

# **Targeting the health of the nation: an implementation plan for government**

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## Background

This note accompanies the [Targeting the health of the nation policy brief](#), which outlines Nesta's policy proposal for mandatory health targets for large retailers to help improve the health of consumers' baskets and reduce the prevalence of obesity in the UK. The policy is designed to incentivise the 11 largest UK grocery retailers to improve the healthiness of their offer by making small changes to their product ranges, formulation and how they are marketed. By setting a target close to the level of the current best performers, retailers would be encouraged to improve the healthiness of their offer, as measured by a nutrient profile score<sup>1</sup>. This would set an outcome that retailers are required to meet, while providing the flexibility for each to choose how they wish to meet the target. Nesta modelling shows that these targets, enforced with penalties, could reduce obesity in Britain by approximately 23%. An [economic assessment](#) of the policy suggests that this impact could also be achieved at no significant cost to businesses or the consumer.

In this report, we outline a detailed implementation plan for the retailer targets policy, including details on the key policy choices, our recommended approach and a proposed timeline. We have envisaged this as supplementary material for civil service officials, instructed by a government committed to implementing health targets for retailers as a flagship element of a health improvement strategy.

Due to the time required to design and deliver the policy, we focus on implementation following a general election (regardless of the political party in power). For a summary of the implementation plan, see the [Proposed implementation timeline](#).

## Announcing the policy and setting direction

To establish this policy, the Government will need to make the decision internally to proceed, and agree plans to announce that publicly. This will require early advice from officials to the Secretary of State for Health and Social Care, and agreement from the centre of government.

### **The policy should be announced in the first 100 days of government.**

This is to meet the ambitious timeframes required to begin enforcing the targets within a Parliament, though initial engagement with key stakeholder groups should begin before this (see Communications & stakeholder engagement section). These ambitious timeframes are required because this policy will require legislation to be enacted. We recommend primary legislation to ensure the necessary regulations for the policy are fully enabled, though a crucial early step will be to commission legal advice from the Government legal department (see Legal section).<sup>1</sup>

### **Announcing the intention to set mandatory targets for retailers should be accompanied by wider commitments on reducing obesity and improving health.**

Mandatory retailer targets should be the cornerstone of a wider health improvement strategy, with ambitious goals on both obesity and health improvement for the population: namely, to reduce obesity by 50% by 2035 and to increase healthy life years by five years over the same period. Halving obesity would bring levels down to the same level they were in the early 1990s, saving the NHS around [£20 billion a year](#) and increasing healthy life expectancy by an average of nearly two years for around ten million people in the UK. Publicly committing to ambitious health goals at the start of an administration would set the direction, drive progress and increase accountability.

Nesta modelling has shown that the calorie reduction resulting from the proposed retail sales target could lead to an approximate 23% reduction in

obesity over three years (see [technical appendix](#)). Other measures will be required to halve obesity. Nesta will publish a full 'blueprint' for halving obesity in late 2024, setting out the suite of obesity-reduction measures in full.

Given the work required to agree the design of the policy (set out below), early announcements should set out these commitments and the intention for mandatory targets to be a flagship element of a health improvement strategy. Further detail on the policy should be released in a policy paper quickly after the policy is announced (within the first 100 days).

## Policy design

A dedicated civil service team will need to be established within the Department for Health and Social Care to design the policy and agree on its key attributes. In this section, we have outlined the key policy decisions that will be required, along with our recommended approach. These are organised by topic, rather than chronologically on when the decisions would be required (see the timeline for further information).

### Voluntary or mandatory

**First, the Department would need to consider the benefits or disadvantages of introducing this as a voluntary or mandated scheme.**

This would significantly alter how you would approach designing and implementing this policy. A mandated scheme would require legislation with an associated Bill team. It would also be a significantly more impactful policy, given the need for greater compliance from businesses.

**We strongly recommend that this policy should be mandated, but on a reasonable timetable that allows for the required preparations by both the Government and businesses.**

We do not believe that a voluntary scheme would deliver the intended impact given past experience of similar government voluntary programmes nor align with industry's requests for a 'level playing field'.

Over the past 20 years, the UK Government has established the [Public Health Responsibility Deal \(PHRD\)](#) and a voluntary target framework for reducing the [salt, sugar and calorie](#) content of food, leading to limited product-specific improvements. Overall, the progress of these programmes has been limited due to their voluntary nature, with evaluations of the PHRD suggesting it was unlikely to have contributed to a renewed industry commitment to [improve diets](#) or a reduction in [alcohol consumption](#). The voluntary salt and sugar reduction programmes have driven some category-specific improvements but overall, progress has stagnated with only a [3.5% reduction in sugar since](#)

[2016 against a 20% goal](#). These voluntary programmes also mean that some businesses take more action than their competitors. As a result, more progressive businesses view these voluntary measures as unfairly disadvantageous, as they have taken on additional costs to create impact whilst others have not. This differential action has spurred calls for a government proposal that requires collective action across the sector to 'level the playing field' and ensure all major retailers are required to take action to achieve a common goal. This can only be achieved by a mandatory measure.

It is clear that to achieve a significant impact on health outcomes mandatory measures will be needed to encourage compliance, but these should not place undue burden on businesses that have made efforts to improve.

## Target metric(s)

An assessment of and decision on the most appropriate metric(s) for the retailer target is required. We have outlined our view and assessment of the options in more detail within the [policy brief](#).

**The Department should choose a singular headline metric as a mandated target for ease of implementation and to reduce complexity on businesses.**

This headline metric should be supported by supplementary metrics to help monitor progress and better understand how the headline target is being achieved. We suggest that the Department should specify the full list of metrics required and assess these for applicability as a target through the data collection phase of this work, as outlined in more detail in the section below and relating to the current [Food Data Transparency Programme \(FDTP\)](#)<sup>2</sup>.

The Department, as it is doing through the FDTP, should assess and consider a range of different possible metrics for a target, weighing up the advantages or disadvantages of each. For the purposes of our work, we considered three:

1. the proportion of high fat, sugar, salt (HFSS) product sales<sup>3</sup>
2. calorie density<sup>4</sup>
3. an average nutrient profile model (NPM) score<sup>5</sup>.

For more information on these metrics, see the [technical appendix](#).

**Overall, we recommend the use of an average NPM score as the headline target.**

We rejected the HFSS measure as the headline target for this proposal, as we considered it to be unfeasible. An HFSS measure is a binary metric, which only incentivises businesses to take action on products that sit close to the HFSS threshold and not across the whole range of a retailer's portfolio. This means that a wide range of products are entirely out of scope (eg, confectionery that could be made slightly healthier but cannot be made non-HFSS). To deliver a target like this would require significant changes to product sales or extreme (and likely implausible) levels of reformulation. However, it is worth noting that the HFSS measure is used in multiple existing regulations<sup>3</sup> and therefore has value as an industry-familiar measure of health which they will have been monitoring their product portfolios against. For this reason, the Department should specify HFSS as a supplementary measure to the headline target. This measure will provide further clarity on how the target is being achieved by each retailer by assessing how proportions of healthy sales are changing alongside NPM scores and allow the Department to assess if retailers are meeting the target fairly.

We also decided against a calorie density measure for the headline target as it does not measure other components of food relevant to health (eg, salt or fruit and vegetable content), and NPM is already established in legislation. A calorie density measure is viable as it provides a more direct route to obesity reduction when compared to the NPM measure which can be improved through food changes not linked to calories (eg, salt reduction). However, the NPM more holistically measures other components of health, and therefore can be used to explore wider health impact beyond obesity, such as [cardiovascular disease prevalence linked to salt consumption](#).

Furthermore, the NPM measure is already established in legislation and



familiar to many in the food industry, making it a more pragmatic choice for the headline metric. However, it should be noted that if this policy were to be extended to the out-of-home sector, calorie density may be a more viable headline metric. Given its advantages, we recommend the Department specify calorie density as a supplementary measure to monitor progress against the headline NPM target.

**The headline NPM target must be a sales-weighted average (SWA).**

This means products that have a higher volume (in kilograms) of sales contribute more to average scores than those that are less frequently purchased (see [technical appendix](#) for more detail). It should also apply to a retailer's entire food product portfolio (including branded and own-brand products). In our work, we have used a converted NPM (cNPM) score for ease of interpretation, as how the NPM is calculated means that negative numbers are used which can prove difficult to interpret.<sup>6</sup>

The sales weighting (in kg) and 'application to only food products' components of the target metric help to ensure business progress translates into improvement to what is sold. For example, by applying a sales weighing in kilograms, the final NPM score more accurately reflects the actual volume of food a consumer buys and consumes. If this weighting was not applied, businesses could simply increase the range of healthier products to improve their NPM score while continuing to sell far greater quantities of unhealthy products.

We have also applied this metric to food products only and not included drinks. If drinks were included, businesses could theoretically sell vastly increased volumes of healthier drinks (eg, bottled water) and the same volume of unhealthy food thereby improving their overall NPM score (which is calculated from total product sales) with no actual improvement in the healthiness of food sold.

Additional key supplementary metrics we would recommend be collected include:

- **aggregated NPM scores at varying regional levels** (ie, wards, local authorities and cities). This will allow for the analysis and monitoring of the impact on different areas, to ensure that retailers are making efforts to improve the healthiness of their sales across the country, and are not just focusing efforts in specific areas (eg, improving healthiness in areas that already have healthier sales averages).
- **total calories sold by each retailer**. It would be an undesirable outcome for the policy to lead to an increase in total calories sold (in excess of sales increases related to population growth) whilst the sales-weighted average NPM scores become 'healthier', as was seen with the [voluntary sugar-reduction programme](#). This measure will allow the Department to monitor for this unintended outcome.

## Target level

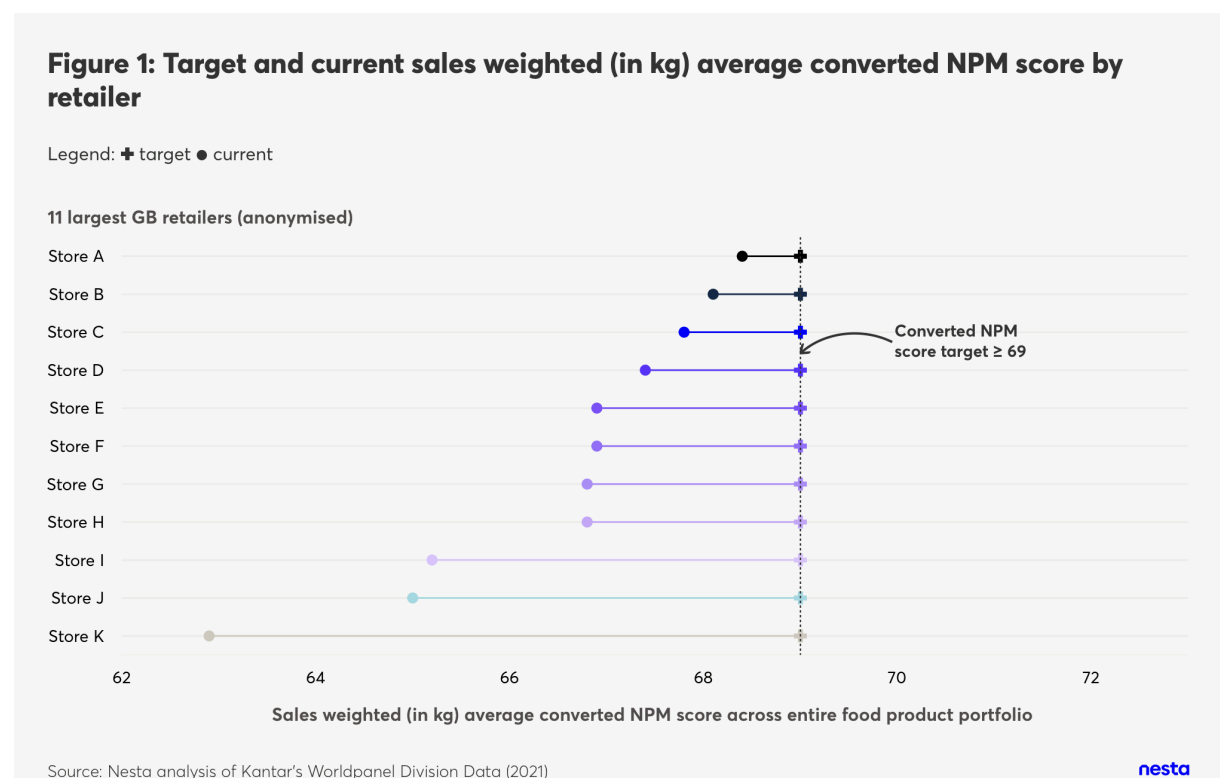
Alongside choosing the metric(s), the Department will also need to consider the level at which the target is set. There are different options and the decision will depend on: a) how ambitious you want the policy to be, b) the time frame you are giving businesses to comply, and c) the size of the penalty attached to non-compliance.

**We recommend that the target is set at a sales-weighted average converted nutrient profiling model score of  $\geq 69$ <sup>7</sup>.**

This is almost at the level of the current best performers (see Figure 1 below). The targets should also be set at an absolute level to create parity across retailers and recognise the improvements many in the retail sector have already made. For more details, see the [policy brief](#) and [technical appendix](#).

Nesta modelling shows that a target set at this level would lead to an approximate 23% reduction in the prevalence of obesity in the UK (see [technical appendix](#)).

Crucially, this level of impact can be achieved by a target set close to the current level of most retailers with the furthest three retailers only having to improve their SWA cNPM score by an average of 4.1 points. However, the Department should consider different levels at which the target could be set, including a more ambitious target that would have greater penalties (see penalties section) or a less ambitious target that could be enforced more quickly. Each of these options will have trade-offs that should be tested during the policy-design phase and any external consultation.



## Data collection and reporting

For the proposed targets to be effective, transparent and industry-wide reporting of sales data is vital. Without it, it will be impossible to assess and monitor retailer progress towards achieving targets.

**An effective data collection and monitoring regime will need to be designed and put in place before the enforcement of targets.**

The Department will need to rapidly develop advice and a plan for data collection, monitoring and reporting. This could build upon existing work to establish appropriate metrics, data requirements and monitoring through the FDTP.

**Whether undertaken through the guise of the FDTP or not, we recommend that the data collection requirement is made mandatory.**

A mandatory requirement will compel businesses to report consistently and comprehensively across all the required metrics, eliminating selective reporting from certain businesses and enhancing accountability.

To monitor retailer progress against the NPM headline target measure and the supplementary calorie density, HFSS sales, aggregated regional metrics and total calorie measures (see target metrics section above), sales and nutrition data on all products sold is required from each retailer in scope of this policy. This includes the following:

- Nutrition information for all products required to calculate their NPM score, calorie density and HFSS classification (energy; sugar; saturated fat; sodium; protein; fruit, vegetables and nuts; fibre per 100g). For branded products, the nutritional information may need to be supplied by manufacturers directly.
- Sales volume (in kilograms) of each product to calculate the sales weighting of measures. See [technical appendix](#) for more information on how each of these measures is calculated.

This data should be collected once a year to align with the enforcement schedule and analysed by the Governmental enforcement body (see [Enforcement](#)). The enforcement team should also be consulted on the required methodology to generate the headline and supplementary measures for each retailer from their raw data.

Additionally, summary data should be made publicly available so there is transparency for retailers on their performance across the headline and supplementary metrics. The Department should include this consideration within any consultation or engagement with businesses and/or NGOs to determine what level of data is publicly reported. To ensure this retailer data is safeguarded, the Department should develop and implement a robust data protection strategy alongside the mandatory data collection framework that adheres to existing [General Data Protection Regulation \(GDPR\) laws](#).

To implement this data collection regime, there are two options: either the use of third-party commercial data that is assured by the businesses<sup>8</sup> or requiring businesses to provide their data within a framework that is assured by the Government.

**Our preferred option would be the latter – to have a mandatory data collection framework in place that would require businesses to supply their data to the Government.**

This would require legislation to be put in place that we would recommend introducing as soon as possible. This option is favourable as it would more precisely reflect actual retailer sales and mitigate reliance on a third party. However, the Department would need to implement assurance processes to ensure the data retailers are supplying is accurate.

Before the legislation is in place, the Government should either request that businesses supply their data voluntarily or use third-party commercial datasets on consumer purchasing and food composition. Either option could be used to initiate monitoring of retailers against targets, and it will depend on the willingness of businesses to voluntarily supply their data and the likely quality of that. This will allow for a 'soft launch' of retailer monitoring before legislation for mandatory data collection is passed. The [FDIP](#) is an option for an existing data collection framework. This is currently on a voluntary footing but could be extended with legislation to mandate the supply of retailer data. This is the optimal option for receiving data that is reflective of retailers' actual sales.

Lastly, the audit and enforcement functions would sit within the agreed body that is responsible for monitoring and ensuring compliance with the target.

## In-scope businesses

Within the policy design phase, there should be consideration of which businesses will be in-scope, as set out in the [policy brief](#).

### **The policy should apply to large grocery retailers, as they are the gatekeepers of the majority of what we eat.**

They act as the key link between food manufacturers and consumers, and play a significant role in the health of the nation. Additionally, the vast majority of food purchased is for [in-home consumption](#) and has been purchased at one of the [largest retailers in the UK](#).

For this proposal, we recommend that large retailers be defined as in the [Groceries Supply Code of Practice \(GSCOP\)](#), an existing legislation which enforces how retailers manage their relationships with suppliers. The GSCOP legislation applies to the 14 largest UK grocery retailers, 11 of which were included in Nesta's modelling of the targets policy proposal, and to which we suggest the policy applies (see [technical appendix](#)).

Based on Nesta's analysis, these 11 UK retailers together account for over 90% of food consumed in the home and the vast majority of all manufacturer (branded) foods sold. This focus on large retailers also recognises their diverse product ranges that enables them to make changes across all their sales.

Smaller businesses should be out of scope given the operational challenges in the collection, supply and monitoring of their data. However, given the role of [UK grocery wholesalers as suppliers to small businesses](#), it should be considered whether they could be in-scope. These stores often play the vital role of serving families in low-income areas for whom convenience is a [key determinant of food consumption](#). Therefore, an extension of the policy to

wholesalers would help to ensure greater parity across all retail food outlets and avoid creating or widening inequalities in the access to healthy food.

While we recommend that this current policy apply to large retailers, targets could also be extended to the out-of-home (OOH) sector. The OOH sector also plays a significant role in the health of the nation, contributing approximately [20-25% of our consumed calories](#) with major chains contributing meals with significantly [greater calories](#) than products consumed in the home. Nesta is currently developing a proposal for OOH targets.

## Penalties

The success of a mandatory target scheme will rely on the level of penalty for non-compliance imposed on businesses. There must be a credible but not disproportionate threat to drive industry transformation to meet achievable targets. While penalties should compel action, the intention is that businesses should be able to meet the targets so penalties may never need to be used in practice.

**There should be a proportional penalty framework (to be refined during the consultation process) similar to that established for the Groceries Supply Code (GSC).**

Officials will need to prepare advice on options for the penalty framework, comparing different models, drawing on existing policies and assessing potential impacts for businesses. A likely option (similar to the GSC) would be a maximum penalty based on a percentage of annual turnover (for example, 1%).

The following principles should also be considered (here, maximum penalty of 1% of annual turnover is assumed):

- **Magnitude of non-compliance:** the size of the penalty should be proportionate to the degree of deviation from the target cNPM score. For example, if 'Retailer X' has a baseline sales-weighted average cNPM score of 66.5 and reaches a score of 68 by the point of enforcement (60% of the way to the cNPM target of 69), the penalty could be reduced 60% to 0.4% of annual turnover.
- **Efforts to comply:** retailers who can demonstrate evidence of specific interventions that have resulted in partial progress towards the target may face reduced fines compared to those with no demonstrable efforts.

The associated enforcement action is covered in the following section. The operationalisation of penalties should be coherent when considered alongside other penalty schemes (including antitrust). It will therefore be necessary to consult closely with other grocery sector regulators, including the Competition and Markets Authority and the Grocery Supply Code Adjudicator.

In addition to the penalty 'stick', the Department should evaluate options for 'carrot' incentive schemes to drive innovation and continued improvement. Options that could be considered include incentives that are provided to the first companies that reach the target in advance of enforcement commencing and companies that have overachieved beyond the target at the point of enforcement. Such incentives could include innovation grants, a healthy retailer certification (similar to B Corp status) or the recommendations outlined in the previous [Nesta report on 'Food innovation, obesity and food environments'](#).

## Enforcement

Options for the most appropriate enforcement body for the targets will need to be explored by the policy team.



**We recommend that the Food Standards Agency (FSA) be made responsible for enforcement of the policy.**

The Department of Health and Social Care (DHSC) should lead on the policy design and development on this work, then pass responsibility for enforcement to FSA. DHSC should continue to own the wider health improvement programme, monitor progress and provide oversight (including reporting to ministers). The FSA currently provides enforcement for other elements of the food system concerning public health, particularly in food safety and standards (for example, they have specific responsibility as a [direct regulator of food safety within the meat, dairy and wine sectors](#)).

Enforcing mandatory targets would require an expansion of FSA's existing statutory powers (see *Legal section*). An alternative option would be to set up a new regulator specifically for this policy, but this would likely be more time consuming and resource intensive.

**Compliance with the mandatory targets should be assessed and enforced on a yearly basis.**

Performance should be assessed following the provision of sales reports at year-end, and penalties should be imposed as soon as possible following assessment. A warning system may be considered appropriate. A process for considering and addressing disputes will also be required.

## Legal

This policy will require legislation. One of the first actions of the Department would be to request advice from the Government Legal Department on the necessary legal requirements for this policy and their associated risks. We consulted the legal firm Kingsley Napley LLP for their view on the most appropriate legislative mechanism, and their advice is incorporated throughout our policy proposal.

This section outlines our recommended approach and is based on the assumption that there are three key components of the policy that will be necessary to establish in legislation:

- **Mandated data collection from grocery retailers to monitor performance and progress** (as outlined in the data collection and reporting section above)
- **Mandated targets and penalties attached to these for non-compliance** (as outlined in the policy design section above)
- **Enforcement powers given to a suitable organisation, such as the Food Standards Agency** (as outlined in the enforcement section above)

### Primary or secondary legislation

The first legal question to resolve is whether this policy would require primary legislation.

**Based on the legal advice we received, it is recommended that this policy is implemented through primary legislation.**

This is the most effective route to achieve all of our desired policy objectives. And while it may be possible to achieve some of the components of this policy without the need for new primary legislation, we believe the weaknesses of that approach outweigh the benefits.

The above components necessary for this policy may, in principle, be enacted more swiftly by secondary legislation through powers contained

within [the Food Safety Act 1990](#). This includes powers which allow for the implementation of regulations targeted at protection and/or improving public health by regulating the sale of food. These powers, contained within sections of the [1990 Act](#), were relied upon to implement the [Food \(Promotions and Placement\) \(England\) Regulations 2021](#). Therefore, it seems likely that components of the policy could be implemented under powers contained in the 1990 Act.

However, there are key legal and strategic reasons why we believe primary legislation is the preferred approach:

- The outcomes-based approach of this policy is more ambitious than the [2021 regulations](#). There is a risk that the existing powers may not be sufficient for the implementation of certain components of the policy, such as the level of penalties that could be imposed. This may lead to scrutiny by the [Joint Committee on Statutory Instruments](#), which can report on whether the proposed regulations are outside of the scope of the enabling powers.
- A major limitation of using secondary legislation alone is on the enforcement and penalties component of this proposal. The FSA could likely be granted enforcement powers by a direction under paragraph 2 of Schedule 3 to the [1990 Act](#), which would enable the FSA to exercise enforcement powers under the [Regulatory Enforcement and Sanctions Act 2008](#). However, the maximum penalty under that Act is currently £2,500. This policy requires a significantly larger penalty to ensure compliance; therefore, we would require primary legislation to be able to impose higher penalties.

- This proposed policy will have an impact on existing contractual arrangements that retailers have with their suppliers. Under the (legally binding) [Groceries Supply Code of Practice of August 2009](#), a retailer is prohibited from retroactively changing any supply agreement unless the agreement explicitly allows for such changes. Similarly, there are restrictions around requiring a supplier to significantly change any aspect of its supply chain procedures. As a result, it would be unwise to rely on current enabling powers to override the Code of Practice or existing contractual arrangements by means of secondary legislation. While there may be no conflicts in practice given the long lead-in time before targets are enforced, primary legislation would ensure that, in the event of conflict, the new statutory duties prevailed.
- Secondary legislation is also generally more vulnerable to legal challenge, including on the lawfulness of powers relied upon, for example, human rights or other grounds. Even if unsuccessful, these types of challenges can slow down implementation.

To put in place the data collection, target setting and enforcement components of this policy, there are numerous existing statutory models that could be mirrored. For example, sections 1-7 of the [Environment Act 2021](#) allow the Secretary of State to set environmental targets, and section 16 outlines provisions for monitoring these targets. Section 22 of the same Act also establishes The Office for Environmental Protection, which is tasked with enforcing the targets by means of investigations into complaints, issuing Information and Decision Notices to those allegedly failing, and imposing sanctions. Other similar statutory models include the [UK Internal Market Act 2020](#) and the [Energy Act 2023](#).

Beyond the legal and strategic reasons outlined above, there would be political considerations for any new Government to consider when deciding upon their preferred legislative route. For example, a more narrow bill would enact only the provisions required for this policy proposal on health targets. However, a new Government may wish to pursue a broader bill for health improvement that would deliver a suite of measures to improve population

health outcomes. This would include the powers required to establish and enforce mandatory targets for retailers. But it would also provide an opportunity to enact complementary measures to meet wider commitments on obesity and health improvement.

The preferred legislative option will need to be agreed with the central legislative teams in the Cabinet Office and Number 10, and will depend on decisions on these further health improvement measures and whether they require legislation.<sup>9</sup>

### Proposed legislative timetable

Different legislative options will have different timelines attached to them, and the decision on the appropriate approach will be based on the legal advice, parliamentary schedule and level of government priority.

If primary legislation is pursued, the Bill should ideally be announced in the first six to nine months of a new government to establish this as a policy priority, and to give the Bill sufficient consultation time to enable commencement of targets before the end of the first Parliament.

**The primary legislation proposed will need to establish the dates at which retailers are required to provide their data and comply with designated targets.**

We recommend the following sequencing for establishing the legislation:

- A policy paper published in the first 100 days outlining the core measures that will be proposed, to be consulted on over a 12-week period (as a statutory requirement).
- A Bill introduced within the first six to nine months in government to allow time for parliamentary scrutiny and a smoother passage through Parliament.

- Mandatory data collection should commence as soon as feasible after the enactment of the Bill. We expect this should be almost immediate given the time businesses will have to prepare beforehand. Data collection must begin before targets can be enforced.
- A transition period should be provided between mandatory data reporting and enforcement of targets in order to establish reporting processes and allow businesses to put plans in place to meet the targets. We suggest at least one year. It may be possible to have a shorter period between data collection and target enforcement, though this would have to be balanced with considerations of businesses' ability to realistically meet the targets.
- The powers of the regulatory body must come into force before targets begin to be enforced.
- Targets should begin to be enforced before the end of the Parliament (the period prior to the next general election).

These deadlines would likely be marked by the enactment of commencement order(s) within the primary legislation.

## Devolved Nations

For maximum impact, we suggest the policy should be applied UK-wide, if possible. As health issues are devolved in Scotland, Northern Ireland and Wales, the devolved administrations would need to be asked to replicate the Westminster legislation or give their consent for Westminster to legislate for them. Both options require consultation with, and agreement from, the devolved nations.

## Communications and stakeholder engagement

This policy will require effective engagement, consultation and communications strategies to be delivered well. The Department will need to develop a communications and engagement plan that sits across the policy development, delivery and implementation plans that we have outlined previously.

**A government committed to delivering this policy should signal its intent as early as possible, announcing the policy ambition and timeline for delivery and engagement.**

This will be essential because businesses will want to start preparations for forthcoming legislation and/or measures as soon as possible, and the Government will want to engage stakeholders (business, non-governmental organisations, academics, parliamentarians and the public) as early as possible. There will be subsequent announcements throughout the design and introduction of this policy, such as when the policy paper is published and any legislation is introduced to Parliament.

Stakeholder engagement will be required throughout the design and implementation of the policy, in particular working closely with businesses to understand the practicalities of implementation. As well as senior industry representatives, core stakeholder groups include technical industry representatives from the largest retailers and industry associations/unions, health non-governmental organisations representatives and academics. We recommend one forum bringing together this diverse group of stakeholders to foster communication across the sector. The membership of this group should be chosen carefully, and focus on including the businesses and organisations that are committed to finding effective policy solutions to reduce obesity. Alongside this, a wider group of external stakeholders should be engaged at critical points in the design process, with intense



engagement to inform the drafting of the policy paper and ahead of the introduction of a Bill.

A key vehicle for engagement will be a policy paper that will outline the key measures (similar to the [recent policy paper on a smoke-free generation](#)) of the policy and rationale for introduction. We recommend this is published in the first 100 days of a new government, followed by a 12-week public consultation period. Following this, responses to the consultation will need to be considered, and a Bill drafted for introduction within the first six to nine months of a new government. This would allow for targets to be enforced before the end of the Parliament. Parliamentary engagement should be overseen and managed by the Bill manager to ensure smooth passage through the Houses.

**Efforts should be made to secure agreement from a retailer(s) to voluntarily introduce this policy within their stores.**

Retailers who are close to the proposed target, have shown the greatest levels of engagement in pursuing future policies, or have the most effective data arrangements should be prioritised. If this option was pursued, there would need to be a tailored engagement plan to secure their agreement and a clear plan for the Department to support that retailer(s) as they introduce these measures. This would help to test for potential implementation issues and reassure business, parliament and the public of the potential impact of this policy.

The below outlines potential public announcements and stakeholder engagements that we would suggest for effective handling of this policy:

<b>Communication or engagement activity</b>	<b>Timings</b>
Secretary of State announces policy intent and plans	Within first 100 days of a new government
Establish external advisory group(s) and convene first meeting on the scope/ambition of the policy	Within first 100 days
Announce and publish a policy paper outlining the key measures	Within first 100 days
Public consultation on policy paper	12-week period following policy paper publication
Arrange series of meetings of the external advisory group(s) to consult on details of the policy paper and likely consultation response/outcome document	12-week period (aligned to consultation period)
Publication of consultation response	Within 12 weeks of the consultation closing
Secure a retailer(s) agreement to introduce measures voluntarily as a test or trial of the policy	Within first six months of a new government
Meetings of the external advisory group(s) to outline final plan for the Bill	Once draft Bill is ready
Introduction of a Bill	Within first six to nine months of a new government
Arrange series of meetings of the external advisory group(s) to update on Bill and consult on ongoing issues (as required)	Within first six to nine months of a new government
Passage of Bill through Parliament (including usual parliamentary scrutiny and processes)	6 months to a year from introduction
Announcement of Royal Assent	6 months to a year from introduction
Data collection measures come into force as mandatory requirements	As soon as possible after Royal Assent (within a month)
Mandatory targets and penalties come into force as mandatory requirements	12-18 months following data collection being mandated

# Proposed implementation timeline

Note: pink squares represent key milestones

ACTION	Year 1	Year 2	Year 3	Year 4	Year 5
<b>DIRECTION SETTING</b>					
Secretary of State for Health and Care announces policy	■				
Governance structures and resourcing set up	■				
<b>POLICY DESIGN &amp; ANALYSIS</b>					
Policy design options and recommendations agreed	■				
Analysis and completion of impact assessment		■			
<b>LEGISLATION &amp; CONSULTATION</b>					
Legislative schedule agreed	■				
Policy paper drafted and released	■				
Policy paper 12-week consultation period		■			
Drafting and introduction of Bill		■			
Passage of Bill and royal assent		■			
<b>COMMUNICATION AND STAKEHOLDER ENGAGEMENT</b>					
External advisory group set up and convened to consult on details of policy	■				
External advisory group advises on final plan for the Bill		■			
Ongoing engagement to consult on issues and updates		■	■	■	■
<b>DATA COLLECTION</b>					
Mandatory data collection begins			■		
<b>MONITORING, COMPLIANCE AND ENFORCEMENT</b>					
Monitoring and data collection by regulatory body			■	■	■
Targets are enforced				■	■

## Endnotes

1. We commissioned independent legal advice to inform this policy proposal. More detail on this is captured within the legal section.
2. The [FDTP](#) is a collaborative initiative between government and industry aiming to set new reporting and publication standards on health and sustainability metrics for large food businesses to improve the healthiness of the food system.
3. HFSS is a binary measure of a product's healthiness as determined by its NPM score and is the basis of existing regulations on restrictions of unhealthy food by [location](#), [price/volume promotion](#) and [advertising](#). Products with a converted NPM  $\leq 62$  and [in scope of HFSS regulations](#) are subject to this classification.
4. Calorie density, also known as energy density, is a measure of the calories per 100g of a product. High calorie-dense foods (those with  $\geq 400$  kcal/100g) are generally considered unhealthy, for example, confectionery; although there are exceptions such as nuts, which are healthy calorie-dense foods.
5. Nutrient profiling model (NPM) scores are a holistic measure of health that assign an integer score to food products based on their nutritional content (energy; sugar; saturated fat; sodium; protein; fruit, vegetables and nuts; fibre). The UK NPM was originally developed to determine the suitability of products for advertising to children.
6. We have used a cNPM score that runs on a scale of 0-100 with a higher number translating a healthier score for ease of interpretation. The standard NPM is more difficult to interpret as it is calculated in such a way that the scale runs from approximately -15 to 40 with a lower number meaning a healthier score. For more information on the NPM conversion, see the [technical appendix](#).

7. We transformed raw NPM scores for the cNPM target with a commonly used formula developed by the [University of Oxford](#), which involves multiplying the raw NPM score by -2 and adding 70. Using this formula, a raw NPM score of 4 is equal to a cNPM score of 62 (the threshold for a low cNPM score, HFSS and 'unhealthy' classification). We have referred to this scaled NPM score as a 'cNPM score' (see [technical appendix](#) for more details).
8. Third-party commercial datasets such as the Kantar dataset used in the Nesta analysis include data on consumer purchasing and food composition. This dataset reflects retailer sales (but would require assurance from businesses) and provides all the necessary information needed to generate headline and supplementary metrics for in-scope retailers. Use of this dataset would not require legislation and removes any potential bias from retailer reporting; however, its usage would be against government procurement and tender rules.
9. This includes the Parliamentary Business and Legislation (PBL) Cabinet Committee who manage the overall programme of Government legislation, the Office of the Parliamentary Counsel who draft the Bill, and the Bill Offices of the two Houses.