
- **publishing information on how the NPS is applied to all products sold, both own-brand and products manufactured by a third party, using different algorithms for adults and children.**

5.3 Product formulation

Retailers can help consumers to access healthier options by improving the nutritional quality of foods available in their stores. This section assesses the companies' reporting on their efforts to achieve this by reformulating their own-brand products (for example, cutting levels of sugar, calories, salt, fat and increasing healthy ingredients, such as fruit, vegetables and wholegrains) and the extent to which they try to engage with manufacturers of branded products to encourage them to improve the nutritional quality of their portfolios. It also looks at what retailers are doing to encourage customers of their in-store cafés to make healthier choices.

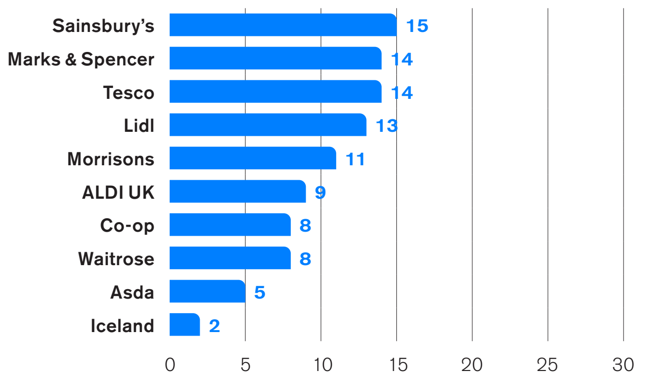
Expectations

To perform well in this area, retailers need to report about their commitments and action to:

- improve the health profile of own-brand products by setting SMART targets to reduce negative nutrients (sugar, salt, saturated fat) and increase positive nutrients (fruit and vegetables, wholegrain);
- undertake dialogue on improving the healthiness of branded manufacturers' products;
- provide healthier options to customers eating at in-store cafés.

Results

Sainsbury's, Tesco, Morrisons, Waitrose and Asda were assessed on a total of 30 indicators; the remaining companies were assessed on 28, as two are not relevant to their businesses. Overall, retailers disclose the most on this topic, as indicated by the relatively high scores. All the companies reported some activity. However, reporting is much less comprehensive than investors and other stakeholders need to assess progress on the (re)formulation of own-brand products. For example, sugar and salt reduction are the most likely to be reported upon, but often without company-specific targets and without context for reported reductions. Moreover, current reporting indicates that the healthiness of food served at in-store cafés appears only to be being addressed through calorie-counting and not in other ways. There is almost no reporting on engaging with manufacturers of branded products on reformulation.



Four companies reported on 40% or more of the 30 indicators; all of the other companies report some activity.

Reporting on new product development and reformulation varies significantly both between companies and across the different nutrients that are of most importance to health:

Negative nutrients: Sugar reduction is the most widely reported, but consistent, quantitative data is not always presented. Progress has also been made on salt over some years. Much less is reported on calorie reduction and saturated fat reduction. Reporting tends to be selective and does not always relate to government targets. It also tends not to present trend data or information on reductions as a percentage and reporting often refers only to absolute quantity removed.

Positive nutrients: Some reference is made to additional 'five a day' fruit or vegetable portions in processed food, but wholegrain does not appear to be a current focus of the retailers.

Some of the retailers with in-store cafés report that they have introduced calorie information on their food offerings; however, other approaches to increase the proportion of healthier options bought by café customers, and appropriate healthy options for children, are not reported on.

Box 10
Sugar-reduction analysis by Public Health England

In 2018, PHE published comparative data on performance on sugar reduction (from a baseline of 2015).[30] The grocery sector is not required to report any progress it makes to PHE for its Sugar Reduction Programme; to monitor sugar reduction, PHE uses datasets from Kantar, which provides data on volume of sales and nutrition information. PHE then calculates the percentage of change in sales-weighted average of total sugar as a metric to monitor sugar reduction progress against its 2015 baseline. This is calculated by weighting the sugar level of individual products to be consumed on a single occasion by their volume sales.

This is the only direct, official comparison of the performance of the retailers across the sugar categories in the UK, and to publish it PHE must get written permission from the companies. Nine of the 10 retailers covered in this report agreed to publication of the data relevant to their company; only Marks & Spencer has declined permission to publish it. None of the retailers provided a link on their own websites either to the PHE report or to the data.

The dataset is not fully comprehensive of the retailers' product ranges: data is published across 11 categories of products high in sugar (including soft drinks that fall under the SDIL) covered by the Sugar Reduction Programme, which are focused on products most consumed by children (see **Figure 11**). Average sugar reduction across each category (e.g. breakfast cereals) is provided for each retailer, and this is then also broken down into content and nutrient changes for the top 20 own-brand products (based on total sugar sales) within each category, including soft drinks. The data show significant variations in performance among the retailers – for example, sugar in breakfast cereals fell by 23% in Sainsbury's own-brand products but rose by 9% over the same period in Lidl's products. In contrast, sugar in Sainsbury's morning goods rose by 10% and fell by 3% in Lidl.

Figure 11

Percentage change in the sales-weighted average of total sugar based on total sugar sales in the category between 2015 (baseline year) and 2018 (Year 2)

Change between baseline (2015) and year 2 (2018)

Category	ALL	ALDI UK	Asda	Co-op	Iceland	Lidl	Marks & Spencer	Sainsbury	Tesco	Waitrose	Morrisons
Biscuits	1%	0%	-8%	-10%	n/a	1%	N/P	0%	3%	1%	-1%
Breakfast cereals	-4%	3%	-9%	N/C	n/a	9%	N/P	-23%	-7%	2%	5%
Cakes*	-5%	-1%	1%	n/a	n/a	0%	N/P	3%	N/C	n/a	n/a
Chocolate confectionery	-1%	3%	0%	-4%	n/a	-1%	N/P	-5%	-3%	3%	-4%
Ice cream, lollies and sorbets	5%	6%	-1%	5%	-6%	4%	N/P	-7%	-12%	N/C	-7%
Morning goods*	-4%	-6%	N/C	n/a	n/a	-3%	N/P	10%	-2%	-6%	N/C
Puddings	-2%	-6%	-5%	N/C	-9%	-5%	N/P	-2%	-5%	1%	2%
Sweet spreads and sauces	3%										
Chocolate spreads	-3%	-11%	-5%	0%	n/a	1%	N/P	0%	-1%	13%	-10%
Dessert toppings	0%	0%	-14%	0%	n/a		N/P	12%	-18%	N/C	-21%
Fruit spreads	Suppressed										
Sweet confectionery	-1%	-2%	4%	-8%	n/a	-4%	N/P	3%	-3%	-4%	8%
Yogurts and fromage frais	-3%	-4%	-6%	3%	N/C	-1%	N/P	-5%	-11%	-7%	-8%
Soft Drinks Industry Levy	-29%	-30%	-41%	-51%	-62%	-14%	N/P	-48%	-55%	-61%	-45%

Source: Appendix Table 2 in PHE, *Sugar Reduction: Report on Progress between 2015 and 2018*: Retailers' data on percentage change in the sales-weighted average of total sugar based on total sugar sales in the category (https://assets.publishing.service.gov.uk/government/ uploads/system/uploads/attachment_data/ file/839756/ Sugar_reduction_yr2_progress_report. pdf)

Notes
1. ALL reflects change between the baseline and year 2 for all categories apart from cakes and morning goods where the comparison is with year 1.
2. *means that the figure in 'ALL' is an average achieved by all retailers and manufacturers.
3. The list for retailers and manufacturers has been combined for cakes and morning goods to reflect the fact there was less data for these categories in year 1 compared to year 2.
4. ALDI UK and Lidl are compared with a baseline of 2017 rather than 2015 as their data for the earlier year are not robust.
5. n/a means that the data was not disclosed by PHE (only top 10 retailers by sales for each category).
6. Marks & Spencer is the only retailer that gave no permission to PHE to publish.
7. N/C means the data for that company is not comparable to that of others.
8. N/P means no permission was given by the company to PHE to publish the data.
9. Suppressed means that the data could not be published because the relevant companies did not give permission for the data to be published.

Detailed findings

Do companies report an overarching commitment to improve the nutritional quality of their own-brand products?

A strong commitment to improving the nutritional quality of own-brand products could drive substantial change over time, given that over 50% of sales in the UK are of own-brand products. Eight of the retailers report some level of commitment, and **Tesco** is the most clear in stating that it is consistently working both to reduce fat, sugar and salt in its products and to add vegetables and fibre: '*Every time we change the recipes across our own label food and drink we always make them healthier as long as there is no impact on taste or quality.*'

Five of the companies state that they are working to reduce fat, sugar and salt in their own-brand products. A good example of reporting in this area is **Marks & Spencer's** commitment to reduce negative nutrients (although this applies only to the top 10 'indulgent' food categories, aligning with PHE's categories): it publishes a table comparing 2016/17 and 2017/18 across these 10 categories (for sugar, saturated fat and calories).

Do companies report taking nutrient-specific reformulation actions?

In addition to an overarching commitment, retailers should set clear commitments to and report across specific negative (sugar/calories/salt/fat) and positive (wholegrain/fruit and vegetables) nutrients. None of the companies do this across the board, as the following sections make clear.

Best practice requires that any targets be SMART (Specific, Measurable, Achievable, Realistic and Time-bound) – in particular, providing a baseline date and time by which it should be realised. None of the companies present their targets in this way.

Sugar reduction

Only five of the companies – **ALDI UK, Lidl, Marks & Spencer, Tesco** and **Waitrose** – reported an explicit commitment to reducing sugar levels, despite PHE's strong emphasis on sugar reduction. For example:

> **ALDI UK** reported (on a web page rather than in a formal report) that it has a timebound target: it is *'committed to reducing sugar in key areas that lead to children's sugar intake. We have aligned our strategy to the Governments Childhood Obesity Strategy, aiming to reduce sugar by 20% by 2020 across key product categories.'*
> **Morrisons** states that it is *'supporting the following actions of the Government's Childhood Obesity Plan'*, and lists *'working towards a 20% sugar reduction in 10 food categories by 2020 (2015 baseline)'* and '*working towards 20% sugar reduction in milk based drinks by 2021 (2015 baseline)*'. But it is not clear whether the company is committing to these specific targets for its own-brand products. Morrisons does, however, report briefly on the tonnage of sugar removed from its own-brand products in 2018/19.

The way in which sugar reduction is reported is inconsistent, which makes comparison across companies very challenging. Some report in terms of tonnage removed (usually without any context for the reductions), some in teaspoons, and some in percentage terms from an earlier baseline. This lack of consistency is unnecessary, because this information is already publicly available in a standard format (percentage reduction) for all the retailers through information published by PHE, as indicated in **Box 10**; Marks & Spencer declined permission to PHE to publish its data.

Although several of the retailers mention sugar reduction across different food categories (as defined by PHE), none of the retailers report fully and explicitly against the PHE categories, and PHE data suggests that none are on track to meet the targets across all categories.

> **Box 11**
> **Compliance with the Soft Drinks Industry Levy**
>
> As set out in **Box 3**, a Soft Drinks Industry Levy has been in place in the UK since 2018, prior to which the companies that make them were given two years to prepare for its introduction. PHE's progress report published in May 2018 found that for drinks covered by the SDIL (including retailers' own-brand and manufacturers' branded products) an 11% reduction in sugar levels had been achieved. **Figure 11** shows that own-brand products made by the 10 retailers have reduced sugar by 29% – illustrating that they have made more progress than the brand manufacturers. The calorie content of SDIL drinks 'likely to be consumed on a single occasion' also fell by 6%. A shift in sales volume towards products with levels of sugar below 5g/100ml (i.e. which are not subject to the levy) was also recorded.[31]
>
> Two of the retailers – **Morrisons** and **Tesco** – report that all their own-brand soft drinks have now been reformulated to be under the 5g/100ml threshold.

Calorie reduction

Sugar and salt reduction have been a focus of PHE for some years; calorie reduction is a more recent addition, and only half of the companies – **Asda, Lidl, Marks & Spencer, Morrisons** and **Waitrose** – state a commitment to or action on calorie reduction. For example:

> **Lidl** reports that it has set a target aligned with the government's targets to '*reduce the sales-weighted average content [of sugar and calories] by 20% across our own-brand product range*', with a timeline of 2024 to achieve this. No indication is given as yet as to progress towards this target.
> **Morrisons** is the only one of the retailers to provide an estimate of calories removed in 2018/19 from its own-brand products (2.46 billion calories) but does not set this figure in context.
> **Waitrose** reports that it has set '*product targets for calories*' to be achieved by 2020, but there is no further detail provided as to what the targets are or progress towards them.

Salt reduction

The most recent UK salt reduction targets, set by PHE, set a timeline for achievement of 2017 across a range of product categories.

Fewer of the companies state a clear commitment to salt reduction than to sugar reduction. Two of the companies – **Lidl** and **Morrisons** – specify that their target is currently aligned with PHE:

> **Lidl**: *'Salt: reduce the content of our products in line with the UK's Food Standards Agency (FSA) 2017 salt targets. The reduction of salt focuses on food categories that are consumed on a regular basis and generally make up a large share of the daily salt intake.'*

However, despite this apparently lower level of commitment, more of the retailers report that they are taking action on salt than on sugar – perhaps implying that the commitment is longer-standing and has therefore been omitted from the most recent reporting. Reporting against this target is the most consistent of any of the nutrients, with six of the companies reporting on the proportion of own-brand products that meet or fall within the maximum targets set: **ALDI UK** (93%), **Co-op** (98%), **Lidl** (96%), **Marks & Spencer** (82%), **Morrisons** (95%), **Sainsbury's** (97%). Of these, Lidl and Morrisons additionally state the percentage reduction from the previous year. **Tesco** reports the percentage change in volume of salt in own-brand products, but not the proportion that falls within the PHE limit; Asda states the tonnage of salt that had been removed in 2017/18 without further context or update.

Saturated fat reduction

With the exception of trans fats (see **Box 12**), only five of the companies – **Asda, Lidl, Marks & Spencer, Tesco** and **Waitrose** – either commit to or report on the reduction of saturated fats in own-brand products. One has a stated target on saturated fat against which it reports:

> **Marks & Spencer** set a target in 2016 to reach a 20% reduction in saturated fat by March 2019, which was reached by February 2019. Good practice is also demonstrated through a table that provides the reductions in both 2016/17 and 2017/18. However, this does not cover all own-brand products – it is restricted to '*the top 10 indulgent categories that contribute most to UK diets*', which are based on the PHE categories.

Box 12

Inconsistent reporting on industrial trans fat elimination

Industrial trans fats are used to improve shelf life and are useful in the culinary properties of some foods, and were increasingly used in the 1980s as an alternative to saturated fats. However, they have significant health implications, including increased risk of coronary heart disease, raising levels of 'bad' (LDL) cholesterol and reducing 'good' (HDL) cholesterol. In 2003, Denmark became the first country to introduce clear limits on the use of industrial trans fats – they can be replaced by other, less harmful alternatives. The World Health Organization (WHO) is now calling for industrial trans fat levels to be reduced to a maximum of 2g per 100g of fat/oil by 2023.

Five of the companies – **ALDI UK, Iceland, Marks & Spencer, Sainsbury's** and **Waitrose** – report having removed trans fats from their products.

Several of the other retailers seem to have removed trans fats, but this is not clearly stated on their own websites. **Lidl's** statement is unclear as to progress: '*In an effort to minimise the risk for trans-fatty acids in our products, we avoid using hydrogenated fats whenever possible. Where possible, Lidl is committed to removing trans-fatty acids.*'

Increasing the fruit and vegetable content of processed foods

Commitment to and reporting on increasing positive nutrients (fruit/vegetables and wholegrain) in processed foods is less extensive than reducing negative nutrients.

Three of the companies – **Co-op, Lidl** and **Tesco** – report some level of commitment to increasing fruit and vegetable content in their processed products. For example:

> **Co-op** has a number of commitments including Peas Please pledges (see section 5.7, note 1) to increase the amount of vegetables in its products and states that '*retailer product development teams will encourage and actively promote the use of veg in new products*'. These broad statements are backed up by a timebound commitment: *'In 2019, we set out targets for increasing vegetable content across key categories such as ready meals and food to go, by 2021.'* However, the targets are not publicly stated and there is no commitment to report on progress.
> **Tesco** has both a general commitment (not a target) that *'Every time we change the recipe of our Own Brand products we aim to make them healthier by … increasing … fruit and vegetable content.'* There are no explicit targets on fruit and vegetables in processed products or reporting on progress, but the company reports that *'over one-third of our frozen and chilled ready meals now contain at least one of your five-a-day'*.

The other companies do not have a stated commitment to or report on increasing the fruit and vegetable content in their processed foods.

Box 13
Lack of reporting on vegetables in processed ranges

Some of the companies have ranges of foods that are marketed as including at least one five-a-day portion – but do not report on the impact that this has had on purchases. For example:

> **Tesco** has a new range developed *'in response to customers increasingly demanding healthier, more sustainable and convenient products…. with an average of 35% of the products being vegetables'.*
> **Sainsbury's** launched a range of processed foods in 2017 that promote vegetables in customers' diets: '*We've worked hard to ensure that every meal across the range contains a minimum of one of the recommended five a day.'* However, despite having been on the market for two years, the company has not yet reported on the range's impact on sales and on vegetable intake.

Box 14
Increase in plant-based and vegetarian options

Some of the retailers have identified an increasing consumer trend towards plant-based and vegetarian options (though this is sometimes presented as driven by concerns for environmental sustainability rather than health).

> **Tesco** reported developing a range of plant-based ready meals, sandwiches, salads and snacks, with a target (in the 2019 Interim Results) to double the number of lines by January 2020.
> A 2018 **Waitrose** press release stated that *'As the number of consumers adopting a vegan, vegetarian and flexitarian diet continues to grow, Waitrose & Partners has reported that sales of vegan and vegetarian products are up 85% compared to last year'*, and was launching an own-label range of 25 vegan and vegetarian products.

However, processed vegetarian and plant-based products are not necessarily healthy.

Wholegrain increase

Wholegrain is an important source of fibre, which is essential for a healthy diet – but none of the companies either commit to or report on increases in wholegrain in their products. Some of the companies mentioned the importance of fibre (as opposed to wholegrain) for a balanced diet, and **Tesco** has both a commitment to and reports publicly on fibre increases (not wholegrain per se):

> **Tesco**: '*Every time we change the recipe of our Own Brand products we aim to make them healthier by … increasing fibre … content.'* In 2019, from a 2015 baseline, fibre was reported to have increased by 10.8% above the rate of increase of own-brand volume growth. While some of this is done through substitution of, for example, wholewheat flour in existing products, fibre is also being added to foods including pies and sausage rolls.

Box 15
Product range for children over three

Morrisons is the only one of the retailers that reports a range of foods aimed at young children aged four to six (other companies report complementary food ranges for the under-threes – see section 5.8 on Infant and young child nutrition). It states that this Little Kitchen range *'supports responsible nutrition credentials placing strict limits on salt, saturated fat and sugar and encouraging the use of five-a-day within the product formulation'* – but there is no indication of what these limits are or any information on the sales of these products.

Are the companies reporting a focus on portion size?

Portion control is a key component of weight management – but only three of the companies (**Lidl, Marks & Spencer** and **Waitrose)** report that they have considered this to date. None of the three companies report what progress or impact has been achieved by reducing portion size.

> **Lidl's** statement is the most assertive: *'To help our customers make healthy choices, we are taking a range of actions to reduce the levels of salt, sugar, calories and saturated fat in our products. These include … reduction of package/portion size.'*

Are the companies reporting on engaging in dialogue with manufacturers on improving the healthiness of processed products?

The assessment on which this report is based focused primarily on own-brand reformulation. However, most of the retailers also sell brands made by many other manufacturers. An important role for the retailers could therefore be to open dialogue with these suppliers on product reformulation. Of the 10 retailers, only Sainsbury's offers any suggestion that it may be engaging with manufacturers on this issue:

> **Sainsbury's**: '*We engage our suppliers in our approach on health, for example through training and articles in our Working Together magazine'* – although it is not wholly clear whether 'suppliers' in this context includes third-party brands or just own-brand suppliers.

Do the companies report on offering healthy options in in-store cafés?

Six of the 10 retailers – Asda, Marks & Spencer, Morrisons, Sainsbury's, Tesco and Waitrose – have cafés in-store to serve customers in supermarkets.[1] Calorie labelling for all menu items is the most common way in which the companies report that they address healthier options in their cafés: **Marks & Spencer, Morrisons, Sainsbury's** and **Tesco** all state that they calorie-label food in their cafés.

Calorie labelling is just one of a range of actions that the retailers could take: to meet best practice, each would have a policy on healthy eating to govern the food on the menu, preferably aligned with the government's healthy and more sustainable catering guidance.[32] None of the companies report having such a policy or aligning their food/beverage options in cafés with the UK government's Eatwell Guide. **Sainsbury's** reports a behavioural nudge, as it uses semi-skimmed milk as the default option in drinks, with full-fat available only on request (and it reports on the tonnage of fat this removes from its cafés countrywide).

Recommendations

Retailers are encouraged to improve their reporting by:

- **clearly and consistently providing quantitative data against SMART targets covering – at a minimum – all the PHE categories for sugar/salt/calorie reduction, and additional reporting on positive nutrients (fruit and vegetables/wholegrain). This data should be published regularly on each company's website and in investor materials, with clear summaries of targets and progress provided in formal annual reports;**
- **permitting the publication of PHE's data on sugar reduction and making this information available to stakeholders on their own websites;**
- **putting in place simple changes to improve the healthiness of café options for in-store customers, including calorie labelling (where not already provided), provision of multiple healthy meal options each day (including for children), supplying tap water, limiting promotions of HFSS products or increasing promotions in healthier products (e.g. through in-café meal deals) and prompting customers to switch to healthier options at the till;**
- **describing any dialogue they have had with suppliers of branded goods on improving the healthiness of their products.**

Notes

[1] The Soil Association has a campaign called 'Out to Lunch', based on benchmarks it has conducted of the healthiness of children's meals at restaurant chains (including retailers' cafés) and visitor attractions.[33]

5.4 In-store promotion, pricing and distribution

Consumers not only need retailers to offer a wider range of healthier food and beverages, they also need such products to be accessible and affordable – especially to those on low incomes. Retailers can address this need by offering healthier options at competitive prices, and by making sure they are widely distributed and easily available across different store formats and geographies. They also need to promote them effectively using the full range of marketing techniques, from product positioning in-store and on-shelf, to the use of nudge techniques and reward and incentive schemes. This section assesses retailers' reporting on their efforts to make their healthy products more accessible and affordable, country-wide, in different store formats, and how they promote healthy products.

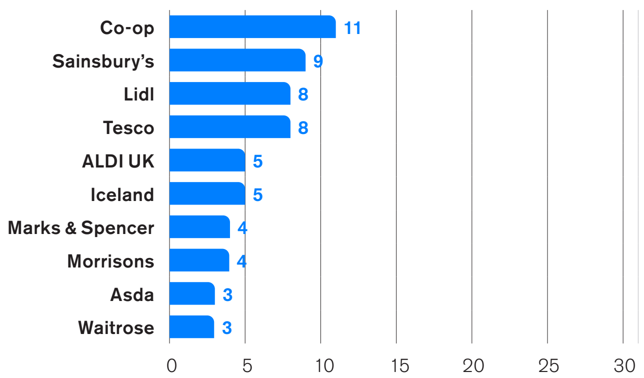
Expectations

To perform well in this area, retailers need to report about their commitments and action to:

- make healthier products affordable;
- make healthier products more accessible – within individual stores, across all store formats and in all areas of the country;
- deploy promotional techniques, in-store programmes and promotional activities to shift consumption from less healthy products to healthier products.[1]

Results

All retailers were assessed on their reporting on their commitments and performance, using a total of 31 indicators. This is one of only two areas in which all the retailers scored on at least one indicator. However, many retailers are not reporting comprehensively on pricing and promotions: reporting is limited as to the context for promotions and there is little information of the impact on sales. An area in which several on the retailers report significant progress is in offering healthier products at checkouts – although from the lack of reporting it is unknown whether this is applied to franchising / cooperative models.



Co-op scored on the most indicators – 11 out of 31 – with all of the other retailers scoring on fewer than 10 indicators. Where there is reporting on the level of promotions for healthy products, it is not comprehensive: where promotions are mentioned, information tends to be provided as an absolute number, rather than as a proportion of total promotions. Quantitative data on the impact of promotions on sales of healthier products is minimal.

It is also not clear what promotions apply to which stores – whether they apply in all stores (including franchised stores, convenience stores etc.) or just in larger stores, and across which geographies. As the shift to convenience stores continues (see Chapter 2, Nutrition and health in the UK), applying healthy promotions across the board becomes increasingly important.

The majority of retailers report action to make checkouts more healthy, such as removing confectionary; the removal of other less healthy snacks from checkouts is not yet standard practice by all retailers (and, as noted above, few seem to have a system to determine which products are healthy and less healthy). When such action is taken, it often appears not to apply to all stores (e.g. including franchises) and the rationale for product removal/inclusion is usually opaque.

Increasing access to fruit/vegetables is also reported as being offered through a variety of means: some provide free fruit for children in larger stores, include fruit and vegetables in meal deals or sell 'wonky' or near-expiration date fruit and vegetables at significantly reduced prices.

Detailed findings

Are healthy offerings reported as being consistently offered?

None of the companies explicitly stated that any commitments they make to increasing their healthy offerings in-store are consistent across all store formats (from supermarkets to convenience-sized stores), across all franchised stores (where relevant) and across the whole UK. This means that actual performance in this area may vary widely, because what appears to be a commitment may not hold in practice in many of the stores.

Do companies report on having a pricing policy on healthy products?

A clear way for retailers to demonstrate their dedication to helping customers afford healthier options would be to make a 'price promise': that healthy options will always be the same price or cheaper than less healthy products. However, only three of the retailers – **Co-op**, **Tesco**, and **Sainsbury's** – reported that they do this:

One of **Tesco's** six health actions in its Little Helps Plan 2019 is a commitment *'to help remove cost barriers by ensuring that customers always pay the same price or less for the healthier version'* – but this commitment is noted as being in the early stages of implementation.

Box 16
Taking pre-emptive action on energy-drink sales to children

The government has been considering a ban on the sale of energy drinks to children under 16 (i.e. high-caffeine (>15mg/100ml) and often high-sugar beverages), with a public consultation in 2018 and an announcement of intent to ban such sales in the 2019 Green Paper on prevention.[34]

Seven of the 10 retailers report having pre-empted this, bringing in their own bans on sales: **ALDI UK**, **Asda**, **Co-op**, **Iceland**, **Sainsbury's**, **Tesco** and **Waitrose**. Of the remaining three, there is no recent indication on the companies' websites that this has been achieved, although further exploration indicates that this may also be the case for two of them.

Do companies report on healthy checkouts?

Working towards healthier checkouts is the most consistently reported action in this area. Seven of the retailers – **ALDI UK, Co-op, Lidl, Marks & Spencer, Morrisons, Sainsbury's** and **Tesco** – report that their checkouts are confectionary-free. These restrictions have been in place for more than three years in all seven cases (with some challenges in implementation – see **Box 17**).

Tesco specifically notes that it has removed sweets from checkouts including at convenience stores – and first did so in 2015 – replacing them with *'snacks that meet specific nutritional guidelines'*.

In 2015, **ALDI UK** developed a set of Healthier Checkout Criteria, which were refreshed in 2019: *'a unique criteria which is based on the nationally recognised OFCOM model and considers portion size'* (though the criteria themselves are not published). Products such as dried fruits and nuts can be sold, but not products such as confectionary.

Box 17
Business-model challenges to healthy checkouts

Achieving healthy checkouts across the whole business can be challenging for those operating under a franchise/cooperative model:

Co-op reported having banned confectionary from its checkouts in all stores in 2016, but *'this has been a challenging journey for the Co-op and provides difficulties with the wide nature and network of our stores. However, we are committed to trading responsibly and providing support to our store colleagues to support implementation of this commitment for the benefit of our customers'*. It is not clear what these 'difficulties' constitute.

Marks & Spencer's till point policy has been in place *'across our main store estate'* since 2015 and refreshed in 2019. The company has a target to *'work with our franchise partners to remove confectionary from till-points in all key franchise Marks & Spencer stores worldwide (excluding petrol station forecourts)'*; however, there was '*no update*' on progress in Plan A reporting in 2019.

Do companies report on encouraging healthier choices through physical positioning of products other than at the checkout?

ALDI UK reported that it has made changes to the positioning of fruit and vegetables as part of its Project Fresh: they are *'now right at the front of the shop'*.

Four of the companies – **Iceland, Lidl, Tesco** and **Sainsbury's** – reported that they are trialling changes to product placement in-store to encourage healthier options (see also section 5.6 on labelling), for example:

Iceland supported a trial in 2019 in 36 of its stores in partnership with the University of Southampton and the NHS that *'hopes to demonstrate that families will eat an extra portion of fruit and vegetables a day if it is the first thing they encounter when entering a store'*.

Do companies report on their use of promotional techniques and activities in-store to encourage healthier purchases?

A variety of different in-store techniques and activities are reported as being used to encourage healthier purchases:

Free fruit for children is now offered in-store by **Tesco** (in larger stores), **Marks & Spencer** (rolling out to 100 of its 1,000+ stores in 2019) and **Morrisons**.

Sales of 'wonky' or near-expiration fruit and vegetables is marketed as being about waste reduction (known to be a concern to customers) rather than for health reasons. This is reported by **Asda, Lidl, Morrisons** and **Tesco** (the latter reported having sold over 10,000 tonnes of its Perfectly Imperfect produce in 12 months in the UK and Central Europe).

Tesco reported expanding its meal deals to include loose fruit, and **Co-op** has made a pledge under Peas Please (see section 5.7, note 1) to increase its percentage of lunchtime meal deals that include a portion of vegetables.

In 2019, **Sainsbury's** partnered with Disney to provide Disney Heroes collectors cards on purchases over £10 – but with an extra pack provided free when purchasing mini easy peelers, mini bananas, mini apples or mini pears, to incentivise purchases of fruit for children (See also **Box 18** for the use of cartoon characters to promote healthier products).

Box 18

Use of cartoon characters on healthy products

Lidl has developed miniature packaged fruit and vegetables aimed specifically at increasing children's consumption of these products, with engaging names and colourful characters, including Sweet Potato Piggies and Romanesaurus Rex (mini broccoli). The introduction of vegetables into this range is reported as having been successful and that the company is working to expand its offering.

Sainsbury's uses cartoon characters on the healthy options within its Little Ones range of children's food (aimed at the under-threes). It also notes that it is '*funding research and trialling an initiative to focus on how characters and cartoon images can be used as role models to drive healthier habits*'.

One company reports targets for promotions of healthier products:

In 2016, **Co-op** set a target of 50% of promotions to be on healthier products by 2020; this is currently under review, but the target remains in place. In addition, Co-op's Fresh 3 promotion reduces the price of three products over a three-week period, promoted on social media.

Two companies – **Lidl** and **Morrisons** – do not state targets but have reported on their fruit and vegetable promotions, for example:

Morrisons reported '*thousands*' of promotions on fresh fruit and vegetables, reducing prices by an average of 18%.

None of the companies report targets or progress on reducing the proportion of promotions for less healthy processed products. (Sainsbury's states that it has banned multi-buy deals store-wide – but this applies across the board, not just to HFSS products.)

Box 19

In-store healthy-eating advice

Waitrose is the only retailer that reports training healthy eating specialists, certified by the Association for Nutrition, in over 100 of its larger stores. The specialists provide advice to customers on healthier food choices, and also run regular 'healthy eating store tours' that include current UK recommendations for healthy eating, an explanation of food labelling, and how to make healthy swaps.

Do the companies report on any other product cues to encourage healthier purchases?

Retailers can use a variety of product cues to encourage customers toward healthier options – these include, for example, written encouragement to highlight healthier options, imagery in baskets or trolleys, attractive displays for healthy products, clear signage, and clearly indicated product swaps from unhealthy to healthier options. However, only two of the companies report that they are actively using such product cues:

Co-op notes that it uses point-of-sale cues to make healthier own-brand options '*more prominent and visible to our customers. In addition, we use our instore radio and till screens to provide nudges on healthier choices at key times.*'

Tesco's Healthier Living initiative (run from 2017) includes 'Helpful Little Swaps' for customers in-store and online – and the company reports that products with this signage saw a 30% greater uplift in sales versus the unhealthier versions. However, the event runs for only for one month of the year.

Box 20

Loyalty schemes – a missed opportunity?

Loyalty scheme promotions could be a way to encourage healthier options. Although many of the retailers have loyalty schemes/cards (reportedly the largest of which is Nectar, used by Sainsbury's, with 18.5 million points collectors), their use in encouraging healthier purchasing options is not reported on the companies' websites.

In 2017, **Marks & Spencer** gave a 10% discount to Sparks Card holders on products in its healthy eating range. However, the 2019 Plan A update notes that '*rewarding customers (health)*' is no longer being pursued.

Recommendations

Retailers are encouraged to improve their reporting across all store formats by:

- **introducing 'price promises' to ensure that the healthier option is never more expensive than the less healthy option;**
- **ensuring that healthier products are prominently displayed in-store (and less healthy options are less obviously displayed) with increased use of product cues – and that any temporary signage and displays for these products are made permanent;**
- **ensuring that bans on all types of less healthy snacks (not just bans on confectionery, for example) positioned at checkouts are consistently applied across the business;**
- **expanding initiatives to increase access to fresh produce, such as providing free fruit for children (including in smaller stores) and fresh fruit in meal deals, and selling wonky or near-expiration date fruit/veg; these can be promoted through child-friendly campaigns with appropriate marketing;**
- **committing to and regularly reporting on targets for the proportion of promotions for healthier products and data on the impact this has on prices and sales;**
- **using loyalty schemes to encourage healthier purchases online and in-store.**

Notes

1 The Royal Society of Public Health and Slimming World partnered in 2019 on a report on the impact of grocery retail on obesity and how it can be part of the solution (summarised as improved layout, pricing and shopper experience). The partnership also created a temporary 'People's Supermarket' in London, to act as a blueprint of how supermarkets can encourage healthier purchases.[35]

5.5 Responsible marketing

Marketing responsibly beyond the store environment is another essential component in driving purchases of healthy foods and beverages. This is particularly critical when it comes to marketing to children. This section assesses retailers' reporting on the extent to which they aim to help customers make healthy choices by adopting responsible marketing policies beyond their stores (i.e. on broadcast and non-broadcast media, and via sponsorship), over and above the requirements of the UK's self- and co-regulatory codes that have been developed by the Committee of Advertising Practice (CAP).

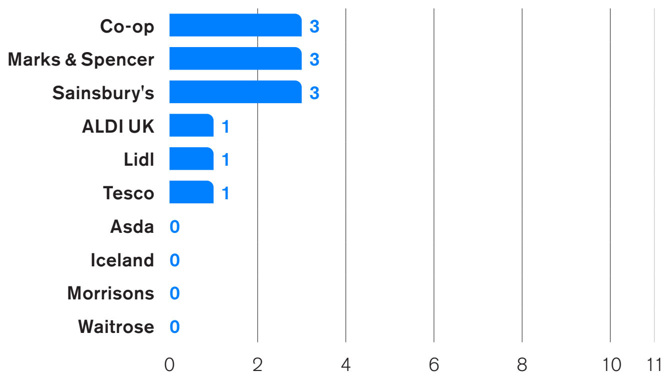
Expectations

To perform well in this area, retailers need to report about their commitments and action to:

- develop and implement a policy on responsible marketing to children, with third-party auditing of compliance for broadcast and other media;
- place greater emphasis on advertising healthier products and less on advertising unhealthy products;
- only provide sponsorship of materials, people or activities popular with children or adults in conjunction with healthier products.

Results

All retailers were assessed on their reporting on their commitments and performance, using a total of 11 indicators. This is an area in which the largest number of companies score poorly (second only to Infant and Young Child Nutrition). Four companies did not score at all. There are clear opportunities for the retailers to be explicit in their commitment to adhering to the UK's self- and co-regulatory CAP Codes and to pursuing responsible advertising and marketing practices beyond those required by the CAP Codes.



Scores in this area are low overall; the retailers appear to lag behind many of the major food manufacturers in adopting responsible marketing commitments.

Few retailers report an explicit commitment to responsible marketing and none to appropriate sponsorship (i.e. only sponsoring materials, people or activities in conjunction with heathy products). Responsible marketing beyond the store environment (i.e. on TV, outdoors and online) could also include greater marketing of healthy products (such as fruit and vegetables) and healthier packaged foods and drinks to children, but there are few reported examples of such commitments or action.

Detailed findings

Do companies disclose a formal commitment to marketing and advertising responsibly?

Marketing to children – including the exposure of children to digital marketing[36] – is an issue of growing concern to both government and the general public. The UK already has voluntary Codes of Broadcast Advertising and the Non-broadcast Advertising and Direct & Promotions Marketing.[1] These include, for example, no programme with an audience made up of more than 25% of under-16s should be used to advertise HFSS products, as defined by a nutrient profiling model used by Ofcom. Although retailers typically advertise their full ranges, or product ranges tailored to particular times of the year (Easter, Christmas, summer etc.), rather than individual products, they should explicitly commit, as a minimum, to follow the codes – and preferably to go beyond them.

Three of the companies reported a statement on responsible marketing:

Marks & Spencer reports the most in this area, with a set of Responsible Food Marketing Principles. This includes a section on marketing to children, which states: '*at M&S Food we promise that we will never actively direct any Marketing Communications to children under the age of twelve, and only ever direct our advertising to gatekeepers (adults, parents, guardians) instead*' (see also **Box 21**).

Co-op reported that '*we are fully committed to responsible marketing and advertising*', including meeting regulatory or industry guidance on marketing to children (including Ofcom guidance on HFSS advertising). It lists the areas to which the commitment applies (including paid social and online video). It also goes beyond the Codes in stating '*we will not encourage excess consumption or inappropriate portion sizes through on-pack photography or recipes*' (although it does not provide detail on how this is defined).

Sainsbury's has produced a document on 'How we're transforming marketing healthy products to children', which includes some specifics on restrictions. However, the company does not publish a full policy on responsible marketing to children.

None of the retailers reported any form of third-party auditing of compliance of their responsible marketing practices.

Box 21
Defining the age of a child

In the UK, the CAP Codes on broadcast and non-broadcast marketing define a child as anyone under the age of 16.[2] However, the UN Convention on the Rights of the Child states that a child is anyone below the age of 18. There is justification for taking 18 as the age below which marketing should not be directed: teenagers' cognitive abilities to understand the selling intent of advertising are greater than those of younger children, but there is debate as to the extent to which teenagers understand the persuasive intent compared to adults, and development in other aspects of their lives (such as increased independence, more time spent online, and responses to peer interactions) can increase susceptibility to marketing.[37]

> **Marks & Spencer** is the only retailer to report a commitment to this standard when advertising less healthy products:
> '*We will never directly advertise any HFSS products (those high in fat, sugar or salt) to children under the age of eighteen in any circumstances.*'

Do companies report on going beyond the UK marketing codes in their advertising of HFSS products?

There are a number of ways in which retailers could go beyond a basic 'compliance approach' in this area by voluntarily going beyond the requirements of the existing UK marketing codes, although there are limited examples of such commitments:

> **Sainsbury's** commits not to use any characters (e.g. cartoons) on own-brand cereals and confectionary.

Further, none of the retailers commit to including educational messages in relation to healthy diets and lifestyles in their marketing materials aimed at children. None commit not to use celebrities and other people with strong appeal to children in their marketing of less healthy products (i.e. such marketing is not aimed directly at children but is still likely to be seen by them) and none say they will not advertise anything other than healthy products (i.e. commit not to advertise unhealthy products at all).

Which marketing techniques are companies reporting using to increase the sales of healthy products?

There are also steps that retailers can take to improve their marketing of healthier options – but, reporting on this is limited and piecemeal. For example:

> **Co-op's** Peas Please pledges include commitments both to promote at least one seasonal vegetable feature promoted monthly (online, through social channels and magazine), and to promote cooking sauces containing one of the five-a-day '*where possible*'.

None of the companies commit to advertising only healthy products near schools.

Do companies report a responsible approach to sponsorship?

None of the companies report a commitment to sponsoring materials, people or activities only in conjunction with healthy products.

Two companies reported examples of running initiatives that promote healthy eating among children. More detail on their impact would be good practice.

> **ALDI UK's** Get Set to Eat Fresh initiatives for 5–14-year-olds teaches children how to cook healthy food for themselves and aims to reach 1.2 million children by 2020.
> **Tesco** reports initiatives to '*help families overcome barriers to healthy eating*', including Make, Move and Munch Clubs (that provide recipes and support to parents to cook healthily and affordably – and which reports to increase the percentage of participants eating at least five portions of fruit and vegetables a day). The Tesco Community Cookery School programme has provided '*training and nutritious recipes*' to 1,000 cooks to help community groups '*make the most of the surplus food they receive from Tesco*'.

Reported support for healthy-eating initiatives from **Co-op** (healthy eating in its Co-op Academies) was more limited in scope. In addition, **Sainsbury's** reports an Active Kids vouchers scheme, under which vouchers can be exchanged for cooking equipment as well as sports equipment.

Recommendations

Retailers are encouraged to improve their reporting by:

- **publishing a policy or statement explicitly stating the importance of responsible marketing to children across all out-of-store channels (including online environments and other digital technologies used for marketing) and steps being taken to achieve this – as a minimum this should be adherence to the CAP Codes;**
- **applying the policy to all under-18s, to align with the UN Convention on the Rights of the Child's definition of 'child';**
- **providing statistics on their spending and/or reach on marketing of healthier products to children;**
- **setting out the health impacts achieved by sponsorship of healthy-eating initiatives.**

Notes

1 The Advertising Standards Authority (ASA) is the UK's independent regulator of advertising across all media. It is responsible for applying the Advertising Codes, which are written by the Committees of Advertising Practice (CAP).

2 The General Data Protection Regulation (GDPR) is also of relevance as it covers personalised advertising online (which requires data capture). It states that data may not be collected on children, defining this as 'at least 16 years old' unless parental consent has been given or if a Member State has provided for a lower age (which should not be below 13).

5.6 Labelling

Retailers can help consumers to find healthier options by providing them with accurate, easily understandable information about the nutritional composition and potential health benefits of all of the products they sell – both on-pack, on-shelf and online. As back-of-pack labelling is regulated in the UK, this section assesses companies' reporting on their commitments and approach to using front-of-pack labels, and to other ways of providing consistent information to customers to drive healthier purchasing decisions.

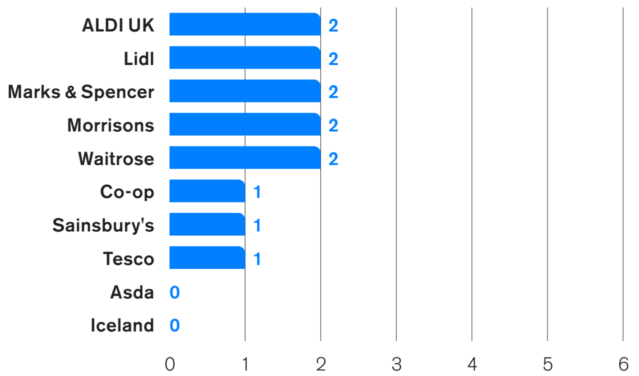
Expectations

To perform well in this area, retailers need to report about their commitments and action to:

- provide front-of-pack (FOP) colour-coded labelling on all own-brand products, in line with FSA guidelines;
- use other forms of in-store/online labelling and information to identify less healthy and/or healthy products;
- provide nutrition information for all products online;
- describe any efforts to work with other retailers to align the criteria for, and design of, FOP icons and logos.

Results

All retailers were assessed on their reporting on their commitments and performance, using a total of six indicators. The majority of the retailers report applying front-of-pack labelling on their own-brand products beyond that which is legally required, although the scope of this practice is often not clear. Other forms of labelling – such as shelf labelling – is rarely reported on.



Seven of the retailers make a commitment to follow industry best practice through colour-coded FOP labelling of own-brand products (and others may use the labelling but do not report doing so). However, it is unclear in current reporting exactly to which products this commitment applies – in particular, whether important types of supermarket sales (such as bakery and other fresh items made in-store) are covered by the labelling scheme. Use of on-shelf or other in-store indications of healthy products is rarely reported on. Several also describe that they have developed their own icons to designate 'healthy products' but details on which criteria these follow and how they are applied is not typically available.

Detailed findings

Do the companies commit to and report on front-of-pack colour-coded labelling?

Clear nutrition labelling is recognised by the WHO as being an important aspect of providing a healthy food environment.[38] Back-of-pack nutrition information is mandated for products in the European Union, as are health claims on packaging. Additionally, a group of companies in 2013 agreed to adopt additional, FOP labelling using colour-coded ('traffic light') labelling on own-brand products. However, this remains voluntary and it is not always clear among those that have adopted it whether it includes bakery products and other fresh items made in store.

Seven of the retailers – **ALDI UK, Co-op, Lidl, Marks & Spencer, Morrisons, Tesco** and **Waitrose** – have reported their commitment to colour-coded FOP labelling. **Sainsbury's** does not have a recently published explicit commitment to FOP labelling, but its reporting makes clear that it does have colour-coded labelling.
However, it seems that not all products are necessarily covered by the labelling – for example (***emphasis added***):

> **ALDI UK**: *'We introduced traffic light labelling on our own-label products to help you make healthier choices'*, but *'We display "reference intakes" (on the back of pack) across all relevant own-label food products* ***where traffic light labelling is not displayed****.'*

Some of the other retailers have been using traffic-light labelling (as is evident from their products online) but do not state a current commitment nor do they recently report on the proportion of products that are covered by this labelling. All retailers could do more to explain how they use traffic lights and to commit to it covering all their products.

Do the companies report on other forms of labelling on healthy/less healthy products?

Labelling products as 'healthier' through the use of on-pack icons is increasingly common and is used by six of the retailers. However, the proliferation of many different labels is a concern, as set out in **Box 22**.

A further way in which retailers can use labelling to identify healthy and/or less healthy products is through shelf or other in-store labelling. None of the retailers reported on doing this on a consistent basis, although **Tesco's** month-long Helpful Little Swaps in-store and online included signage of healthier products that could be 'swapped' for less healthy ones.

Box 22

The trend towards 'healthier' logos

An increasing trend over the last few years has been the introduction by six of the retailers – **Asda, Co-op, Marks & Spencer, Morrisons, Tesco** and **Waitrose** – of FOP logos to denote 'healthier' own-brand products. The implied (or sometimes explicit) aim in developing the logos is to assist customers to find healthier options (e.g. from wholegrain bread, pasta and rice, lower-sugar soft drinks, lower-fat dairy and products containing fruit and vegetables). Rather than clarifying, however, they may be confusing: the criteria for these logos are often opaque (perhaps based on reference intakes, the government's Eatwell Guide or on traffic lights) but this is usually not described in any detail. None appear to be explicitly based on a full, independent nutrient profiling system. There is also no evidence of consistency between the retailers on the criteria for their logos, although some are based on PHE/government standards. For example:

Marks & Spencer: Products with the Eat Well sunflower logo (2005) *'must comply with strict nutrition criteria and fit within the health eating guidelines provided in the UK Government EatWell Guide'.*
Morrisons: The Eat Smart logo appears on products that meet Eat Smart criteria and is reserved for *'products that fit within the UK Government Eatwell Guide'.*
Tesco: The Healthy Choice mark *'will meet certain nutritional standards, for example to not be high in fat, saturated fat, sugar or salt according to the Department of Health Front of Pack Labelling Guidance'.*
Waitrose: *'To carry the Good Health label, a product must meet the government guidelines on fat, saturated fat, sugar and salt'* – and Waitrose indicates on its website what the guideline daily amounts are for each nutrient.

Recommendations

Retailers are encouraged to improve their reporting by:

- **setting out the extent to which colour-coded labelling is used (and that this aligns to UK government guidelines), which should explicitly include bakery and fresh items made in-store;**
- **setting out to what extent they are working towards industry-wide adoption of traffic lights;**
- **working with other retailers and stakeholders, including government, to standardise the current plethora of 'healthy icon' logos;**
- **providing easily understood in-store indicators of healthy products, all year round;**
- **disclosing the proportion of products for which nutrition information is provided online.**

5.7 Engagement with stakeholders and policymakers

Retailers can have a significant impact on consumers' access to healthy foods through the positions they take on government consultations and regulatory proposals on nutrition issues. They also have an influence through the industry and trade bodies to which they belong, which lobby on their behalf. Retailers' transparency about their own public policy positions and their membership of organisations that lobby on their behalf is essential so that other stakeholders can understand the positions companies are taking. In addition, constructive engagement by companies with a wide range of other stakeholders is important to inform corporate nutrition strategies, policies and practices. This section assesses companies' reporting on their engagement with governmental and non-governmental stakeholders on nutrition-related issues.

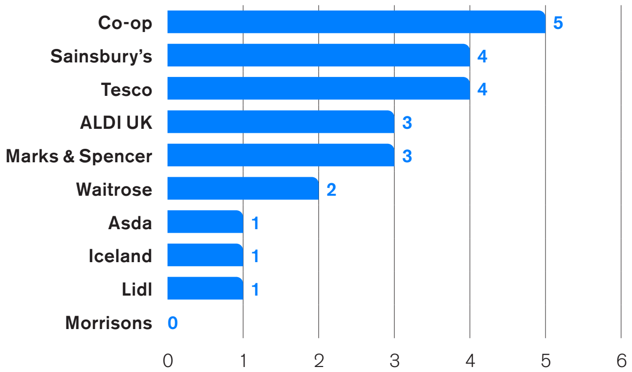
Expectations

To perform well in this area, retailers need to report about their commitments and action to:

- lobby and/or engage with policymakers responsibly, including disclosure of public-policy positions and membership of industry and trade bodies that lobby on their behalf;
- participate in initiatives to address the UK's nutrition and obesity challenges;
- engage with stakeholders in their development and the ongoing evolution of their nutrition strategies, policies and initiatives.

Results

All retailers were assessed on their reporting on their commitments and performance, using a total of six indicators. Overall, the types of engagement that retailers report with stakeholders on nutrition and health are primarily around their involvement with third-party initiatives and research; there is little explicit focus on their interactions with the government.



Co-op is a clear leader in this area; it reported fairly comprehensively on its engagement with stakeholders and the government, on five out of six indicators. All retailers are likely to be engaging stakeholders to some extent (e.g. with policymakers through lobbying and responding to consultations; customers through customer surveys; partnerships or involvement with third-sector initiatives), but most do not report on this in detail:

Government: Providing full transparency around interactions with UK governments, PHE and other agencies is one way in which retailers can demonstrate their willingness to be held to account. However, little information was provided by the companies about the principles that underpin their interaction with the government. For example, it is often unclear whether retailers have taken part in government consultations on nutrition-related issues, as none of them post their submissions to consultations on their own websites. Moreover, under a third of the retailers reported which industry and trade associations they are members of, and which may lobby on their behalf.

Research and campaigns: Several of the retailers reported being involved in research and other campaigns and in partnering with universities and/or non-governmental organisations. The most popularly subscribed third-party initiative is the Food Foundation's Peas Please campaign (see below, note 1) – although more reporting on progress would be welcome.

Stakeholder engagement to shape strategy and policy: Few of the companies report on engaging with stakeholders (such as academics, organisations specialising in diets and health, investors or others) to develop their nutrition strategy; none mention the appropriate involvement specifically of young people.

Detailed findings

To what extent are companies transparent about their approach to lobbying?

The majority of the companies do not have a policy or statement on responsible lobbying and/or engagement with policymakers (whether specific to nutrition or more broadly). The strongest reported commitment comes from **Tesco**, whose Code of Business Conduct 2018 includes a section on 'Engaging in political activity' (see **Box 23**).

> **Box 23**
> **Example of statement on engagement in political activity**
>
> *'As part of doing business, we engage with governments, regulators, public interest groups, industry associations and other similar bodies around the world. We do this to inform them of our position on issues that affect our customers and our colleagues. We provide this information either directly or through our memberships of trade or policy organisations. These memberships help to increase our understanding of issues and enable us to engage constructively in relevant policy and regulatory debates'* (Tesco Code of Business Conduct 2018).

Of the companies, four – **ALDI UK** (via its parent company ALDI South), **Co-op, Marks & Spencer** and **Sainsbury's** – provide a full list of the industry and trade associations of which they are members (in Co-op's case, covering those with membership, subscription or donations with a value of £5,000 or greater). See **Box 24** for an example.

Best practice would be for the companies publicly to disclose all responses that they have submitted to government policy consultations (such as recent consultations that have informed the childhood obesity strategy). These may be available through the government's own website but should also be linked to or published by the companies themselves. None of the companies provide this level of transparency.

Do companies report participation in initiatives that aim to address the UK's nutrition challenges?

There are several national-level initiatives in which retailers can be involved that actively address the UK's diet, nutrition and health challenges. (The methodology does not assess retailers' involvement in initiatives to encourage physical activity, as this is not directly related to their core businesses.)

Change4Life:
This initiative by PHE was launched in 2009 and is the first national social marketing campaign in the UK to tackle the causes of obesity. Three of the companies – **ALDI UK, Co-op** and **Waitrose** – report that they are involved; for example, Co-op reports actively supporting the 2019 'sugar swaps' campaign.

Food Foundation initiatives:
Four of the retailers – **Co-op, Lidl, Sainsbury's** and **Tesco** – report that they have made pledges under the Food Foundation's Peas Please initiative; Co-op and Lidl provide a full list of the individual pledges on their own websites. Three other retailers have made Peas Please pledges but, while these are listed on the Food Foundation's website, they are not reported on by the retailers themselves, so have not been included.[1]

In 2019, the Food Foundation also ran a Veg Power 'Eat them to defeat them' advertising campaign to encourage consumption of vegetables. This was, according to the Food Foundation website, supported by all retailers; however, only four (**Asda**, **Co-op**, **Iceland** and **Tesco**) report this.

> **Box 24**
> **Listing collaborations – a good example**
>
> **Marks & Spencer's** website includes a page on 'Collaborations & Memberships', in which it lists 35 organisations that it reports having joined or collaborated with that are relevant to the Food Group in the company – the majority are in the environment/supply-chain space, but some are nutrition-related. For each of the organisations with which it is involved, Marks & Spencer lists the name, type (e.g. industry association or non-profit organisations), the date of first involvement, its role, and a sentence on why Marks & Spencer is involved – for example:

British Retail Consortium	Industry association	1992 (and prior to this the British Retailers Association)	Participating company, member of the Policy Board, member of the Food Strategy Member Group and represented on a number of Working Groups including Environment, Responsible Sourcing and Nutrition	To help drive and shape the retail agenda whilst making sure our own business priorities are represented

Consumer Goods Forum
In March 2019, the Consumer Goods Forum launched the Collaboration for Healthier Lives initiative in Southwark and Lambeth, south London, with partners including Guy's and St Thomas' Charity and the local authorities in Lambeth, Southwark and the City of London. Four of the retailers – **Co-op, Marks & Spencer, Sainsbury's** and **Tesco** – are participating, for example:

Co-op: *'In summer 2019, we worked with 22 of our London stores in Lambeth & Southwark, and the Consumer Goods Forum, to run a behaviour change trial to reduce sales of sugary soft drinks and encourage sugar free choices. We created point of sale materials with our Marketing team which we used around the soft drinks fixtures (chilled and ambient) with the aim of encouraging customers to make sugar free choices.'*

Three retailers report involvement in other initiatives, such as a collaboration between **Sainsbury's** and the Leeds Institute of Data Analytics on how purchasing patterns relate to the government's Eatwell Guide.

Do companies report on engaging with stakeholders in developing nutrition policies/programmes?

A key stakeholder is the UK government, particularly PHE. As described in **Box 10**, in 2018 PHE published comparative data on performance on sugar reduction (from a baseline of 2015), based on information supplied by all retailers covered in this report. Only **Marks & Spencer** declined PHE permission to publish its data.

Understanding customers' priorities can help with developing appropriate, future-proofed strategies, including improving the healthiness of retailers' own-brand portfolios, as can consulting experts in the fields of diet, nutrition and health.

Five of the retailers – **ALDI UK, Co-op, Marks & Spencer, Sainsbury's** and **Tesco** – indicate that they actively seek stakeholders' views to develop nutrition policies. For example:

Marks & Spencer has the strongest statements: *'We conducted customer research that highlighted how health is now a priority for our customers, with many of them actively looking for healthy options'* and *'3,000 people were asked about the areas of sustainability and Plan A that were of greatest importance to them, and how we and our competitors perform in these areas. Their feedback helped us identify a number of clear areas of focus for the future development of our Plan A strategy.'*
Tesco reported that the Little Helps Plan was developed following consultation with *'colleagues, customers, supplier partners and stakeholders across the business, and worked with YouGov to understand the views of leading campaigners, opinion formers and policy experts both in the UK and our international markets'.*

None of the retailers report involving young people in the development of their nutrition strategies, whose opinions could be invaluable in developing a policy and initiatives that work in tackling childhood obesity.[39]

Recommendations

Retailers are encouraged to improve their reporting by:

- **publishing a clear policy on responsible engagement with policymakers, with specific mention of obesity/nutrition;**
- **publishing membership of all trade bodies/associations;**
- **posting all submissions made directly to government consultations by retailers on their own websites, including on nutrition/childhood obesity issues as well as links to submissions made by industry and trade associations on behalf of the retailers;**
- **demonstrating progress towards pledges under the Food Foundation's Peas Please initiative;**
- **showing the impact of research initiatives on strategy and sharing the findings from these;**
- **actively involving a range of stakeholders in development of a health strategy that works for different demographics.**

Notes

1 The Food Foundation is an independent organisation established in 2015 with a mission 'to change food policy and business practice to ensure everyone can afford and access a healthy diet'. Its Peas Please initiative, launched in 2017, will run for five years and calls on retailers, manufacturers, out-of-home chains, towns, cities and broadcasters to make specific timebound, quantitative pledges. The Food Foundation then tracks and reports on their delivery against these pledges. Plating Up Progress is a Food Climate Research Network and Food Foundation project to build a consensus on metrics and reporting mechanisms that can help stakeholders to assess food industry progress in contributing to the transition to sustainable and healthy diets. This draws on ATNI metrics on nutrition.

5.8 Infant and young child nutrition

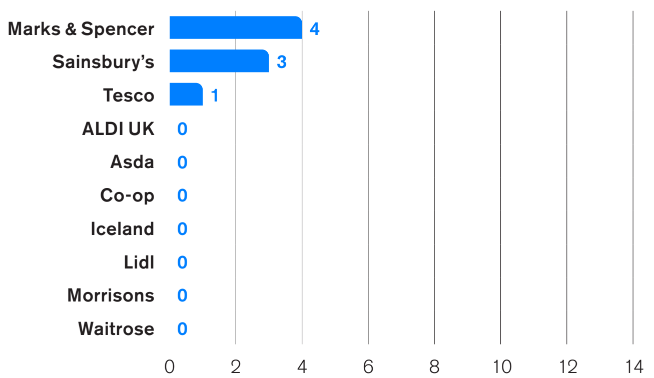
The International Code of Marketing of Breast-milk Substitutes (BMS) was adopted in 1981. It has since been augmented by a series of World Health Assembly (WHA) resolutions. The most recent was WHA Resolution 69.9 adopted in 2016 which, inter alia, provides recommendations on marketing complementary foods (CF) for children aged between six and 36 months. Together these documents (referred to as The Code) set out comprehensive recommendations on responsible marketing of BMS and CF.[1] The recommendations are designed to protect and encourage breastfeeding, and avoid the use of BMS where possible. Breastfeeding has been proven to be the best start in life an infant can have, as it provides both optimal nutrition and protection against many childhood diseases, and obesity in later life. It also has beneficial effects on mothers' health. The Code's goals will be most readily achieved if manufacturers, distributors and retailers of BMS and CF all uphold The Code (which, in the UK, means going beyond current national regulations which do not encompass all of the recommendations of The Code). Moreover, in 2019, WHO/Europe published a series of compositional standards for CF with maximum thresholds for sugar, salt or fats, and guidance on the inclusion of fruits and vegetables. This section assesses retailers' reporting on the extent to which they adhere to the recommendations of The Code, and formulate their own-brand CF in line with WHO/Europe recommendations on their nutritional quality.[40]

Expectations

To perform well in this area, retailers need to report about their commitments and action to:
- follow The Code's recommendations on marketing BMS, and CF;
- adhere to the marketing recommendations of WHA Resolution 69.9 for CF;
- improve the nutritional quality of CF and drink products for young children aged between six and 36 months, by following the WHO/Europe NPS for products for this age group.

Results

Six companies were scored on all 14 indicators. Others were scored on relevant indicators, depending on the combination of products they make and/or sell.[2] Overall, this is the area on which retailers report least: there are very few commitments and very little action outlined about how they promote and encourage appropriate infant and young child feeding and nutrition.



Marks & Spencer scored best in this area, providing information relating to four indicators. Seven retailers did not report information relating to any indicators at all.

The vital importance of good nutrition (influenced by the responsible marketing of infant formula and CF) in the first 1,000 days of life is well documented, but none of the retailers publicly acknowledge adherence to The Code. A small number of retailers report taking the first steps on reformulating CF (for example on sugar reduction), but most do not report on activity or progress in this area.

Detailed findings

Do the retailers report adherence to the International The Code and/or other WHO recommendations on BMS and CF?

None of the retailers publishes a commitment to, or evidence of, upholding The Code. A Code-aligned BMS marketing policy would commit the company not to advertise such products at all and not to use point-of-sale advertising. It would rule out offering samples and gifts, and using any other promotional devices to induce sales. This includes marketing tactics such as special displays, discount coupons, premiums, special sales, loss-leaders and tie-in sales for all BMS. Any informational or educational materials offered to customers would follow the recommendations of Article 4 of The Code. The policy would also commit to ensuring that all own-brand CF are labelled as not suitable for introduction under six months of age.

Similarly, none publish a commitment or evidence on adhering to either the WHA Resolution 69.9 on marketing of complementary foods or WHO/Europe's 2019 recommendations on the formulation of these products.

Do the companies report on (re-)formulation of CF?

None of the retailers report a specific overarching commitment to improve the nutritional quality of their own-brand CF products or only to launch new products that meet nutritional standards for children aged under three. Using an age-specific nutrient profiling system for CF is best practice. Few of the retailers report that they are developing an NPS for adults and none report using an NPS for complementary foods and snacks marketed to young children.

> **Marks & Spencer**, of all the retailers, seems to be closest to developing nutrition standards for this age group, with a restricted range of CF that meet nutrition standards. In this range, 'Every *meal carries the Eat Well logo, meets strict nutritional criteria and provides at least one portion of vegetables. No artificial colours, flavours, sweeteners or salt substitutes are used in any of our Taste Buds dishes.'* However, it is unclear as to whether the nutritional criteria are the same as those used for adults.

Some of the companies are beginning to report commitments or action on specific negative (sugar, calories, salt, fat) and positive (fruit and vegetable) nutrients, as set out below.

Sugar

None of the retailers report setting a specific target or maximum sugar levels across their whole range of CF marketed to young children. None commit not to market fruit drinks/juices and sweetened milk drinks as being suitable for young children under three and nor do they commit to any of the other of the WHO recommendations. Two – **Sainsbury's** and **Marks & Spencer** – make mention of sugar in relation to CF:

> **Sainsbury's** states that its Little Ones range has no added refined sugar or salt (other than that required for technical reasons). It also has the only statement specifically on sugar: *'We've decided not to launch any sweet snacks, juice drinks or biscuits aimed at children under 12 months at all.'* While this is to be welcomed, this is only for children aged under one (whereas complementary foods include products for children aged up to the age of three).

Energy density

None of the retailers' outline in their current reporting a commitment to a target or maximum levels for calories/energy density of CF marketed to young children, and none report on progress.

Salt

None of the retailers appear to set a specific target or maximum salt level across their whole range of CF marketed to young children. As noted above, two of the retailers – **Sainsbury's** and **Marks & Spencer** – report that they do not add salt to their Little Ones and Taste Buds ranges.

Fruit and vegetables

None of the retailers appear to set a specific target to include more fruit and vegetables across their whole range of CF marketed to young children. Three retailers minimally report on fruit and vegetables in their own-brand CF:

> **Marks & Spencer**: *'every [Taste Buds] meal … provides at least one portion of vegetables'.*
> **Sainsbury's**: *'All our Little Ones savoury pouches and meals contain at least 1 of 5 a day.'*
> **Tesco**: *'We have launched a range of veg-first baby food that has been developed in association with the British Nutrition Foundation.'*

Recommendations

Retailers are encouraged to improve their reporting by:

- **explicitly committing to adhere to the relevant elements of the International Code of Marketing of Breast-milk Substitutes and subsequent resolutions, including WHA Resolution 69.9;**
- **demonstrating a commitment to make a substantial contribution to children's diets by selling only complementary foods of the highest nutritional quality and publishing the nutrition standards (aligned to WHO/Europe's recently published recommendations) that they use for their own-brand complementary foods;**
- **showing progress towards achieving clearly stated targets on levels of negative and positive nutrients in complementary foods.**

Notes

1 The International Code of Marketing of Breast-milk Substitutes, 1981, defines BMS as 'any food for children being marketed or otherwise presented as a partial or total replacement for breastmilk, whether suitable for that purpose or not'. Recommendation 2 of WHA Resolution 69.9, adopted in 2016, states that a BMS should be understood to include any milks (or products that could be used to replace milk, such as fortified soy milk), in either liquid or powdered form, that are specifically marketed for feeding infants and young children up to the age of three years (including follow-up formula and growing-up milks). It should be clear that the implementation of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant WHA resolutions covers all of these products. WHA Resolution 69.9 applies to commercially produced food or beverage products that are specifically marketed as suitable for feeding children up to 36 months of age. These are called complementary foods (CF) in this document.

2 Those retailers that sell both BMS and CF, and which make their own CF, were scored out of all 14 indicators. Marks & Spencer was scored on only the 12 indicators that relate to the marketing or composition of CF, as the company does not sell formulas. Co-op, Morrisons and Waitrose were scored out of only the five indicators that relate to selling BMS and CF, as they do not make their own CF products. Iceland was scored only on three indicators as it does not sell CF but does sell formula.

6. Conclusions

This UK Supermarket Spotlight report illustrates that there are clear opportunities – and arguably an urgent need – for retailers to provide more structured and comprehensive reporting in all areas.

Most of the retailers appear to recognise that they have a role to play in addressing the UK's growing diet-related health challenges, which is an important start. While some retailers provide better transparency than others, all of them are urged to do more. Through their formal reports, websites and other media, food retailers should explain in greater detail the changes to their commitments and targets, and the changes they are making to their business practices to help their customers eat healthier diets. This disclosure should span all the topics covered by this report.

Better disclosure is essential to help institutional investors to discern whether these retailers fully grasp the business and societal risks posed by nutrition-related issues, and how they are managing them. Crucially, it allows investors to identify likely winners and losers – i.e. which companies in this highly competitive sector are best responding to changing demand and achieving a strategic shift towards higher sales of healthier products and lower sales of less healthy products.

The Access to Nutrition Initiative recognises that this report, based as it is on an assessment of companies' own disclosure, may not capture everything that these 10 grocery retailers are doing. However, it is intended to provide an initial insight into their formal reporting and wider communications. ATNI hopes that the report is of value to the many organisations and individuals committed to improving the nation's diet, and that it may inspire those in other countries to look more closely at the role large supermarket chains are playing in contributing to, or addressing, their own nutrition challenges.

The methodology proved effective at capturing all areas of activity on this agenda by companies, i.e. no information was found on companies' websites or in their reports that was relevant and which the methodology did not capture. ATNI believes that this methodology, focusing on companies' commitments and performance on eight key business areas, provides a valuable new framework that can be used in various ways. Food retailers can use it to design their strategies and action plans. Moreover, they can structure their reporting accordingly so that they all provide consistent, comparable information to their stakeholders. It should enable investors and other stakeholders to evaluate companies' performance and reporting more easily. However, ATNI is open to receiving feedback on ways to improve the methodology.

ATNI hopes to be in a position in the next few years to publish a UK Access to Nutrition Index for Retailers. Such an Index would include any confidential, unpublished information the retailers would be willing to provide (under a non-disclosure agreement). It would therefore go beyond disclosure and more fully capture the strength of companies' commitments, targets and action as do ATNI's global and other single country-focused Indexes, and provide a tool for all stakeholders to track the progress of the UK food retail sector on this critical agenda.

Annex 1. UK government action on diets, nutrition and health

This Annex sets out in further detail the areas in which the UK government has taken action to address the UK's rising levels of obesity and diet-related diseases.

UK policy context

The UK is committed to achieving the Sustainable Development Goals (SDGs). These successor goals to the Millennium Development Goals apply to all countries of the world and include a target to reduce premature deaths from non-communicable diseases (NCDs) by a third by 2030, including through the prevention of risk factors – and progress towards this target will be greatly aided by addressing the obesity crisis in the UK. There is also an SDG target to end all forms of malnutrition (which includes overweight and obesity) by 2030.[41]

In 2009, Public Health England (PHE), an executive agency of the Department of Health and Social Care, launched 'Change4Life', a public health social marketing campaign for England and Wales designed to tackle the causes of obesity.[42] It aims to encourage families to make small, sustainable but significant improvements to their diet and activity levels (separate programmes are in place for Scotland and Northern Ireland). Change4Life encourages families to adopt a range of healthy behaviours through social media campaigns, using the slogan 'eat well, move more, live longer' and by providing a range of information and resources. It is not clear what the public health impact has been.

In 2016, the Government published *Childhood Obesity: A Plan for Action*,[43] followed by what is widely referred to as *Chapter 2* of the Plan in 2018.[44] These clearly state the government's overarching ambition for childhood obesity: 'to halve childhood obesity and significantly reduce the gap in obesity between children from the most and least deprived areas by 2030'.

The Childhood Obesity Plan includes two further voluntary programmes covering sugar reduction and calorie reduction (additional to the Soft Drinks Industry Levy, SDIL). The two voluntary programmes cover food categories that account for over half of children's calorie intake. Other proposals include:

- a 9pm watershed on TV advertising of HFSS products and similar protection for children viewing adverts online;
- improved School Food Standards;
- a ban on 'price promotions, such as buy one get one free and multi-buy offers or unlimited refills of unhealthy foods and drinks in the retail and out of home sector through legislation'; and
- support for local authority action.

Government action on specific topics

PHE is responsible for tracking the sugar, calorie and salt reduction programmes. It has established baselines for each programme and publishes regular progress reports. Detailed assessments are undertaken every two years to determine and advise government on industry's progress on delivering reductions.

Sugar

In addition to the SDIL, the government's approach includes broader sugar reduction targets to be delivered by voluntary manufacturer and retailer commitments through the Sugar Reduction Programme. This sets a 20% voluntary sugar reduction target, to be achieved by 2020 by the whole food industry. It initially covers 10 categories of food and drink products most widely consumed by children aged up to 18: breakfast cereals, yoghurts, biscuits, cakes, chocolate confectionery, sweet confectionery, morning goods (e.g. pastries), puddings, ice cream and sweet spreads. The government anticipated that the reductions can be achieved by lowering sugar levels in products, reducing portion size or shifting purchasing towards lower-sugar alternatives.[45] It also includes work to reduce the sugar content of product ranges explicitly targeted at infants and young children, excluding breast-milk substitutes.

PHE's 2018 progress report found that across eight of the 10 food categories tracked (excluding cakes and morning goods, which were not tracked), retailers and manufacturers had achieved a 2% reduction in total sugar per 100g. Of the top 20 brands, ranked by total sugar sales in year one, only 33% showed a decrease in the sugar content; 56% showed no change in the sugar content and 12% showed an increase in the sugar content.[46]

An independent academic review published in early 2019 that examined the impact of SDIL between 2015 and 2018 found that the volume of sugars sold per capita per day from soft drinks declined by 30%, equivalent to a reduction of 4.6 g per capita per day. The sales-weighted mean sugar content of soft drinks fell from 4.4 g/100 ml in 2015 to 2.9 g/100 ml in 2018. The total volume sales of soft drinks that are subject to the SDIL (i.e. contain more than 5 g/100 ml of sugar) fell by 50%, while volume sales of low- and zero-sugar (<5 g/100 ml) drinks rose by 40%. The authors concluded that action by the soft drinks industry to reduce sugar in products and change their product portfolios, coupled with changes in consumer purchasing, appears to have led to a significant reduction in the total volume and per capita sales of sugars sold in soft drinks in the UK. The study also found that the rate of change accelerated between 2017 and 2018, implying that the implementation of the SDIL acted as an extra incentive for companies to reformulate above and beyond what was already being done as part of voluntary commitments to reformulation, or changes in sales driven by consumer preferences.[47]

Calorie reduction
In 2018, the government expanded the sugar reduction measures to include other high-calorie foods, in part to deter companies from compensating lower sugar levels with higher saturated fat levels. The Calorie Reduction Programme challenges the food industry to achieve a 20% reduction in calories by 2024 in product categories that contribute significantly to children's calorie intakes (up to the age of 18) and where there is scope for substantial reformulation and/or portion size reduction. The products covered by the programme include ready meals, pizzas, meat products, savoury snack products, sauces and dressings, prepared sandwiches, composite salads and other 'on the go' foods including meal deals. It does not cover foods included in the Sugar Reduction Programme.

PHE's 2018 progress report found that there have been reductions in the calorie content of products 'likely to be consumed in a single occasion' in four of the six categories where calorie reduction guidelines were set and where progress has been measured. For retailers' own-brand and manufacturers' branded products of this kind, a 2% reduction in calories was recorded.[48]

Salt
The government first introduced voluntary salt targets in 2006 to challenge the food industry to bring salt levels down by 2010 to a level closer to the recommended intake levels.[49] In total, four sets of targets have been published in 2006, 2009, 2011 and 2014. They applied to manufacturers, retailers and the out-of-home sector and encompassed the 76 food groups that contributed most to the population's intake.

An evaluation of progress published at the end of 2018[50] showed that results were mixed, with just over half (52%) of the average targets being met by manufacturers and retailers – but with retailers making more progress than manufacturers towards achieving average targets (73% of these compared with 37%). Overall, salt intake fell by 11% between 2006 and 2014, from 8.8g a day to 8g a day.

Saturated fat
The government does not currently have a similar programme to reduce saturated fat intake. The Scientific Advisory Committee on Nutrition recommended, following a 2018 consultation, that the government give consideration to strategies to reduce population average intake of saturated fats to no more than 10% of dietary energy.[51]

Fruit and vegetables
The government has been urging the consumption of 'five-a-day' since 2003 – i.e. around 400g of fruit and vegetables per day – through various government-funded and other campaigns.[52] However, there is no formal programme, akin to those to reduce sugar and calorie consumption, to set targets and monitor the progress of the food and beverage industry in increasing fruit and vegetable consumption.

Advertising to children
There are restrictions on the inappropriate advertising of HFSS products to children, as defined by the OFCOM nutrient profiling model (which is currently being reviewed).[53]

- The UK Code of Broadcast Advertising (the BCAP Code) is a series of principles and rules that advertisers are required to abide by. The Code includes a section on advertising to children (defined as up to the age of 16) that sets out the rules that must be adhered to when advertising any kind of product, and covers all 'Ofcom-licensed television and radio services provided by broadcasters within UK jurisdiction regardless of whether their main audience is in the UK'.
- The UK Code of Non-broadcast Advertising and Direct & Promotional Marketing (the CAP Code) is the rule book for non-broadcast marketing communications. These include a ban on 'the inclusion of HFSS product ads in children's media (here children are defined as up to the age of 12) and other media where children make up 25% or more of the audience' in non-broadcast media environments, and HFSS advertisements may not include characters or celebrities in ads targeted at younger children.[54] The first bans on online marketing (e.g. advergames) that were inappropriately targeted at children were levied in July 2018.[55]

Breastfeeding
Breastfeeding has been proven to protect against childhood obesity and many other childhood illnesses. The UK government's recommendation (mirroring that of the WHO) is that children should be exclusively breastfed up to the age of six months, after which time complementary foods can be gradually introduced. However, UK breastfeeding rates are among the lowest in the world:[56] in 2010, the last time a UK-wide Infant Feeding Survey was conducted, exclusive breastfeeding at six months was just 1%, and the rate of any breastfeeding at six months was 34%. The latter figure is better in Scotland – 43% in 2017 – but still lags far behind the WHO recommendation.[57] UK marketing restrictions on infant formula and follow-on formula were set in 2007 (since updated)[58] and are grounded in EU legislation.[59] They do not, however, implement The Code in its entirety.

Food labelling
The labelling of food products is guided both by mandatory back-of-pack labelling of nutritional information, as set out in the EU Food Information for Consumers Regulation,[60] and a voluntary front-of-pack (FOP) scheme recommended by the Food Standards Agency in 2013. This FOP labelling should include energy per 100g or 100ml and per portion, the portion size, information on the amount of fat, saturated fat, total sugars and salt in a portion, the percentage reference intake for each nutrient and energy per portion, with attendant colour-coding of the nutrient content.

Annex 2. Methodology, research process, limitations and challenges

A summary of the methodology is available here. The research process was based on ATNI's experience of producing its Global Index and country-specific Spotlight Indexes. ATNI believes it to be rigorous. Nevertheless, there are some limitations to the research, set out below. Various challenges were encountered, which are also described.

Research process

1. ATNI and ShareAction undertook independent searches of the retailers' websites to identify all relevant sources of information. These include sustainability/CSR reports, annual reports, and any further publications aimed at investors (such as investor presentations). Documents published since 2017 were typically not included in the assessment. The results of the searches were then cross-checked by ATNI and ShareAction to ensure that all relevant publications had been identified, and a source list drawn up for each of the companies.
2. The retailers were contacted with information about the initiative and were sent the list of sources relevant to their company, with a request for any missing, publicly available information to be provided to ATNI. Responses were received from all the retailers, several of whom included further links to information (usually to web pages rather than topublished reports). There was a clear cut-off date (18 October 2019) for publication of documents.
3. A comprehensive list of 61 search terms was drawn up, designed to ensure that any search of a report or website would identify information relevant to each of the indicators in the methodology.
4. The complete assessments of all companies were undertaken by a single research analyst to ensure optimal knowledge, understanding and internal consistency in scoring.
5. The list of search terms was methodically used by an ATNI research analyst to perform a deep-dive assessment of four of the retailers (from an initial scan of the available reports, one of the four was expected to perform poorly; two anticipated to be mid-range; one expected to be high-performing). This deep dive was designed to be as comprehensive as possible, including all the documents checked with the retailers and an additional search of the companies' websites (press releases, pages on sugar reduction etc.). Detailed information on each indicator was stored on an extensive spreadsheet.
6. The research analyst, under ATNI's direction, undertook a stock-take of the methodology to rectify any issues that had arisen during the deep-dive research (for example, removing possible double-counting of the same commitment/action across different indicators) and to ensure that there were indicators in place for all relevant commitments/action.
7. The six remaining companies were analysed using the updated iteration of the methodology and the research on the four initial companies was checked for consistency (See below for challenges in gathering the data).
8. Alignment with the standard ATNI approach to research was ensured through close supervision by ATNI. The internal consistency of the information was verified by cross-checking related indicators across all the retailers; this cross-checking identified some final refinements to the methodology, which were applied consistently for all retailers.
9. Companies were given one point for reporting on any indicator applied. For example, Governance constitutes 14 of the 120 indicators in the methodology; were a company to score in three of these, it would score three points in this area, regardless of the level of commitment/action shown. For each company, the total number of points is added up, and divided by the total number of indicators used to assess that company, to arrive at a total percentage score. No weightings are applied within or between sections.
10. Several final cross-checks were carried out by ATNI to ensure that the research was complete and the scoring and grading accurate.
11. Confidential summary report cards were sent to each company to fact-check. Any omissions or errors were corrected and corresponding changes were made to their scores in the UK Supermarket Spotlight.

Limitations

1. It is possible that many of the retailers are doing and planning more than they currently publicly report. These results therefore do not represent their true performance on the issues addressed in this report. Were a full UK ATNI Retailer Index to be published in future, the usual standard approach would be used: the extent to which companies' commitments, action and disclosure meet best practice would all be scored, and confidential and unpublished material would be requested under a non-disclosure agreement from the companies themselves. Such an approach would give a more complete picture of the companies' performance.
2. Policies on paper may not necessarily translate to good practice within individual stores themselves – but overarching commitments and policies can be used to hold companies strongly to account if performance is found to fall short.
3. For consistency, the only sources used were those made publicly available by the UK retailers themselves and, where relevant, the parent company and/or the major private investor – and only sources that are shared (rather than implied) are included. For example, some retailers imply that they have internal targets set for reductions of negative nutrients, or that they have a nutrition strategy/

plan or nutrient profiling system, but do not provide details. Further, information in the public domain and included on the companies' own websites at the time at which the research was undertaken was included. The analysis is not based on information contained in third-party publications such as government consultations, trade magazines or the broader news media because these sources do not provide consistent information for all companies and so cannot be included.

4 Information published prior to 2017 was not systematically assessed as part of the research and after the cut-off date of 18 October 2019 is not included in the assessment. Since companies often have different financial years and timetables for their corporate reports, some relevant data will not have been published in time to be included in the research. In the time that has elapsed since the research was completed, documents may have been published that would have impacted on the assessment.

5 Some of the retailers operate franchise models for some of their stores. While the report is intended to capture the extent to which companies apply their nutrition strategies and policies to such stores, reporting about such action is particularly limited and difficult to assess (for example, whether a healthy checkout policy is being consistently implemented).

6 While convenience store formats operating within a retailers' main businesses are within the scope of the methodology, it is often unclear whether separate convenience store businesses operated by some of the retailers assessed here are included in their strategies, policies, plans and reporting. Only the reporting of the parent company has been included rather than any separate reporting by a wholly owned entity that operates only convenience stores.

7 Alcoholic beverages were not included in the assessment. Their consumption is an important health concern in the UK but is outside the scope of this initiative.

8 The research was restricted to English-language materials as it focused specifically on transparency in relation to companies' UK operations. ALDI UK and Lidl (both German-owned) were given the option of providing any major additional reports in German, but neither did so.

9 The research did not address the health of employees (for example, healthy canteens or free fruit), because the Healthy Markets initiative focuses specifically on customer (and child) health.

Challenges

1 The varying company structure of several of the retailers makes accurate assessment of reporting particularly challenging – for example, joint ventures or franchise models. In particular, the expansion into the convenience store market brings specific operational and reporting issues. The retailers usually publish annual reports and updates on sustainability or corporate responsibility activities, but often include little separate reporting on their subsidiary companies and do not appear to include data for such store formats within its reports. The research methodology was designed to capture convenience store formats operated under major retail brands' names, but unclear reporting made this difficult. Separate convenience store chains operated under different brand names to the parent company have not been included in the research for this benchmark.

2 There is no consistency between the retailers in where information relevant to the indicators is housed and it is often split across different publications. Some companies report primarily through CSR updates of which health is a strand, such as Tesco's Little Helps Plan; Co-op published a separate Health and Wellbeing Report; others report primarily through blogs or articles on their website (the latter is not good practice – health should be an intrinsic part of business and reported as such, rather than on pages that can be deleted at any time).

3 Many of the company websites have limited search functionality (for example, covering only the products on sale) making it more challenging to search for recent news stories or blog updates on progress since the last formal reporting.

4 In some cases, there was a passing mention of a company-wide nutrition target, strategy or plan, but then no detail was provided. Hence, it was not possible to assess what these entail or whether they are being delivered – and therefore they were not scored.

5 Bans on trans fats and the sale of energy drinks to children are stated on third-party websites as being issues that some (although not all) of the retailers have already taken action on. However, this is often not reported prominently on the companies' own sites or in their reporting (e.g. it may be hidden in older documentation). This may be because action was taken some years ago and so it is relatively old news.

References

1 OECD, 'The heavy burden of obesity: the economics of prevention – UK' (2019) http://www.oecd.org/unitedkingdom/Heavy-burden-of-obesity-Media-country-note-UK.pdf

2 Public Health England, *Health Matters: Combating High Blood Pressure* (2017) https://publichealthmatters.blog.gov.uk/2017/01/24/health-matters-combating-high-blood-pressure/

3 Diabetes UK, *Diabetes Prevalence 2017* (2017) https://www.diabetes.org.uk/professionals/position-statements-reports/statistics/diabetes-prevalence-2017

4 OECD, 'The heavy burden of obesity: the economics of prevention – UK'.

5 R. Weiss, A.A. Bremer and R.H. Lustig 'What is metabolic syndrome, and why are children getting it?' (2013) *Annals of the New York Academy of Sciences 1281*(1): 123–40 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3715098/

6 Institute of Medicine, *Dietary Reference Intakes: Water, Potassium, Sodium, Chloride and Sulfate* (2005) https://www.nal.usda.gov/sites/default/files/fnic_uploads/water_full_report.pdf

7 NHS Digital, *Statistics on Obesity, Physical Activity and Diet, England, 2019*, 'Part 4: Childhood overweight and obesity' (2019) https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-obesity-physical-activity-and-diet/statistics-on-obesity-physical-activity-and-diet-england-2019/part-4-childhood-obesity

8 All statistics are derived from Public Health England, and are for England only, 2014/15–2015/16, unless otherwise stated. Figures cited are the average for adults aged 19–64 and for children aged 11–18. https://www.gov.uk/government/statistics/ndns-results-from-years-7-and-8-combined

9 NHS Digital, *Statistics on Obesity, Physical Activity and Diet, England, 2019.*

10 M. Simmonds et al., 'Predicting adult obesity from childhood obesity: a systematic review and meta-analysis' (2016) *Obesity Reviews* 17: 95–107 https://onlinelibrary.wiley.com/doi/abs/10.1111/obr.12334

11 Guy's and St Thomas Charity, *Bite Size: Breaking Down the Challenge of Inner-city Childhood Obesity* (2018) https://www.gsttcharity.org.uk/what-we-do/bitesize

12 H. Rutter, 'The single most important intervention to tackle obesity…' (2012) *International Journal of Public Health* 57: 657–8 https://link.springer.com/article/10.1007/s00038-012-0385-6

13 Amsterdam Healthy Weight programme (Amsterdamse Aanpak Gezond Gewicht) https://www.amsterdam.nl/sociaaldomein/blijven-wij-gezond/amsterdam-healthy/#h66c45d7e-bfca-4788-8511-7f6754e688e1

14 HM Government, *Childhood Obesity: A Plan for Action* (2016) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/546588/Childhood_obesity_2016__2__acc.pdf

15 Department of Health and Social Care, *Childhood Obesity: A Plan for Action, Chapter 2* (2018) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/718903/childhood-obesity-a-plan-for-action-chapter-2.pdf

16 HM Government, 'Soft Drinks Industry Levy' (2016) https://www.gov.uk/government/publications/soft-drinks-industry-levy/soft-drinks-industry-levy

17 Department of Health and Social Care and Cabinet Office, *Advancing our Health: Prevention in the 2020s – Consultation Document* (2019) https://www.gov.uk/government/consultations/advancing-our-health-prevention-in-the-2020s/advancing-our-health-prevention-in-the-2020s-consultation-document

18 Department of Health, *DH Guidance Notes on the Infant Formula and Follow-on Formula Regulations 2007 (as amended)* (2013) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/204314/Infant_formula_guidance_2013_-_final_6_March.pdf

19 Regulation (EU) 2016/127 of 25 September 2015 supplementing Regulation (EU) No 609/2013 of the European Parliament and of the Council as regards the specific compositional and information requirements for infant formula and follow-on formula and as regards requirements on information relating to infant and young child feeding. This came into force in February 2020, superseding an earlier Regulation: https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32016R0127&from=EN

20 Department of Health and Social Care, 'Consultation on restricting promotions of products high in fat, sugar and salt by location and by price' (2019) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/770704/consultation-on-restricting-price-promotions-of-HFSS-products.pdf

21 A. Mason, 'How own label is making gains in the online grocery battle', *The Grocer* (7 December 2018) https://www.thegrocer.co.uk/own-label/how-own-label-is-making-gains-in-the-online-grocery-battle/574623.article

22 Association of Convenience Stores, *The Local Shop Report 2018* (2018) https://www.acs.org.uk/sites/default/files/local_shop_report_2018.pdf

23 Retail Insight Network, 'UK 2018 online grocery spend hits £12.3bn' (12 April 2018) https://www.retail-insight-network.com/news/uk-2018-online-grocery-spend/

24 'Ocado the fastest-growing British grocer', *Retail Gazette* (20 August 2019) https://www.retailgazette.co.uk/blog/2019/08/ocado-the-fastest-growing-british-grocer/

25 Guy's and St Thomas' Charity, Big Society Capital and The Food Foundation, *Healthy Returns: Opportunities for Market-based Solutions to Childhood Obesity* (2018) https://www.gsttcharity.org.uk/sites/default/files/GSTC-HealthyReturns-digital-spreads-FINAL.pdf

26 Iceland, 'Retailers aren't to blame for all the public's woes' (blog, 29 July 2017) https://about.iceland.co.uk/2017/07/29/retailers-arent-to-blame-for-all-the-publics-woes/

27 WHO, 'Nutrition health topics' (2018) http://www.who.int/nutrition/topics/profiling/en/

28 WHO/Europe, *Nutrient Profile Model* (2015) http://www.euro.who.int/en/health-topics/disease-prevention/nutrition/publications/2015/who-regional-office-for-europe-nutrient-profile-model-2015

29 Department of Health and Social Care, 'The nutrient profiling model' (2011) https://www.gov.uk/government/publications/the-nutrient-profiling-model

30 Public Health England, *Sugar Reduction: Report on Progress Between 2015 and 2018* (September 2019) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/839756/Sugar_reduction_yr2_progress_report.pdf

31 Public Health England, *Sugar Reduction and Wider Reformulation Programme: Report on Progress towards the First 5% Reduction and Next Steps* (2018) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/709008/Sugar_reduction_progress_report.pdf

32 PHE, *Healthier and More Sustainable Catering Guidance* (2014) https://www.gov.uk/government/publications/healthier-and-more-sustainable-catering-a-toolkit-for-serving-food-to-adults

33 Soil Association, 'Out to Lunch' https://www.soilassociation.org/our-campaigns/out-to-lunch/

34 Department of Health & Social Care and Cabinet Office, *Advancing our Health: Prevention in the 2020s.*

35 Royal Society of Public Health and Slimming World, *Health on the Shelf* (2019) https://www.rsph.org.uk/our-work/policy/obesity/health-on-the-shelf.html

36 M. Tatlow-Golden et al. for WHO/Europe, *Tackling Food Marketing to Children in a Digital World: Trans-disciplinary Perspectives: Children's Rights, Evidence of Impact, Methodological Challenges, Regulatory Options and Policy Implications for the WHO European Region* (2016) http://www.euro.who.int/__data/assets/pdf_file/0017/322226/Tackling-food-marketing-children-digital-world-trans-disciplinary-perspectives-en.pdf

37 Unicef, *A Child Rights-based Approach to Food Marketing: A Guide for Policy Makers* (2018) https://www.unicef.nl/files/A%20Child%20Rights-Based%20Approach%20to%20Food%20Marketing_Report.pdf

38 WHO, *Report of the Commission on Ending Childhood Obesity* (2016) https://www.who.int/end-childhood-obesity/publications/echo-report/en/

39 See, for example, the European Union's Horizon 2020-funded CO-CREATE initiative that engages adolescents in obesity policy https://www.fhi.no/en/studies/co-create/

40 WHO/Europe, *Ending Inappropriate Promotion of Commercially Available Complementary Foods for Infants and Young Children between 6 and 36 Months in Europe* (2019) http://www.euro.who.int/en/health-topics/disease-prevention/nutrition/publications/2019/ending-inappropriate-promotion-of-commercially-available-complementary-foods-for-infants-and-young-children-between-6-and-36-months-in-europe-2019 and WHO/Europe, Commercial Foods for Infants and Young Children in the WHO European Region (2019) http://www.euro.who.int/en/health-topics/disease-prevention/nutrition/publications/2019/commercial-foods-for-infants-and-young-children-in-the-who-european-region-2019

41 United Nations, 'About the Sustainable Development Goals' https://www.un.org/sustainabledevelopment/sustainable-development-goals/

42 Change4Life, 'About Change4Life' https://www.nhs.uk/change4life/about-change4life

43 HM Government, *Childhood Obesity: A Plan for Action*.

44 Department of Health and Social Care, *Childhood Obesity: A Plan for Action, Chapter 2.*

45 HM Government, *Childhood Obesity: A Plan for Action*.

46 Public Health England, *Sugar Reduction and Wider Reformulation Programme: Report on Progress towards the First 5% Reduction and Next Steps*.

47 L.K. Bandy et al., 'Reductions in sugar sales from soft drinks in the UK from 2015 to 2018' (2020) *BMC Medicine* 18, article number: 20 https://bmcmedicine.biomedcentral.com/articles/10.1186/s12916-019-1477-4

48 Public Health England, *Sugar Reduction and Wider Reformulation Programme: Report on Progress towards the First 5% Reduction and Next Steps*.

49 Public Health England, 'Salt reduction programme' https://publichealthengland.exposure.co/salt-reduction-programme

50 Public Health England, *Salt Targets 2017: Progress Report* (2018) https://www.gov.uk/government/publications/salt-targets-2017-progress-report

51 Scientific Advisory Committee on Nutrition (SACN), *Draft Report: Saturated Fats and Health* (2018) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/704522/Draft_report_-_SACN_Saturated_Fats_and_Health.pdf

52 NHS 'Why five a day?' (2018) https://www.nhs.uk/live-well/eat-well/why-5-a-day/

53 Department of Health and Social Care, *UK Nutrient Profiling Model 2018 Review* (2018) https://www.gov.uk/government/consultations/consultation-on-the-uk-nutrient-profiling-model-2018-review

54 Committees of Advertising Practice, *Food and Soft Drink Advertising to Children: Advertising Guidance (Non-Broadcast)* (2017) https://www.asa.org.uk/asset/AF24CE72%2DC8F0%2D431D%2D89610AB47ACA14C8/

55 'First ads banned under new junk food rules', BBC News (4 July 2018) https://www.bbc.co.uk/news/uk-44706755

56 For example, Unicef, 'Ever breastfeeding rates' (2018) https://www.unicef.org/nutrition/files/ever-breastfeeding-rates-by-country-2018.pdf

57 Unicef UK, 'Breastfeeding in the UK' https://www.unicef.org.uk/babyfriendly/about/breastfeeding-in-the-uk/

58 Department of Health, *DH Guidance Notes on the Infant Formula and Follow-on Formula Regulations 2007 (as amended)*.

59 Regulation (EU) 2016/127 of 25 September 2015 supplementing Regulation (EU) No 609/2013 of the European Parliament and of the Council as regards the specific compositional and information requirements for infant formula and follow-on formula and as regards requirements on information relating to infant and young child feeding. This came into force in February 2020, superseding an earlier Regulation: https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32016R0127&from=EN

60 Regulation (EU) No 1169/2011 on the provision of food information to consumers entered into application on 13 December 2014 https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2011:304:0018:0063:EN:PDF

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