



## Health Committee

Oral evidence: [Childhood Obesity Strategy, HC 465](#)

Monday 19 October 2015

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Members present: Dr Sarah Wollaston (Chair); Dr James Davies; Andrea Jenkyns; Paula Sherriff; Helen Whately; Dr Philippa Whitford.

Questions 89-167

Witnesses: **Duncan Selbie**, Chief Executive, Public Health England, **Jamie Oliver**, Chef, Campaigner gave evidence.

**Q89 Chair:** Good afternoon. Thank you very much for coming this afternoon, Mr Selbie. Could you start by describing to those following this afternoon's session what your role is? Could you also set out the name of the document that we are discussing this afternoon?

**Duncan Selbie:** I am Duncan Selbie, the chief executive of Public Health England. The document that we are discussing this afternoon is our evidence and advice to the Government on reducing sugar.

**Q90 Chair:** Can you tell me whether the document has a name, just so that we are all referring to the same thing?

**Duncan Selbie:** "Sugar reduction: responding to the challenge".

**Chair:** Thank you very much. We will start with Dr Whitford.

**Q91 Dr Whitford:** Mr Selbie, at the start, when all the evidence gathering began, did you consider that this document was gathering evidence on how to manage child obesity or was it always marked out as being specifically advice to Government?

**Duncan Selbie:** The origins of this were the SACN report two summers ago, which looked at the science behind the nutritional contribution of free sugar in the national diet. You will know that there is concern that all of us are taking in too much sugar. Actually, they had been looking at that evidence for some years. Two summers ago, it culminated in a recommendation that sugar in the diet should be reduced from 10% to 5%. That was then opened for further consultation. It was incredibly important that, if there was objection to the science or there was science we were not aware of, that was also gathered.

In the summer of 2014, that stimulated Public Health England to produce a document at the time called “Sugar reduction: responding to the challenge”. It was a research strategy, or an evidence-gathering strategy, about how you would go about reducing the sugar content in the national diet, if the science says that we should be doing that, and about what might work and what would not work, looking around the world. Over the past 12 months or so, we have been doing this work. We have been looking at the research available around the world and testing the quality of that research, and that has culminated in an evidence review and advice to Government, which we gave to the Government on the 9th of this month.

**Q92 Dr Whitford:** It is described, therefore, as both an evidence review and advice to Government.

**Duncan Selbie:** Yes.

**Q93 Dr Whitford:** Could they not simply have been separated? I understand the principle that advice to Government is kept secret, whereas normally an evidence review would be made available.

**Duncan Selbie:** Can I be clear about this, if I get nothing else across this afternoon? I do not expect this to be kept secret. I am fully committed to getting it published. It is really important that the Committee understands that in the production of this evidence, or this meta-analysis or systematic review of the evidence, and our advice based on that evidence, there has been no fetterment, interference or guidance—choose your word—in any way. It has been free.

**Q94 Dr Whitford:** Could they not just have been on separate pieces of paper? We had two panels in front of us last week, which would have been much more productive if we had been able to refer to chapter 2.1.8 showing such and such. We were not. The evidence coming out at the last minute means that people do not have the chance to work with it.

**Duncan Selbie:** I regret entirely that the timing worked in this way. The advice is based on the evidence. It is theoretically possible to separate the two, but one is dependent on the other. Our view was that they were—

**Q95 Dr Whitford:** I totally accept that they are dependent on each other, but in other forms of steps in Government the evidence is published and the advice is not. I am trying to understand why in this case they have been put together, which has, therefore, stopped the evidence being published at a time when people could challenge it or come up with a different way of doing it, before we have a fait accompli on Government policy.

**Duncan Selbie:** I thought you might ask me why I am in this position. I had three things that I wanted to convey. There is no conspiracy of silence. I wanted to put it in the context of the SACN report. Public Health England was the technical adviser to SACN. We were also the secretariat, so it really belongs to us. We think it is the most marvellous moment for the Government and for all Governments—the four home nations—to say, “We accept this advice.” If you are a public health agency, it does not get better than the Government saying, “We accept your advice.” Governments do not change their advice about these

sorts of matters very often. It has been 30 years, so it is a fundamentally important moment. You might argue that it is marginal at 13% or 14%, but—

**Q96 Dr Whitford:** As a doctor for over 30 years, I am not arguing that it is marginal. It is more that there is a lot of interest in this topic, in the public and in the science field.

**Duncan Selbie:** Isn't there? It is a wonderful moment. We have been working with the Government week in, week out. Our ownership is of the evidence, but what we really want is to get the outcome. We want to get a childhood obesity strategy that will work. Nowhere in the world has such an integrated strategy—it simply does not exist—and we are on the cusp of having one. I have been working with the Government. You know that there is no silver bullet; there is a whole range of issues. It is all of Government—every conceivable part of Government.

I reached an agreement with the Secretary of State some time ago, and that agreement has been refreshed since the general election. The Government have come back and said, “We are really committed to this.” We agreed that we would publish at the same time, to give the Secretary of State the best chance to negotiate across Government a strategy in which we can all have confidence and of which we can all be proud. That predated these hearings, but I am not in a position to break the agreement. If you were to say that it was not going to be published, I would say that that is not right. If somebody said how I was to write the evidence, I would say that is definitely not right. If I thought that the strategy was not going in a positive direction, I would also be concerned. None of those things applies.

**Q97 Dr Whitford:** I can understand that there may be different Departments involved, but when we promote so much both transparency and the timeous publication of things, how can evidence be bad? How can the knowledge be bad? There is what the Government decide to do with it and how they decide, but I still find it hard to grasp how knowledge can be dangerous, that our simply getting a review of the research evidence across the world is somehow dangerous, if it gets into our hands or the public domain.

**Duncan Selbie:** I do not see it like that. I do not think that it is dangerous. I think it is hugely powerful, which is why the timing is so difficult. I want to be helpful; I hope that Dr Wollaston knows that we are trying to be. You will have in front of you tomorrow Dr Tedstone, who is free to speak to the themes.

**Q98 Dr Whitford:** But we will not be able to ask her things, because we cannot see it and say, “Dr Tedstone, what about this?”

**Duncan Selbie:** I would not dream of being directive, but there are eight themes to the evidence review. They were set out largely in what we published as our research strategy last summer. It has moved on a little bit. There are eight themes on which we have given advice to the Government. Four of them I would commend exploring with Dr Tedstone tomorrow: reformulation, and within that portion control; advertising, particularly aimed at children; price promotion, which is hugely important; and fiscal measures. You could explore with Dr Tedstone tomorrow what the evidence has to say, what the strength of the evidence is against each of those and what that would suggest a strategy might look like. That allows me to be as open as I can be about what we have learned and where it has taken us, without breaking my commitment to the Secretary of State and the Government

about the timing of the release. I agree with the Secretary of State that it is so important that we can potentially have a strategy that is owned by all of Government. The time that is needed to land that is what I am—

**Q99 Dr Whitford:** You do not think that there will be groups who then say, “We never had a chance to come back and respond to that,” and therefore do not engage or are constantly digging away at it afterwards, whereas having that final opportunity to say, “I think you have misinterpreted this,” or, “I do not agree with you,” might have given an even stronger chance for consensus.

**Duncan Selbie:** The Secretary of State has said on the Floor of the House—the most accountable part of the whole of Government—that he is committed to publishing the report in full. He is also committed to taking this strategy into Parliament so that there can be a debate. I am very confident—if I could take my glasses off, I could emphasise it, although I would not be able to see you—that the quality of our work will define the outcome, which is the strategy. The strategy will be the first fully integrated strategy anywhere in the world to address childhood obesity.

**Q100 Dr Whitford:** If he is going to present it on the Floor of the House, are you aware of what time prior to that it will be published? If an 80-page document is published in the morning and we are debating it on the Floor of the House a couple of hours later, it will not be a fruitful debate.

**Duncan Selbie:** The Secretary of State will need to speak to that. He said—directly to Dr Wollaston, I believe—that he was going to keep the publication date under review. What I want to convey to you is that a public health agency like Public Health England has expertise. We do not have the universal answer, but we have expertise and we can access it. We do not have any money, so all we can then do is influence. It is the influence that is so precious. That is what we are doing to get to a strategy we can be proud of. I think that even you might be surprised at the quality of that strategy. The issue would be if I felt that it was not going in the right direction and was not addressing what the evidence had to say. You know that there is no silver bullet. It is not just about fiscal measures. There is a whole range of issues that are really tough.

**Q101 Dr Whitford:** Yet fiscal measures appear to be ruled out. We do not get to see the evidence and it is all meant to be hush-hush, yet what is leaked out is, “Well, we won’t be doing that.” That just seems—

**Duncan Selbie:** What I would say to you is that our evidence suggests that it could contribute—last week I was with the Mexicans—but it is not where we would start. That is a taster for Dr Tedstone tomorrow; it is not where we would start.

**Q102 Chair:** Isn’t it going to be extraordinary that we will have Dr Tedstone in front of us to talk about an evidence base and we will be able to talk about freely, but she will not have the document in front of her and we cannot see the evidence upon which it is based? Surely part of the problem is that we need as many eyes as possible on that document to be able to decide whether or not they agree with your evidence review. How will people have the opportunity to challenge your evidence review in a timely manner if we cannot see it?

**Duncan Selbie:** I hope you know how much I respect the contribution of the Select Committee, and you personally. I am very sorry to be meeting most of you for the first time in a contentious way. I have explained—I hope coherently, even if you do not agree with me—why I am doing what I am doing, which is to say that I have given the evidence and advice to the Secretary of State and am working with him in a very literal way on how that will convert into a strategy. He says to me that he needs time to get to the point where it lands across all of Government. I want the outcome. I know that is what you want as well.

**Q103 Chair:** We all want the outcome, but—

**Duncan Selbie:** I want the outcome. You might want to challenge me in the event that there is not a strategy. If there is a disconnect or dissonance between what our evidence has to say and what the strategy has to say, I would expect to be before you again.

**Q104 Chair:** The next witness who is coming to see us has sponsored a petition that more than 147,000 people have signed. There are very many other people across the wider health and public health community who would like to be able to contribute to this strategy. Why shouldn't they have access to an impartial evidence review?

**Duncan Selbie:** It is impartial, and they will—just not yet.

**Q105 Chair:** What surprises us is that you have a proprietorial sense that there will somehow be damage from other people seeing this evidence.

**Duncan Selbie:** No, no.

**Q106 Chair:** What would be the harm in other people being able to access that impartial review of the evidence and being able to scrutinise it?

**Duncan Selbie:** The Government are asking for sufficient time to have discussions within and across Government to land agreement. I know that I am being repetitive, but I am not being proprietorial and I am certainly not being obstructive. I am just taking a different view. Independence, in this sense, is the judgment I am making. It is personal. I believe that we will get to a better outcome by allowing sufficient time. Everybody will get to see everything.

**Q107 Chair:** Yes. We are agreed that they are going to publish and that there has been no pressure on you about the content. There is no dispute about that. The dispute is about the timeliness of it and whether there would be harm in allowing other people to scrutinise your evidence review and being able to use it as the basis of their own representations to the Government about what should be in the strategy, before the ink is dry on the paper.

**Duncan Selbie:** It is just the timing of that.

**Q108 Chair:** Although the document was delivered to the Secretary of State fully peer-reviewed on the 9th, you indicated to me that the Government had had the evidence

package for weeks. It is not as if they have only just had it on the 9th. You indicated to me that they have had the evidence package for weeks.

**Duncan Selbie:** We have been talking about it for months.

**Q109 Chair:** Months—right.

**Duncan Selbie:** Actually, years. That is why, in my answer to Dr Whitford, I put it in the context of the SACN report some two summers ago. It follows a traffic flow. There are no surprises.

**Q110 Chair:** No surprises, but your point was that somehow the Secretary of State needed time, yet in fact there have been discussions for a long time about the evidence within it. It is not as if he just received the evidence on the 9th. He has had that evidence package for some time.

**Duncan Selbie:** I cannot speak for the Secretary of State.

**Q111 Chair:** No. I am just asking whether it is correct that he has had the information—

**Duncan Selbie:** We have been working week in, week out, for months, sharing the evidence—as I did with you, if you recall—about the emerging—

**Q112 Chair:** You have not shared the evidence with me. I specifically asked you to share the evidence review—

**Duncan Selbie:** No. We have talked through the emerging evidence. Dr Tedstone and I talked through what the themes were and the balance of the quality of the evidence. There is a lot of evidence out there—

**Q113 Chair:** There is. That is why we need many eyes on the document, I would suggest.

**Duncan Selbie:** I understand. It is just a matter of timing. I wish it were different.

**Q114 Dr Whitford:** Timing is it. We had two panels with absolutely conflicting views last week. It is evidence that is in the public domain, because it is research. Your team has done the job of bringing it together in a way that none of us would have the time to do. If we had been armed with that tool last week, our session would have been infinitely superior to what it was, because we would have been able to challenge—or be challenged. Timing is the point.

**Duncan Selbie:** I know. It can only make you more annoyed with me that we have produced an evidence review—a meta-analysis or systematic review—that no one else in the world has done. We do not have a strategy anywhere in the world to draw and learn from; this will be a first. As a consequence, we have the opportunity to have a strategy capable of working for us as a nation. This is tricky. It is not straightforward. It requires a huge amount of negotiation.



**Q115 Chair:** Indeed. Just to clarify, that evidence review has been paid for by the public. The public and the wider health community would like to see it. As you say, it has not been produced anywhere else in the world. The beauty of it is that it is impartial. We are formally asking you again, could we see a copy of that evidence review? If not, what would be the harm in so doing?

**Duncan Selbie:** I regret to say again that I have given that evidence package and the advice to the Secretary of State. I have reached agreement with him that we will publish it at the same time. He is committed to publishing it. If he were not, I would. It will get published. We will have to agree to disagree, if you would, about whether there is any harm. I think that the greater harm is that it undermines the possibility of a wider strategy that Government owns.

**Q116 Chair:** You are saying that you think having clear, impartial evidence in the public domain—just evidence—would undermine the obesity strategy. Is that what you are saying?

**Duncan Selbie:** It is a matter of timing. The convention, as you will know, is that you give advice—

**Q117 Chair:** I know the convention.

**Duncan Selbie:** I want the same—

**Q118 Chair:** I am not asking for advice, Mr Selbie. I am asking for the impartial review of the evidence.

**Duncan Selbie:** Forgive me. I am not giving advice; I am giving context. The Government asked Public Health England, their public health agency, for its best advice. We can do that only by looking at the quality of the evidence.

**Q119 Dr Whitford:** We understand that the advice is confidential.

**Duncan Selbie:** It is with the Government. I hope that we will have a strategy we can all look at and debate before terribly much longer has passed, but I am not in a position to give that to you today.

**Dr Whitford:** We totally understand that advice is confidential, but they are two different things. They have obviously been stapled together. Could they not just be unstapled, so that we get the evidence? We do not need to see the advice. That is confidential and it is traditionally confidential—there is no issue with that. It is your meta-analysis we would like to get our hands on.

**Q120 Chair:** Earlier, you said that you were not in a position to break that agreement. I am afraid that you are in a position to break it. The other point that I want to make clear to you in this session is that, as you will know, when Public Health England was set up there was great concern as to whether or not it would be sufficiently operationally independent from the Secretary of State. That is why in the framework agreement it was spelled out very clearly in a number of places that you have the power, without fear or favour, to publish in the public interest. I want to read you one passage. Section 7.4 states:

“PHE has operational autonomy. It will operate transparently and proactively and provide government, local government, the NHS, Parliament and MPs, industry, public health professionals and the public with expert, evidence-based information and advice on public health matters. PHE shall be free to publish and speak on those issues which relate to the nation’s health and wellbeing in order to set out the professional, scientific and objective judgement of the evidence base.” What, may I ask you, is inconsistent about Parliament—this Health Select Committee—saying to you very clearly that we do not want to see the advice but we would like to see an impartial evidence base? That is what we are asking for. Could you please let us have that?

**Duncan Selbie:** I am very familiar with the framework agreement; I wrote it. There is not a public health agency in the world that has greater freedom than Public Health England to speak to the evidence and to publish it as we see it. I know this is not what you want to hear, but the ultimate arbiter of that is the right to choose whether I do or I do not. I am choosing not to and I am explaining why. If I am proven to be wrong about this—if we do not get a child obesity strategy that reflects the evidence—I will be accountable to you for that. It is the timing of it that is such a problem.

**Q121 Chair:** But do you understand why we feel that the timing is a problem? There will not be an opportunity for the wider health community and those who are campaigning on the subject either to examine your evidence review and have many eyes on it in a timely manner, or to have access to that information in order themselves to contribute to the obesity strategy. Isn’t that a dangerous precedent to set, and a rather patronising one, if you do not mind my saying so?

**Duncan Selbie:** I am sorry that you feel that way. That is not what I am trying to convey. Tomorrow, Dr Tedstone will speak freely and openly and share with you, in the four areas I suggested, everything that we know and have found out, and the strength of that evidence. I also hope that it is not the last time that the Committee will have this conversation.

**Q122 Chair:** How can Dr Tedstone possibly be challenged by the wider health community on what she is saying unless they have access to her impartial meta-analysis and evidence review?

**Duncan Selbie:** She is meeting you tomorrow.

**Q123 Chair:** Will she have the document in front of her?

**Duncan Selbie:** No, she will not.

**Q124 Chair:** Why won’t she have the document in front of her?

**Duncan Selbie:** Because I do not wish her to be compromised. She is absolutely the right witness to have, and I am sure you will find her to be a very fine witness.

**Q125 Chair:** The message you are sending is that you think it would be damaging to the obesity strategy to have an impartial evidence review in the public domain. Is that actually—



**Duncan Selbie:** You summarise in that way. Can I summarise? I want to see an outcome for our children—to have a strategy worth the having that requires action from all of Government and requires every part of Government to commit. Our Secretary of State is leading that negotiation. I want to do nothing to undermine it. In the event, the timing of this is regrettable, and I am very sorry not to give you everything you are asking for; that is not my wish. If you conflate that with a public health agency unable to tell the truth, I hope that I am conveying to you today that that is simply not a real or fair observation. You will be able to judge me in time. Please try not to judge me today.

**Q126 Chair:** Other people will make their judgments. In the framework agreement, which you wrote, you specifically say that you will provide “expert, evidence-based information and advice” to Parliament and MPs. Are you going to remove that from the document?

**Duncan Selbie:** Not at all. It is a matter of timing.

**Q127 Chair:** Delayed publication, as you know, can be as damaging as non-publication if it means that people do not have access to information and advice in a timely manner. Those would be my thoughts. You have set out your case, Mr Selbie. Thank you for coming today.

**Duncan Selbie:** Thank you very much.

### Examination of Witness

*Witness:* **Jamie Oliver**, celebrity chef, gave evidence.

**Q128 Chair:** Good afternoon and thank you very much for coming, Mr Oliver. Would you introduce yourself to those who are following and set out whether you have any personal or organisational conflicts of interest? You are a very familiar public figure, but this is in line with what we have asked all witnesses to this inquiry.

**Jamie Oliver:** Hi guys. I am Jamie Oliver, chef, campaigner, author and probably most importantly today a dad. That is my remit. I do not see any conflicts of interest.

**Q129 Dr Whitford:** What would you like to see within the childhood obesity strategy with regard to food and drink? Obviously it will have a wide remit, but what specific action would you like to see?

**Jamie Oliver:** Having worked with the British and international public for 17 years, and having daily and monthly communication with millions of parents out there, my passion is for honesty and clarity. That would be a really good balance. I do not believe that utter clarity is the main objective of particularly the food and drink industry. When you inform the British public with good, clear information, they generally make good choices. They are not largely making good choices at the moment, and I have some examples of that. I think it is a major problem. It comes down to nutritional information, the voluntary

schemes and the language in which we talk about nutrition. It has been very slow and I think that Government in general over the last 30 years have done an incredible disservice to children with regard to creating an environment where making a better choice is easier than the wrong choice.

**Q130 Dr Whitford:** Would you see that as the primary thing you want out of it rather than fiscal measures or reformulation?

**Jamie Oliver:** I am absolutely passionate about a multi-sectoral approach. I believe that the public, parents, the media, businesses, the food and drinks industry and Government all have an equally important part to play. We have had two or three generations where many mums and dads, who are working very hard, have not been taught how to cook or taught about food at school or at home, so we have some catching up to do.

We have started some things in the last number of years which are very good, like making it compulsory for food education for our primary school-age kids. That happened last September. This is really powerful and important, but we have to back it up with the right collateral—support and cash to support and inspire our teachers around the country to embrace it, so that it is not just another thing they have to do on top of the daily duties. I am very passionate about the whole package. It is a very holistic view. I am happy to share with you the shopping list that I have drawn up; it is edging towards 70 or 80 initiatives that all work together. If we do not do it as a holistic measure, we will not get the success that we want.

**Q131 Dr Whitford:** I think all of us would agree with that. There is no magic bullet, as we have said. We do not know what is going to be in the strategy, but one of the things that appears to have leaked out is that there would not be a fiscal measure—there would not be a sugar tax. What is your response to that?

**Jamie Oliver:** The discussions that I have had have not implied that that is written off. The discussions that I have had have been robust, and Mr Cameron is reviewing everything. He seems to be interrogating it really well. Where we are positioned now, with where he is now and for the next five years, is probably one of the most important times in the next 20 years. We have a five-year run and we need to make sure that he is brave.

If you look at the polls in the newspapers holistically around the sugary drinks tax, they favour it quite strongly. That is why the data that is being withheld from us is really important. We need to join up that approach. It does not seem right for the public or Ministers to leave it until the obesity strategy is published for them to voice their support or concerns about certain aspects of it.

I am often looked at as being radical. I do not believe that anything in the shopping list or my plan or suggestions is radical. It is very basic, even down to a sugary drinks tax. That is one part, but I believe it is deeply symbolic. Yes, it could raise a billion quid and, yes, we should hypothecate it and find a home for it. I believe the home should be part-NHS and supporting our nurses, doctors and practitioners to have proactive outreach to the home and to people who suffer from diet-related disease. I am sure that the Select Committee is aware of the sheer volume of people in hospital because of diet-related disease.

Of course, the other side is primary schools. Half a billion pounds divided by 24,000-plus primary schools in this country is 20 grand. That is real money. That is proper money. That is strategic money that can empower hands; it can empower local people to help local kids, to build gardens, to teach to grow, and to spread and support the legislation of food education that was made last year.

The point to make is that it is not radical, because the French are doing it, as well as the Mexicans. As a country, the French have some very interesting and positive public health statistics. They are being proactive. Why can't we? They are being brave. Why can't we? They are 26 miles over the sea. I refuse to accept that I am radical or unrealistic.

**Q132 Dr Whitford:** Would you see the sugar tax, if such a thing was in the strategy, as an end in itself to drive people away from certain drinks or as a way of getting manufacturers to reformulate? Lots of people talk about the calories in the full sugar version, but it is actually the fact that it gives you a sweet tooth so that as well as even a Diet Coke—which is full of saccharin and aspartame—you will eat a piece of cake.

**Jamie Oliver:** I totally agree. The French tactic was to tax all, sweetened and unsweetened. If you think about pre-election, there was absolutely no conversation about the possibility of a tax. After the election they are considering it and debating it. They are reviewing the whole holistic problem, which I am very excited about. I feel deeply passionate about the fact that parents in Britain and the people involved in public health need to hold Mr Cameron to being brave and strong. They need to support him, otherwise it will be like minimum pricing on alcohol. That had all the science behind it but turned into a big old fight. They got burnt, backed off and retreated, when actually they were trying to do the right thing for public health.

I feel that the billion quid is great, but let's be honest, it is still a tiny amount of money in relation to the size of cash required. I feel it will have drop-off statistically. Even in my own restaurants, where we have a self-inflicted tax, we are seeing that.

**Q133 Dr Whitford:** I was just going to ask you about that.

**Jamie Oliver:** We are seeing a really unusual drop-off, of about 6% to 7% consumption. That will go over to free water, which we have offered, and fresh fruit juices which we are cutting with water and ice. We are still sourcing great fruit, but that is how we are doing it and that is the way we are broaching it. We are seeing a really good transition from one to the other, and we are not seeing any commercial downfall in general spend per head.

At the moment we have 150 restaurants taking part in the action. It could be double that by the end of the month. Of course, you are going to get forward-thinking restaurants that put environmental issues at the front of their unique selling point. That is why it is important that it is a legislated tax. More important even than the cash or the drop-off is the fact that it is symbolic of a Government that is willing to fight tooth and nail for public health, and most importantly for child health. There are the excuses—the words “nanny state” are thrown in or the fact that it is a Labour or Conservative issue—but this is something that we should all be passionate about. I believe we need one strong, hard action—and that is the sugar tax. Everything else will cascade beautifully off that. Of course, they are all more important than that one action.

**Q134 Dr Whitford:** What is your reaction to the Government reaction to your petition? What were you hoping for?

**Jamie Oliver:** Many of my friends and colleagues think that the response to the campaign online was to write it off and that they are not planning to do it, but if you really look at the small print it is also saying, “We are reviewing it,” which means that it is still open. This is why the time from now until the obesity strategy is launched is critical. I know that Mr Cameron sees it as very important. I think his senior team find it incredibly important. My worry and obsession, having done “School Dinners” 10 years ago when there were very robust nutritional standards for dog food but not for children’s food, is that we have to help them to be brave and bold.

I run businesses. When the single largest source of sugar in our kids’ and teenagers’ diet is sugary sweetened drinks, at what point can business have free rein to be effective and profitable? The tax just reminds them who’s the boss, and that is child health and the Government.

**Q135 Dr Whitford:** It can also be seen as not anti-business, in the sense that we look at the range from certain producers. As doctors and people within public health, if we have to say, “You must not touch the full sugar one,” in actual fact all our energy goes into making sure that product does not succeed, whereas if businesses start to change what they put out, and if that food or drink is not a threat to children, we are not attacking them. In actual fact, it should make business sense.

**Jamie Oliver:** I completely agree. If you look at the acquisitions of the big sugary drinks companies for the last 10 or 15 years, it has been water and milk companies. When the drop-off happened in Mexico, they went over to milk and water products and guess who owned them? I think it is about changing business. It is about making what does better look like? Again clarity is an important thing, like labelling. If I may, I’ll take the liberty of showing you an example of clarity that the drinks industry—

**Dr Whitford:** We are going to come on to that later. We will be covering lots of different things that might be in the strategy. Thank you very much.

**Q136 Paula Sherriff:** Thank you for joining us today. We have obviously heard about your Sugar Rush campaign, which has a number of components, including the five-point manifesto and various petitions. How do you respond to accusations, not necessarily from this Committee, which suggest that you are demonising sugar?

**Jamie Oliver:** I love sugar; I think it is great. I have never said we should ban sugar-sweetened drinks and I have never said stop using it. There is honest sugar and dishonest sugar. Surprisingly, I think that a chocolate bar is quite honest. It has always been what it is; we have always known that a cake or a bit of chocolate is an indulgence. There are humongous amounts in sugary sweetened drinks which, just to remind you, are the largest single source of sugar in our children’s and teenagers’ diet. That is why I have homed in on them. That is why I believe they have earned the right to higher responsibility and, in my opinion, a tax.

Cereals are another massive area. Cereals, together with sugary sweetened drinks and highly processed food, are major contributors to the excess. For anyone in the room who is

medically based, the graph of childhood obesity and diet-related disease shows that something radical needs to happen to curb it, and hopefully reverse it. I hope it is in my lifetime, and I think we probably all feel the same way. That is why I believe at this moment in time that the next four months in particular, in relation to the detail and a holistic strategy, is probably the best opportunity we are going to have for 30 years to get it right.

**Q137 Paula Sherriff:** I am sure you would agree that in order for your campaign to have credibility—obviously with you being such a public figure—what you do in terms of your own business is clearly open to scrutiny. We understand that in your restaurant chain, and correct me if this is now incorrect, your menu provides a calorie and carbohydrate breakdown per dish but does not give the level of sugar.

*Jamie Oliver:* In the food?

**Paula Sherriff:** Yes.

*Jamie Oliver:* We could do that very easily. We have been modernising our nutritional information for a long time. In our opinion, we focus on sugar-sweetened drinks because that is the single largest source consumed by the kids. Our customers come to us about twice a year. It is an indulgence. From a calorific point of view one third of the menu is green, one third amber and one third red. I think that is quite forward-thinking; it is quite robust. We can definitely put more information out. At the same time I also sell Coca-Cola, and part of the documentary was about that. Some people say, “Why don’t you just ban it?” I am not suggesting a ban of all sugary sweetened drinks. Clearly I would be kicked out of Britain very quickly. But I am suggesting a tax, which we have self-imposed. We have seen a drop-off in our own little world of 46 restaurants. The benefit is money raised for local schools and a drop-off in those sales. I am not sure if it is the action or the conversation that is more powerful. It is probably the latter, but both are important.

**Q138 Paula Sherriff:** It was timely this morning that I saw a tweet about your Gatwick outlet. Somebody had alluded to the fact that just beside the till there were some products that one might consider to be quite high in sugar. Is that something you would be prepared to consider?

*Jamie Oliver:* It is not something that I am aware of. We are one of the only restaurants in an airport in Europe that bakes their own bread and puts stuff together on site. They are very busy and there is a whole range of choices. I will find out. It could have been a flapjack. We certainly do not sell Haribos, although we do sell Coca-Cola. That is not a strategy that is in our business. I will review it.

**Q139 Dr Davies:** You have mounted a strong defence of your idea of sugary drinks being subject to tax, but of course we are taking evidence from those who feel the opposite. What would you say to those who say that increased taxation is a step too far?

*Jamie Oliver:* I think doing nothing is inappropriate. You need to single out and prioritise the biggest and most dynamic part of sugar consumption, which is sugary sweetened drinks. Look at how rich they are, how robust they are and how they hijacked our Olympics, hijack our football games and the talent that they employ. As you would have seen over the last week or so, they have invested in science to allow them to have rhetoric and conversations with you and me. What I am suggesting is not radical. The French and

the Mexicans are doing it, though for different reasons. One is proactive and one is reactive. We should be big and bold. If we can get the hardest one done, we should at least consider it and interrogate it. We should also work out who is running the country. Is it the businesses who, in my opinion, are profiting from ill health in our children? Or is it us? That is the process we want to go through. Whether I win or fail, I would like to think that it was not a waste of my time, and that the interrogation everyone has will highlight the conversation about clarity and choice. Clearly we have a problem with the amount of sugar-sweetened drinks that our kids are consuming.

**Q140 Dr Davies:** One of the words that has been used to describe the proposal is regressive—that it would be regressive and that it would affect those on lower incomes the most. What would you say to that?

**Jamie Oliver:** I gave this information to Mr Cameron, and I will pass it to you—feel free to pass it round. Everything I have suggested has been focused on this measurement scheme. I told Mr Cameron that it is the most important brief for the childhood obesity strategy. This bit of information highlights to you that the most vulnerable people in this country are four to 11-year-old disadvantaged children. Regressive? I would argue that it is incredibly pioneering. Other countries from the Baltics through the rest of Europe and throughout the world will look and follow. Everyone looks to Britain as an example. I think it is recalibrating the balance of public health and business and it is profoundly important. We have seen some success with voluntary schemes, but voluntary sugar is not working. It is a profoundly important moment in time.

I have heard arguments about employment. Most of these businesses do not employ the volumes of people that their argument leads you to believe. Following Sugar Rush, there were three adverts in every paper in the country. One of the pages said, “We support British jobs: 4,000 employees.” I don’t know what their annual P&L is, but in 46 restaurants we employ 4,500. The argument that it is going to destroy employment in Britain is not correct. It will take the edge off the profitability of their company. If, like many of those big companies, they have invested in the ones that many have invested in, they will just see a movement of sales from one side of the business to another. At the same time, the interesting thing about those advertisements was an on-the-record commitment that they would be pushing, promoting and marketing less sugary drinks, which can be seen as a small success.

**Q141 Dr Davies:** Talking of profitability, I believe that sugar-free drinks are cheaper to produce. Do you think there is any scope in exploiting that, so that sugar-free drinks and sugary drinks are not marketed at the same price and that the cost of production is reflected in the actual sale price in the supermarkets? How does that idea stack up against your proposal for an additional tax?

**Jamie Oliver:** I must say that I am not an expert in the cost of sugary and non-sugary drinks so I am probably not equipped to answer that question, not because I don’t want to but because I don’t work in that industry. Making it easier to make the right choice has to be a civic and business duty. Certainly it is very commercial to sell more fruit and veg, but most of the food we consume is on offer, and most of that is high in salt, fat and sugar. There is definitely some stuff that the Government can do to help, facilitate and subsidise, and promote a better balance.



**Q142 Dr Davies:** You are very sure that this idea of a sugary drinks tax is key to tackling childhood obesity, over and above all the other measures that might be taken.

**Jamie Oliver:** My suggestion to the Government—I have said this before—is that we should implement a three-year sugary drinks tax of 20% per litre, which is 7p on a regular can of soda, and that we should absolutely interrogate it and put a sunset clause on it. If, after three years, there was no proof that the money was intelligently, logically and, most importantly and critically, spent on the NHS and schools, we would remove it if it did not profoundly become symbolic or create new thinking across Government as a way to tackle obesity. Also, there will be a drop-off in sales. I have a feeling there has already been a drop-off in sales just from the documentary, but it is about a sustained drop-off in sales. There has been a 3% or 4% drop-off in France. It is a much lesser tax. I believe it is about 5%. In Mexico it is 10%. There the drop-off is 6% or 7%. We are suggesting 20% for good cash and good drop-off. I am fully confident that the narrative of benefit to British children would be as clear as a bell, but I also admit that, if it was not, it should be removed.

Don't get me wrong; I realise that a conversation on tax is the hardest conversation I could have brought to this room. This is not one where you can easily get brownie points—people hate the concept—but when you talk to British people and you hypothecate, most importantly, where the money is going, people care desperately about children, the future and, frankly, hope. They also care desperately about the NHS and taking the burden off it—the amount of stress we are putting on it. The one thing I have learned in the last year is that the time I have spent with doctors and surgeons around the country has painted a deeply important picture. This opportunity is very important. Being gentle and polite is not the way to have a progressive obesity strategy. We need to be big, bold and brave and, frankly, act like a parent.

**Q143 Dr Davies:** Finally from me, you are absolutely convinced that there is public support, and you have outlined some of that. Is there anything else you want to list over and above your petition and what you have already mentioned?

**Jamie Oliver:** You are never going to get 100% support. The mixed paper polls are looking really interesting. In relation to the conversation about taxing the poor, the people who would benefit from this would largely be the area I showed you. I believe it would be one of the most important things to happen in public health, not just the action but what would come out of it.

**Q144 Andrea Jenkyns:** I have a big interest in this area. Don't think that by asking the next question I am not an advocate of reducing sugar. Before I move on to the stricter regulation of broadcasting, I would like to garner your views on individual responsibility and also convenience. We can plough lots of money into education. I am an advocate for education to change behaviours, but ultimately people have individual responsibility for their lives and bodies. Is there anything you or we could do to get the public to take responsibility for their own decisions?

**Jamie Oliver:** I am deeply passionate.

**Andrea Jenkyns:** Yes, I can see that.

**Jamie Oliver:** Having worked not just in Britain but in many countries, mainly in deprived areas, I know education is very empowering. Knowledge is definitely power, but there are still issues in the country and in towns over access to fresh foods or about making fresh foods easily available and/or at the right price. We need to join the dots. It is not simply having a 70-point or 80-point plan; we need to join up the dots in between. Parents can definitely do loads more, but I also think that parents struggle on clarity. The industry has not been great at giving them clarity. This might possibly be the first generation where kids will teach the parents. It is now statutory that we teach kids, so let's make that great, big and robust. Pester power could definitely be turned into something for the good and not just a bad choice.

All of my actions are pro-farming and pro-food, and it is all types of food. I am certainly not saying that when you take your kid to the fair you don't give them a candy floss; or when you go to the cinema you don't have a drink. But I do think that we have normalised the consumption of sugary sweetened drinks at home. It is completely inappropriate. What was a treat and is a treat is not hydration. There are certain messages that keep contradicting each other—what we give civic permissions for; and how many businesses are selling fast food or junk right next to schools. Clearly, that is a strategy for businesses. One of the things that upsets me and teachers is energy drinks in primary school age lunch boxes. There are no standards for packed lunches in Britain. The last time that a robust review was done only 1% fitted into line with our nutritional standards for cooked foods. It is time to mop up all the inconsistencies.

**Q145 Andrea Jenkyns:** Thank you. In last week's evidence session, our witnesses discussed the advertising of unhealthy snacks during key viewing times. I understand that this is one of your five key sugar aims. What changes do you think need to be made to the regulation of broadcast media, and why?

**Jamie Oliver:** I just think that the actual cost of ill health per person will become clearer and clearer to us. I was in a school the other day and I was asked a question by an eight-year-old girl. I have known the statistic for a long time, but this seven or eight-year-old kid said to me, "Jamie, why is it that me and my friends are expected to live a shorter life than our parents?" Coming from a child's voice, it was completely different from the data I had read or talked about with adults and professionals. We have a duty of care that we are neglecting. If we were all fit and healthy and jumping off the walls, I would not be suggesting this, but we all know the statistics on child health.

**Q146 Andrea Jenkyns:** I agree with you wholeheartedly, Jamie, but what changes do you think need to be made in the regulation of broadcast media?

**Jamie Oliver:** I do apologise. First and foremost, we should not be advertising junk food which is high in salt, fat and sugar before 9 o'clock: end of story. They have already gone halfway or slightly more by doing it in children's entertainment and television, so they have acknowledged that it is an issue, based on all sorts of data. We need to go where the kids are really congregating. That is at the big shows pre-9 o'clock like "Britain's Got Talent" where they can get a lot of these messages. Online is an absolute minefield and we haven't even got our heads around that. There is loads we can do very simply, so we need it addressed.

**Q147 Andrea Jenkyns:** Can you give us some examples of the advertising and marketing that currently slips through the gap? You mentioned online. Are there any others that slip through?

**Jamie Oliver:** I cannot remember the brand, but what is amazing is that there is a lot of free gaming online, which absorbs viewers for a few months and then they go on to the next one; there is a pattern of five to 12-year-olds mowing through different free gaming. It is all branded by junk food or sugary drinks companies or sweet companies. That could sound innocent enough, but in the circumstances it is incredibly potent, probably more potent than traditional TV broadcasts. In my opinion, online is a bigger problem than TV. It is not really being policed efficiently, if at all, at the moment; therefore, it is open territory. The TV one pretty much speaks for itself. You can watch “Britain’s Got Talent” and there will be up to 13 advertisements for unhealthy foods within that time. Under the circumstances, I think it is inappropriate.

**Q148 Helen Whately:** Thank you very much for coming to speak to us this afternoon.

**Jamie Oliver:** It’s a pleasure.

**Q149 Helen Whately:** In your sugar manifesto one of the things that you proposed, as I understand it, is showing the sugar content in teaspoons on the front of packs for all sugary drinks.

**Jamie Oliver:** Yes.

**Q150 Helen Whately:** Could you talk a bit about your thinking in making that proposal and if there is any precedent for it?

**Jamie Oliver:** Yes. Coming from a dyslexic kid, I think language and communication is an interesting debate. Having studied nutrition in the last year and a half and really focused on it, there is an academic approach to clarity. You probably know the back story of the last 10 years with traffic lights, GDIs, colour coding and voluntary action. It has been an absolute mess. We are getting there, and most people are complying. The industry actually wants legislation now so that there is a fair playing field. In Britain, particularly with liquid products, I have not yet met a single member of the British public, although maybe there will be someone in this room—and I am talking about thousands of people—who does not agree that if you want clear and sharp information that tells you how much sugar is in a product it should be in teaspoons. The industry of course hates it, but for me it paints the clearest picture that clarity is something that they don’t wish us to have.

I took the liberty of bodging some stuff. I ain’t no pro and I ain’t no branding expert, but I would love to share this with you because of the simplicity and the metaphor in what I am suggesting when I hold this bottle up. Please feel free to pass it around. I am talking about empowering parents who are busy. I have just stuck this on, but I believe that Britain should have this. I believe passionately that British people, if given clear information, make good choices—not all the time but a lot. The ill health from which we are suffering is just a general feralness of clarity and wanting to help British parents.

All I have done is stick a little sticker on a thing. Every single one of you will have a very immediate opinion. I am going to guess that most of you are with me because I don't think I am a rocket scientist. If you want something that gives you good, clear information in half a second that is the only way to do it on sugary sweetened drinks.

**Q151 Helen Whately:** It would be helpful if you could explain what you have done on this.

**Jamie Oliver:** If you can pass it around, all I have done is work out how many teaspoons, ounces, grams or GDIs there are. If you hold that bottle up, Helen, and look at it, you have a snap view of the amounts. When you look at the percentages per day, I am trained in nutrition and I have to double-check it three times before I can express it to you, just to check I am not talking rubbish. That is a double portion, so that is for 250 ml. That is 500 ml. That is what British kids are taking to school every day, and they ain't just having one. If you are talking about mums and dads and empowering them with good, clear, sharp information, the reason the industry does not want you to have it is that the impact is visceral. I am not saying that you ain't going to buy it, but what I will say is that you probably won't rattle out three or four a day. I am deeply passionate about that. Scientists and other people that specialise in the language of quantification will tell me that that is not right. When I talk to the general public at large I have not yet met anyone who does not want that information now. If that was on every pack in the country, you would not need a tax.

**Q152 Paula Sherriff:** I went to a health and wellbeing fair in my constituency last Friday, and this is what they were giving out.

**Jamie Oliver:** May I have a look?

**Paula Sherriff:** Of course.

**Chair:** While you are looking at that, for the benefit of the transcript and for those who are following in *Hansard*, we have been shown a 500 ml bottle of a sweetened drink. It has a very clear label on the front that says it contains 11 teaspoons of sugar in a 500 ml bottle.

**Dr Whitford:** How much was in your one?

**Helen Whately:** Fourteen.

**Chair:** It is a very easy way for anyone looking at it to see how much sugar is in there.

**Perhaps someone in the audience could tweet a picture of it for us.**

**Jamie Oliver:** There are 13 in a Ribena. I don't want business being put before child health: end of story. Over my dead body. I don't care that I'm uncomfortable. I don't care that I'm going to get a rattling from industry. I was born in the industry. I was born in a pub. Industry has to be kept in line, and it must not run this country, because the pound will always command. When my kid is naughty or a little bit lairy, it goes on the naughty step—simple. That is what this tax is and that is what the clarity is.

**Q153 Helen Whately:** Would you want to see that labelling on fruit juices and on all forms of drink?

**Jamie Oliver:** Yes, for absolute clarity.

**Q154 Dr Whitford:** That is very important because there are lots of parents who are really trying to do their best. They think that a fruit juice and a flapjack is the healthy option, but in actual fact some of them are full of sugar.

**Jamie Oliver:** Yes.

**Q155 Helen Whately:** Have you thought about extending it to food or are you only proposing the teaspoon label for drinks?

**Jamie Oliver:** What I am proposing is that we should have a robust approach that evolves logically with public health. Once child health finds itself at the heart of British politics, we have a chance of evolving it to the place which is logical for where we are right now. At the moment we are well off-skew and we are not representing it. I would not review anything, but, as I have said before, as sugary sweetened drinks are the single largest source of sugar for our children and teenagers, and they have singled themselves out by success, with success comes great responsibility.

**Q156 Helen Whately:** Do you think there is a risk that kids will just switch from consuming sugar in sugary drinks to having a healthier drink but sugar in something else?

**Jamie Oliver:** Whatever happens will be better. Whatever we can do to get away from where we are now is a good thing. You only need to look at this graph and the consumption rates of primary school-aged kids and how they increase with teenage kids. A healthy relationship with food is not getting it right all the time. I am not talking about banning these things; I am talking about creating an environment nationally, civically, politically and morally that gets us a little more balanced. At the moment Britain is like this, and it ain't looking pretty. In my opinion, we will have a sugary drinks tax in my lifetime, because if we don't address it the cost to the NHS will force us to do things. Hopefully, we will not have to do what Mexico has done. Hopefully, we will be a bit more like France.

**Q157 Helen Whately:** Do you think we should have that labelling as well as the traffic lights?

**Jamie Oliver:** Yes. You cannot have one without the other. The traffic lights system is more robust. It has more data. Colour coding should definitely not be voluntary. Most people are doing it now and therefore the industry is saying, "Make it law because most of us are doing it, but there are a few people mucking about on the periphery who aren't." We need both. More importantly, on drinks and liquid—it is probably associated with being British and cups of tea—I think that the tiny centimetre of branding that took no more than 30 minutes to put together and stick on those bottles is powerful. If you did a test with 10,000 people, the results would speak for themselves.

**Q158 Helen Whately:** You talked earlier about what you are doing in your restaurants—colour coding the menu and things like that. In general, what do you think that restaurants, fast food outlets and others could do to improve the labelling of food?

**Jamie Oliver:** Globally, it seems we are being pushed, so that if you have a certain amount of outlets you need to give more clarity and more information, making it relevant to someone going into a Burger King, a garage or a posh restaurant. Making sure the information is there and available is absolutely right. Obviously some restaurants change menus every day, so producing that data would be unrealistic or unaffordable in an industry that is fairly challenging anyway. We can definitely all do better.

The industry seems to be open. Interestingly, on the sugary drinks tax, as I said earlier, we have had about 150 join and we could be at double that by the end of the month, but they are always going to be the forward-thinking restaurants. What we are doing is walking the walk and talking the talk, but it is really a metaphor for “It can be good.” When you are grossing up the money, not just individually but as a group, you can do beautiful things with it. That is great for your own staff and for the message to the public. I would like to think that we can grow that.

**Q159 Helen Whately:** But broadly your thinking is that it should be voluntary rather than mandatory.

**Jamie Oliver:** I think it should all be interrogated. Sometimes you need it to be mandatory and sometimes voluntary. We should interrogate everything: the restaurant industry, the food industry, the drinks industry and how councils facilitate licences for yet another junk food business on the corner of yet another school. If we really go galactic and see the world through children’s eyes, whether it is branding or advertising, access to the right stuff and the right education needs to be a priority. Making the other stuff harder also needs to be a priority. I am suggesting both at once.

**Q160 Helen Whately:** Having talked about the labelling area in particular, just to finish that off, a lot of what we are talking about here is negative and about trying to make it less appealing and clearer about things that are unhealthy. Do you think the balance is right in making it easier and helping people to make decisions?

**Jamie Oliver:** I do not know if it is about negativity. For the record, these drinks and beverages are designed to give you a delicious feel on the mouth and this, that and the other. Some people like them and some people don’t. I am not saying we should ban them. It is about clarity really. Certainly from “School Dinners” 11 years ago and seeing whole families—infant kids all the way through to teenagers—only hydrating on sugary sweetened drinks, and then following that through with the information about 28,000 primary school-aged kids going to hospital for multiple teeth extractions, and so on, it is not just the cost to the NHS but the connection with being an obese infant at school. It tracks with attainment, results, confidence, friendships and bullying. We are talking about a general knocking of the halo of being a British kid. We want to put that halo back. We want them to be a bit more bulletproof. Although people would suggest that I am alienating certain things, it is only because they have earned the right to have a little bit of a naughty corner. Other than hydrogenated fats, I think all food groups can be enjoyed.



**Q161 Helen Whately:** But you are certainly tough on particular culprits at the moment.

*Jamie Oliver:* Yes, and there will probably be others to follow.

**Q162 Chair:** I want to turn now to the responsibility deal and to reformulation and look at that a bit further. In your manifesto, you are calling for legally binding reduction targets. Could you talk through why you think they should be legally binding?

*Jamie Oliver:* Business and growth and cash profits are a very powerful master. You are going to have robust companies that are big and will sign up to doing their best. They will probably empower a bunch of people to work on great things. When it becomes an unfair playing field, where some are doing good and some aren't, it just compromises the intention of the whole thing. I think it works better on salt but it is more complex with sugar.

I am not a huge expert. I notice that Tam Fry is behind me. He is a massive expert. The responsibility deal is not working for sure, and many people in industry are asking for it to be legislated against because it is not clear and it is not a balanced, fair playing field. Reformulation is also another powerful weapon, but it has to be done across the board.

**Q163 Chair:** Yes, we heard that from retailers last week. Some would like it to be across the board because of that level playing field issue. It was also put to us last week that it was successful in salt reduction. Do you agree that having a voluntary agreement on salt has been successful?

*Jamie Oliver:* Salt was a very interesting and—I think it is fair to say—successful one. I am only looking at him because I know that he knows 10 times more than I do, if not more. Salt was a massive success. It is still work in progress, but obviously sugar does not just sweeten. It has a chemistry element in the texture and make-up of dishes, so it is slightly more complex—more so than salt. But that should not be a reason for not putting pressure on, having a structure and making it fair.

**Q164 Chair:** How quickly would you like to see that mandated as having a legally binding reduction?

*Jamie Oliver:* As soon as possible. Frankly, I think it would be completely inappropriate to have the obesity strategy with child health at the centre and not acknowledge that it is not working as it stands, and that it needs to be more secure, more robust and have at least a vision for what “good” looks like and clarity for all people in the industry.

**Q165 Chair:** Do you see it as a step-wise process on an annual basis that those reductions are set in place?

*Jamie Oliver:* Yes. That would be the fairest way. There is a bit of science to be done and lots to be learned. The industry is working very hard to look at that. At the same time there are levels and quantities. I don't know about you guys, but if that Ribena was reduced every month from 13 teaspoons to two—I don't know how they do it in batches—you could look at a weaning process that would be more than acceptable without compromising any sort of shelf life or structures or this, that and the other. But it would be

unfair for them to do it and not the others. I am not an expert in it but I see it makes complete sense.

I would like to think that in the next 10 years there will be credibility and points in having lower sugar, based on having more clarity and knowing what is in it. So they will be incentivised by more sales and more cash to do the right thing. In some respects that is quite powerful. Five years is short term, but at least you would get us doing better. The trouble for many people who care about this is that the fatigue of nothing happening is too painful. For the people who have invested in this and have been doing it for 10, 20 or 30 years, watching more Ministers come by like ships that pass in the night is very painful.

**Q166 Chair:** It is painful for them too, I think.

**Jamie Oliver:** Yes. The stuff we have talked about today, and the incredibly important work that Mr Cameron is going to put into this obesity strategy, needs to be cross-party. We need to believe that it has some sustainable structures that have child health at the heart of them.

**Q167 Chair:** One of the points that come out from passing these bottles round is that they all start from a different baseline. One may have 13 teaspoons and another 11. Would you like to see that compulsory step down set in bands that apply to all drinks, or would you see it as a percentage reduction for each brand because they start from different points?

**Jamie Oliver:** You could look at it. I love to talk to you about what I am an authority on. I am aware of these issues a lot but I would not say I am an expert in them. Having a clear strategy for weaning per volume seems like a sensible thing to do. People in the matrix of the making of this, the business of this and interrogating the health of this may have lots of nuance that they feel is even more important but which I cannot give you.

The thing that bothers me is when you talk to primary school teachers. As a boy who did not do so well at school, I have never been more passionate about teachers than right now. The biggest enemy of school lunches is packed lunches. Many parents may well be righteous about what is in them, but from the last robust look at them only 1% fell into line according to nutritional standards. What teachers pull out of packed lunches is phenomenal. A can of Red Bull in primary schools is inappropriate. When I did a summit with 800 business women in Australia I said, “Look, there are way too many of these energy drinks in primary school kids’ lunch boxes. What is the right age for a child to have a caffeine sugar-based product?” I am not a scientist. I don’t know, but I think that the primary school age is definitely safe. There is nothing on the front of the can that tells me. You might think, “Who on earth gives that to kids?” Well, when little Johnny has been told that he is tired all the time, probably because his diet is not right as well, guess what? He gets an energy drink. Yes, there is blame that you can put on parents, but I think we have already tracked some of the lack of clarity for people who perhaps were not taught how to cook or were not fed right even when they were kids.

For the experts in the room, we know that the biggest disease is the continuation of the bad lifestyle and bad diet. We see it with obese parents, tracking with their even more obese children when they get to the same age. What is interesting is that, because we have no nutritional standards, when a teacher removes this from a lunch box it can often become quite

a fractured conversation between a parent who has had their stuff removed from their kid's property and the teacher. There is no Government legislation so that they can disperse the conversation or the argument and say, "I am ever so sorry, Mr Brown, but these are Government guidelines and I am just doing my job."

Honestly, energy drinks and sugary sweetened drinks are a problem. I have sat at gates and looked in every single bag of every single kid, though it was probably not very legal, because I want to know. There's a lot. Is it right that someone who works in a corner shop or a supermarket can sell this to a kid; and at what age? I am referring to similar structures like alcohol or cigarettes: "How old are you? Have you got some ID?" If Johnny, who is nine, walks into the local corner shop and wants one of these drinks, we have to get medieval on this stuff. We cannot take any more.

It is the little stupid things that upset me the most. When we are getting it wrong on so many counts it gives me hope that we actually can make radical change quite quickly in the next 10 years. I truly believe that. If Mr Cameron does his job right in January and if we collectively support him to be as brave as he knows he should be, we have a chance of changing the statistics we have been upset by for the last 20 years, and we will see positive change in the next 10 years. I truly believe that.

**Chair:** Thank you. That is a very positive note to end on. Thank you very much for coming today. *[Applause]*