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SCHOOL of  
HYGIENE  
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MEDICINE



**The Strategic Response of the Food Industry to the Public Health  
Responsibility Deal, in the Context of Power**

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**Thesis submitted in accordance with the requirements for the  
degree of**

**Doctor of Philosophy  
of the  
University of London**

**September 2022**

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**LONDON SCHOOL OF HYGIENE & TROPICAL MEDICINE**

No funding received

'I Elizabeth Helen Eastmure, confirm that the work presented in this thesis is my own. Where information has been derived from other sources, I confirm that this has been indicated in the thesis'.

## Abstract

This thesis examines the strategic response of the food industry to the UK Public Health Responsibility Deal(1), in the context of power. The Responsibility Deal, launched in 2011, was the flagship public health nutrition policy for the Conservative/Liberal Democrat Coalition Government of the UK. It was a voluntary policy intervention with public health objectives. A qualitative approach has been adopted to explore the exercise of corporate power within and beyond the food industry to influence the development of the Responsibility Deal.

This doctoral study is comprised of three phases. Firstly, an analysis of submissions to the Competition Commission Inquiry (2006) into the retailing of groceries in the UK(2), focused on understanding the exercise of power within the food industry; secondly, an analysis of news media and trade press exploring how food industry organisations influenced the development of the Responsibility Deal; and thirdly, an analysis of the implementation of the Responsibility Deal using four case studies of food industry organisations.

Findings show that the most powerful organisations in the UK food industry are the multiple food retailers and the suppliers of leading branded food products. These organisations exerted power over organisations in their supply chains and their competitors. They also exerted power beyond the food industry, influencing the development of Government public health nutrition policy. As a result, the Public Health Responsibility Deal had limited additionality, with organisations able to continue business as usual.

Despite changes in the public health nutrition policy environment since the launch of the Responsibility Deal in 2011, the issue of corporate food industry power in determining nutrition policy remains highly relevant. In addition, these issues are likely to be relevant to other industries, as there are clear commonalities across the alcohol, food, tobacco, and gambling industry strategies to influence the development of government public health policy(3).

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# 1 Introduction

Non-communicable diseases are amongst the most pressing contemporary challenges to human health, with origins in behaviours including diet, physical inactivity, alcohol use and tobacco use(4). These behaviours are increasingly recognised by public health researchers as heavily influenced by strategies of commercial actors to promote products and choices that are detrimental to health, referred to as commercial determinants of health(3, 5, 6). Public health researchers often describe commercial determinants of health as resulting from expressions of economic and political power, wielded by large corporate entities which are frequently described as powerful economic operators and similar(7, 8). While some public health researchers have recognised power in their work on commercial determinants of health the research often refers to power implicitly(9), for example through references to powerful economic operators, or 'big' industries (for example, 'big tobacco' or 'big food')(10, 11). Power is also invoked as a tool that corporate actors use to influence decision making(5), frame issues(8), and keep issues off political agendas(8). This implies that certain businesses and corporate actors use power and are powerful, but why they are powerful, or how they exercise power is not always clear.

Public health professionals have been slow to respond to the impact of large powerful food organisations on public health nutrition(12), debating whether to encourage self-regulation, to engage with the powerful food industry organisations as partners, or to adopt an approach more akin to that used with the tobacco industry, in order to address the rise in obesity(11-13). Consideration of the actions of food industry organisations through the lens of power may contribute to this debate, offering insights into the sources of power within the food industry(9), identification of the characteristics of powerful food industry organisations, and a deeper understanding of how powerful food industry organisations influence public health policy processes(9).

This thesis examines the strategic response of the food industry to a public health nutrition policy intervention in the context of power and takes a qualitative approach to explore the exercise of power both within the food industry and beyond the market. The structure of the thesis is described in the following section.

## 1.1 Chapters and coverage

Chapter two of this thesis comprises a review of the literature relevant to public health nutrition policy and the grocery retail market in the UK, to gain an understanding of the existing research in both fields, and to identify gaps in the research. Chapter two highlights the importance of obesity to public health and the government policy responses designed to improve public health nutrition and obesity. I then focus on the Public Health Responsibility Deal as an example of a public health nutrition policy intervention. The Responsibility Deal was launched in 2011 as the flagship public health nutrition policy for the Conservative/Liberal Democrat Coalition Government. It was a voluntary government policy intervention with public health objectives and is the focus of this doctoral study. I explain the processes and content of the Responsibility Deal, and the role of food industry organisations in its development.

In the remainder of Chapter two I focus on the grocery retail market in the UK. An understanding of the grocery retail market is important to public health research because the vast majority of people in the UK access food from the grocery retail sector, with 87% of shoppers routinely purchasing food from supermarkets(14). I set out trends in concentration of the grocery retail market and concerns about the exercise of power within the food industry. I then describe actions taken by the Government to address concerns about the effects of concentration of the industry on the competition aspects of the market, and the relevance of these issues to public health nutrition. Chapter two closes with the research questions that I address in this doctoral study.

Having identified the focus of the research I then describe the theoretical basis of the study. This thesis includes a consideration of the power of organisations both within the food industry and beyond the market environment. In Chapter Three I describe two theoretical approaches that enable a consideration of power within these two arenas. I have adopted Resource Dependence Theory(15) to study the exercise of power within the food industry, and I have adopted Lukes' three faces of power model(16) to study the exercise of power beyond the market (also referred to as the 'non-market'(17)). In Chapter three I describe these theoretical approaches and how they were applied in this study, including application of the lens of non-market strategy.

These theoretical approaches are the foundation of the methodology of the thesis, which is described in Chapter Four. This doctoral study adopts qualitative methods to explore the strategic response of the food industry to the Responsibility Deal in the context of power and is comprised of three phases. The first phase is an analysis of submissions to the Competition Commission Inquiry

(2006) into the retailing of groceries in the UK, focussing on power within the food industry. The second phase of this study is an analysis of news media and trade press, exploring how food industry organisations presented public health policy challenges and influenced the development of the Responsibility Deal. Finally, the third phase of the study is an analysis of the implementation of the Responsibility Deal, using four case studies of food industry organisations. For each of these three phases I have adopted a thematic approach to the analysis. In Chapter Four I detail the data collection processes and analytical approaches I have adopted in each of the three phases of this doctoral study.

The findings of the three phases of the study are then presented in three separate chapters. Chapter Five focuses on the findings of the analysis of submissions to the Competition Commission Inquiry (2006) and associated hearings of the Inquiry. In Chapter Five I explore the exercise of power within the food industry and the characteristics of powerful food industry organisations. My findings show that the major food retailers and the suppliers of leading branded food products are the most powerful organisations within the food industry in the UK.

Following the analysis of power within the food industry I then explore how these powerful food industry organisations influenced the policy decisions and processes that lead to the development of the Responsibility Deal. In Chapter Six I present findings from the second phase of the study, the analysis of news media and trade press. Findings are presented consistent with Lukes' three faces of power model(16). My findings show how food industry organisations influenced the development of the Responsibility Deal whilst Andrew Lansley was an opposition MP and following the election of the Conservative/Liberal Democrat Coalition Government in 2010, when Andrew Lansley became Secretary of State for Health.

Having focussed on development of the Responsibility Deal in Chapter Six, I then move to implementation of the Responsibility Deal in Chapter Seven. Chapter Seven is the last of the empirical chapters and presents findings of the analysis of four case studies. The case study organisations are two major food retailers and two manufacturers of leading branded products. The case studies explore why the case study organisations participated in the Responsibility Deal and how they implemented the Responsibility Deal pledges. The findings in this Chapter are presented as a cross-case analysis.

The final chapter of this thesis sets out a comprehensive discussion of my findings, drawing the phases of the study together. In Chapter Eight I situate the integrated findings in literature and

explore the implications of the findings for the development and implementation of public health policy and research. Chapter Eight ends with the conclusions of this doctoral study.

## 2 Review of literature

### 2.1 Overview

The aim of this thesis is to explore the strategic response of the food industry to the Public Health Responsibility Deal – a voluntary national public health policy in England – in the context of the power relationships that exist between actors and stakeholders in the food system. The term ‘food industry’ is taken to include the organisations responsible for the production, manufacture, wholesale, and retail of food to consumers, and the trades bodies that support those organisations. The Responsibility Deal was a Government public health policy intervention in England aimed at improving diet, physical activity, alcohol use and health at work that was published in 2011 by the Conservative/Liberal Democrat coalition Government that came to power in 2010(1). While the Responsibility Deal was wide-ranging, in this thesis I focus on the aspects relevant to food, diet, and improving public health nutrition, as these are the aspects of the Responsibility Deal that are relevant to the food industry. I draw on two separate bodies of literature to explore the concept of ‘power’: the exercise of power by organisations *within* the food industry, for example to influence other organisations within supply chains; and the exercise of power by food industry organisations *beyond* the food industry, in the so-called ‘non-market’(17), to influence the development and implementation of Government policy.

In this chapter I describe why obesity is an important public health issue, trends in the prevalence of obesity in England, and Government policy responses designed to improve public health nutrition and obesity. I then describe the processes and content of the Responsibility Deal which is the policy intervention I have focussed on in this thesis, and the role of food industry organisations in the development of the Responsibility Deal. In the remainder of this chapter, I set out a background to the food and grocery retail sector in the UK and concerns about the exercise of power within the food industry, actions taken by Government to address those concerns, and the relevance of these issues to public health nutrition. This chapter of my thesis highlights concerns that food industry organisations have influenced the development of public health nutrition policy to protect their commercial interests, and concerns about the exercise of power within the food industry. The final section of this chapter describes the research questions that I address in this thesis, which were designed to explore the strategic response of the food industry to the Responsibility Deal.

## 2.2 Public health nutrition and obesity

Poor quality diets are affecting the health of people in England. The population dietary intakes of energy and nutrients of public health concern (such as saturated fats and free sugars) exceed guidelines, while average intake of fibre, fruit and vegetables are insufficient(18). The effects of poor-quality diet are felt at an individual and societal level. Excess energy intakes and poor diets are associated with obesity and diet-related ill health including cardiovascular disease, type 2 diabetes, musculoskeletal disorders, and some cancers(19, 20). In addition, obesity is associated with increased risk of developing depression(21). In terms of societal impact, the increasing prevalence of obesity places an increasing burden on the health care system, resulting in higher costs to deliver health care(22).

The Department of Health and Social Care (DHSC) describes tackling obesity as one of the greatest long-term health challenges facing the UK(23), with 64% of adults in England overweight or obese and 28% obese in 2020(24). There has been a clear increase in the proportion of overweight or obese adults in England between 1993 and 2001, and since then the proportion has risen slightly in the decade to 2020(24). Obesity prevalence is highest among the most deprived areas in England, with children in the most deprived parts of England more than twice as likely to be obese than those living in the most affluent areas(23, 24).

## 2.3 Government policy responses to obesity

With the exception of rationing policies during and after the second World War, UK food and public health nutrition policy began to develop in the late 1970s and early 1980s, with the increased momentum of the health promotion movement(25, 26). A new government sponsored expert committee on diet and heart disease was convened in 1979 - the National Advisory Committee on Nutrition Education (NACNE). The National Advisory Committee was established by Margaret Thatcher's Conservative Government to provide simple and accurate information on nutrition(27). Led by the Health Education Council and the British Nutrition Foundation (a body funded by the food industry)(26), the NACNE report of 1983 set out dietary guidelines for the UK population, and recommended individuals reduce their intake of fat, salt, sugar and alcohol(25). The report was

greeted with hostility by food manufacturers and industry organisations, and the British Nutrition Foundation, the industry funded founding body, claimed NACNE had exceeded their brief(26).

The government responded a year later, with COMA (the Committee on Medical Aspects of Food Policy, Diet and Cardiovascular Disease) releasing a similar set of recommendations to those of the NACNE report(25, 26), although COMA did not make recommendations on alcohol or salt(26). The 1984 COMA report was the first official suggestion from the UK government that dietary change was necessary to reduce premature death from heart disease(25).

The government's first strategic response to obesity came eight years later in the form of the Conservative Government's Health of the Nation strategy (1992), which included a target to reduce the prevalence of obesity in adults(28). A nutrition task force and several reports followed(25), however, the recommendations were not adopted into public policy(28). While some of the targets in the strategy were met, for example reduced death rates from lung cancer in men and breast cancer in women, the prevalence of obesity continued to rise(29).

Food policy returned to the political agenda in 1999, with the public health strategy of Tony Blair's New Labour Government, Saving Lives: Our Healthier Nation(30). The Strategy highlighted poor diet as a risk factor in cancer and heart disease and established the Food Standards Agency to manage food standards and safety. In terms of wider dietary issues, the Strategy emphasised the role of individual responsibility in health, for example in the preface to the document(30):

*'But individuals too have a responsibility for their own health. Everybody should try to look after themselves better, by not smoking, taking more exercise, eating and drinking sensibly. It's not the Government's job to tell people what to do. It is the Government's job to spell out the facts and quantify the risks on which individuals can make informed decisions.'*

The themes of personal responsibility and informed choice became increasingly central to the government policy response to obesity, with successive governments focussing on initiatives that provide nutritional guidance and information, for example, through the Change4Life social marketing campaign and efforts to improve product labelling(31). The importance of freedom and personal responsibility were again emphasised in the public health strategy of the Conservative/Liberal Democrat coalition Government, Healthy Lives Healthy People(32):



*'When central Government needs to act, the approach will reflect the core values of freedom, fairness and responsibility by strengthening self-esteem, confidence and personal responsibility; positively promoting healthy behaviours and lifestyles; and adapting the environment to make healthy choices easier. We will balance the freedoms of individuals and organisations with the need to avoid harm to others, and we will use a 'ladder' of interventions to determine the least intrusive approach possible, aiming to make voluntary approaches work before resorting to regulation.'*

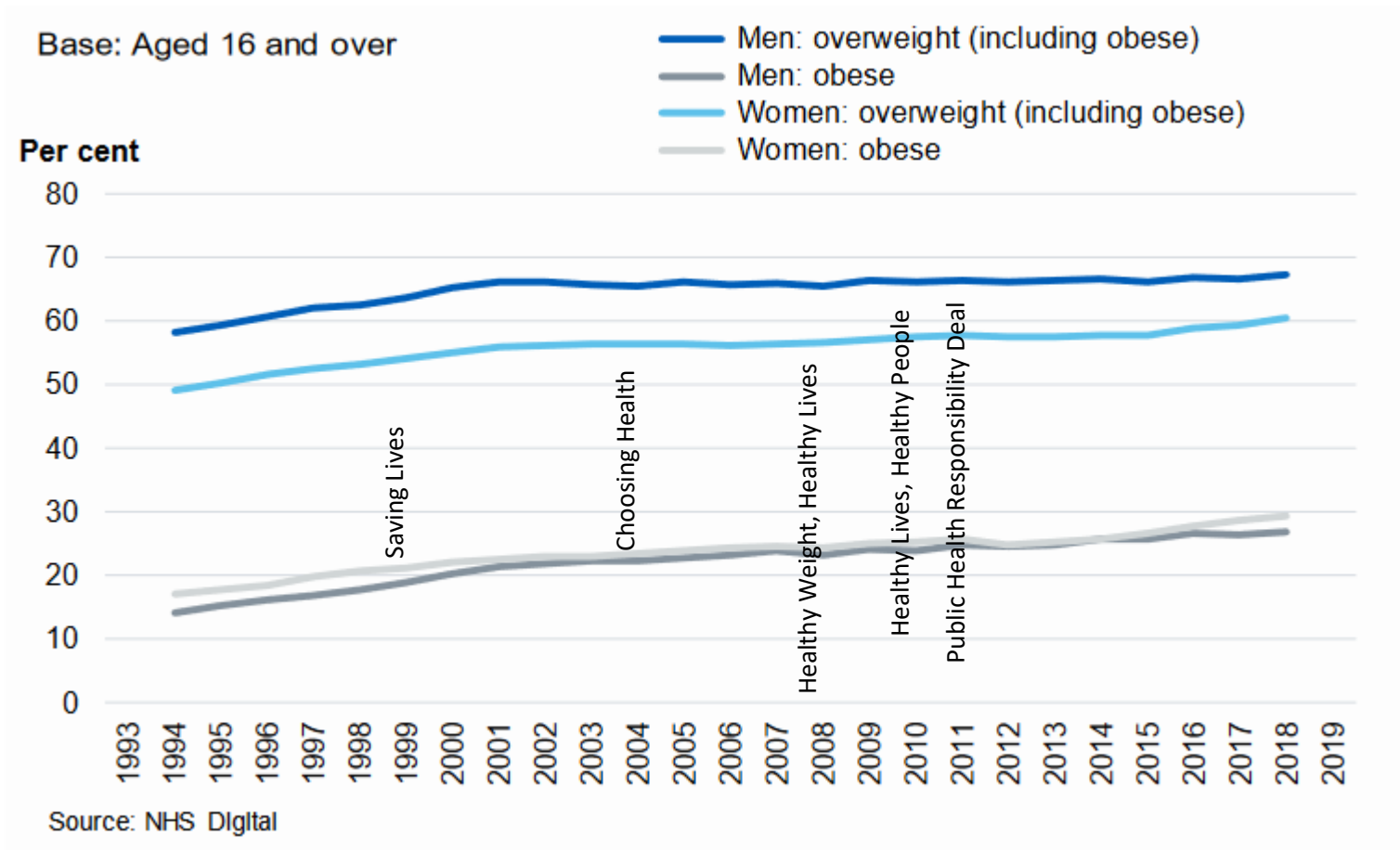
The ladder of interventions referred to above was developed by the Nuffield Council on Bioethics(32) and based on the model of liberal paternalism popularly referred to as 'Nudge' at the lower levels(32). The Conservative/Liberal Democrat strategy also signalled a new policy initiative, a Public Health Responsibility Deal, which was to be the vehicle for implementation of the approach(32). The Responsibility Deal, the focus of this project, was a voluntary public health intervention and is described in detail in the following section of this chapter. Characteristics of the policy interventions outlined above are further described in Table 2.1.

Healthy Lives Healthy People was followed by the Call to Action on Obesity(33), a partner document to Healthy Lives Healthy People that focused on obesity. The Call to Action set out a life-course approach to tackling overweight and obesity, from pre-conception through to older age, and set two new national ambitions: a sustained downward trend in the level of excess weight in children by 2020; and a downward trend in the level of excess weight averaged across all adults by 2020. The key components of the approach set out in the Call to Action comprised: initiatives to empower individuals through provision of information, working with the food and drink industry, an increased role for local government in public health, and work to develop the evidence base on effectiveness and cost-effectiveness on overweight and obesity. Consistent with the lower part of the Ladder of Interventions introduced in Healthy Lives Healthy People, there was a strong emphasis on interventions that were least intrusive and encouraged personal autonomy, with initiatives that were voluntary for industry as opposed to mandatory actions. For example, self-regulatory rules for non-broadcast advertising of food to children were described, as opposed to the regulation of advertising on television. Partnership with industry was emphasised, with Government *'using the Responsibility Deal Food Network to harness the contribution of the food and drink industry as a force for good'*(33). Specific actions included implementation of Responsibility Deal pledges, implementation of the labelling requirements of the European Union, and continued commitment to healthier food in schools(33).

Successive governments have recognised a requirement to protect children(34), with increasingly restrictive regulations on food provided in schools(35) and restrictions on television advertising of food high in fat, salt and sugar to children under 16 years old(36). However, in all other areas of dietary and nutrition policy at that time (for example labelling, portion size, reformulation, advertising to children on platforms other than television), successive governments had opted for voluntary agreements with the food industry.

As the population prevalence of obesity had not reduced, critics of the government approach to obesity at that time described a 'policy world created by policy makers with little impact on 'real' public health nutrition'(25). In England, the prevalence of obesity among adults continued to rise, although the rate of increase has slowed since 2001. The Health Survey for England indicated that 14.9% of adults were obese in 1993 compared to approximately 25% when the Responsibility Deal was announced in 2010/11, and the population prevalence of obesity has subsequently increased further(37), as shown in the figure below.

Figure 2-1 Trends in prevalence of obesity and overweight in adults in England 1993-2019



Adapted from Health Survey for England 2019: Overweight and obesity in adults and children (32)

Table 2-1 Chronology of Major Government Strategies in England from 1992-2011

| Date | Strategy   | Food policy interventions relevant to the Responsibility Deal   |
|------|--|---|
| 1992 | Health of the Nation<br>(Conservative Government)                            | Included a target seeking to reduce prevalence of obesity among adults to 7% by 2005, a return to the population prevalence of obesity in 1980(28)  |
| 1999 | Saving Lives: Our Healthier Nation<br>(Labour Government)                    | Emphasised the role of individual responsibility in health and established the Food Standards Agency  |
| 2004 | Choosing Health<br>(Labour Government)                                       | Identified voluntary actions for industry on food labelling, reformulation and portion size; and a social marketing campaign (including 5 A DAY)  |
| 2008 | Healthy Weight, Healthy Lives<br>(Labour Government)                         | Introduced the Change4Life social marketing campaign and included the development of a code of practice in partnership with the food and drink industry to reduce consumption of saturated fat, sugar and salt. |
| 2010 | Healthy Lives, Healthy People<br>(Conservative/Lib Dem coalition Government) | Continued the Change4Life campaign, introduced the Ladder of Interventions, and signalled the launch of the Responsibility Deal in 2011.  |
| 2011 | Call to Action<br>(Conservative/Lib Dem coalition Government)                | Continued the Change4Life campaign and launched the calorie reduction pledge of the Responsibility Deal.  |

### 2.3.1 The Public Health Responsibility Deal

The Public Health Responsibility Deal was a public-private partnership published in 2011, that was organised around a series of voluntary agreements and intended to bring together Government, academic experts, and commercial and voluntary organisations. While primarily aimed at businesses, other organisations such as NHS Trusts and local authorities were also invited to be partners to the Responsibility Deal. The early development of the Responsibility Deal was undertaken by Andrew Lansley whilst he was Shadow Secretary of State for Health and the Conservative Party were in opposition. In 2008, Dave Lewis (then Chair of Unilever UK and Ireland, and later Chief Executive Officer of Tesco) was invited by Andrew Lansley to Chair the Public Health Commission, which included representatives from the food industry and public health sectors(38). The Commission made a series of recommendations for improving public health in its final report “We’re All in This Together” which were subsequently adopted in the Responsibility Deal(38). From its inception in 2011 the then Department of Health sought to increase the number of partners to the Responsibility Deal, and reported 776 partner organisations in May 2017(5).

The Responsibility Deal included core commitments, supporting pledges, and collaborative pledges that aimed to meet public health objectives. The collaborative pledges covered four networks: food, alcohol, physical activity, and health at work. According to Andrew Lansley, under whom the Responsibility Deal was established, the voluntary nature of the Responsibility Deal was key to the success of the policy intervention, as set out in the preface to the document:

*‘by working in partnership, public health, commercial and voluntary organisations can agree practical actions to secure more progress, more quickly, with less cost than legislation...’ (1)*

The core commitments and supporting pledges defined the operating principles and processes of the Responsibility Deal, and are listed in the table below(1).

Table 2-2 Core commitments and supporting pledges of the Public Health Responsibility Deal (Responsibility Deal)

|  |
|--|
| <p><b>The core commitments</b></p> <p>The business community, voluntary sector and NGOs have already done a great deal to help people achieve a healthier diet, increase their levels of physical activity, drink sensibly and understand the health risks of their lifestyle choices. Signatories to the Public Health Responsibility Deal will work in support of the following core commitments in relation to their customers and staff, where relevant.</p> <ol style="list-style-type: none"><li>1. We recognise that we have a vital role to play in improving people’s health.</li><li>2. We will encourage and enable people to adopt a healthier diet</li><li>3. We will foster a culture of responsible drinking, which will help people to drink within guidelines</li><li>4. We will encourage and assist people to become more physically active</li><li>5. We will actively support our workforce to lead healthier lives</li></ol> <p><b>The supporting pledges</b></p> <ol style="list-style-type: none"><li>1. We will support the approach of the Public Health Responsibility Deal and encourage other organisations to sign up</li><li>2. We acknowledge that the Deal’s strength comes from organisations of different types across varying sectors working together to improve people’s health</li><li>3. We will contribute to the monitoring and evaluation of progress against the pledges</li><li>4. Where we offer people information to help make healthier choices, we will use messages that are consistent with Government public health advice</li><li>5. We will broaden and deepen the impact of the Public Health Responsibility Deal by working to develop further pledges in support of the five core commitments.</li></ol> |
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In addition to the core commitments and supporting pledges, partner organisations committed to collective and organisation-specific pledges, where the collective pledges were collectively agreed actions, and organisation-specific pledges were nominated by individual organisations. All partners were required to commit to the core commitments, the supporting pledges, and at least one collective pledge. The collective pledges for the food network are listed in the table below(1, 39, 40).

Table 2-3 Collective pledges of the Public Health Responsibility Deal food network

### **Collective pledges of the food network**

F1. Out of home calorie labelling – we will provide calorie information for food and non-alcoholic drink for our customers in out of home settings from 1 September 2011 in accordance with the principles for calorie labelling agreed by the Responsibility Deal.

F2. Salt reduction – we commit to the salt targets for the end of 2012 agreed by the Responsibility Deal, which collectively will deliver a further 15% reduction on 2010 targets. For some products this will require acceptable technical solutions which we are working to achieve. These targets will give a total salt reduction of nearly 1g per person per day compared to 2007 levels in food. We recognise that achieving the public health goal of consuming no more than 6g of salt per person per day will necessitate action across the whole industry, Government, NGOs and individuals.

F3. Artificial trans fats removal – we have already removed, or will remove, artificial trans fats from our products by the end of 2011.

F4. Calorie reduction – recognising that the Call to Action on Obesity in England set out the importance of action on obesity, and issued a challenge to the population to reduce its total calorie consumption by 5 billion calories (kcal) a day, we will support and enable our customers to eat and drink fewer calories through actions such as product/menu reformulation, reviewing portion sizes, education and information, and actions to shift the marketing mix towards lower calorie options.

F5. Salt reduction in the catering sector – this pledge contained guidance specific to the catering sector to support them in meeting F2.

F6. Fruit and vegetables – we will do more to create a positive environment that supports and enables people to increase their consumption of fruit and vegetables.

F7. Front of pack nutrition labelling – a) we will adopt and implement the UK Government's 2013 recommended Front of Pack Nutrition Labelling Scheme, b) we will promote and

explain to consumers how to use the UK Government's 2013 recommended Front of Pack Nutrition Labelling Scheme.

Upon committing to a collective pledge, partners were required to submit a delivery plan, setting out the specific actions that they would take to implement the pledge. In addition to the pledges, partners also committed to undertake monitoring against agreed indicators, and to report their progress against their delivery plans annually.

Andrew Lansley chaired the Plenary Group that oversaw the development of the Responsibility Deal. The Plenary Group comprised senior representatives from the business community, NGOs, public health organisations and government, and included representatives from Unilever, Mars UK, Sainsbury's, The Co-op, ASDA, Tesco, Morrisons, Food and Drink Federation, British Retail Consortium and the Advertising Association(1). The collaborative pledges were designed and developed by the sector-specific networks (food, alcohol, physical activity and health at work), and approved by the relevant network chair and the Department of Health. The food network was chaired by Professor Susan Jebb (Government Advisor on Obesity, then University of Cambridge) and supported by Andrew Lansley. The food network included representation from the catering, food retail and manufacturing sectors, NGOs, public health experts and local government(1).

Public health organisations have often been critical of the Responsibility Deal approach. Six public health organisations that were involved in the Responsibility Deal Alcohol Network publicly withdrew their support from the process before the Responsibility Deal was announced: Alcohol Concern, British Association for the Study of the Liver, British Liver Trust, British Medical Association, Institute of Alcohol Studies and the Royal College of Physicians(41). Among their concerns was that the interests of industry had been prioritised over potential benefits to public health, and that no commitment had been made on alternative actions the Government would take if the pledges did not reduce alcohol related harm. (This pre-dated the Government's alcohol strategy published in March 2012(42).)

The House of Commons Health Select Committee was also not convinced that the Responsibility Deal would be effective in addressing obesity and requested development of an alternative approach that could be adopted, should monitoring and evaluation of the Responsibility Deal

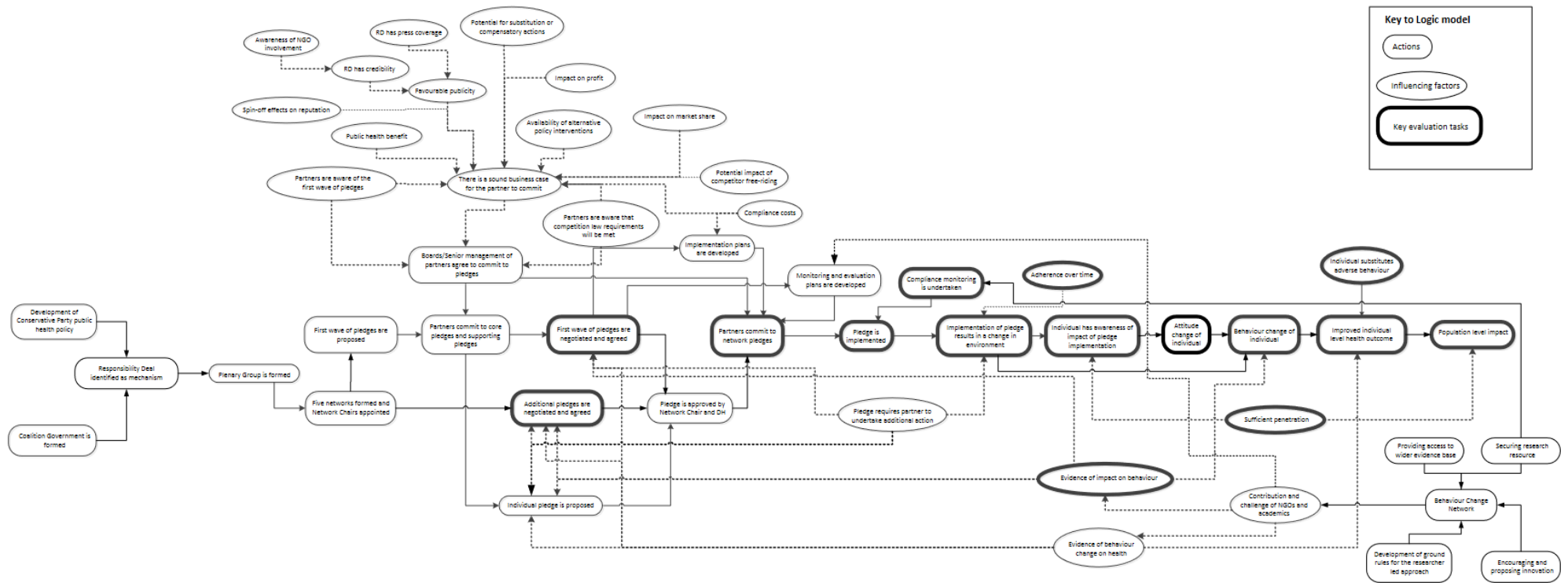


indicate additional interventions were required(43). In addition, the Health Select Committee was concerned that parties *'with a financial interest must not be allowed to set the agenda for health improvement'* (43).

The Department of Health commissioned the Policy Innovation and Evaluation Research Unit (PIRU), based at London School of Hygiene and Tropical Medicine, to evaluate the implementation and potential impact of the Responsibility Deal (see <https://piru.ac.uk/projects/completed-projects2/public-health-responsibility-deal-evaluation.html> for the outputs of the evaluation). A programme of studies was undertaken evaluating potential impact of many of the food(39, 40), health at work(44), and alcohol(45-48) pledges; experiences of participants in development of the Responsibility Deal(49); and presentations of the Responsibility Deal in news media(50). All of these studies suggest the production and uptake of Responsibility Deal pledges was largely driven by the interests of the organisations that adopted the pledges and that the Responsibility Deal did not meet its objectives(51). As a member of the project team I developed a logic model detailing the potential causal relationships between implementation activities of the Responsibility Deal and how they might affect health(52). Logic models are useful for understanding the processes by which a complex intervention may achieve its overall objective, and the data needed for an evaluation of progress towards that objective, in the absence of data on final health outcomes(52, 53). The logic model I developed for the Responsibility Deal was published(52) as shown in Figure 2.2 below.

The logic model for the Responsibility Deal depicts a main pathway of activity running from the initiation of the intervention at the left of the diagram, through to the final health outcomes on the right. The formation of the Plenary Group was identified as the practical starting point for the intervention, which led to the formation of the five networks and to the development of the initial pledges. Subsequent stages along the pathway by which the Responsibility Deal was assumed to affect health included the negotiation and agreement of pledges, implementation of pledges by partners, the assumption that the implementation of the pledge resulted in a change of environment, which would lead to an improved health outcome for that individual, and finally, the assumption that the cumulative effect of the individual responses would lead to a population level health impact(52).

Figure 2-2 Public Health Responsibility Deal - logic model



Following the release of the Responsibility Deal, Government policy on obesity has continued to develop, with the release of the Childhood Obesity plan for action (2016) and subsequent chapters (Chapter 2 in 2018 and Chapter 3 in 2019), and Tackling Obesity (2020). Of all Government obesity policies over the last 30 years, the more recent strategies contain the highest proportion of restrictive policies (for example banning price promotions of unhealthy products); and the Childhood Obesity plans (2016 and 2019) contain the only fiscal disincentive policies, including the Soft Drink Industry Levy(54), a financial levy on sugar usage of companies producing sugar sweetened beverages. With the exception of these most recent policies, successive UK Governments have largely favoured a less interventionist approach to reducing obesity(54).

There is broad agreement among the public health community that government-led policies and regulations, such as restrictions on marketing to children, interpretive front of pack labelling, healthy food policies in schools and taxes on unhealthy products are needed(55). Despite strong evidence of the cost-effectiveness of policies and programmes that would limit the accessibility, affordability and availability of the ultra-processed foods that contribute to unhealthy diets(56), development of effective Government policy has been slow(54). This has prompted researchers to suggest that exploration of the process of formulation of government obesity policies and strategies is required, so as to generate a greater understanding of the policy process itself and help explain why certain policies are favoured over others(54). Public health researchers have raised concerns that food industry organisations have influenced the development of policy to protect commercial interests, and that this has resulted in less effective public health nutrition policy(3, 5, 13, 55). The role of industry in policy development processes is further discussed in the following section.

## 2.4 The role of industry in policy development

Public health researchers have described increased involvement of the food industry in the development of public health nutrition policy over the past few decades, and have raised concerns that the political power of large food organisations confers a growing influence of commercial interests on public policy making(5, 55). Involvement can take the form of contributing to defined policy development processes, for example, responding to public consultations; but can also be less transparent, for example through lobbying, building constituencies of support, direct relationships with policy makers, and proposing less stringent policy alternatives(5, 57). Public health researchers

have increasingly grouped these industry contributions to the development of public policy under the term Corporate Political Activity(5, 57).

The involvement of food industry representatives in the development of public health nutrition policy has been criticised, with researchers describing undue influence of industry actors over government processes and policies, conflicts of interest, disputes over science, and adoption of public relations campaigns opposing population-based public health approaches (5, 13, 25, 58). These criticisms are particularly pertinent when considered alongside a continued reliance of governments on self-regulation and public private partnerships/voluntary agreements as a response to obesity(59). The involvement of the food industry in voluntary agreements can produce benefits and opportunities(60), for example the voluntary reductions in salt content in processed foods in the UK(61). However, it can also present challenges in balancing commercial interests with public health interests(60, 62), as any partnerships with private corporations must create profit for the corporations, which have a mandate to maximise wealth for their shareholders(12). Involvement of the food industry in the development of public health partnerships, including the Responsibility Deal, has raised concerns about the effectiveness of the partnerships in meeting public health objectives (12, 39, 40, 63) and has been one of the more controversial features of the Responsibility Deal(64).

As described in the previous section, food industry representatives were involved in many aspects of the development of the Responsibility Deal. The Public Health Commission, established by Andrew Lansley whilst in opposition and chaired by Dave Lewis (then Chairman of Unilever UK and Ireland) developed the outline of a partnership between business and government in 2009 that was subsequently reflected in the Responsibility Deal (1, 32, 65). After the election of the new Conservative/Liberal Democrat Coalition Government Andrew Lansley was appointed Secretary of State for Health and the governance arrangements for development of the Responsibility Deal were brought into Government processes and formalised. Food industry representatives were involved in both the sector-based networks responsible for drafting pledges, and the Plenary Group which was responsible for oversight of the development and implementation of the Responsibility Deal (1, 32).

In this thesis, I explore how the food industry representatives influenced the development of the Responsibility Deal from its initial stages through to development of pledges, through the lens of power. I draw on Lukes' model of power(16) (described in the next chapter 3.2), which has evolved from the political science literature, to explore whether and how the food industry exercised power

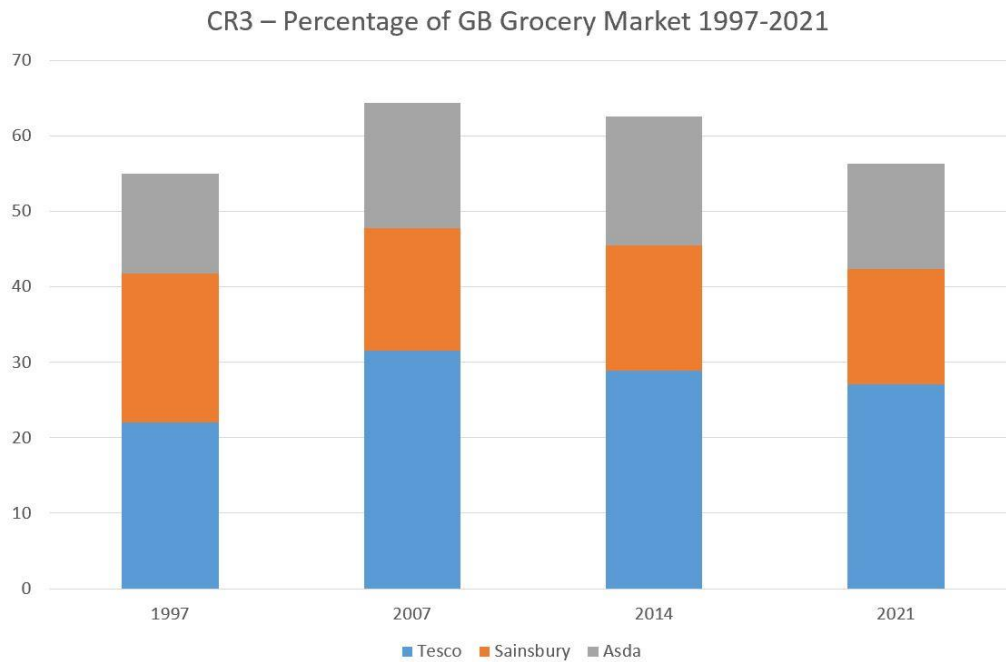
to influence the development of the Responsibility Deal. In addition to the corporate political activities of the food industry, I explore corporate social responsibility initiatives, and how industry representatives presented public health issues and shaped the perceptions of others. I adopted a power lens in this thesis as it was likely to offer insight into the sources and consequences of corporate actors' influence both in policy development processes and within the market(9).

In the following section I draw on a second separate body of literature to explore the exercise of power within the food industry. I describe the concentration of the food retail and grocery sector in the UK, concerns about the exercise of power within the food industry, actions taken by the Government to investigate those concerns, and why the exercise of power within the food industry is relevant to public health nutrition.

## 2.5 Concentration of the grocery retail market in the UK

Consumers in the UK have a range of stores from which they can purchase groceries, including larger grocery stores, convenience stores, the limited range discounter stores, frozen food stores, and specialist grocery stores. In addition, consumers can purchase their groceries on-line for delivery to their homes. The UK grocery market is highly concentrated with a large proportion of retail sales accounted for by a small number of retail organisations. Since the 1950s there has been a decline in the number of butchers, greengrocers, bakeries and fishmongers in the UK(66). In contrast there has been a long-term trend of major food retailers increasing their share of national grocery sales, with the market share of the top three major food retailers (Tesco, Sainsbury and Asda) in Great Britain peaking at 64.3% in 2007 and subsequently falling to 56.3% in 2021, as shown in the figure below(67).

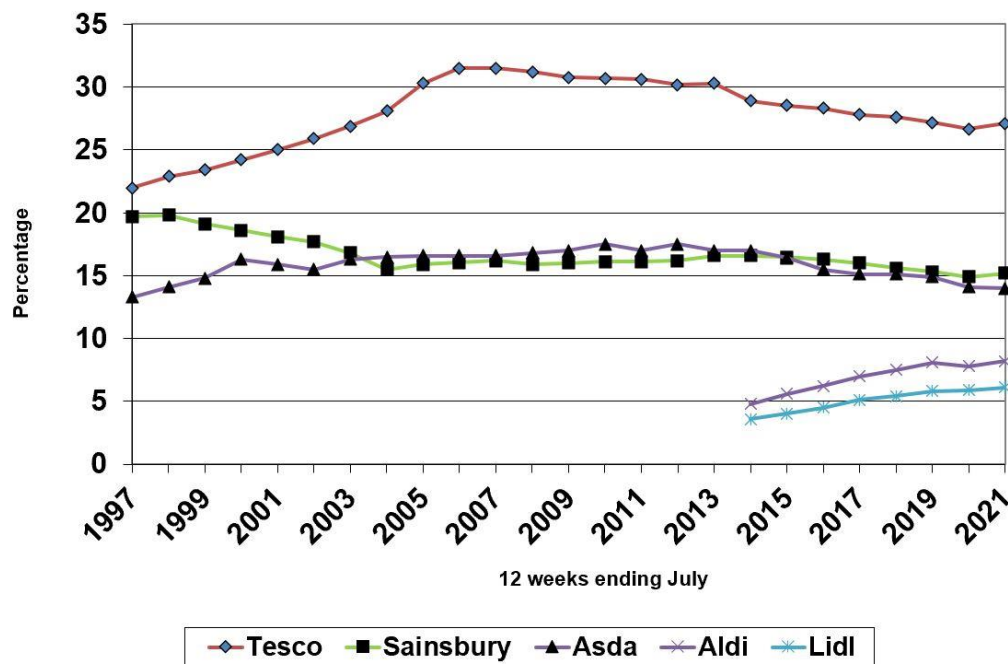
Figure 2-3 Percentage of Great Britain grocery retail market held by top 3 major food retailers 1997-2021(67)



(Figure reproduced with permission from author, L Sparks)

Researchers often discuss market power in the context of competition and the ability to control prices(68). Market share is often equated with market power, with market share statistics seen as a proxy measure of market power(69). In terms of individual major food retailers, the Co-operative movement had the largest share of national sales through to the mid-1970s, however this position was overtaken by Sainsbury's in the 1980s, and Tesco in the 1990s(66). The overall reduction in the combined market share of the top three major food retailers since peaking in 2007 has been attributed to the improved performance of the limited range discounters Aldi and Lidl. The increased share of grocery retail sales of Aldi and Lidl are shown in the figure below, alongside the market share of Tesco, Sainsbury's and Asda, the top three major food retailers.

Figure 2-4 Grocery market share of leading retailers in Great Britain 1997-2021(67)



(Figure reproduced with permission from author, L Sparks)

Concentration of the grocery retail market is important to consumers and to public health. Approximately 87 percent of UK consumers regularly shopped for food from supermarkets in 2021(14), with one third of consumers visiting supermarkets 2-3 times per week for food shopping(14). In concentrated markets consumers may have a lack of choice of products, reduced access to products, and they may have to pay higher prices for products(70). As the majority of consumers in the UK source their food from supermarkets, it is vital that the power of the major food retailers and potential implications for public health are understood.

Concentration of the grocery retail market also has implications for suppliers of food products, which are faced with a limited number of potential retail customers for their products. There is a large variation in the size of businesses supplying branded goods to retailers, from very large producers such as Coca-Cola and Unilever, through to smaller businesses that earn less than £1million per year(66). With a concentrated retail grocery market, suppliers may be heavily reliant on single major food retailers to access consumers, and unable to find alternative retail customers should their contracts be terminated(71). Concerns about the power of the major food retailers to

exert power over their suppliers has led to a series of investigations by the Competition Commission into the retailing of groceries, as described in the following section of this chapter.

## 2.6 Competition Commission Inquiries into retailing of groceries

The Competition Commission was a regulator responsible for investigating competition issues (for example, company mergers) under competition law in the UK. It was superseded by the Competition and Markets Authority in 2014. The Competition Commission conducted four inquiries into the grocery retailing sector between 1999 and 2006. The first investigation (1999/2000) was a broad-based investigation conducted under the Fair Trading Act (1973), prompted by concerns that the prices and profits of grocery retailers during the late 1990s were higher in the UK than in comparable European Union countries and the USA.

In parallel, the metaphor of the 'Food Desert' was becoming an increasingly important focal point for government departments during the late 1990s. The Acheson Inquiry into inequalities in health(72) had focussed attention on the limited access to healthy food experienced by the most deprived communities in the UK and increasing health inequalities. The Acheson report called for policies to increase the availability and accessibility of food to supply an adequate and affordable diet, and adequate retail provision of food to those in disadvantaged communities(72). At the same time, the then Labour government's Social Exclusion Unit also drew attention to the lack of basic services (including food retail) in the poorest parts of the UK(73). The report from the Social Exclusion Unit highlighted the lack of access to food retailers and the more expensive prices faced by the most deprived households. The term 'food desert' was adopted and further developed by academics and government departments, as a metaphor describing places where cheap, nutritious food, including fruit and vegetables, was difficult to obtain(74).

In its first investigation into the grocery retail sector in the UK, the Competition Commission concluded that while some below cost selling and local price flexing (adjusting prices regionally in response to local competition) had occurred, it found little evidence of limited access to supermarkets in deprived neighbourhoods(74). Thus, the findings of the Competition Commission did not support the suggestion of the presence of food deserts in deprived communities in the UK. Instead, it was the behaviour of the five largest grocery retailers towards their suppliers that was considered to be against the public interest(2). The findings of the first Competition Commission



investigation into the grocery retail sector in the UK led to the establishment of the Supermarket Code of Practice, which was used to assess the conduct of the four largest grocery retailers at that time (Asda, Morrisons, Sainsbury's, and Tesco) towards their suppliers(66).

The second and third investigations of the Competition Commission into the grocery retail sector focussed on specific merger transactions - the acquisition of Safeway by a number of possible buyers, including Morrisons, Sainsbury's and Asda; and Somerfield's acquisition of approximately 100 Morrisons stores(66). The fourth Inquiry of the Competition Commission into the grocery retail sector is the focus of this thesis, as described below.

### 2.6.1 Competition Commission Inquiry 2006

The Office of Fair Trading had oversight of the Supermarket Code of Practice that was established in response to the first investigation of the Competition Commission and received complaints and representations about grocery retailing. In 2005, in response to continued concern about the Supermarket Code of Practice, the Office of Fair Trading commissioned an audit of compliance with the Code of Practice and invited evidence on whether there were aspects of the supply of groceries in the UK that adversely affected competition. The Office of Fair Trading received complaints about the competitive pressures from major food retailers on convenience stores, and the market dominance of Tesco(66).

In May 2006 the Office of Fair Trading referred the supply of groceries by retailers in the UK to the Competition Commission for investigation under section 131 of the Enterprise Act (2002), requesting the Competition Commission undertake an Inquiry into the retailing of groceries in the UK. Under section 134 of the Enterprise Act (2002), the Commission was required to determine whether any feature or combination of features of the market prevents, restricts, or distorts competition. The aim of the Inquiry was to determine whether the interests of UK consumers were well served by grocery retailers, whether competition was effective, and whether it would remain so(66). Where there was an adverse effect on competition, the Commission would seek to identify the resulting detriment to consumers, which might take the form of higher prices, less choice, lower quality of available products, or lower innovation than if competition was working effectively(75).

The Commission released a statement of issues setting out the initial scope of the Inquiry, to assist potential submitters. The issues fell into three categories(75):

- whether any aspect of the behaviour of retailers towards their suppliers affects competition, and whether this had any detrimental effects on consumers
- whether any aspect of the structure of local markets, or the conduct of retailers or consumers in the market affected local competition
- whether the operation of the planning regime or any conduct by retailers (including acquisition, disposal, or use of land) affected competition.

The Commission contacted the main parties to the Inquiry and advertised for submissions from any other interested groups or individuals. The deadline for initial submissions was 6 June 2006(76). The Commission released interim documents in January 2007, October 2007, and February 2008. It held visits and hearings, and called for submissions in response to each of the interim reports of findings. The final report was released 2008(2).

As a result of the Inquiry, the Competition Commission found that retailers were able to transfer excessive risk and unexpected costs to their suppliers, and that this imbalance in power was likely to lessen the incentives of suppliers to invest in new products and production processes(66). While the Inquiry was prompted by concerns over the market dominance of Tesco at that time and effects on independent or convenience stores, the Competition Commission found that there were no significant effects from below cost selling or large retailers securing disproportionately favourable prices from suppliers. However, some major food retailers were able to use their buyer power to pass on unexpected costs and excessive risk to their suppliers (for example, de-listing suppliers and forcing suppliers to provide discounts)(66).

The Competition Commission found that excessive buyer power may have led to consumer harm as a result of reduced supply chain investment and innovation(66, 77). The Commission estimated the value of the groceries supply chain in the order of £70billion in 2007 in annual sales, and suggested that *'even a small loss in investment and innovation, and its impact on product quality and choice, is likely to have a significant detrimental impact on consumers'*(66). Detrimental effects on consumers resulting from reduced innovation were likely to include higher national prices and a more limited choice of stores than would otherwise be the case. Excessive buyer power could also lead to poorer quality products(66). Researchers have explored the economic aspects of buyer power and suggest the possibility of a waterbed effect, whereby more advantageous terms of trade for more powerful buyers could lead to worse terms of trade for their less powerful rivals(78). Economic modelling

suggests the presence of a waterbed effect may result in increased food retail prices overall, particularly when more powerful buyers do not pass on the benefits to consumers(78). The public health implications of buyer power within the food industry have not been explored. I focus on the fourth Inquiry of the Competition Commission in this thesis, as the scope of the Inquiry and the range of evidence presented to the Inquiry (including evidence about buyer power) were likely to be highly relevant to issues of power within the grocery retail market in the UK.

Following the Inquiry, the Competition Commission introduced a new Groceries Supply Code of Practice (which came into effect 2010). Under the Code of Practice the 10 largest grocery retailers were expected to provide compliance reports that enabled supplier-retailer relations to be monitored. The Competition Commission also recommended that an Ombudsman be established to oversee the Code of Practice and help address the '*climate of fear*'(77) that had discouraged suppliers from complaining under the previous system. In response to the request for an Ombudsman, the UK Government established a Groceries Code Adjudicator in 2013(77).

While the four largest major food retailers in the UK at the time (Tesco, Sainsbury's, Morrisons and Asda) accounted for approximately 65% of total grocery sales in 2007(66), more recently the retailing landscape has changed, as some consumers move to the limited range discounters (including Aldi and Lidl) and consumers undertake smaller, more frequent trips to local shops(79, 80). Nevertheless, issues of competition and power continue to be relevant. For example, the wholesaler Booker was acquired by the retailer Tesco in 2018(81); and in May 2018 Sainsbury's announced that it was merging with ASDA (which is owned by Walmart), however the merger was subsequently abandoned due to competition issues. The major food retailers continued to pressure suppliers. For example, in January 2016 the Groceries Code Adjudicator found that Tesco consistently delayed payments to a broad range of suppliers, and that the delays had a financial impact on suppliers and detracted from the suppliers' ability to develop a customer-focused business(82). Thus, while the grocery retail landscape may have changed, the issues associated with the power of the major food retailers that were considered by the Competition Commission Inquiry in 2006/2007, and potential impacts on consumers, continue to be highly relevant. Major food retailers continue to be a critical route to market for many suppliers, and consumers may benefit from better products when suppliers have the ability and incentive to invest and innovate. The majority of consumers purchase their groceries from major food retailers regularly and frequently, and major food retailers are able to offer consumers a wide range of items in store and online. Thus,

the functioning of the grocery retail market in the UK and issue of power are of vital importance to public health.

In this doctoral study I explore the exercise of power from two perspectives; firstly, from within the food industry in England, exploring both how power influences the relationships between organisations in the food industry, and the characteristics of powerful food industry organisations; and secondly, the influence of powerful food industry organisations on development and implementation of public health nutrition policy. In the following section I explain the importance of considering power from both of these perspectives.

## 2.7 The research gap

The public health community has become increasingly critical of the role of powerful food organisations in poor public health nutrition through the shaping of food supply chains, food environments and consumer behaviour(12, 63). Previous research, including as part of the recently emerging field of the commercial determinants of health, has examined links between food products and population health outcomes, and the use of corporate political strategies, such as political donations, lobbying and regulatory capture by dominant food manufacturers(3, 83-85). However, the market strategies of food organisations have received limited attention from the public health community (86). While public health researchers have focused on, for example, the implications of labelling, product reformulation and marketing(87-90), large food organisations may deploy a wide range of strategies to protect their business models and products from adverse regulation, while simultaneously building and preserving market dominance and profits(17, 91).

Importantly, these strategies operate in tandem and may overlap (17, 86), thus understanding how power imbalances within the food industry are created or exacerbated may assist with developing a broader understanding of corporate power and the influence of food industry organisations on government policy. In addition, adoption of the lens of power in an analysis of the influence of food industry organisations on the development and implementation of the Responsibility Deal, provides further insight into the influence of food industry organisations on development of public health nutrition policy.

The aim of this doctoral study is to explore the strategic response of the food industry to the Responsibility Deal, in the context of power, through the following research questions:

How do organisations exercise power within the food industry in England?

- How does power influence inter-organisational relationships in the food industry?
- What are the characteristics of powerful organisations in the food industry?

How do organisations in the food industry influence the development and implementation of public health nutrition policy in England?

- How has the food industry presented public health challenges and preferred policy solutions relevant to food in the media?
- How has the food industry influenced the development of the Public Health Responsibility Deal?
- Why did organisations participate in the Public Health Responsibility Deal?
- How have organisations given effect to the pledges?

In this chapter I have described the public health implications of increasing prevalence of obesity in England, and the government policy response, focussing on the Responsibility Deal. I described the concerns of public health researchers that public health nutrition policy has been ineffective in reducing the prevalence of obesity, and that powerful food industry organisations have undue influence over policy development. I then outlined concerns about the exercise of power within the food retail and grocery sector in the UK, actions taken by the Government to investigate those concerns, and why the exercise of power within the food industry is relevant to public health nutrition. Finally, I set out the research questions for this thesis.

In the following chapter I describe the theoretical approaches I have adopted to consider different aspects of power (Resource Dependence Theory(15) and Lukes' model of the three faces of power(16)) and their relevance to this study, in which I explore the food industry response to the Responsibility Deal in the context of power.

### 3 Theoretical approaches to considering power

In this chapter I describe the theoretical basis of my thesis, drawing on two approaches to studying power. The Oxford English Dictionary definition of “power” includes “the ability to do or act”, thus power may be conceived of as a capacity or an attribute. Businesses operate in the market through the development and maintenance of a range of products and services, supported by activities including advertising, promotion, and pricing, with the primary goal of making a profit. However, the market does not exist in a vacuum and is not a neutral entity, being constricted and influenced by political, cultural and social forces, collectively referred to as the non-market(92, 93).

While some researchers equate business power with market share(94), it is only one of the facets of power of a business. In addition to market share the power of a business may be conceived of as an ability to influence others, including business competitors, consumers, and governments. Power, authority and legitimacy are central to the role of business actors in political processes(95). Market power influences political power(95); and political power enables business actors to influence the political agenda, and the shape of rules and regulations. Thus, the power of a food industry organisation within the industry (market power) and the power of that organisation beyond the food industry (non-market power) are linked.

This thesis includes a consideration of the power of organisations both within the food industry (market power), and beyond the market environment (non-market power). I have adopted two theoretical approaches to studying power: Resource Dependence Theory(15) to explore the exercise of power within the food industry (market power), and Lukes Three Faces of Power model(16) to explore the exercise of power beyond the market (non-market power). In the following sections I set out an overview of these theoretical approaches and their relevance to this doctoral study. In addition, I describe the concept of non-market strategy, which is an explicit set of legal, political and social tactics deployed by industry to accumulate and exercise political power in the non-market(17, 96). I have used the concept of non-market strategy to support application of Lukes Three Faces of Power model in this study. This chapter concludes with a summary of the relationship between Resource Dependence Theory, Lukes’ Three Faces of Power model, and non-market strategy, and their relevance to this study.

### 3.1 A Resource Dependence perspective

I have adopted a Resource Dependence Theory perspective, which has evolved from business organisational and management literature, to explore the exercise of power within the food industry. In this context, dependence refers to the level on which a business relies on, or requires, a resource supplied by another organisation. Pfeffer and Salancik first published *The External Control of Organizations: A Resource Dependence Perspective* in 1978 (reprinted in 2003(15)), and it has since become one of the most influential theories in organisational theory and strategic management(97). Resource Dependence Theory is well established in the scientific study of relationships between businesses, their environments, and the actions businesses take to reduce their dependencies(97).

Central to Resource Dependence Theory is the importance of the environment or social context of an organisation in understanding organisational choices and actions(15). Under Resource Dependence Theory organisations are viewed as being embedded in networks of interdependencies, and potentially dependent on the sources of the resources they need (including financial resources, physical resources, and information)(15). While organisations are constrained by their environments, an important aspect of the theory is the ability of organisations to make strategic choices and attempt to alter their constraints. Thus, under Resource Dependence Theory, organisational strategy is assumed to be dynamic, and not focussed solely on customers and products, but also on suppliers and other entities in the environment (including Government agencies and departments) that affect the flow of resources, even indirectly, to the organisation(15).

As Resource Dependence Theory incorporates a focus on business actors within supply chains, it is well suited to understanding research questions that explore actions and relationships among industry actors, and the exercise of power within the food industry. Pfeffer describes the construct of power as 'an almost inevitable outgrowth of the focus on dependence... and the constraints that result from dependence and attempts to manage or mitigate those constraints'(15) (p.xii). The emphasis on power, as opposed to economic efficiency, is a distinguishing feature of Resource Dependence Theory, and in the late 1970s represented a shift in focus for organisation studies(15). Pfeffer identified three factors that determine the dependence of Organisation A on Organisation B: the importance of the resource to Organisation A; the extent to which Organisation B has discretion

over allocation of the resource; and the availability to Organisation A of alternative sources of the resource. These three factors are described below.

### 3.1.1 Resource importance

Pfeffer describes two dimensions of resource importance that are relevant to Resource Dependence Theory: the relative magnitude of the exchange of resource, and the criticality of the resource to the organisation. The relative magnitude of the exchange refers to the proportion of total input or output for Organisation A accounted for by the exchange. For example, an organisation that sells a large proportion of their product to Organisation B is more dependent on Organisation B than an organisation that creates many products for different markets. The criticality of the resource refers to the ability of Organisation A to continue functioning in the absence of the resource, or in the absence of the market for the product. The resource may be of critical importance to an organisation despite being a small proportion of total input(15). That a resource is of critical importance to an organisation is not necessarily problematic for the organisation – an organisation’s vulnerability arises from a lack of certainty of availability of the resource. For example, while utilities such as water and electricity are generally important for the functioning of organisations in the UK, they are widely available.

### 3.1.2 Discretion over resource allocation

The capacity of Organisation B to determine the allocation or use of a resource is a major source of power and is more important when the resource is more scarce(15). Organisations may control a resource they possess (for example knowledge or information), or control access to the resource. For example, agents who influence the allocation of an organisation’s contracts develop personal power from their position. The ability to make rules or regulate possession, allocation, and use of resources and to enforce the regulations also constitutes a source of power(15).



### 3.1.3 Access to alternative sources of the resource

The third factor that determines the dependence of one organisation on another is the extent to which control of the resource is concentrated, that is, whether a small number of significant organisations control access to the resource(15). For example, access to consumers in the food industry is dominated by a few large multiple food retailers. Under Resource Dependence Theory, the number of sources of the resource is not critical. More important, is whether the organisation is able to access the resource from alternative sources.

In summary, Pfeffer suggests the factors that determine the dependence of Organisation A on Organisation B are(15):

1. Resource importance:
  - a. Magnitude of the exchange for Organisation A
  - b. Criticality of the resource to Organisation A
2. Organisation B's discretion over allocation of the resource
3. The ability of Organisation A to access the resource from alternative sources

Thus Pfeffer defines "dependence" as the product of the importance of a given input or output to Organisation A and the extent to which it is controlled by a relatively few organisations(15). Organisation A will not be dependent in a situation where the resource is not important to the organisation, regardless of how concentrated control over the resource is. In addition, regardless of how important the resource is, unless it is controlled by a relatively few organisations, Organisation A will not be dependent on them.

Pfeffer suggests an organisation will have power over another when there is asymmetry in dependence(15). For example, where Organisation A sells to Organisation B and is dependent on B for absorbing its output, Organisation B is dependent on A for the provision of required input. Asymmetry exists in the relationship when the exchange is not equally important to both organisations. When the dependence between organisations is asymmetrical, some power will accrue to the less dependent organisation, and the more powerful organisation may attempt to influence or constrain the behaviour of the more dependent organisation. Pfeffer hypothesised that Organisation A will tend to be influenced more by Organisation B where they are more dependent

on Organisation B. This doctoral study draws on the work of Pfeffer(15) to explore the exercise of power within the food industry, as described below.

#### 3.1.4 Relevance of Resource Dependency to the food industry

Organisations in the food industry are linked to their environment, including through customer-supplier relationships and competitor relationships. They must transact with organisations to access resources, which can become more or less scarce. For example, as a gateway to a large number of consumers, a major food retailer controls access to a resource (consumers) on which many food manufacturers, suppliers and distributors are likely to depend. Their dependence on the major food retailer is likely to be greater where those transactions account for a large proportion of the output of those organisations, and where they have limited ability to access an alternative market for their products. Conversely, major food retailers are likely to be dependent on their suppliers for products, and that dependence is likely to be greater where they have limited ability to access alternative sources of supply.

In buyer-supplier relationships with power asymmetries, the more powerful business is likely to exercise its influence to maintain its power, whereas the weaker business is more likely to comply to continue to access resources(98). For example, a powerful buyer is likely to behave opportunistically towards its suppliers by violating implicit relational norms(99), exercising coercion(100), resisting entering long-term collaborative relationships, and encouraging suppliers to make specific adaptations(101).

Power is not static, and businesses can use strategies to alter their dependencies. For example, a business may seek additional buyers or suppliers, develop longer term agreements with suppliers, and engage in joint product development with other businesses in an effort to manage dependencies(102, 103). Drawing on Pfeffer's work, I have adopted Resource Dependence Theory to explore market power, including the relationships and actions of food industry organisations, and the exercise of power within the food industry. In the following section of this chapter, I describe the theoretical approach I have adopted to explore non-market power, including the actions undertaken by food industry organisations to exercise power beyond the market.

## 3.2 Lukes' Three Faces of Power

Lukes' model of power, which has evolved from the political science literature, is a useful tool to explore food industry exercise of power beyond the market. Lukes' describes power as the ability of one actor to prevail over others in achieving desired goals(16). Lukes' model of power consists of three conceptually overlapping dimensions, or 'faces', of power that may be used to influence the policy decision-making process. The first face of power, instrumental power, describes the direct influence of one actor over another, and involves 'a change in the decision outcomes by one actor due to the influence exercised by another'(95). Corporate behaviours relevant to the first face of power include public lobbying and financing of political campaigns. Instrumental power is one of the more visible forms of power held by business actors. The financial, organisational and human resources of the organisation, and access to decision-makers, contribute to a business' instrumental power(95).

The second face of power is less visible than the first, whereby an actor devotes energy to limiting the scope of the political process to only those issues which are innocuous. This second face of power, or structural power, describes behind-the-scenes activity, including agenda setting and making proposals(95); and may involve failures to act, in addition to visible actions(104). Structural power also includes the development of corporate social responsibility initiatives and private certification standards, which provide businesses with influence over which private standards and labels are widely adopted(95). An actor that is considered to be legitimate may have strong structural power (and retain influence), even if they have less instrumental power(105). As the second face of power includes issues beyond formal decision-making processes, exploring the role of the structural power presents methodological challenges(106).

The third face of power, also called ideational or discursive power, concerns the shaping of perceptions and preferences of others(104). The third face of power allows for the ways in which potential issues are kept out of politics, through the operation of social forces, institutional practices and individuals' decisions(16). Exercise of the third face of power can occur in the absence of observable conflict, which may have been successfully averted. The ability to frame a problem in a specific way can be a very efficient and effective use of ideational power(105, 107). Business actors can play an important role in framing issues in the media, indirectly influencing the public debate and the choices presented to society(95); for example, positioning businesses as part of the solution, and promoting freedom of choice(108). Thus, consideration of ideational or discursive power allows

for an analysis of power in the absence of observable conflicts of interests(95). As with the second face of power, an actor requires political legitimacy to effectively exercise ideational power(95). The table below summarises the distinctive features of each of the three faces of power.

Table 3-1 Distinctive features of the three faces of power

|   |  |   |
|---|--|---|
| First face of power<br>(Instrumental power)             | Direct influence of one actor over another, resulting in a change of decision/outcome.                 | For example: Formal lobbying, financing political campaigns   |
| Second face of power<br>(Structural power)              | Behind the scenes activity that limits the scope of activity to only those issues which are innocuous. | For example: Agenda setting and agenda displacement, Corporate Social Responsibility initiatives, voluntary agreements  |
| Third face of power<br>(Ideational or discursive power) | Shaping the perceptions and preferences of others  | For example: Framing of public health issues in the media, promotion of freedom of choice and individual responsibility |

Lukes' three faces of power, differentiating instrumental, structural, and ideational power, is a useful framework for this study, as it can be applied to different types of data and may provide a high level of explanatory value. It provides a holistic account of decision making and is sensitive to different forms of power 'incorporating the struggles which emerge within the decision making arena (the first face of power), actions and inactions which shape the agenda-setting process (the second face of power), and the actions and inactions which shape the perceptions and preferences of actors (the third face of power)'(106).

### 3.2.1 Application of the model

Researchers have used Lukes' model as a lens to explore causal factors and relationships that shape actions and motivations of actors in political decision-making processes(107). For example, reflecting on the lack of action to address Non-Communicable Diseases in the Millennium Development Goals, Buse and Hawkes adopted Lukes' model to analyse the process of developing the health-related proposals of the Goals(109). Using the lens of power, researchers have explored lobbying, financial contributions, agenda setting, adoption of self-regulation and public-private partnerships, and efforts to influence debates through framing of policy issues(95). In addition, researchers suggest the faces of power may be interlinked, in that effective use of ideational power (e.g. framing of policy issues) enables actors to be more successful at ensuring issues do not rise onto the agenda (second face of power); and issues which are not on the agenda will not become contested (first face of power)(106).

While Lukes' theory is a useful conceptual model, the clear differentiation between the different faces of power is a simplification for analytic purposes. In practice, the different faces of power are more difficult to separate - they can overlap and even enhance each other. The third face of power presents particular challenges for researchers, whereby the exercise of ideational power may involve inaction rather than observable action(16). While exercise of ideational power may be largely invisible, actions undertaken to accumulate political power may be observable. In particular, businesses may deploy an explicit set of tactics known as 'non-market strategy' (described below) to accumulate and exercise political power. Actions undertaken to implement a non-market strategy may be potentially observable, however, some may be hidden from public view (for example, private meetings).

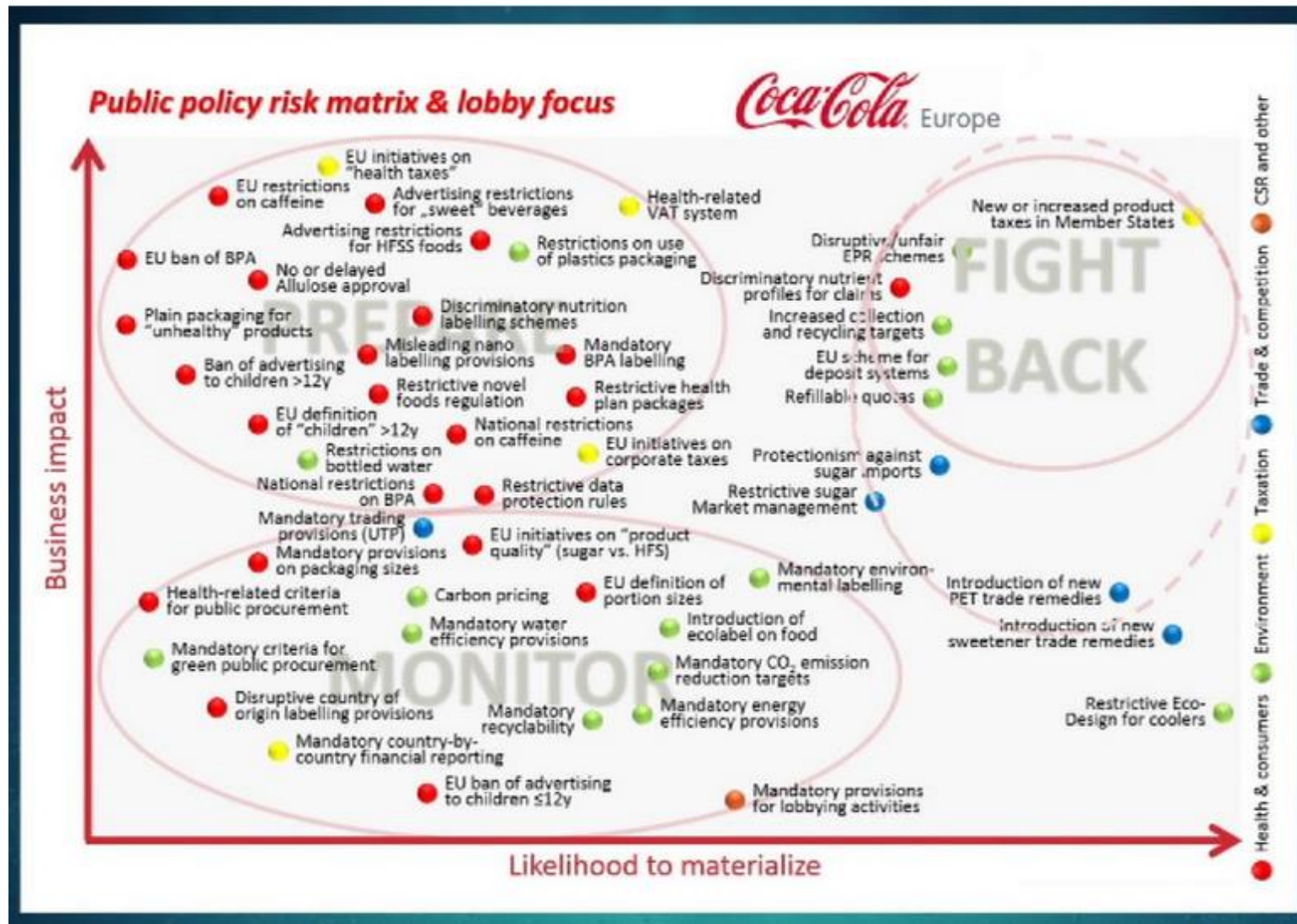
### 3.3 Non-market Strategy

Within the business literature the activities of corporate commercial actors beyond the market (within the non-market) are often conceptualised as an organised and connected set of explicit actions known as 'non-market strategy'. Development of a non-market strategy is primarily located in and driven by commercial, rather than public health, objectives. An appreciation of corporate non-market strategy can extend analyses of commercial influences on health by offering a view from

the perspective of the business or industry itself – sometimes referred to as an ‘inside-out perspective’(110).

As described above, businesses undertake activities both within the market, and within the non-market (92, 93). The market and non-market environments are sufficiently different that businesses may develop separate strategies to engage with both(92, 93). A non-market strategy is a deliberate group of actions addressing political, cultural and social issues in the non-market environment, with the ultimate purpose of improving the overall perceptions, operational ability, and performance of the business, thus creating additional value(17). For example, a non-market strategy might be developed to create market opportunities, defend against criticism, and influence government policy(93, 111). Non-market strategy recognises that issues in the non-market environment affect the profitability of a business, and that the issues can be managed strategically(92, 112). While the ‘rules of the game’ are perhaps a given in the market, use of non-market strategy is about ‘writing the rules of the game’(93). For example, Figure 3-1 shows an industry analysis of public policy and potential corporate responses undertaken by Coca-Cola.

Figure 3-1 Coca-Cola public policy risk matrix (<http://news.sky.com/story/document-reveals-coca-cola-opposes-bottle-return-scheme-10742502>)



### 3.3.1 Components of non-market strategy

Non-market strategy activities may include corporate political activity to access and influence politicians and regulators; Corporate Social Responsibility (CSR) initiatives to maintain or enhance the reputation of the business; and legal actions to maximise the competitive opportunities of the business. In practice these three categories of activities are integrated and overlap. For example, the line between corporate political activity and CSR is becoming increasingly blurred, with codes of practice, industry standards and voluntary agreements encapsulated within CSR programmes, as an alternative to regulation(113); and then used as marketing tools. The three broad categories of non-market strategy activities are described in the table below.

Table 3-2 Components of Non-market Strategy

| <b>Category</b>                       | <b>Description</b>   | <b>Example</b>   |
|---------------------------------------|--|--|
| Corporate Political Activity          | Seeks to gain access to, and understanding from, politicians and regulators, and thus influence their behaviour(112)   | Examples include lobbying, petitions, provision of information, financial contributions and sponsorship (including campaign funding), development of personal long-term relationships, and bribery and corruption(114, 115).                                 |
| Corporate Social Responsibility (CSR) | Focused more on stakeholders than government, CSR recognises the importance of NGOs and public opinion, and the maintenance or enhancement of the reputation of the business. Some businesses are able to use CSR measures in their marketing(111) | Examples include philanthropy, sponsorship, secondments, partnership arrangements with NGOs, environmental initiatives (e.g. energy and water efficiency), and initiatives aligned with customer health (e.g. reformulation of products and labelling)(113). |



|               |   |  |
|---------------|---|--|
| Legal Actions | Generally aimed at potential rivals and competitors, at governments, or at maximising competitive opportunities (for example through development of innovative patenting arrangements). Can be collective as well as individual business activity(111). | For example, suing competitors for publicly criticising their business, alleged patent infringement, actions through the World Trade Organisation, or upon detection of illegal behaviour by a competitor(112). Businesses may also initiate collective legal actions to challenge regulation or legislation(112). |
|---------------|---|--|

### 3.3.2 Corporate Political Activity

While the primary focus of a business strategy is to increase sales to customers, a business will also be alert to the impact of government activity(116), and develop strategies for management of issues as they arise. Government interventions in markets may include the introduction of taxes, subsidies, regulation, trading schemes, and information campaigns that in turn may affect sales to customers(117).

Businesses may choose to comply with the policy or regulations, or free ride on the non-market actions of other businesses; or they may seek to influence policy directly through corporate political activity (114, 118). Corporate political activity is defined as any deliberate action intended to directly or indirectly influence government policy or process(119). Activity is typically aimed at government departments and stakeholders relevant to government; may be legal and ethical or not; and may include competitors, governments, interest groups and others (114). Organisations that are able to gain access to politicians or senior officials may be able to influence outcomes and may have reduced uncertainty in their operating environment (through enhanced or privileged access to information)(116, 120). Access to government provides opportunity for businesses to provide policy makers with specific information about their preferences on specific issues in order to shape regulation or legislation and may enable businesses to secure changes in public policy (or even

maintain the status quo)(121). Businesses with privileged access to information about regulations, policies and emerging policy issues are better able to anticipate and/or shape future regulations and adjust their market strategies accordingly (120). It is widely accepted that businesses can influence policy processes to shape and control their competitive environment(119).

Businesses may adopt a range of corporate political activities that allow for organisational advocacy, including the establishment and maintenance of direct ties to politicians and senior officials(115). Examples of corporate political activities include lobbying, petitions, provision of information, financial contributions (including campaign funding), development of personal long-term relationships with senior officials and politicians, and bribery and corruption(114, 115).

Businesses may also adopt strategies that include self-regulation, public advertising campaigns, and mobilization of grassroots campaigns in order to influence policy(122). Strategies to manage information and the business' reputation; and the formation of coalitions with allies that seek similar policy outcomes, including allies beyond their business-related groups, may also be used to support corporate political activity(122). For example, corporate political activities used by the alcohol industry in the UK include misrepresentation of scientific evidence(123), corporate lobbying (primarily through direct and long-term relationships with policymakers)(124) and media campaigns(124). Similarly, corporate political activity used by the Australian alcohol industry in response to the requirement for health warnings on labels included lobbying, financial contributions to political parties, pre-emptive introduction of voluntary, but lesser, labelling initiatives, and questioning of the evidence base for health warnings(125).

### *3.3.2.1 Implementation of corporate political activity*

Design and implementation of the political component of non-market strategy is undertaken at a high level within businesses(120), with directors responsible for external affairs likely to be at the core of the design of the political strategy(126). The individual responsible for external affairs is likely to be embedded in a network of relationships across trade associations and lobbying companies, and with their contemporaries across competitors. Along with members of the Board of Directors they would seek to form links with individuals in regulatory bodies, government departments, and politicians(118). An example of a simple relationship is a direct personal link to a political or regulatory actor that confers preferential treatment or access, however, an indirect tie

can also be useful, enabling access through others in the network(127). Multi-national enterprises in the food industry are politically active (58, 128). Individually and collectively, food businesses are represented by lobbyists, lawyers and trade associations(13). The strength of the relationship with the wider network is important as it is within these relationships that businesses influence decision making(118, 126).

Lobbying requires a set of specific and identifiable processes to leverage political resources(126). Businesses may adopt an internal approach to lobbying, using in-house expertise, and/or may use trade associations and contract lobbyists(126). The design of the lobbying requires focussed management effort on how to affect public policy, for example which politicians to target and when, which network relationships to invest in and when(129), and whether to adopt a public or more behind-the-scenes approach(130). Within a business, the Board of Directors is likely to provide access to resources to support political actions, and access to information and opportunities. The Board will also make decisions on, for example, the individuals that will be targets for relationships for each of the executives(126). Each lobbying activity is likely to require concerted effort from the highest levels of the business. For example, Wal-Mart had the President and CEO of its International Division attend a meeting with then UK Prime Minister, Tony Blair, and others, arranged by the Liberal Democrat peer Lord Jacobs, at which the potential for Wal-Mart to enter the UK was discussed(130).

Businesses that join networks, or enter into simple direct relationships with political actors, often coordinate across their political activities (for example, campaign funding, direct lobbying and working with a trade association)(118); they often integrate the political activity with the rest of their non-market strategy (for example, a corporate social responsibility initiative or legal action)(118); and the market and non-market strategies are likely to be designed to fit together(118). The circumstances, relationships and interactions are dynamic(118). Multi-national enterprises are faced with even greater complexity, as they are likely to be politically active in several political arenas simultaneously(114, 118, 127).

### *3.3.2.2 Influencers and drivers of corporate political activity*

Corporate political activity can be affected by the organisational characteristics of the business, features of the markets and industries in which they operate, and aspects of the policy

environment(118). Organisational characteristics that may affect political activity may include ownership structure(126), the history of the business(131), the power of the business(119), and its relationship with shareholders(132). The nature of the relationships of employees with national and local politicians and officials, legal counsel and interest groups will also influence the business' approach to political activity(126). Frequently changing rules and lack of enforcement are also conducive to corporate political action, with firms taking more political action in less stable political environments(119). Thus, businesses tend to have political strategies tailored to specific countries (and market blocks such as the EU) and institutional arrangements. The effects of these factors are most apparent in Multi-National Enterprises, which operate across a variety of political arrangements and policy environments(118). In addition, businesses have more incentive to become politically active when the industry is highly regulated by the government(119). For example, tobacco industry efforts to influence marketing regulations have included lobbying and the provision or manipulation of evidence, constituency building to give the impression of wide support, proposing alternative policies, use of the legal system, and offering direct or indirect financial incentives(133).

### *3.3.2.3 Constituency building*

Businesses may seek to create and maintain multi-stakeholder networks to support political activity(134) forming alliances with their competitors, suppliers, trade associations, trades unions, and also with academics, the media and NGOs. An effective stakeholder network will populate the information environment with a variety of messages, consonant with the interests of the business(135). Constituents may also include so-called 'astroturf' organisations, which appear to be genuine grassroots citizen groups, but have in fact been established by the business (or industry) for particular policy purposes(135); and 'bear hug' arrangements, which involve paying a group to change its lobbying activity and to lobby on their behalf(136). For example, The Obesity Awareness and Solutions Trust caused a parliamentary inquiry into obesity in the United Kingdom, while failing to declare financial links to the weight-loss industry(137).

University-based researchers and the media can be very important vehicles for connecting with popular opinion. Businesses may commission and report their own research; and seek to influence the media directly, for example through media ownership, advertising (and the threat of withdrawal of spend), public relations and spin(135). Astroturf and other business-funded organisations may be

particularly effective with the media, able to attack critics of businesses while appearing to be independent(135). For example, the Institute of Economic Affairs, which has received funding from the tobacco industry, publicly lobbies against the plain packaging of cigarettes(138); and the International Life Sciences Institute, which is funded by Coca-Cola, succeeded in re-directing obesity science and policy in China towards emphasising exercise over public health nutrition(139).

### 3.3.3 Corporate Social Responsibility

The second broad category of 'non-market strategy' action is Corporate Social Responsibility (CSR). The CSR movement can be traced back to the employee wellbeing initiatives of large private companies during and after the Industrial Revolution of the 1880s(113). More recently, social and environmental movements, initially emerging during the 1970s and 1980s, have presented new challenges for business, to which CSR has become a widespread response(113). Corporate political activity and CSR may overlap, for example where voluntary agreements are included in CSR programmes as an alternative to regulation(113).

CSR involves actions that go beyond mandatory requirements(140). For some businesses the value of the CSR activity may come from enhanced reputation and associations with changing consumer attitudes (141). In some industries, the overall increase in CSR reporting suggests that CSR activities have become necessary to simply gain acceptance of stakeholders(142).

#### 3.3.3.1 *Ethics and identity*

A business' stance on ethics will influence the design and implementation of CSR initiatives. For some businesses, ethical issues are intrinsic to the identity of the business, for example, issues around animal testing were fundamental to the identity of The Body Shop(141); whereas for other businesses ethical behaviour may be an attractive source of differentiation, in order to generate a positive market response(143). For example, Coca Cola has been a sponsor of the Olympic Games, and is a sponsor to Street Games, a sports based charity for young people(144). A business' reputation is one of the most important intangible assets it has, and maintenance of a positive reputation has become increasingly important for business(145).

### 3.3.3.2 *Potential CSR responses*

CSR activity may include environmental initiatives (for example, initiatives improving energy and water efficiency, and reducing waste), which in many cases also promote some tangible financial benefit to the business; and initiatives targeting employees, consumers (including consumer health) and other stakeholders. For example, the food retailer Marks and Spencer works with food banks and other local charities to redistribute surplus food as part of their CSR plan(146). The CSR initiatives are likely to be coordinated and integrated in order to achieve important objectives for the organisation(147). Thus, the strategy may be based on the organisation's cost-benefit analysis, as opposed to necessarily being effective in social or environmental terms. CSR can yield benefits for the business (including reputation management, product differentiation, first mover advantages and pre-empting government regulation)(147); and can be deliberately designed to create competitive advantage for the business, with a planned approach, allocation of business resources, and a focus on specific stakeholders(141).

Businesses may adopt self-regulation or codes of conduct in their CSR strategies to manage the risks associated with criticisms from the public or NGOs, and avoid negative press; to manage the risk of industry-wide negative press; and to attempt to shape government or industry-wide regulations(113). Businesses may commission organisations to deliver CSR activities on their behalf, for example, the major food retailer Tesco contributes funding to The Sustainability Consortium at Manchester University(148). In addition, businesses can encourage industry-wide adoption of self-regulation, thus creating a level playing field in the market environment, for example voluntarily introducing labelling requirements(125).

Other examples of strategic CSR include philanthropy - for example, Nestle has taught children aged 5-14 about hygiene and nutrition in Brazil(149); and re-engineering of the value chain – for example the conversion of Starbucks and Costa coffee shops in the UK to Fairtrade coffee(147). NGO-business partnerships may also be used as part of a CSR approach. For example, Unilever has formed partnerships with a number of NGOs, including World Wildlife Fund and the Global Nature Fund(149); and Nestle has partnered with EcoLink in South Africa(149). NGOs may bring benefits to the business through impact on reputation, provision of information, and networks in the field that enable more effective and efficient implementation of CSR initiatives. While NGO-business partnerships may provide partners with resources they would have difficulty obtaining within their

own sector; such partnerships can be difficult, with potential trust and communication issues, and conflict(113).

### 3.3.4 Legal strategy

The final broad category of non-market activity is the development of a legal strategy. Many businesses view the law narrowly as a cost or compliance issue, however some have adopted very sophisticated legal strategies that add value to their business through preservation of rights, protecting assets and sustaining competitive advantage(150). The legal strategies adopted will depend on the business' legal capabilities and resources, and can involve a variety of issues including contracts, patents, environmental issues, planning issues and free-trade disputes. Industry may also use Freedom of Information Act processes in an attempt to obtain primary data from university-based researchers, as in the case of Phillip Morris approaching Stirling University(151). As with other non-market strategy activity, the purpose of taking legal action is to add value to the business, and the decision to enter the legal arena is an investment decision(150). Different strategies will be appropriate for different situations and businesses(152).

A business may take legal action against local, regional or national governments, against international bodies (for example the European Union), or against competitors for a range of reasons, for example, to influence regulation, hinder the entry of new competitors, sue competitors for publicly criticising their business, harm rivals, or upon detection of illegal behaviour by a competitor(112). Litigation may impact on a business' reputation, and is likely to be expensive and distracting for the company and its senior staff(153, 154). Even the threat of legal action is likely to damage the reputation of a competitor, be expensive for a competitor to respond to, and may force competitors to divert resources and time from more productive efforts(112). Regardless of who brings a lawsuit against a business (a competitor, the government, or an individual), defendants can suffer a significant loss upon the filing of the suit(150).

Legal activities can be an important component of a non-market strategy, allowing a business to move an issue from the market or bureaucratic arena to the courts. For example, in responding to the proposed ban on the sale of large serve sugar sweetened beverages in New York, the American Beverage Association sued New York City on a point of process, claiming that new legislation and a public consultation was required before the ban could take effect. By opening the issue up to public

consultation, the industry was seeking to move the debate away from the regulators, and into the courts (where the industry's legal resources could be applied) and the public arena, where the industry was well placed to manage the issue via its other non-market strategy activities. Tapping into strongly held values of freedom, choice and independence, the publicity campaign was effective and created a public environment that was increasingly hostile to the proposed ban (which was subsequently not implemented)(110).

As legal activities may be expensive, complex, and lengthy, undertaking legal activity against government departments is an investment decision that will be weighed against the potential harm of the proposed regulation. Businesses' non-market strategies in legal arenas consist of whether and when to take an issue to the courts, how to integrate any legal activity with other market and non-market actions, and how to behave strategically within the legal system(150).

#### *3.3.4.1 Collective and individual legal actions*

Businesses can pursue collective legal actions, for example through a trade body, or they may act alone. Individual actions are undertaken by a single business to maintain or enhance its own reputation and competitive position(155). Collective actions are more likely to surface when the industry as a whole (as opposed to individual businesses) is targeted by an influential group, or threatened with sanctions, which prompt a challenge to the legitimacy of the industry in its entirety(155) (as in the case of the proposed ban on large serve soft drinks in New York described above). When collective actions are supported by the leading businesses in the industry they are even more likely to emerge(155). For example, the Scotch Whisky Association was joined by the European Wine Committee and the European Spirits Organisation in their petition for Judicial Review on Minimum Unit Pricing of alcohol in Scotland(156).

### *3.4 Summary of theoretical approaches adopted in this doctoral study*

In summary, the public health community has become increasingly critical of the role of powerful food industry organisations in public health nutrition and the use of corporate political activities to influence government policy (3, 83-85). However, food industry organisations may deploy a wide range of strategies to protect their business models and products from adverse policy interventions,

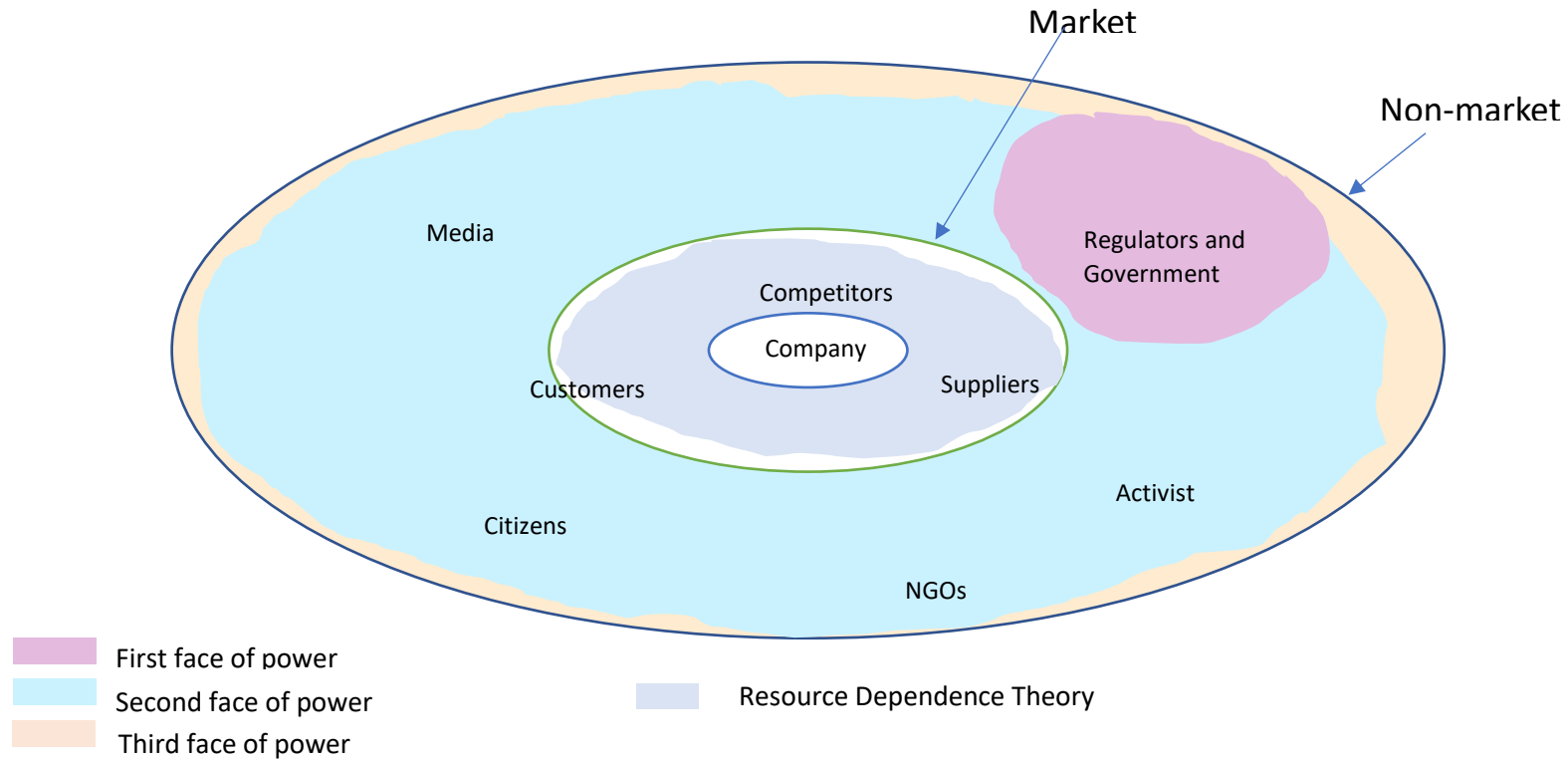


while simultaneously building and preserving market dominance (17, 91). In this doctoral study I explore both the exercise of power within the food industry, and the influence of powerful food industry organisations on development and implementation of public health nutrition policy. This chapter of my thesis describes the theoretical approaches I have adopted in this study. I have adopted Resource Dependence Theory to explore the exercise of power within the food industry in England. As Resource Dependence Theory incorporates a focus on business actors within supply chains, it is well suited to understanding research questions that explore actions and relationships among food industry organisations, and resultant asymmetries in dependence and power within the food industry.

I have used the concept of non-market strategy to operationalize Lukes' Three Faces of Power model, to explore the influence of food industry organisations on the development and implementation of public health nutrition policy in England. The combination of Lukes' three faces of power and non-market strategy is a useful framework for this study, as they provide a holistic account of decision making and are sensitive to different forms of power that might be used by food industry organisations to influence public policy in England.

The figure below depicts the relationship between Resource Dependence Theory and Lukes' model of power, whereby Resource Dependence theory is of particular relevance to the market environment, and Lukes' model of power is relevant to the non-market environment. In the next chapter of this thesis I describe the methodology of this doctoral study, drawing on these theoretical approaches.

Figure 3-2 Relationship between Resource Dependence Theory and Lukes' model of power



## 4 Methodology

### 4.1 Overview of approach to study

This doctoral study explores the strategic response of the food industry to the Public Health Responsibility Deal, through the lens of power. The term 'industry' refers here to food and drinks producers, manufacturers, wholesalers, retailers, and trade associations(157). This study takes a qualitative approach. Qualitative methods are generally suited to studies that aim to explore or increase understanding of a phenomenon, answering questions about 'what', 'how' or 'why' (158). Qualitative methods are particularly suited to exploring complex issues and processes that occur over time(159), and they can contribute to an understanding of the different types of effects or consequences that can arise from development and implementation of public policy(159). This study has been undertaken within a critical realist epistemological approach, which retains a realist ontological perspective and assumes that the way we understand the world is influenced by our beliefs and expectations (160, 161). A critical realist approach accepts that actual events occur, and proposes that these events are caused by real mechanisms that are often invisible to the researcher(162).

In this study I have used a combination of qualitative methods in a complementary approach, using different forms of data to build greater understanding of the aim of the study than is possible from one approach alone(159). The concept of a mixed method approach to research is often discussed in terms of combining qualitative and quantitative methods, however, use of a combination of qualitative methods is appropriate when each qualitative method brings a particular insight to the study(159).

This doctoral study is comprised of three linked phases:

1. An analysis of submissions to the Competition Commission Inquiry (2006) into the retailing of groceries in the UK focusing on power within the food industry
2. An analysis of news media and trade press exploring how food industry organisations presented public health policy challenges and responses, and influenced development of the Public Health Responsibility Deal
3. An analysis of the implementation of the Public Health Responsibility Deal using four case studies.

A thematic analysis has been undertaken for each of these three phases. Thematic analysis is a method for identifying, analysing and reporting patterns or themes within data(163). It provides a flexible and useful research tool, which can potentially provide a rich, detailed, and complex account of the data(163). Braun and Clarke suggest thematic analysis undertaken within a realist approach allows for the theorization of motivations, experience and meaning in a straightforward way because a simple relationship is assumed between meaning and experience and language, whereby language reflects and enables us to articulate meaning and experience(163).

In the following sections of this chapter, I describe and justify the methods adopted for each of the three phases of the study.

## 4.2 Phase 1: An analysis of submissions to the Competition Commission Inquiry into the retailing of groceries in the UK focusing on power within the food industry

In the first phase I undertook a thematic analysis of submissions from food industry organisations to the 2006 Competition Commission Inquiry into the retailing of groceries in the UK, and associated hearings of the Inquiry. While the Competition Commission completed four inquiries, I analysed submissions to the 2006 Inquiry because it focussed on the behaviour of retailers towards their suppliers. Drawing on Resource Dependence Theory I explored the exercise of power *within* the food industry and focussed on the actions of food industry organisations towards their competitors and along food industry supply chains. The research questions I explored in the first phase were:

- How does power influence inter-organisational relationships in the food industry?
- What are the characteristics of powerful organisations in the food industry?

### 4.2.1 Data

The Competition Commission Inquiry into Grocery Retailing (2006-2008) received a combined total of 781 submissions. A total of 102 submissions were received from a range of grocery retailers, including Aldi, ASDA, Iceland Foods, Lidl, Marks and Spencer, Morrisons, Netto, Sainsburys, Somerfield, Tesco and Waitrose. The remaining 679 submissions were received from suppliers, supplier organisations, other retailers, consumers, local authorities, government departments,

unions and federations, and others. The submissions were publicly available from the National Archives website(2). The National Archives is the official archive and publisher for the UK government, and for England and Wales. The Commission also held 77 hearings, including with retailers, wholesalers, suppliers, and farmers. The secretariat to the Commission drafted summaries of the hearings which were also publicly available from the National Archives (2).

Given the large volume of data (781 submissions and summaries of 77 hearings), I agreed with my supervisors (SC and LS) that a subset of the data would be used in the analysis. To keep the data set manageable we agreed that the data set to be analysed would be restricted to submissions from actors in the grocery retail supply chain (as opposed to commentators and interested parties), that could provide first-hand accounts of actions relevant to the interactions between businesses in the food industry (as opposed to, for example, submissions from consumers, government departments, Trades bodies and Unions).

Of the 781 submissions to the Competition Commission Inquiry, 151 were retained for analysis on the basis of the inclusion criterion: actors in the grocery retail supply chain that could provide first-hand accounts of actions relevant to the interactions between businesses in the food industry. This meant that submissions from, for example, commentators, consumers, government departments, Trades bodies and Unions were excluded from the data set. The 151 included submissions for analysis were from retailers (n=73), suppliers (n=25), farmers (n=43), and wholesalers (n=10). In addition, all transcripts of hearings that met the inclusion criteria (n=57) were identified. The documents were downloaded from the National Archives website as pdf documents and allocated a unique identifier. All documents were scanned for relevance. Details of submitter/hearing respondent, date sourced, and an overview of relevance to the analysis, were logged and extracted. Of the 208 documents to be analysed (n=151 submissions and n=57 hearings), 118 contained data relevant to interactions between food industry actors. Ninety documents did not contain data relevant to my study, for example because the content of the submission was limited to local planning issues, Inquiry administration issues, and definitions of the Inquiry.

The 118 documents were loaded as sources into NVivo11. Within NVivo I grouped the documents in folders by submitter type to aid data management as shown in the figure below.

Figure 4-1 Sample of documents loaded into NVivo as sources

The screenshot displays the NVivo Pro interface for a project named 'PhD CCI main analysis.nvp'. The 'Sources' pane on the left shows a hierarchical view with 'Major food retailers' selected. The main window shows a table of sources with the following data:

| Name   | Nodes | References | Created On        | Created By | Modified On       | Modified By |
|--|-------|------------|-------------------|------------|-------------------|-------------|
| hearing_summary_asda                                   |       | 3          | 16-Mar-17 10:09 P | EE         | 16-Mar-17 10:09 P | EE          |
| hearing_summary_asda_2                                 |       | 1          | 16-Mar-17 10:09 P | EE         | 16-Mar-17 10:09 P | EE          |
| hearing_summary_asda_remedies                          |       | 6          | 16-Mar-17 10:09 P | EE         | 16-Mar-17 10:09 P | EE          |
| hearing_summary_co_op                                  |       | 8          | 16-Mar-17 10:09 P | EE         | 16-Mar-17 10:09 P | EE          |
| hearing_summary_co_op_2                                |       | 8          | 16-Mar-17 10:09 P | EE         | 16-Mar-17 10:09 P | EE          |
| hearing_summary_co_op_remedies                         |       | 4          | 16-Mar-17 10:09 P | EE         | 16-Mar-17 10:09 P | EE          |
| hearing_summary_m_s                                    |       | 5          | 16-Mar-17 10:09 P | EE         | 16-Mar-17 10:09 P | EE          |
| hearing_summary_m_s_remedies                           |       | 3          | 16-Mar-17 10:09 P | EE         | 16-Mar-17 10:09 P | EE          |
| hearing_summary_m_s2                                   |       | 3          | 16-Mar-17 10:09 P | EE         | 16-Mar-17 10:09 P | EE          |
| hearing_summary_morrison                               |       | 6          | 16-Mar-17 10:09 P | EE         | 16-Mar-17 10:09 P | EE          |
| hearing_summary_morrison_2                             |       | 4          | 16-Mar-17 10:09 P | EE         | 16-Mar-17 10:09 P | EE          |
| hearing_summary_morrison_remedies                      |       | 3          | 16-Mar-17 10:09 P | EE         | 16-Mar-17 10:09 P | EE          |
| hearing_summary_sainsburys                             |       | 8          | 16-Mar-17 10:10 P | EE         | 16-Mar-17 10:10 P | EE          |
| hearing_summary_sainsburys_2                           |       | 9          | 16-Mar-17 10:10 P | EE         | 16-Mar-17 10:10 P | EE          |
| hearing_summary_sainsburys_3                           |       | 2          | 16-Mar-17 10:10 P | EE         | 16-Mar-17 10:10 P | EE          |
| hearing_summary_somerfield_remedies                    |       | 5          | 16-Mar-17 10:10 P | EE         | 16-Mar-17 10:10 P | EE          |
| hearing_summary_tesco                                  |       | 0          | 16-Mar-17 10:11 P | EE         | 16-Mar-17 10:11 P | EE          |
| hearing_summary_tesco_2                                |       | 7          | 16-Mar-17 10:11 P | EE         | 16-Mar-17 10:11 P | EE          |
| hearing_summary_tesco_remedies                         |       | 8          | 16-Mar-17 10:11 P | EE         | 16-Mar-17 10:11 P | EE          |
| hearing_summary_waitrose                               |       | 6          | 16-Mar-17 10:11 P | EE         | 16-Mar-17 10:11 P | EE          |
| hearing_summary_waitrose_2                             |       | 5          | 16-Mar-17 10:11 P | EE         | 16-Mar-17 10:11 P | EE          |
| hearing_summary_waitrose_remedies                      |       | 4          | 16-Mar-17 10:11 P | EE         | 16-Mar-17 10:11 P | EE          |
| main_party_submissions_aldi-1                          |       | 1          | 16-Mar-17 9:44 P  | EE         | 16-Mar-17 9:44 P  | EE          |
| main_party_submissions_asda                            |       | 6          | 16-Mar-17 9:45 P  | EE         | 16-Mar-17 9:45 P  | EE          |
| main_party_submissions_asda_response_supply_chain_scop |       | 5          | 16-Mar-17 9:45 P  | EE         | 16-Mar-17 9:45 P  | EE          |

The submitters/hearing respondents that were included in the data set are listed in the table below. The secretariat to the Inquiry offered submitters the option of retaining anonymity through redaction of organisation-specific information in the published submissions, and allocated unique identifiers to those submitters that requested anonymity (for example supplier c, farmer 32). Appendix One provides a description of each of the submitters/hearing respondents that were included in the dataset.

*Table 4-1 Submissions and hearings summaries included in the data set*

|   |  |
|---|--|
| Major food retailers (39 documents)           | Aldi, ASDA, Co-operative Group, Lidl, Marks & Spencer, Sainsbury's, Somerfield, Tesco, Waitrose, Morrisons   |
| Independent/Convenience stores (11 documents) | Booths, Netto, Nisa-Today's, Pareto retail, Proudfoot, Country Choice, Retailer anon1, Retailer anon 2   |
| Wholesalers (9 documents)                     | Palmer Harvey, AG Parfetts, Wholesaler anon 1, Bestway, Booker, Ice Pak, JJ Haslett, Mercia Fine Foods   |
| Suppliers (31 documents)                      | Alvis Bros, 2 Sisters Food Group, Robert Wiseman Dairies, A Bartlett, Arla Foods UK, Bakkavor Group, Branston Ltd, F Thompstone, Finsbury Food Group, G's Marketing, Hilton Food Group, Hoads Farm, Muller Dairy Ltd, Parsons Trading Ltd, Product Chain Ltd, Scottish & Newcastle UK, Springvale Foods, Supplier a, Supplier b, Supplier c, Supplier 2, Supplier 3, Supplier 4, Supplier 5, Supplier 6, Supplier 7, Thierrys Wine Services, Worldwide Fruit, Willett Bros Ltd |
| Farmers (28 documents)                        | Farmer 32, Farmer 33, Farmer 37, Farmer 38, Farmer 40, Farmer 3, Farmer 5, Farmer 6, Farmer 7, Farmer 8, Farmer 12, Farmer 13, Farmer 17, Farmer 19, Farmer 20, Farmer 22, Farmer 25, Farmer 26, Farmer 28, Farmer 29, Farmer 34, George Hosford, Farmer a, Farmer b1, Farmer c, Primary Producers roundtable, Really Welsh, Suppliers MT  |

There were very few submissions from large manufacturers, and no submissions identified as being from the very large multinational manufacturers (e.g. Nestle, PepsiCo, Coca-Cola, Unilever, Danone, General Mills, Kellogg's, or Mars).

#### 4.2.2 Familiarisation with the data

Braun and Clarke suggest the first stage of thematic analysis consist of the researcher familiarising themselves with the data set(163). I undertook a light reading of the data for the purposes of orientation, followed by a closer reading of the data, alongside writing of memos of initial ideas and my impressions of important phrases in the text. I particularly focussed on excerpts of data that identified and described comparisons across competitors and interactions along the supply chain. For example, I wrote memos noting the behaviour of retailers towards their suppliers, including the terms of supply and the imposition of retrospective changes in prices.

#### 4.2.3 Generating initial codes

Braun and Clarke suggest the second stage of thematic analysis consist of the generation of initial codes(163). The generation of initial codes is an important step undertaken in a thematic analysis to organise the data(163). The initial codes were inductively derived, consistent with Braun and Clarke's data driven approach to development of initial codes(163). As recommended by Braun and Clarke I worked systematically through the entire data set, giving full and equal attention to each data item. Extracts of data were coded inclusively to ensure context was not lost, and data were coded to multiple codes where appropriate(163). The coding frame is set out in the table below, including first level and second level codes, and a description of the content of the code. Data were coded within NVivo11.

#### 4.2.4 Identification of themes

Consistent with Braun and Clarke, following the coding of all data I re-focussed the analysis at the broader level of themes, analysing the codes and considering how the identified codes combine to form overarching themes. Data in the sub-codes under '1. Description of the system' were used to develop an overview of the grocery retail system (as described by the submitters at that time), providing context for the analysis. These data are not reported separately in the findings.



Data in the sub-codes under '2. Operation of the system' were summarised and aggregated by submitter type (major retailer, independent/ convenience retailer, wholesaler, supplier, and farmer). While data on '2.f. Pricing' was initially allocated to finer codes (negotiating price, retailer approach to pricing, and supplier approach to pricing), these sub-codes were aggregated during the analysis. Braun and Clarke suggest use of visual representations to sort codes into themes(163). I developed a table that enabled comparison across sub-codes under '2. Operation of the system' within each submitter type, and within codes across different types of submitters (see Table 4-2 below).

I used Resource Dependence Theory (see Chapter 3.1) in the analysis of the data from the Competition Commission Inquiry to explore the exercise of power within the food industry. In this context, dependence refers to the level on which a business relies on, or requires, a resource supplied by another organisation. The Resource Dependence Theory lens was applied to the summarised data within the table to assist with identifying and revising themes, whereby data relevant to dependence were identified. Such data included data describing or relevant to a reliance on suppliers or buyers, opportunistic behaviours, compliance with opportunistic behaviours, and efforts to alter dependencies (for example, joint product development).

The findings of the first phase of this study are reported in Chapter Five. Methods for the second phase of the study are described below.

Table 4-2 Coding frame used in second phase of analysis

| First level codes        | Second level codes                      | Description  |
|--------------------------|---|--|
| 1. Description of system |   |  |
|                          | 1.a. Actors                             | Inductively derived code – descriptions of actors in the supply chains and how they relate to each other   |
|                          | 1.b. Changes in supply chain and system | Inductively derived code – descriptions of recent changes in supply chains and perceived impact  |
|                          | 1.c Imported produce                    | Inductively derived code – descriptions of influence of imported produce on supply chains and actors   |
| 2. Operation of system   |   |  |
|                          | 2.a Contracts                           | Inductively derived code – the presence or absence of contracts between actors in supply chains, and implications of contracts                           |
|                          | 2.b. Developing new products            | Inductively derived code – process for developing new products and introducing them to market, role of actors in product development                     |
|                          | 2.c. Nature of relationship             | Inductively derived code – descriptions of interactions between actors in supply chains, and overarching views of relationships                          |
|                          | 2.d Own brand vs branded goods          | Inductively derived code – processes for developing and marketing own brand products, role of actors in development of own brand products, comparison of |

|  |                                |  |
|--|--------------------------------|--|
|  |                                | own brand and branded products (including quality, price, development, marketing)  |
|  | 2.e. Penalties and charges     | Inductively derived code – descriptions of penalties and charges imposed by actors in supply chains (including listing fees, over-riders, wastage, quality control)                                      |
|  | 2.f. Pricing                   | Inductively derived code – processes for agreeing price and pricing issues. This code comprises the following sub-codes: negotiating process; retailer approach to pricing; supplier approach to pricing |
|  | 2.g. Product assurance schemes | Inductively derived code – descriptions of product assurance schemes and implications of retailer product assurance schemes on suppliers   |
|  | 2.h. Promotions                | Inductively derived code – processes for agreeing timing and financing of product promotions, and consequences for suppliers of promotional activity   |

Figure 4-2 Sample of data analysed by category of submitter

|    | A   | B  | C  | D   | E  | F   | G   | H   | I  |
|----|---|--|--|---|--|---|---|---|--|
| 1  |   | <b>Contracts</b>   | <b>nature of relationship</b>  | <b>pricing</b>  | <b>own brand vs branded goods</b>  | <b>penalties and charges</b>  | <b>promotions</b>   | <b>product assurance schemes</b>  | <b>developing new products</b>   |
| 2  | <b>Farmers (23 submissions)</b>                             | Farmers described having no contracts (e.g. Farmer 7), no 'clear and defined contractual specifications' (Farmer 13), and agreements that are untested and not legally binding (Farmer 6).   | The retailers had recently adopted a policy of rationalising their supplier base, and increasingly suppliers were managed via intermediaries as opposed to dealing with Nature of supplier-retailer relationship | Farmers describe the arrangements for agreeing prices as being driven by retailers. For example, 'The retailers feel the Negotiating prices – supplier view | Many farmers supply products that are sold as retailers' own brands, which can present limitations. For example, producers are 'unable to utilise the clear price advantages of brand equities, and are, Suppliers may produce own label products for strategic reasons, to grow volume, to contribute to overheads, and to help with distribution costs (hearing summary supplier 7). Supplier 2 produces own brand | Farmers describe a range of penalties and charges attached to business with the major retailers. Penalties were applied for quality issues which were sometimes beyond the Suppliers describe a range of penalties and charges imposed by the major retailers, including over-riders (retrospective volume adjusted payments) of up to 2% of turnover | Farmers explain that they bear the cost of promotions in supermarkets, whereby any discounting, including "buy one get one free" offers, is at the expense of Suppliers described different approaches to supporting promotions. Supplier 7 would fund the promotion and reduce their margin on the product, and would also | Farmers describe the various product assurance schemes as 'extremely overbearing... legislation which has been largely forced on us at the whim of the major retailers, at high cost and of almost zero | n/a  |
| 3  | <b>Suppliers (24 submissions)</b>                           | Three of the suppliers mentioned contracts in their submissions. Branston Ltd, a farmer owned business that markets potatoes, is Tesco's largest fresh produce supplier, providing 65% of Tesco's fresh Independent retailers did not raise issues about contracts | Wholesalers – nature of relationship<br><br>Wholesalers commented on the difference between the relationship they have with independent retailers,   | Wholesaler - pricing<br><br>The wholesalers commented on the prices they were able to secure from suppliers, compared Independent retailers – pricing       | Wholesalers – own brand vs branded goods<br><br>The wholesalers noted that they carry very few own-brand items, compared to the major food retailers. It is difficult for the nothing coded - look for importance of branded products to independent sector, see nature of relationship w suppliers  | Wholesaler – penalties and charges<br><br>Wholesalers did not comment on any penalties or charges within their own sector, however, noted the   | Wholesalers – promotions<br>The wholesalers described the promotional activity they undertake with the independent retailers, see pricing   | Wholesalers did not raise product assurance schemes in their submissions.   | One supplier estimated 'about 70 per cent of chilled product lines were churned each year' with some of the product innovation initiated by the retailer, and some by the Wholesalers suggest the major retailers have significant influence over the development of new products, whereby 'manufacturers will drop a proposed line launch if the Analysis – independent retailers – developing new products |
| 4  | <b>Wholesalers (9 submissions)</b>                          | Independent retailers did not raise issues about contracts   | Independent retailers – nature of relationship   | Independent retailers – pricing   | Wholesalers – own brand vs branded goods   | Wholesalers – penalties and charges   | Wholesalers – promotions  | Wholesalers did not raise product assurance schemes in their submissions.   | Wholesalers suggest the major retailers have significant influence over the development of new products, whereby 'manufacturers will drop a proposed line launch if the Analysis – independent retailers – developing new products   |
| 5  | <b>Independent retailers/symbol groups (11 submissions)</b> | Independent retailers did not raise issues about contracts   | Independent retailers – nature of relationship   | Independent retailers – pricing   | Wholesalers – own brand vs branded goods   | Wholesalers – penalties and charges   | Wholesalers – promotions  | Wholesalers did not raise product assurance schemes in their submissions.   | Wholesalers suggest the major retailers have significant influence over the development of new products, whereby 'manufacturers will drop a proposed line launch if the Analysis – independent retailers – developing new products   |
| 6  | <b>Major food retailers (38 submissions)</b>                | Major food retailers - contracts<br><br>With a few exceptions, the retailers did not tend to describe contract arrangements with suppliers.  | Major food retailers – nature of relationship w suppliers<br><br>Retailers suggested the majority of the suppliers of branded products are   | Retailer approach to pricing<br><br>A previous Competition Commission inquiry reporting in 2000   | Own brand – major retailers<br><br>The major retailers have developed broad ranges of own-label (also referred to as "own-brand") products, whereby retailers aim for products that  | Penalties and charges – major food retailers<br><br>Commenting on waste, major retailers explained that waste was derived from problems with  | Major retailers - promotions<br><br>The major retailers described the importance of promotions in their business strategy. For  | Major retailers – product assurance schemes<br><br>Major retailers described the various assurance schemes they use. The retailers emphasized the importance of the schemes                             | Major food retailers – development of new products<br><br>The major food retailers claimed the Competition Commission's concerns   |
| 7  |   |  |  |   |  |   |   |   |  |
| 8  |   |  |  |   |  |   |   |   |  |
| 9  |   |  |  |   |  |   |   |   |  |
| 10 |   |  |  |   |  |   |   |   |  |

### 4.3 Phase 2: An analysis of news media and trade press

In the second phase of the study, I undertook a qualitative thematic analysis of news media and trade press. In addition to reporting events, news media play an important role in framing public health debates and shaping public perceptions, by selecting which issues to report and how they are presented(164), and contributing to the framing of public health problems, their drivers and potential solutions(165). Public health researchers suggest we have a limited understanding of the impact of commercial interests in media reporting, and how best to counter the claims and strategies of industry groups when they lobby policy makers and the public directly via media(166). In addition, industry actors seek to deliberately engage with media to influence the political climate and to promote a position or positive public perceptions of their activities to advance business goals(166).

In the second phase of this study, I explored presentations in media of the Public Health Responsibility Deal policy mechanism. I explored presentations of the policy leading up to the inception of the Responsibility Deal, the launch of the Responsibility Deal, and subsequent implementation. I also included a broader exploration of food industry presentations of public health challenges and other policy solutions relevant to food.

The research questions I explored in this phase of the study were:

- How has the food industry influenced the development of the Public Health Responsibility Deal?
- How has the food industry presented public health challenges and preferred policy solutions relevant to food in the media?

#### 4.3.1 Data collection

Data comprised digital versions of print and online news articles. I accessed newspaper articles via the ProQuest database through the Senate Library, which provided access to newspapers, trade journals, websites and magazines. ProQuest provides full text access to a broad range of national and local daily newspapers, both in-depth and tabloid style papers from across the political spectrum, including for example The Daily Telegraph, The Daily Mail, The Guardian, The Observer, The Independent and The Times. Magazine and trade journal titles included Marketing Week, New Statesman, The Spectator, The Economist, Financial World and Retail World. As the main trade press periodical of the food industry, The Grocer, was not available through ProQuest, I accessed articles directly from the archive of The Grocer website. Online news articles were accessed via a search of the archives of websites of the main national news broadcasters providing online news coverage: BBC, Channel 4, and ITV News.

##### 4.3.1.1 Search strategy

To capture the diversity of the food industry within the search, I chose to include the terms 'salt', 'sugar' and 'fat', in addition to 'food'. Search terms were kept broad to ensure the inclusion of a large variety of articles. In a test of the search strategy I found inclusion of terms such as 'industry', 'business' and 'organisation' narrowed the search considerably, therefore I chose to not include descriptors for potential actors within the industry in the final search.

While the Responsibility Deal was the focus of the search, I was alert to the possibility that relevant articles may focus on individual pledges of the Responsibility Deal as opposed to the Responsibility Deal in its entirety, and included the term 'pledge' in the search. In addition, as I was interested in broader presentations of public health challenges and preferred policy solutions I included the term 'public health' in the final search.

The search strategy was modified as necessary, depending on the website or database and the basic structure was:

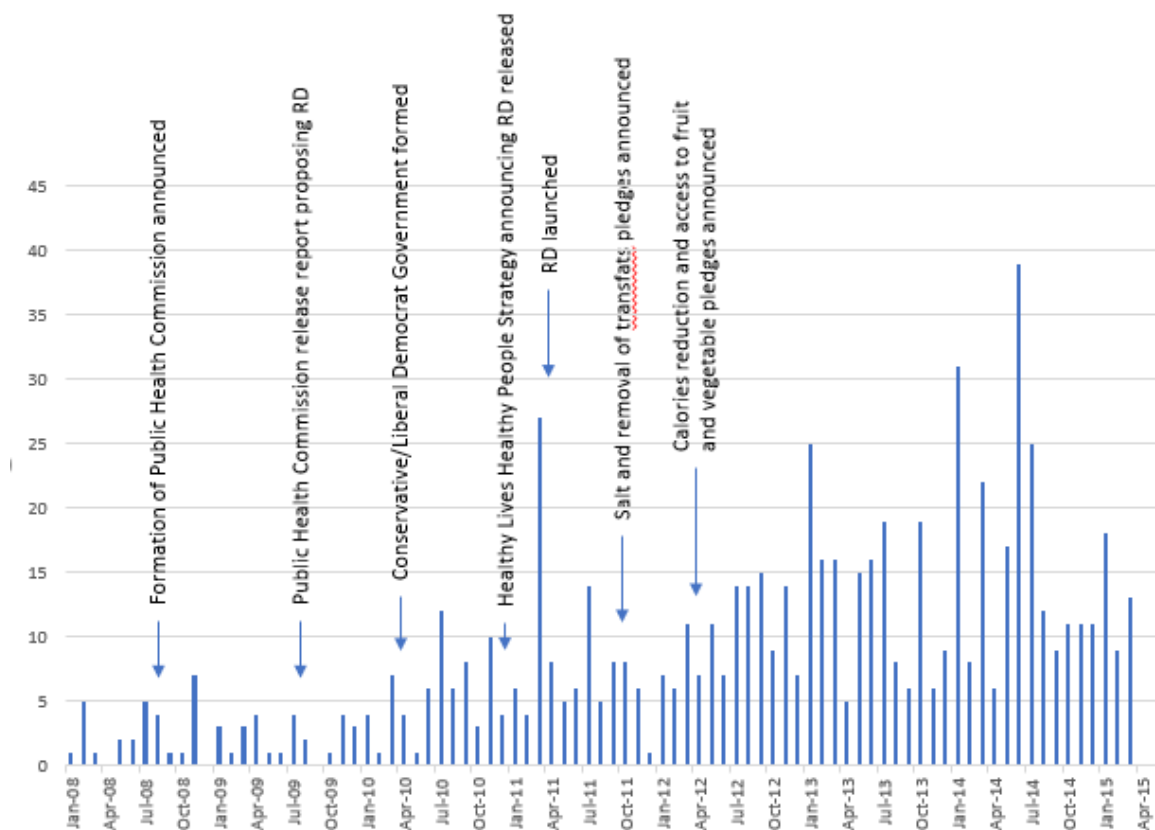
[Responsibility Deal OR public health OR pledge] AND [food OR salt OR sugar OR fat].

As The Grocer is trade press for the food industry and focusses on food related issues, search terms were limited to:

[Responsibility Deal OR pledge OR public health].

The search period was from 1 January 2008 to 31 March 2015. The search period was set to cover the period preceding the formation of the Public Health Commission, through to the development, launch, and implementation of the Responsibility Deal. These key events are highlighted in Figure 4.3 below, which shows the number of articles identified in the search by month of the search period.

Figure 4-3 Key events during search period of media analysis



The search in ProQuest identified 8,309 potentially relevant articles. In discussion with my supervisors, we agreed that while the number of articles was likely to be unmanageable for a qualitative study, the search terms should not be altered. Instead, we agreed that it was appropriate for me to sort the articles by relevance within the ProQuest database and to screen the articles until I stopped identifying articles that were relevant to my search. In practice, I judged this to be when I

had screened the title and content of 7,200 articles, and within the following 300 articles (articles numbered 7,201-7,500), found no additional articles relevant to my search.

Articles were downloaded then screened, with duplicates and non-relevant articles deleted. As the ProQuest database includes local newspapers, many of the articles were duplicates that had been syndicated. For example, one article was reported in local newspapers over 3,000 times, and another over 1,500 times. In both of these cases, only one copy of the article was included.

The title, name of publication and date of publication were recorded, and relevant articles were loaded into NVivo.

#### 4.3.2 Description of the data set

749 unique and relevant articles were identified. The majority of articles (67%) were from trade press (The Grocer), and 7.5% were reported on BBC News. The remaining 25.6% of articles were from a total of 60 publications, including both national and local news outlets, as shown in the table below.

Table 4-3 Publication sources

| <b>Publication Title</b>  | <b>Number of articles</b> |
|---------------------------|---------------------------|
| The Grocer                | 503                       |
| BBC News                  | 56                        |
| Just - Food Global News   | 36                        |
| Telegraph.co.uk           | 15                        |
| Daily Mail                | 13                        |
| Marketing Week            | 13                        |
| Sunday Times              | 10                        |
| Marketing                 | 7                         |
| The Yorkshire Post        | 6                         |
| Channel 4 News website    | 5                         |
| Express (online)          | 5                         |
| just - drinks global news | 5                         |



|                              |   |
|------------------------------|---|
| The Times                    | 5 |
| Western Mail, Cardiff        | 5 |
| Northern Echo                | 3 |
| The Daily Mirror             | 3 |
| The Herald                   | 3 |
| The Western Morning News     | 3 |
| Wall Street Journal          | 3 |
| Western Daily Press          | 3 |
| BreakingNews.ie              | 2 |
| Campaign                     | 2 |
| New Statesman                | 2 |
| Public Finance               | 2 |
| Telegraph                    | 2 |
| The Scotsman                 | 2 |
| The Sentinel                 | 2 |
| Asia News Monitor            | 1 |
| Birmingham Mail              | 1 |
| China Post                   | 1 |
| Consumer Policy Review       | 1 |
| Daily Post                   | 1 |
| Daily Star                   | 1 |
| Eastern Eye                  | 1 |
| Wigan Evening Post           | 1 |
| Irish Examiner               | 1 |
| Journal; Newcastle Upon Tyne | 1 |
| Liverpool Echo               | 1 |
| Marketing; London            | 1 |
| Nation's Restaurant News     | 1 |
| New Media Age                | 1 |
| Nottingham Evening Post      | 1 |
| Promotions & Incentives      | 1 |
| Scotland on Sunday           | 1 |
| Sidmouth Herald              | 1 |

|                                    |   |
|------------------------------------|---|
| Spectator business                 | 1 |
| Sunday Herald                      | 1 |
| Sunday Mirror                      | 1 |
| Sunday Sun, Newcastle upon Tyne    | 1 |
| The Daily Mercury                  | 1 |
| The Daily Telegraph                | 1 |
| The Daily Telegraph, London        | 1 |
| The Daily Telegraph, NSW           | 1 |
| The Economist                      | 1 |
| The News                           | 1 |
| The Observer; Gladstone QLD        | 1 |
| The Safety and Health Practitioner | 1 |
| The Spectator                      | 1 |
| The Sunday Telegraph               | 1 |
| Times Higher Education             | 1 |
| Townsville Bulletin                | 1 |
| Wigan Evening Post                 | 1 |

#### 4.3.3 Familiarisation with the data

Thematic analysis of the media reports began with a light reading of the data for the purposes of orientation, followed by a closer reading of the data, alongside writing of memos of initial ideas(163). For example, I wrote memos noting the actions of food industry actors (for example, describing reports of meetings) and the phrases used to describe policy approaches and initiatives (for example, ‘nanny state’).

#### 4.3.4 Generating initial codes

The second stage of the thematic analysis consisted of the generation of initial codes as recommended by Braun and Clarke(163). The initial codes were a combination of *a priori* codes derived from my theoretical framework (described below), and inductively derived codes as listed in the table below. The inductively derived codes were consistent with Braun and Clarke’s data driven

approach to development of initial codes, and the deductively derived codes were consistent with Braun and Clarke's theory driven approach (163). Deductive codes were based on Lukes' three faces of power model, which consists of three overlapping dimensions or faces of power that may be used to influence the policy-making process. The first face of power, instrumental power, describes the direct influence of one actor over another. The second face of power, structural power, is less visible than the first and involves actors working behind-the-scenes, limiting the scope of political processes to only those that are innocuous. The third face of power, ideational power, concerns the shaping of perceptions and preferences of others. Lukes' three faces of power model is further described in Chapter 3.2. To apply Lukes' model of power to the data I developed three codes, one for each face of power, as follows:

1. First face – direct influence
2. Second face – limiting scope/agenda setting
3. Third face – shaping perceptions and preferences

As recommended by Braun and Clarke I worked systematically through the entire data set, giving full and equal attention to each data item. Extracts of data were coded inclusively to ensure context was not lost, and data were coded to multiple codes where appropriate(163). Data were coded within NVivo11.

#### 4.3.5 Identification of themes

Consistent with Braun and Clarke, following the coding of all data I aggregated the codes into themes(163). While conceptually appealing, I found that the practical application of Lukes' model to the data was not straightforward, particularly the third face of power which may involve deliberate inaction as opposed to observable actions. To assist with application of Lukes' model of power I adopted the concept of non-market strategy(96). Non-market strategy describes an explicit set of actions businesses can take to influence the political, cultural and social forces that exist outside of the market in which the business operates, the non-market. Non-market strategy activities may include corporate political activities, Corporate Social Responsibility (CSR) initiatives, and legal actions. Non-market strategy is further described in Chapter 3.3 of this thesis. To assist with identification of themes I mapped non-market activities onto Lukes' three faces of power by listing the practical non-market activities that could be undertaken (for example, lobbying, financial

contributions, and private standards) and then identifying which face of power the activity was most aligned with. For example, I considered lobbying politicians to align with the first face of power. As with Lukes' three faces of power, there is blurring between the different aspects of non-market strategy. For example, adoption of private regulations as part of CSR initiatives could also be described as corporate political activity. I made pragmatic decisions in such cases and placed the code 'private regulations' in the second face of power, as while adoption of private regulations may include a phase of shaping public perceptions of business activity (relevant to the third face of power), I considered adoption of private regulations to be important to limiting the scope of political processes.

In addition to non-market strategy, I drew on the concept of 'framing' to support analysis of the third face of power. Framing refers to the way issues can be conceptualised and represented in the media by political actors, in a strategic attempt to further business objectives(166). Studies have identified how alcohol and food industry organisations engage in framing to influence public discourse about public health problems, preferred solutions, and the role of industry in those solutions(13, 166, 167). The specific framing of an issue can be of great importance in policy debates, opening up some policy responses, while precluding others, and the competition to define the terms of the debate is a vital component of the policy process(166). Framing strategies may include making industry goals appear to be universal goals which are in the public interest, for example, playing down an issue to keep it off the agenda, promoting freedom of choice, and invoking principles of individual responsibility to steer governments towards less interventionist forms of regulation(166). Thus, media reporting shapes ideas about public health issues, and frames solutions and responsibilities in ways that have policy consequences.

I considered framing to be especially relevant to the third face of power and adopted the conceptual schema for understanding framing activity by industry actors set out by Hawkins and Holden(166): **diagnostic framing** seeks to define the problem at stake, **prognostic framing** offers solutions to the problems identified, and **motivational framing** seeks to enlist support for their position amongst decision-makers and members of the public. The schema helped me to identify sub-codes for the code 'framing' in the data. For example, the code 'calories in/calories out' was an example of a diagnostic frame, and the code 'role of Government' was an example of a prognostic frame. Other codes under the third face of power, for example, 'environmental initiatives' and 'sponsorship/philanthropy' were considered to be relevant to shaping public perceptions of the

business, and also motivational framing, seeking to enlist support from decision-makers and/or members of the public.

The final coding frame I adopted for the thematic analysis is set out in the table below, with a description of each of the first, second and third order codes, and the theoretical approach that is relevant to each of the codes. Findings of the analysis of media are presented thematically in Chapter Six. The analysis was completed prior to undertaking analysis of the case study data, methods of which are described in the following section of this chapter.

Table 4-4 - Coding frame for analysis of news and trade press media

| First level code   | Second level code                               | Third level code | Description   |
|--|---|------------------|---|
| 1. First face of power – direct influence                |   |                  | Deductively derived code contains sub-codes relevant to Lukes’ First Face of Power  |
|  | 1.a. Conflict of interest                       |                  | Deductively derived code – non-market strategy, activities relevant to conflicts of interest in Government and industry               |
|  | 1.b. Financing                                  |                  | Deductively derived code – non-market strategy, activities relevant to finance, eg funding campaigns, corruption                      |
|  | 1.c. Industry involvement in policy development |                  | Deductively derived code – non-market strategy, activities relevant to involvement of industry actors in policy development processes |
|  | 1.d Lobbying                                    |                  | Deductively derived code – non-market strategy, activities relevant to industry actor lobbying  |
|  | 1.e Personal relationships                      |                  | Deductively derived code – non-market strategy, relevant to development of relationships between industry and government actors       |
| 2. Second face of power – limiting scope, agenda setting |   |                  | Deductively derived code contains sub-codes relevant to Lukes’ Second Face of Power   |
|  | 2.a. Private standards                          |                  | Deductively derived code – non-market strategy, activities relevant to adoption of industry-lead standards.                           |

|  |                                       |  |  |
|--|---------------------------------------|--|--|
|  |                                       | 2.a.i Labelling                                | Inductively derived code - examples, processes and descriptions of actions taken to develop and implement industry-lead labelling standards                                  |
|  |                                       | 2.a.ii Portion size                            | Inductively derived code - examples, processes and descriptions of actions taken to develop and implement industry-lead initiatives on portion size                          |
|  |                                       | 2.a.iii Reformulation, new product development | Inductively derived code - examples, processes and descriptions of actions taken to develop and implement industry-lead initiatives on product development and reformulation |
|  | 2.b. Role of Public Health Commission |  | Deductively derived code – non-market strategy activity, role of Commission in setting policy agenda   |
| 3. Third face of power – shaping perceptions and preferences |                                       |  | Deductively derived code, contains sub-codes relevant to Lukes’ Third Face of Power  |
|  | 3.a. Front groups                     |  | Deductively derived code – non-market strategy activity examples of groups acting on behalf of food industry actors (including “Astro-turf” organisations)                   |
|  | 3.b. Collective action                |  | Inductively derived code – non market strategy examples of food industry actors working collectively   |
|  | 3.c. Environmental initiatives        |  | Inductively derived code – motivational frame describing industry actors’ environmental initiatives  |
|  | 3.d. Framing                          |  | Deductively derived code contains sub-codes relevant to framing analysis   |
|  |                                       | 3.d.i. Calories in/out                         | Inductively derived code – diagnostic frame describing the calorie based approach to the problem of obesity  |

|  |                                   |                            |   |
|--|-----------------------------------|----------------------------|---|
|  |                                   | 3.d.ii Good bad diet/food  | Inductively derived code – diagnostic frame describing the importance of a balanced diet  |
|  |                                   | 3.d.iii Role of Government | Inductively derived code – prognostic frame describing the role of Government in solving the problem of obesity                       |
|  |                                   | 3.d.iv Role of individual  | Inductively derived code – diagnostic frame describing role of individuals in causing the problem of obesity                          |
|  |                                   | 3.d.v. Role of industry    | Inductively derived code – prognostic frame describing the role of industry in solving the problem of obesity                         |
|  | 3.e. Sponsorship and philanthropy |                            | Inductively derived code – motivational frame describing industry actors' philanthropic efforts                                       |
|  | 3.f. Role of science and evidence |                            | Inductively derived code – motivational frame describing industry actors' views on science and evidence used in development of policy |



## 4.4 Phase 3: Four case studies of business' implementation of the Public Health Responsibility Deal

### 4.4.1 The case study approach

For the third phase of the study, I undertook four case studies of food organisations. Case study approaches are an under-utilised methodology for providing evidence about the context and transferability of public health interventions(165), and are useful for developing theory, evaluating programmes and developing policy interventions due to their rigour and flexibility(168). In addition, case studies are an appropriate approach for providing rich analytic insight into the complexity of organisations, the behaviours of people who work within them(169), and the necessary conditions for, and challenges to, successful implementation of an intervention or policy (165). In public health, case studies have the potential to improve the appropriateness of interventions for specific contexts, improve understanding of how interventions work, and provide insight into how and why impacts of interventions vary across contexts(170).

Characteristics of the case study design include exploring a phenomenon within the context of its natural or real-life setting and using multiple data sources(165, 171). A case study approach may be the preferred method when: exploring “how” and “why” questions; the researcher has no control over events; and the focus of the study is a contemporary (as opposed to historical) phenomenon within a real-life context(169).

Case studies benefit from prior development of a conceptual framework to guide data collection and analysis(169), and allow cross-case comparison where a study involves multiple cases(172). In this study the research questions were grounded in a logic model I had developed as part of a previous evaluation of the Responsibility Deal undertaken by the Policy innovation and Evaluation Research Unit (PIRU), as described in Chapter 2.3.1 of this thesis(52). Logic models can be used to describe potential causal relationships between activities, events, and final outcomes of an intervention(53). The logic model for the Responsibility Deal shows that the health outcomes lie at the end of a causal pathway that starts with businesses committing to, and then implementing, Responsibility Deal pledges. In particular, the logic model includes a node identifying the need for a sound business case for the business to commit to the Responsibility Deal, and a group of nodes relevant to

implementation of the pledges. The logic model is further described in Figure 2-2 of this thesis (Chapter 2.3.1). The research questions I explored in the third phase of the study were:

- why did the organisations participate in the Public Health Responsibility Deal, and
- how have the organisations given effect to the pledges?

A multiple case study design was adopted in this study. Multiple case study design can be used to promote richness and depth of findings(173), and to move beyond descriptions of single cases(171). While the evidence from a multiple case study design can be more compelling and reliable than a single case, completion of a multiple case study design can be more time consuming(168, 169). In addition, inclusion of multiple cases increases the risk of losing specific details and the context of the individual cases(174). There is little firm guidance on the ideal number of cases to explore in a multiple case study design. While Yin suggests up to nine cases(169), Cresswell suggests no more than four or five cases to allow the individual cases to be explored fully(174). Miles et al suggest five case studies if the author is to assert any generalizability(172) and Stake suggests between four and ten(175).

#### 4.4.2 Selection of case studies

Four case studies were undertaken in this study, comprising two major food retailers (R1 and R2) and two large food manufacturers (M1 and M2). As the ethics approval for this study required that the identity of the case study organisations remain confidential to protect the anonymity of interviewees, I refer to the case studies as R1, R2, M1 and M2 as noted above. The cases were selected purposively, allowing for the issues of interest to be explored across a range of settings.

Several criteria determined the selection of these cases. Large organisations were selected as case studies (as opposed to smaller organisations) to enable triangulation across a range of data (primarily through interviewing people with different roles and responsibilities within the organisation and accessing a broad range of company documents); and to cover a range of Responsibility Deal pledges. As the case study organisations have a large market share, I considered the findings likely to be highly relevant from a public health perspective. I included both manufacturers and retailers as case studies because while manufacturers develop and produce the food products, major food retailers adopt a gatekeeper role in the food supply system, determining

which products are made available to the public consumer, in addition to producing their own-brand products.

An initial review was undertaken of the Department of Health website that listed Responsibility Deal partners (<http://responsibilitydeal.dh.gov.uk/><sup>Error! Bookmark not defined.</sup>) on 6 August 2013, and the business delivery plans against each of the Responsibility Deal pledges, to identify potential case study organisations. I completed a table identifying potential major food retailer and food manufacturer case studies, listing the Responsibility Deal pledges and contact details of the Chief Executive and their nominated Responsibility Deal key contact for the company. I sent an email (see Appendix Two of this thesis) to the Chief Executive of selected organisations (and copied to the Responsibility Deal key contact) inviting the organisation to be involved in the study. I also identified alternative case study organisations in the event any of my first-choice organisations declined to be involved in the study.

Two organisations I approached declined to be involved in the study (both food manufacturers), and I approached a total of six organisations to secure four case study organisations. Thus, in addition to the criteria set out above, the final selection of case study organisations was also dictated by practical considerations, such as agreement from the senior management of organisations to be involved in the study and the availability of interviewees. The case study organisations are further described in Chapter Seven.

#### 4.4.3 Data collection

Two key approaches to case study research are articulated by Stake and Yin(168, 169, 175). Stake recommends a naturalistic approach, avoiding the adoption of a preordained design, and preferring to follow issues as they become apparent(176); whereas Yin recommends a more structured approach, for example suggesting development of data collection plans at the outset(169). The pragmatic approach adopted for this study drew from both Yin and Stake, with development of data collection tools upfront, which were then applied flexibly during the study(172).

For each case, a data collection protocol outlining questions and possible data sources was prepared(169). The purpose of the protocol was to provide guidance so that similar data was gathered in each case, as consistency in the approach to data collection in each of the cases was

required to support cross-case analysis. The data collection protocol also assisted with maintaining focus on the key issues and to minimise the collection of irrelevant data. Data sources were specific to each case, but generally included semi-structured interviews and documents. Data for each of the case studies are further described in the table below. Semi-structured interviews take a conversational tone with a broad topic guide to steer the conversation towards answering open-ended questions(158). Through the interview process the interviewee provides an account of their beliefs and behaviours, as opposed to an objective report of behaviour, thus interview accounts provide data on what people say and not what they do(158). Following acceptance of the invitation to be involved in the study, I arranged interviews with members of staff, beginning with the Responsibility Deal contact person. Additional interviewees in each organisation were identified in discussion with the Responsibility Deal contact person. A small number of the interviewees that were invited did not respond to the request to interview.

Prior to the interview, interviewees were emailed a Participant Information Sheet and consent form (see Appendices Three and Four). Interviews were conducted face-to-face at the interviewees' workplace or by telephone. At the beginning of each interview, I talked through the information sheet and consent form with the interviewee, answered any questions from the interviewee, and formally sought consent, including to audio record the interview. Interviewees completed and signed the consent form. Where interviews were conducted by telephone, verbal consent was recorded. Interviews were recorded on an Olympus digital voice recorder and for the telephone interviews a telephone pick-up microphone was used. Digitally recording the interviews allowed for concentration entirely on the responses and subsequent questions, rather than taking copious notes(158). Interviews were generally conducted individually, with the exception of one interview where two staff preferred to be interviewed together. Interviews lasted approximately 60 minutes and a total of n=6 interviews (n=7 interviewees) were undertaken across the four case study organisations. Interviews were undertaken between 14/10/13 – 8/12/15.

An interview topic guide was drafted for each case study organisation and customised for each interviewee depending on their area of expertise (see Appendix Five for a sample topic guide). The interview included discussion of why the organisation participated in the Responsibility Deal and the specific pledges that had been chosen, any expectations of participation, and the process undertaken to make those decisions. For each pledge, interviewees were asked to describe actions taken to implement the pledges, and any challenges and benefits of implementation. Consistent with the semi-structured interview approach interviewees were asked follow-up questions for

clarification or to encourage the interviewee to expand on their response (for example with use of prompts listed in the topic guide)(158).

In addition to the semi-structured interviews, documentary sources were used in all case studies. Where available and relevant, documentary sources included: organisation websites, annual reports, corporate sustainability reports, strategy documents, and organisation diagrams/organograms. Articles in trade press and news reports were also used in some cases. In two cases additional documents were identified during the interview. These were documents that I was unable to take from the interview that were shown to me as evidence of what the interviewee was describing (for example internal reports about specific products), and links to documents that were publicly available. The most recent delivery plans and progress reports were available on the Department of Health Public Health Responsibility Deal website (<http://responsibilitydeal.dh.gov.uk/><sup>1</sup>), accessed between 06/08/13 – 3/12/15. The data for each of the case studies are listed in the table below.

Interview audio files were transcribed verbatim (158), with the precise words used by the interviewer and interviewees transcribed and conversation fillers (e.g. umm, er) not reported. I transcribed early interviews during the data collection period. Interview transcripts were not returned to participants for validation as I was mindful of potential threats to validity that may have arisen during a participant validation process. This might have included the possibility of participants wishing to alter the data if their views had changed since the interview took place, and/or having read the transcript they had revised their views or sought to redact sections of the interview.

Transcripts were imported into NVivo12. I created a folder in NVivo for each case so that all data relevant to the case could be stored in one place. Interview transcripts and the documents (stored as pdf files) for each organisation were then loaded into the appropriate case folders.

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<sup>1</sup> Public Health Responsibility Deal documents are now held on the Government Archive, <https://webarchive.nationalarchives.gov.uk/20120907090225/http://responsibilitydeal.dh.gov.uk/about/>

Table 4-5 Case studies – sample and data sources<sup>2</sup>

| Case study | Data   | Comments   |
|------------|--|--|
| M1         | <p>Transcripts of interviews n=2</p> <p>Annual report n=1</p> <p>Industry documents n=3</p> <p>Public Health Responsibility</p> <p>Deal Delivery Plans n=2</p> | <p>Industry documents comprised a report on product reformulation, a technical guide on salt reduction, and an evaluation of technological approaches to salt reduction.</p>         |
| M2         | <p>Transcripts of interviews n=2</p> <p>Annual report n=1</p> <p>Industry documents n=2</p> <p>Public Health Responsibility</p> <p>Deal Delivery Plans n=4</p> | <p>Industry documents comprised company nutritional standards for product development and a progress report on achievements against the organisation CSR Strategy.</p>               |
| R1         | <p>Transcript of interview n=1</p> <p>Industry document n=1</p> <p>Public Health Responsibility</p> <p>Deal Delivery Plans n=6</p>                             | <p>Industry document was a progress report on achievements against the organisation CSR Strategy.</p>  |
| R2         | <p>Transcript of interview n=1</p> <p>Industry document n=1</p> <p>Public Health Responsibility</p> <p>Deal Delivery Plans n=6</p>                             | <p>Two interviewees chose to be interviewed together. Industry document was an internal report by product category of progress against Public Health Responsibility Deal pledges</p> |

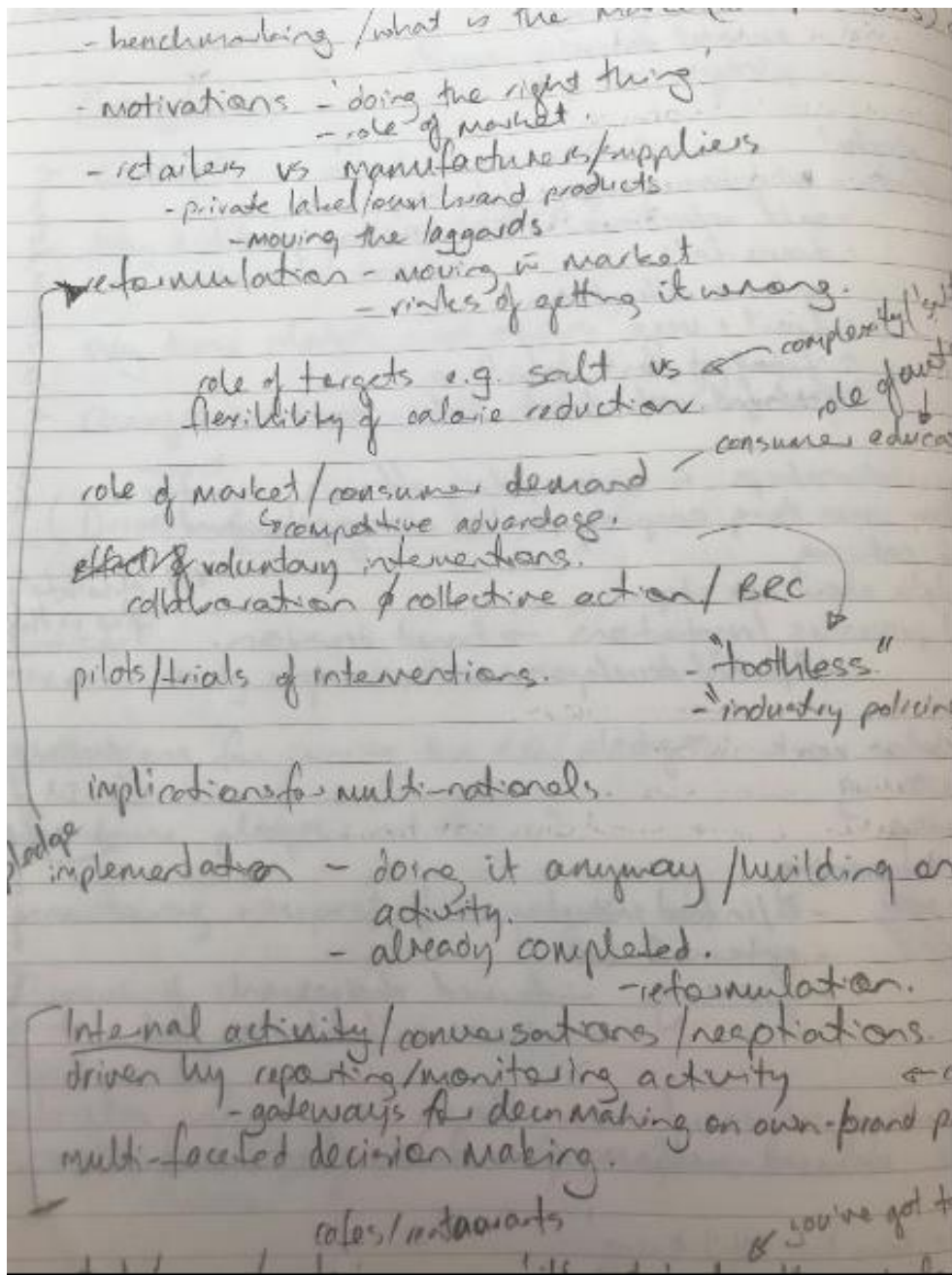
<sup>2</sup> Note, while the number of interviews is lower than might be expected for traditional interview-based qualitative studies, the case study approach allows for analysis across multiple sources of data.

#### 4.4.4 Familiarisation with the data

Data analysis consisted of within-case analysis followed by cross-case analysis. Key to the case study approach is the amalgamation of multiple data sources within a case, as opposed to analysing and reporting each of the data sources independently(171). Within each case, data from interviews and documents were coded and analysed thematically(163).

As I transcribed the audio files from the interviews myself, the transcription process was a useful way of beginning to familiarise myself with the interview data (158). As before, I undertook a light reading of all of the data for a single case, interview transcripts and documents, to familiarise myself with the material. I then re-read the data for the single case, making notes and highlighting text to capture phrases. I undertook a familiarisation process with the data for each of the cases. As an example, the figure below shows a set of notes from the familiarisation process for case R2. In addition to my comments, I have noted phrases that were present in the transcripts (for example “toothless” and “industry policing itself”).

Figure 4-4 Notes from familiarisation process



#### 4.4.5 Generating initial codes

The second phase of the thematic analysis consisted of generating initial codes, as described by Braun and Clarke(163). The first set of inductively derived codes were expressed as descriptive phrases, for example "internal organisational behaviour e.g. negotiation, senior buy-in, role of Board". The coding frame was tested with interview and document data from one case study, then



applied to the data of the remaining three case studies. The inductively derived codes were linked, grouped and refined with some codes collapsing into a single code and others expanded. For example, I developed sub-codes within the code “org level implementation” to code for each pledge (for example “salt reduction”, “calorie reduction”). Thus, the coding frame was developed progressively and refined. An overall coding frame was determined whereby the inductively derived codes were aligned with *a-priori* codes that reflected the research questions. The final coding frame is set out in the table below.

Key to the case study approach is the use of documentary sources of data, including delivery plans, to corroborate and supplement the interview data(169, 171). While some triangulation of data was possible across the data sources within the cases, interviews with additional staff within each case study organisation may have been useful, for example, to provide further details of the impact on the organisation of committing to the pledges.

Table 4-6 Coding frame - case studies

| First level codes   | Second level codes                 | Third level codes                    | Description  |
|---|------------------------------------|--------------------------------------|--|
| 1. Why did the organisations participate in the Public Health Responsibility Deal |                                    |                                      | Deductively derived code aligned with research question – grouping codes relevant to explanations of why the case study organisation participated in the Public Health Responsibility Deal |
|   | 1.a. Organisation level influences |                                      | Inductively derived code – the influence of factors specific to the case study organisation on their participation in the Public Health Responsibility Deal                                |
|   |                                    | 1.a.1. Business values               | Inductively derived code – the influence of business values, business plans, social responsibility etc on case study organisation participation in the Public Health Responsibility Deal   |
|   |                                    | 1.a.2. Acknowledgement               | Inductively derived code – the influence of case study organisation’s desire for acknowledgement of previous activity on their participation in the Public Health Responsibility Deal      |
|   |                                    | 1.a.3. Championing voluntary schemes | Inductively derived code - the influence of case study organisation’s desire to champion voluntary policy interventions on their participation in the Public Health Responsibility Deal    |

|   |                                 |   |
|---|---------------------------------|---|
|   | 1.b. Industry level influences  | Inductively derived code – the influence of food industry actors on case study organisation participation in the Public Health Responsibility Deal  |
|   | 1.b.1. Supply chain             | Inductively derived code – the influence of suppliers or customers on case study organisation participation in the Public Health Responsibility Deal  |
|   | 1.b.2. Competitors              | Inductively derived code – the influence of competitors on case study organisation participation in the Public Health Responsibility Deal   |
|   | 1.c. Beyond industry influences | Inductively derived code – the influence of actors beyond the food industry (for example consumers and the Government) on case study organisation participation in the Public Health Responsibility Deal  |
| 2. How have the organisations given effect to the pledges |                                 | Deductively derived code aligned with research question – grouping codes relevant to case study organisation implementation of Public Health Responsibility Pledges   |
|   | 2.a Salt reduction              | Inductively derived code – data relevant to case study organisation implementation of the salt reduction pledges, including actions taken, reasons for lack of progress/inactivity, challenges, benefits  |
|   | 2.b. Calorie reduction          | Inductively derived code – data relevant to case study organisation implementation of the range of options available under the calorie reduction pledge, including actions taken, reasons for lack of progress/inactivity, challenges, benefits |

|  |                               |   |
|--|-------------------------------|---|
|  | 2.c. Front of pack labelling  | Inductively derived code – data relevant to case study organisation implementation of the labelling pledge, including actions taken, reasons for lack of progress/inactivity, challenges, benefits  |
|  | 2.d. Trans-fats               | Inductively derived code – data relevant to case study organisation commitment to trans-fats pledge   |
|  | 2.e. Saturated fat            | Inductively derived code – data relevant to case study organisation implementation of the range of options available under the saturated fat reduction pledge, including actions taken, reasons for lack of progress/inactivity, challenges, benefits |
|  | 2.f. Monitoring and reporting | Inductively derived code – data relevant to actions, reasons for inactivity, and challenges for case study organisations in meeting monitoring and reporting requirements of the Public Health Responsibility Deal                                    |

#### 4.4.6 Identification of themes

Following the coding of all data I aggregated codes to form overarching themes(163). I drafted summary text for each code for each of the case study organisations with linked data extracts and quotes, and a summary of findings for each case.

The case summaries were compared (including for each code) across the cases to identify themes for reporting the analysis. As I had retained links to the raw data in my summaries I was able to re-examine the data where necessary, which was helpful for building explanations for differences and similarities across the cases(173).

While case study research allows researchers to study contextual detail and to provide rich descriptions of findings, I chose to present the findings of the cross-case comparison as opposed to individual case reports, with information from individual cases dispersed throughout each section. I considered adoption of this approach to be valid, as the purpose of my report was not to portray any single case, but to synthesise findings from all the cases, organised around key themes. One justifiable criticism of this approach is that the reader loses any holistic sense of individual cases. However, in this study the requirement to preserve anonymity of interviewees and case study organisations suggested that this was the optimal approach to reporting. Thus I made a conscious decision to avoid thick descriptions of cases(177). Findings of the cross-case comparison are presented in Chapter Seven. A discussion of the strengths and weaknesses of this approach can be found in Chapter Eight.

#### 4.5 Ethical issues

Ethical approval to undertake this research was obtained through London School of Hygiene and Tropical Medicine ethics committees. I was granted research ethics approval to undertake the interviews for the case studies as part of a previous study, the Policy Innovation Research Unit (PIRU) evaluation of the Public Health Responsibility Deal, from the LSHTM Observational Research Ethics Committee (LSHTM ethics ref 6373, 5 April 2013). Approval to conduct secondary analysis of the case study data for this study was granted by the Observational Research Ethics Committee on 26 October 2020 (ethics ref 21850). In my submission to the Ethics Committees I included a participant information sheet about the study and a standard consent form for participants to record their

consent. Participants in this study were informed they had the right to withdraw from the study at any time, and permission to audio record interviews was also sought from the participants.

A condition of ethical approval was that the anonymity of the interview participants be maintained. Therefore, interview participants were assigned a code, and the only key linking the code to the name of the participant was kept in a password protected document on a password protected computer. The names of participants in this study are also recorded on their consent forms which have been stored separately in a password protected folder on a password protected computer.

The data were stored separately from the list of participants, and were password protected. Backups of the data, including audio files and transcriptions of the interviews, were maintained in a separate password protected folder on an external hard drive. Interview transcripts contain potentially identifying information about the organisations that interviewees worked for, and condition of the ethics approval was that the data be destroyed when they are no longer required, following publication of research papers from this doctoral study.

A condition of both approvals was that the case study organisations were not to be identified in order to protect the anonymity of the interviewees. This meant that any quotes from interview transcripts and documents that are reported in this thesis have been presented in a way so as not to contain identifying information. In addition, in this thesis I have attributed quotes from interviews and documents to codes for the relevant organisation (e.g. M1). This ethical requirement for anonymity has also placed constraints on the reporting of thick descriptions of the individual cases in the case study analysis as described above.

#### 4.6 Summary of methodology

In summary, this doctoral study explores the strategic response of the food industry to the Responsibility Deal through the lens of power. In this study I have used a combination of qualitative methods, undertaking the study in three phases as shown in the table below. Findings from each of these three phases are presented in the following three empirical results chapters.

Table 4-7 Overview of three phases of the study

| Research questions  | Method   |
|---|--|
| <p>How does power influence inter-organisational relationships in the food industry?</p> <p>What are the characteristics of powerful organisations in the food industry?</p>  | <p>Phase 1 – thematic analysis of submissions to the Competition Commission Inquiry (2006) into the retailing of groceries in the UK focusing on power within the food industry.</p> <p>Resource Dependence Theory</p> |
| <p>How has the food industry influenced the development of the Public Health Responsibility Deal?</p> <p>How has the food industry presented public health challenges and preferred policy solutions relevant to food in the media?</p> | <p>Phase 2 – thematic analysis of news media and trade press</p> <p>Lukes’ Three faces of power model with concept of non-market strategy and framing analysis</p>   |
| <p>Why did the organisations participate in the Public Health Responsibility Deal?</p> <p>How have the organisations given effect to the pledges?</p>   | <p>Phase 3 – thematic analysis of the implementation of the Public Health Responsibility Deal using four case studies (two major food retailers and two large food manufacturers)</p>                                  |

## 5 Findings: analysis of submissions to the Competition Commission Inquiry into the grocery retail market in the UK (2006)

### 5.1 Background

This chapter uses an analysis of submissions to the 2006 Competition Commission Inquiry into the grocery retail market to explore the exercise of power within the food industry. This includes an analysis of the characteristics of powerful food industry organisations and how the exercise of power influences relationships between food industry organisations.

The food industry is complex with many organisations, products, and supply chains; and some actors in the food industry are highly organised and powerful(13). While public health professionals recognise that some organisations are likely to be more powerful than others due to concentration (12, 178), a more comprehensive understanding of inter-organisational arrangements and the practices of individual organisations within the industry is likely to be helpful to public health researchers and professionals in the development of policy and in engagement with the food industry. In addition, an understanding of how power is exercised within the food industry in the UK also provides important context for exploring how food industry organisations seek to influence the development and implementation of government public health policy(77). The role of powerful food industry organisations in development and implementation of the UK Responsibility Deal, a voluntary government policy intervention, will be explored in subsequent chapters.

Arrangements between food retailers and their suppliers would usually be private, however, submissions from food industry organisations to a public Competition Commission Inquiry into the supply of retail groceries in the UK in 2006 (see Chapter 2.6.1), describe these arrangements in some detail, providing an insight into how power is exercised within the food industry. Analysis of the submissions to the Inquiry and summaries of hearings held by the Inquiry is one way of exploring the exercise of power within the industry, using publicly available data.

The research questions I explored in this phase of the study were:

- How does power influence inter-organisational relationships in the food industry?
- What are the characteristics of powerful organisations in the food industry?



## 5.2 Methods

Methods are fully described in Chapter 4.2 of this thesis. In brief, a qualitative analysis of submissions to the Competition Commission Inquiry 2006 into the retailing of groceries was undertaken. Data comprised submissions from grocery retailers (n=73), suppliers (n=25), farmers (n=43), and wholesalers (n=10), and transcripts of hearings (n=61) of the Commission. I identified an initial set of codes inductively from the data, then applied the theoretical lens of Resource Dependence Theory(15) to group the codes and then identify themes.

Under Resource Dependency Theory, dependence is a combination of the importance of a resource to the organisation and the extent to which it is controlled by a relatively few organisations. Where the dependence between two organisations (for example a buyer and a seller) is asymmetric, one organisation will have power over the other, with the least dependent organisation likely to have the most power in the relationship. Resource Dependence Theory is further described in Chapter 3.1 of this thesis. The data and approach to analysis are further described in the methodology chapter of this thesis (Chapter 4.2).

## 5.3 Findings

In this section I explore aspects of dependence in the relationships of different types of food businesses. The opportunistic behaviours of more powerful businesses and the compliance of weaker businesses are described, including in terms of negotiation of prices along the supply chain, application of penalties and charges, and delivery of product promotions. Arrangements for the development of new products, including own brand products, are also explored. I then set out the implications of my findings for public health.

### 5.3.1 Retailer dependence on suppliers

This section outlines how major food retailers and smaller independent retailers describe their reliance on suppliers of branded products. The major food retailers suggested the majority of branded products were common across most of the retail and wholesale customer base, as some suppliers of branded products sell to many retailers. While major food retailers described a potential

strategy of shopping around for some product categories, some claimed they were reliant on specific suppliers and described needing suppliers as much as they need customers. For example, at a hearing held by the Commission, Morrisons described the relationship from their perspective:

[suppliers are] critical to the totality of our in-store offer and therefore, whilst we expect strong support and loyalty from our suppliers, we also generally need them as much as they need us'. (*Morrisons, submission*)

Morrisons noted there were some suppliers of branded products that it 'couldn't afford to fall out with'; and for certain products from large branded suppliers Tesco had 'nowhere else to go'. Similarly, Asda 'worked hard' to keep suppliers that carried branded products as the absence of a leading brand could result in a customer shifting an entire trolley to a competitor. Tesco noted they did not wish to be 'wholly dependent on the large multinational suppliers of global brands' in an effort to meet customers' demand for choice, potentially implying they are dependent on the large multinational suppliers of a relatively narrower range of branded products to some extent. Thus, the major food retailers described a reliance on some suppliers, particularly those supplying leading branded products.

Similarly, independent retailers described a reliance on their suppliers. For example, Booths, a small chain of family-run independent retail stores, described relationships with local and regional suppliers as a 'partnership', noting that it is in Booths' interest to support and nurture their suppliers, 'ensuring the relationship prospers and the supplier develops a sustainable business that can support innovation and growth'. In contrast with their relationships with local and regional suppliers, Booths noted the relationship with large suppliers was 'weighted very much in favour of the supplier', for example:

[Booths represents] only 0.3% of the UK grocery market and therefore its influence over large, multinational suppliers is negligible. Booths will often be one of the first in the grocery industry to receive cost price increases from large suppliers'. (*Booths, submission*)

The major food retailers' descriptions of their relationships with suppliers suggests retailers are dependent on individual suppliers of some branded products, whereas the suppliers of leading branded products are able to sell to many retailers. Comments from retailers indicate that the availability of leading branded products is likely to be of critical importance to retailers because

consumers shop for specific branded items. For example, the comment from Asda suggesting a customer could shift their entire trolley to a competitor if a leading brand is not available, indicates the lack of availability of individual products could have significant ramifications for a retailer, over and above the sale of those individual products. Large retailers are reliant on sourcing key branded products directly from the manufacturers. While the manufacturers are dependent on major food retailers for access to consumers, manufacturers of leading branded products are able to access consumers through many retailers. Thus, there is potential asymmetry in dependence between the major food retailers and manufacturers of leading branded products. The comment from Booths about cost price increases from large suppliers reported above, suggests smaller retailers have an even greater asymmetry in their relationship with suppliers of branded products as they do not provide access to the great numbers of consumers that are provided by the major food retailers. In the next section I outline how suppliers have described their relationships with retailers.

### 5.3.2 Supplier dependence on retailers

One way that suppliers can reduce their dependence on any one retailer is through seeking additional buyers for their products. The large multiple food retailers described the ability of suppliers to sell to many buyers. For example, Asda reported the vast majority of its suppliers were not dependent on Asda for business, and Co-op actively advised suppliers to diversify their trade to ensure they were not overly reliant on Co-op. Similarly, Marks & Spencer noted they did not prevent suppliers from supplying other retailers.

Some suppliers described close working relationships with the major retailers, describing the relationship as a partnership. For example, Hilton Food Group described a 'strong dedicated partnership'; and 2 Sisters (a supplier that has expanded from a small business employing 100 people to a much larger business with 3,800 employees) credits the success of the business as being due to long-term partnerships with retailers. Similarly, some of the suppliers described joint supply chain initiatives including growers' clubs, sharing of sales information, and electronic trading. More specifically, suppliers noted examples of retailers providing support, for example, moving quickly when a supplier needed technical approval, working with suppliers on new capital investments, providing critical support during the development of new products, and being involved in 'developing new ranges, working to reduce fat or salt levels'. The development of joint initiatives is one strategy that can be adopted by parties to balance the levels of dependence in a business

relationship, and the arrangements leading to the development of new products and reformulation initiatives are likely to be of particular interest to public health researchers. The development of new products, including own-brand products is discussed further below.

While there were some examples of integration and close working relationships, more generally suppliers described the retail grocery market as highly competitive and aggressive, with high levels of competition among retail buyers and among suppliers. Some suppliers described 'willingly' entering into business relationships with the major retailers 'on the basis of the clear benefits they enjoyed' and noted that at all times the supplier can 'say no and walk away'. For example, one supplier described a balanced dependence with the retailer:

'[we] have never been asked to do or supply anything that we have not been entirely comfortable with nor have we ever been made to feel that if we didn't comply with any request that we may lose a valuable account'. (*Hoads Farm, submission*)

While larger suppliers described good relationships with the major retailers, they did note that:

'even the largest suppliers were vulnerable in respect of smaller brands that were not 'must stock' items'. (*Hearing summary, supermarket suppliers*)

While suppliers described the major retailers as tough and negotiating with the retailers was described as 'extremely challenging for UK suppliers' (*Muller submission*), current market practices were described by some suppliers as broadly achieving 'a balance of interests of the UK consumer, suppliers and retailers' (*Muller submission*). For example, a large supplier of potatoes to Tesco noted:

'in the main, we have been treated fairly by Tesco over the past 17 years. However, this is a very competitive business and there have naturally been many ups and downs in the trading relationship'. (*Branston Ltd, submission*)

Not all suppliers described balanced or fair relationships with major food retailers. For example, one supplier of chilled products for a major retailer described being given 12 weeks' notice of the cessation of business with the outcome being that all of the people the supplier employed in that part of the business lost their jobs (*Hearing summary, supplier 1*), indicating a highly asymmetric

dependence between the supplier and retailer. In another case, a farmer described the relationship between suppliers and retailers as based on fear, whereby suppliers are reliant on business with the retailers because 'they cannot sell the volume they produce elsewhere' (*Farmer 7, submission*), and the 'loss of a supermarket customer almost certainly meant the end of a business' (*Hearing summary, farmer c*). Comments from these suppliers indicate highly asymmetric relationships between some suppliers and major food retailers, with the major food retailers as the more powerful participant in the relationship. In addition, these comments suggest suppliers of fresh produce are likely to be highly dependent on the major retailers they supply.

### 5.3.3 Relationships along the supply chain

Many suppliers do not supply major food retailers directly, instead they are linked to retailers through supply chains that may involve agents and processors. While these suppliers do not provide products to retailers directly, comments from some suppliers indicate the major food retailers influence relationships along the supply chain. For example, some suppliers further down the supply chain described additional pressures as their customers (who in turn supply retailers) were required to respond to, and transmit, pressures from the retailers:

'[they are] under intense pressure from retailers to reduce prices. This is reflected back to us as suppliers. This pressure includes a progressive devaluation or reduction of the quality of the product reaching retailers' (*Parsons, submission*).

For example, a trout farmer described his relationship with fish processors:

'[we were] at the mercy of processors who in times of plenty were only too happy to drop us as suppliers unless we were prepared to drop our price to meet their demands' (*Farmer 17, submission*)

In other submissions, farmers described being managed via intermediaries as opposed to dealing with the major retailers directly. They described the intermediaries as being aligned with the retailers, for example conducting retail price surveys and investigating promotional activity on behalf of retailers. Farmers described the major retailers as being unwilling to enter bilateral negotiations with suppliers. Suppliers' descriptions of their relationships with intermediaries suggest an

asymmetric relationship between the intermediary and suppliers, with the intermediary in a position of power over the supplier, derived from their ability to allocate retailers' contracts and control access to retailers.

In addition to transmission of pressures along the supply chain, the submissions from smaller suppliers suggested major food retailers treat some suppliers differently to others. For example, smaller suppliers described the pressures major retailers exerted on the costs of production and price of products, and suggested that major food retailers treated the smaller suppliers differently to larger suppliers, for example:

'[we are] right in the firing line of the [major retailers]. We aren't big enough for to be able to voice our opinion on how to raise prices or even to reduce costs'. (*Supplier b submission*)

In addition, the small suppliers described difficulties in meeting the requirements of the retailers, and the consequences of failing to meet those requirements, which were considered to be significant in the short and long term. For example, a supplier described prohibitive costs of information systems required by a retailer, which the supplier considered inappropriate for a small company, and the pressures of maintaining supply:

'I can't afford the massive and very detailed computer programmes, which are necessary to keep me up to date with [the retailer's] forecasting and other issues... I am pressured into supplying produce at a very hefty loss when there is a shortage. I get threatened that I will get a black mark if I don't supply even if it is at a loss. We get score cards sent by e-mail every week telling us how we are getting on against other suppliers. If you fall below a certain percentage you get marked down'. (*Supplier b submission*)

The comments of smaller suppliers suggest access to information systems is more difficult compared to large suppliers. In addition, their conditions of supply indicate asymmetric dependence between the small supplier and the major food retailer, with the major food retailer in a powerful position in the relationship. Other suppliers of fresh produce described undesirable aspects of their relationships with processors, buyers, and major food retailers that suggest similar power dynamics. For example, a berry grower described a retailer stipulating the packaging, labelling, delivery quantity, time of delivery to a distribution centre 100 miles from the farm, and the price. In addition, the berry grower claimed that the retailer would charge the grower the full retail price of a whole

pallet if a single punnet of berries did not meet a four-day shelf life. These supply conditions indicate an asymmetric dependence between the berry grower and the retailer, with the major food retailer in a position of power. As berries have a short shelf life the growers are highly dependent on the retailers accepting the stock at a specific time, as they are unlikely to be able to arrange alternative buyers at short notice and will otherwise be unable to sell their produce.

In summary, compliance with the opportunistic behaviours described above is suggestive of asymmetries in dependence in the relationships between the major retailers, agents, and those further along the supply chain. Submitters suggested larger suppliers are more likely to deal directly with major food retailers than smaller suppliers, which are likely to be managed by an intermediary. Potentially, smaller suppliers may be highly dependent on major retailers, as the magnitude of the exchange of product from a small supplier to a major retailer is likely to be of critical importance for a small supplier. In addition, suppliers of fresh produce described conditions of supply that indicate asymmetries in dependence in the relationships along the supply chain, with the suppliers of fresh produce in less powerful positions than the major food retailers and their agents.

#### 5.3.4 Negotiating price along the supply chain

In this section I describe the retailer and supplier perspectives on negotiating the price the retailer will pay the supplier for their products. As described above, the major food retailers often negotiate directly with large suppliers and via intermediaries for smaller suppliers, whereas smaller independent retailers purchase some of their stock from warehouse facilities. In the following section the price that the retailers pay for their stock is often called the cost or wholesale price, whereas the price at which they sell the products to consumers is called the retail price.

##### 5.3.4.1 *Retailer perspectives on price negotiations*

The arrangements for negotiating the price of products along the supply chain are likely to be an indication of the levels of dependence between organisations and consequent power dynamics. The major food retailers described their approaches to negotiating prices in their submissions. For example, at Asda buyers were trained to 'negotiate on everything and constantly look for a better deal'. Sainsburys noted it had tough negotiations with suppliers, as 'most branded manufacturers

had some kind of starting price for products, and it was up to a retailer to motivate a supplier to negotiate on price'. Similarly, Tesco would 'transmit competitive pressures throughout the supply chain... driving out inefficiencies and excess profit from the supply chain'. In contrast, the Co-operative Group described negotiations with suppliers as 'keen but fair'.

For some of the retailers the ability to negotiate low prices with suppliers was extremely important. For example, as Every Day Low Price was a cornerstone of the Asda brand, investment in low prices was 'one of the main drivers of its team of buyers', and Asda was 'always looking at ways to drive efficiencies both within Asda and out of the total supply chain'. Some of the major retailers acknowledged they were likely to be able to negotiate lower prices than other smaller retailers. The major food retailers suggested the buying terms were 'a direct consequence of the volume of goods being sourced by any particular retailer and the logistical ease with which those goods can be put into that retailer's supply chain' (*The Co-operative Group submission*). Prices were also based on security of supply and payment terms.

As the major food retailers are likely to buy greater volumes than smaller retailers it is likely that they would be able to secure more favourable terms from their suppliers. In their submissions, the independent retailers acknowledged that the larger retailers would be able to secure lower wholesale prices from their suppliers, due to discounts for larger volumes. However, they suggested the benefit should be in the order of 2%, as opposed to the standard 10 - 11%, or in some cases 15 – 20%, that they observed. The independent retailers considered the disparity in prices could not be explained by major retailers securing lower buying costs due to a larger scale of operations.

Consistent with this view, some independent retailers compared the wholesale price independent retailers paid for products with the retail price consumers would pay at major food retailers. For example, in an assessment of retail price of 250 branded products sold by Tesco, Proudfoot (an independent retailer) found retail prices at Tesco that were cheaper than the price Proudfoot paid at wholesalers, with 64 products 'being sold below, and in some cases substantially below [Proudfoot's] cost price'. Similarly, a price comparison of alcohol products found Tesco retail prices for bottles of spirits up to 55% below the wholesale cost of the product. The wholesalers also provided comparisons of prices charged for identical products in different settings, and claimed 'supermarkets can sell products, whether they be alcoholic, or general groceries, cheaper than the wholesale cash and carry's can purchase those products from the same manufacturer' (*Wholesaler anon submission*). These comments were consistent with those of smaller independent retailers,



with some very small independent retailers noting they regularly buy their stock from the supermarkets. These comments suggest the major food retailers have considerable power to negotiate with their suppliers and that they are in a stronger position than wholesalers in price negotiations.

In their submissions, wholesalers commented on the prices they were able to secure from suppliers, compared to those charged by the major food retailers. Wholesalers suggested the suppliers are forced to reduce prices to supply the major retailers and seek to re-coup those losses from the independent sector, thus increasing the prices the wholesalers need to pay for products (the so-called “waterbed effect” (78)). The waterbed effect was also reflected in comments from suppliers, for example:

[major retailers were] ruthless in their attitude to their suppliers, manufacturers and growers demanding cheaper prices, large discounts and rebates, forcing them to supply at very near cost prices. These suppliers then need to demand higher prices to meet the shortfall in profits’. (*Springvale foods, submission*)

In a further example, Willet Bros (a manufacturer of wholesale confectionery) commented on the waterbed effect:

‘the fact is that supermarkets are selling products at around 24% cheaper than we as an independent wholesaler can buy at from the manufacturers. This means that the independent trade is paying through the nose to subsidize the supermarkets’. (*Willet Bros submission*)

Independent retailers acknowledged it was difficult to know ‘from the outside whether the low retail prices at supermarkets were the result of below-cost selling or were the result of the supermarkets being able to obtain cheaper prices than other retailers from their suppliers’. However, none of the independent retailers were able to secure the trading terms with large suppliers that were available to the major retailers. The arrangements for negotiating price, and the disparity between prices at independent and major food retailers, suggests major food retailers can secure discounts in addition to any volume-related discounts that might be expected. In terms of the public health implications, consumers are likely to pay less for equivalent products at large supermarkets, compared to smaller

independent stores; and may be attracted into large supermarkets through promotion of heavily discounted items across a range of product categories, including alcohol.

#### *5.3.4.2 Supplier perspectives on price negotiations*

Many of the submissions from suppliers describe arrangements for negotiating prices with the major food retailers. Suppliers describe the major retailers as being rigorous on all aspects of the supplier-retailer interface, including pricing. While the buying teams were described as 'firm' in reaching agreement, and negotiations sometimes 'difficult', some suppliers described pricing arrangements in positive terms. For example, Hoads Farm (a supplier of free range eggs) noted it had 'always controlled our price structure to [major retailers] and with one exception have never been asked to lower... prices'. Similarly, A Bartlett (a grower and packer of fresh produce) noted that the prices obtained from the major retailers allowed it to run sustainable operations, and it could not 'recall an incident where the retail price was below that of the cost price or the gross margin (at retail) for this product was 5% or less'. Unlike some suppliers, Hoads Farm and A Bartlett both supplied more than one of the major food retailers, and therefore were perhaps less dependent on an individual retailer for business.

Some suppliers described negotiating prices from a weak position. For example, Alvis Bros (a cheese supplier) described committing to suppliers 25 months in advance of delivery of matured cheese, and outlined the fear of losing the market for vast inventories of stock earmarked for future delivery. This made them particularly vulnerable to pressure from retailers. Similarly, a beef farmer described the guaranteed supply chain of beef calves (a minimum of three years in advance) as providing a 'real opportunity for a buyer of beef ... to manipulate the price'. Another supplier reported the retailer applied a unilateral reduction in price with immediate effect. As they had product already in the system, they accepted the new price and reduced costs (including reduced staff numbers) across the business. For suppliers with long production processes the product exchange with a major retailer is critical to the business. Clearly, these suppliers have a high level of dependence on the retailers they supply and are vulnerable to the retailers' opportunistic behaviours.

Similarly, some suppliers of fresh produce appear to be highly dependent on the retailers they supply. For example, farmers described the arrangements for agreeing prices as being driven by retailers, with intermediaries engaging in 'bidding wars' to win or retain business from a small number of retailer buyers on a monthly basis. Farmers claimed this approach resulted in short-term

pricing and a lack of confidence for producers. Farmers described the intermediaries transmitting pressures down the supply chain and sourcing product from multiple suppliers throughout the year to meet retailers' demands, for example:

'no packer or processor dare risk not supplying at times of shortage. Their fear of upsetting their retailer customers is far greater than their fear of upsetting their growers'. (*Unnamed supplier, group hearing*)

Retailers often have discretion over allocation of the contracts to the intermediaries and the description of 'bidding wars' suggests the retailers are allocating a scarce resource (where the resource is access to consumers), which is likely to constitute a significant source of power. Similarly, marketing agents for fruit and vegetables were described as 'price takers', supplying product to retailers at the price the retailer 'told them they were going to pay' to avoid compromising their business. As with the processors and other intermediaries, these comments suggest the power of the marketing agents over suppliers comes from the agents' access to the major food retailers, and that it is the major food retailers that hold the power in these relationships.

In contrast to many suppliers of fresh produce, some large suppliers of leading branded products have discretion over whether to supply retailers with products and the conditions of supply. Where a leading branded product is of increasing importance to a major food retailer, the retailer is likely to be more dependent on the supplier. This is likely to constitute a significant source of power for the supplier. However, the suppliers are also dependent on the retailers for sales, and the magnitude of the exchange with major food retailers is likely to temper the asymmetry in dependence. In contrast, the magnitude of the exchange with smaller retailers is likely to be considerably smaller, and potentially less important to the supplier. Thus, the large suppliers of branded products are likely to have some power over the major retailers, and even greater power over the smaller independent retailers.

In summary, many suppliers described negotiating from a weak position, often because they operated via an intermediary (for example farmers and growers), or because they have commitments for products with long maturation processes (for example cheese-makers). Both of these situations present asymmetric dependence, with suppliers likely to be more dependent on the retailer (or an agent), than the retailer is likely to be dependent on the supplier. With the exception of key suppliers of branded products, the major food retailers appear to be more powerful than

many of their direct suppliers, and even more so than those businesses further down the supply chain.

### 5.3.5 Penalties and charges

In this section I outline retailers' and suppliers' perspectives on the penalties and charges that retailers can impose on suppliers. In addition to the arrangements for negotiating price, the imposition of penalties and charges may provide an indication of the dependence and consequent power dynamic in relationships along food supply chains. In submissions and hearings, suppliers and farmers described a range of penalties and charges imposed by the major retailers that they considered problematic, particularly as they could be applied unilaterally and retrospectively. Examples of charges included over-riders (retrospective volume adjusted payments) of up to 2% of turnover, requests for support payments part-way through agreed supply periods, and display fees. For example, one farmer noted a supplier to ASDA was informed the retailer would 'require half of [the farmer's] profit in future' (*Farmer 5 submission*). Suppliers also described listing fees, with one small supplier advised an upfront payment of £8,500 was required to have the buying team of a major retailer consider their product for inclusion in their range.

In addition to imposition of charges and fees, some farmers described major food retailers applying penalties for quality issues which were sometimes beyond their control. The retailers' approach to cost-sharing on waste product was identified in submissions and hearings as a special cause of concern, particularly when the waste was generated by poor buying practices of the retailer. For example, a supplier of fresh produce described batches of produce being rejected on 'spurious quality grounds when [major food retailer] shelves were full' then accepted 'the following day when the shelves were empty' (*Hearing summary, primary producers*). Similarly, one farmer described retailers rejecting surplus product on their shelves 'under the guise of quality issues', with failure to replace the products within certain deadlines resulting in losing the order 'and being charged for loss of profit and administration costs' (*Hearing summary Farmer c*).

Major food retailers commented on the charges associated with waste produce and explained that waste was derived from problems with forecasting and quality rejection. Marks & Spencer, Co-op, and Waitrose were very clear that they did not charge suppliers for wastage resulting from forecasting errors. In contrast, Asda noted that it might effect a price reduction in-store, and 'the

supplier could be asked to contribute to some of the cost of this, in view of the supplier's active participation in the forecasting process'. If a product was rejected at the depot because of quality concerns, Asda explained that they would charge the supplier 'rejection costs for that product'. Similarly, Co-op and Waitrose would have discussions with suppliers following receipt of poor-quality goods, but these retailers claimed that products were never rejected on the grounds that they were not selling well. Thus, the accounts of suppliers of fresh produce and major food retailers differ with regard to imposition of charges for management of waste produce and low-quality produce. In addition, there appears to be a range of practices with major food retailers adopting different approaches to imposition of fees for wastage and poor quality. From a public health perspective, the arrangements for supplying fresh produce to consumers are important as fresh produce is an important part of a nutritious diet, and are discussed further in Chapter 8.2.

The penalties and charges described above are examples of opportunistic behaviours that might be expected from relationships with asymmetric dependence. While the retailers are dependent on the suppliers for product, the suppliers are likely to be more dependent on the retailers for sales that are critical to their businesses. Suppliers of fresh produce are likely to struggle to find alternative buyers at short notice, thus the powerful retailers anticipate compliance from their weaker suppliers. Having been described as tough negotiators from the outset, in an aggressive and highly competitive market, the imposition of penalties and charges further reduces the overall price the major food retailers pay for products.

### 5.3.6 Promotions

In this section I describe suppliers' and retailers' perspectives on the funding and arrangement of promotions of products within stores.

In their submissions and hearings, the major food retailers described their approach to in-store promotions of products in their overall business strategy. For example, Marks and Spencer was described as generally less promotional than other retailers, whereas Co-op described a 'powerful promotional programme'. As it lacked the scale necessary to compete with the other major food retailers on price across a broad range of products, for Co-op 'promotional sales could contribute heavily to total sales'. In addition to their overall approach to promotions, major food retailers described the arrangements for promotions within their stores. Many of the major food retailers

described planning promotions well in advance. For example, Sainsbury's ran a promotions programme at a headlines level on a 12-18 month rolling basis, and Waitrose planned promotions 4-5 months in advance of the promotion running in their stores. Retailers explained that promotions were planned with the supplier and could involve the development of joint business plans with the supplier.

The retailers described promotions for branded goods being commonly arranged at the request of the supplier. Tesco noted there were many more suppliers (particularly branded suppliers) requesting promotions of their products than Tesco was able to promote. Similarly, Waitrose faced difficulties in deciding which lines to promote, claiming 'it was rare for Waitrose to initiate the promotion of a particular line; rather it was prompted by the suppliers seeking promotion of their [own] products'. The major food retailers described promotions as being part of supplier competition, with investment in marketing being 'an important part of a supplier proposition' (*Sainsburys hearing summary*).

The funding arrangements for promotions varied across retailers. For example, Marks and Spencer would typically share the cost of the promotion 50/50, whereas the funding arrangements at Sainsbury's depended on the product category and 'the nature of the relationship' Sainsbury had with the supplier. Sainsbury's explained that while some promotions could be funded entirely by the retailer, in some instances it would negotiate a "buy one get one free" offer that would be fully funded by the supplier. While Co-op would plan promotions well in advance, the wholesale prices would be finalized nearer to the time, and Co-op would tend to self-fund promotions of own-brand products. Asda described initiating their own promotions by applying a "rollback" (a small decrease in retail price) to stimulate sales. Describing the funding arrangements of rollbacks, Asda explained 'suppliers might be asked to help fund rollbacks, but it was up to them to agree or not. Asda often fully funded rollbacks itself'. Similarly, where a promotion had not performed as well as expected, Tesco noted 'it might be appropriate to discuss the terms and how the promotion could be made to work with the supplier'. Thus, the major food retailers described various approaches to funding promotions, ranging from the retailer fully funding the promotion, the supplier fully funding the promotion, and a split of funding between the supplier and retailer.

The variation in approaches to supporting promotions was also reflected in the submissions from the farmers and the suppliers. For example, some farmers explained that they bear the cost of promotions in supermarkets, whereby any discounting, including "buy one get one free" offers, is at

their expense. In another example, a supplier described reducing their margin on the product and supporting the promotion at the point of sale to make customers aware of the promotion. G's Marketing Ltd (a large-scale grower and packer of salads and vegetables) suggested promotions were vital for shifting 'flushes and surpluses' as an alternative to wasting the stock, and noted that they 'work together with the Tesco buying teams' on promotions to 'drive sales long term'. In contrast, some farmers claimed promotional activities were dictated rather than discussed, and another farmer claimed that the retailer threatened to cease using the supplier if they did not bear the 'whole cost of the promotion' (*Farmer 5 submission*).

Submissions from suppliers indicated promotions of fresh produce had additional complications over promotions of other product types. For example, a supplier described increasing production to meet an agreed promotion, despite the promotion occurring at the wrong time of year for the product. Sales only reached base levels and the supplier 'was forced to dump thousands of pounds of product as there were no alternative customers to sell it to' (*Supplier 6 hearing summary*). The supplier claimed that when it was unable to meet the retailer's demands for product later in the year it was fined for failure to supply, and that 'this was the first time that [they had] been notified that there were penalties for an inability to supply the retailer' (*Supplier 6 hearing summary*).

Submissions and hearings indicated the arrangements for promotions varied across retailers, and across suppliers, with some suppliers bidding for promotions slots, through to other suppliers being required to meet retailer demands for timing of promotions. The suppliers' contributions towards promotions varied too, with some suppliers bearing the full cost of the promotion and supporting the promotion in store. Retailers described promotions as being an important part of a supplier proposition. Submissions from retailers suggested the promotions of branded products are often at the request of the supplier, and as there were no submissions from large manufacturers of leading branded products to the Inquiry, that assertion was not able to be verified. As with the arrangements for penalties and charges described above, arrangements for promotions are likely to further reduce the overall price the major retailers pay for products.

Submissions from wholesalers commenting on the promotional activity of the major food retailers highlighted an issue that was not reflected in the other submissions and is of relevance to public health. Discussing the terms of reference for the Inquiry, wholesaler JJ Haslett suggested tobacco products should be included within the scope, as 'tobacco and tobacco products have historically formed a critical part of the Supermarket offer' and 'the pricing in multiples might suggest they are

being used as a loss leader to drive grocery sales'. Similarly, Booker suggested the promotions on alcohol in supermarkets have a significant impact on independent retailers, as the loss of footfall for such a key category (Booker claimed alcohol can be up to 23% of an independent retailer's sales), has a knock-on effect on the rest of their sales, 'driving full basket spend away from the independent to the multiple retailer'. While beyond the scope of this study, promotions linking tobacco, alcohol, and food are likely to be an aspect of retailing that is relevant to public health policy, particularly where heavily discounted alcohol and tobacco products are used to attract customers and drive grocery sales.

### 5.3.7 Developing new products

In this section I outline the potential influence of the major food retailers on the development of new products, and in the following section I focus on issues relating to own-brand products. Submitters described changes in the range of products offered to consumers, with the range becoming broader and shallower in recent years. This means that there are fewer brands of each product to choose from, but each brand has a wider range of variants available. Waitrose described the lack of variety of brands in the UK market as the result of consolidation of the retail industry and supplier base, an assertion supported elsewhere in the literature(178). Innovation and new product development had become increasingly important in the competitive strategies of manufacturers, and submitters reported 'increasing use of more direct partnering between suppliers and retailers'. With limited shelf space, second and third brands traditionally offered in particular product categories had disappeared from shelves in response to consumer demand for a wider selection of product types. Frequently, a retailer would offer a brand leader and a range of own brands which may include premium, standard and value ranges incorporating sub-varieties such as healthy eating and organic options; whereas previously customers would be offered three or four different branded options for a particular product type. Submitters noted that the development of own brand products requires that the retailers work more closely with suppliers than might otherwise be the case.

Submitters suggested that consumer preferences had also changed, with a greater focus on fresh foods and quality. At the time of the Inquiry a trend towards more fresh food resulted in customers making more frequent top-up shopping trips and less one-stop shopping and buying the branded part of their shop less frequently as many of the fresh products were own-brand. Submitters also noted a growing trend in healthy eating, with retailers offering their own ranges of nutritionally



balanced and calorie-controlled foods (eg Tesco's Healthy Eating, Sainsbury's Be Good to Yourself, and M&S's Count on Us).

The major retailers claimed that UK food and drink manufacturing was highly innovative. For example, ASDA noted that the number of product lines stocked by the four largest retailers increased by 40% between 2000 and 2004/05; and Tesco claimed they had introduced 8,000 new product lines in one year. Major retailers described a general approach of encouraging product and process innovation, and having an innovation agenda that is 'highly motivational to branded manufacturers' (*Sainsburys hearing summary*).

Major retailers suggested they are 'in a position to guide' new product development due to their customer reach and data on customer behaviour (e.g. point-of-sale scanner data and customer surveys) (*Tesco submission*). Wholesalers suggested the major retailers have significant influence over the development of new products, whereby 'manufacturers will drop a proposed line launch if the major four supermarkets veto inclusion into their range' (*Booker submission*).

In addition to branded products, product innovation also occurs in own-brand lines, which allows the major retailers to become more directly involved in new product development (the following section discusses development of own-brand products). Tesco noted that at the time of the Inquiry approximately 40% of all grocery items in the UK were own-brand items. One supplier estimated 'about 70 per cent of chilled product lines were churned each year' with some of the product innovation initiated by the supplier, and some by the retailer, whereby the retailer would tell the supplier the retail price, and the supplier would establish a cost price and the product recipe to meet the requirements (*Supplier 1 hearing summary*).

The involvement of major food retailers in the development of new products (including own-brand) is likely to be an area of interest to those public health professionals seeking to work in partnership with food industry organisations. A high level of product innovation and product churn may present opportunities for development and reformulation of products, for example with reduced salt, sugar or fat content.

### 5.3.8 Own brand vs branded goods

Over time the major retailers have developed a broad range of own-label (also referred to as “own-brand”) products, whereby retailers aim for products that are similar to branded alternatives, but less expensive. The penetration of own-label products varies across product categories, and tends to be low in value-added products (for example smoothies and confectionery), and higher in commodity products (for example, fresh meat and milk). The UK has a high proportion of own-brand products, accounting for over 40% of national grocery sales(179, 180). For many of the major retailers a balanced mix of branded and own-label products was important. Marks & Spencer and ALDI were the exceptions, retailing almost exclusively own-label products.

The wholesalers carry very few own-label items, compared to the major food retailers. It is difficult for the wholesalers to meet production run requirements for own-label items, and where they do have own-label items, they account for typically less than 10% of sales. Thus own-label items are less common in the independent retail stores, which source their products from the wholesalers.

While own-label products are likely to increase retailer profit margins, major retailers describe a number of reasons for developing own-label products. For example, they may wish to increase the choice of products in a category; to stimulate innovation in a category that has stagnated; and to deliver better value for money, and better perception of value for money, to consumers. Own-label products can be cheaper than equivalent branded products due to differences in cost of ingredients, and because branded suppliers incur overheads that are not necessarily incurred by own-label products (e.g. marketing, multi-site production, and distribution costs). Retailers also suggested that own-label products ‘ensured that branded products were sold at sharper prices’ (*Sainsburys hearing summary*). However, own-label does not necessarily equate to cheap. Tesco noted that customers like the choice of price/quality combinations that they provide through their own-label products; and Co-op explained the importance of developing and expanding its premium “Truly Irresistible” range for consumers who were attracted to ranges like “Tesco’s Finest”. Co-op noted that Truly Irresistible ‘proved to be the most successful sub-brand launch it had had’.

In addition to increased sales, development of own-label products allowed the major retailers to become directly involved in new product development. Co-op noted that own-label products presented the perfect platform for fair trade and ethical propositions. During the Inquiry, the Competition Commission raised concerns that own-label products provided retailers with

advantages over suppliers of branded products, including the retailer control of the route to market (adopting a potential gatekeeper position), and through access to supplier plans. The Commission was also concerned about the impact of own-label products on supplier innovation.

Submissions from suppliers described their reasons for producing own-label products, including strategic reasons, to grow volume, to contribute to overheads, and to help with distribution costs. Clearly if a supplier of an own-label product is wholly reliant on the retailer for sale of that product, that places the retailer in a very powerful position in their relationship with that supplier. Some suppliers may develop own-label products and branded products, which may reduce their dependence on an individual retailer. Competition for supply of own-label products was based on price, as well as quality, food safety, technical standards, and service reliability. Suppliers noted that some of the major retailers were 'tougher negotiators than others' (*Supplier 4 hearing summary*), and 'similar products might be sold to different retailers at prices which might not reflect the differing specifications' (*Supplier 4 hearing summary*).

## 5.4 Discussion

In this chapter I draw on submissions and hearings of the Competition Commission Inquiry into the retail of groceries in the UK to explore the exercise of power within the food industry. I used Resource Dependence Theory to explore how power may influence inter-organisational relationships, and to identify characteristics of powerful food industry organisations. An understanding of the use of power within the food industry is relevant to public health because powerful food industry organisations are likely to influence the range of food products available to consumers, the content of products, and the availability and price of products, all of which influence consumer food choice(181). In particular, researchers have identified the potential importance of the power of the major food retailers on public health(182, 183). Major food retailers determine the location of stores, the products they sell, the prices they charge, and the promotional strategies that will be used(184). These decisions influence the availability and accessibility of food, and the decisions consumers make about food(184).

Furthermore, an understanding of how power is exercised within the food industry in the UK provides important context to exploring how food industry organisations exercise power beyond the food industry, in particular, in seeking to influence the development and implementation of

government policy in public health nutrition. The influence of food industry organisations on the development of public health nutrition policy is explored in the following chapters of this thesis.

In summary, my findings show that the major food retailers and the suppliers of leading branded products appear to be the most powerful organisations within the food industry. The arrangements for negotiating price between major food retailers and suppliers, and the disparity between prices at independent and major food retailers, suggest major food retailers can secure discounts in addition to any volume-related discounts that might be expected. While some of the larger suppliers describe positive negotiations with major retailers in their submissions to the Competition Commission, many of the smaller suppliers describe negotiating from a weak position, often exacerbated by negotiating via an intermediary. With the exception of the suppliers of leading branded products, major food retailers appear to be more powerful than many of their direct suppliers, and those businesses further along the supply chain (for example, growers and distributors).

These findings are consistent with literature, whereby researchers report major food retailers setting the terms of trade for suppliers(185), and suppliers allowing major food retailers to control many management decisions, in order to secure sales(182, 183). Literature suggests it is not uncommon for powerful parties in the food system to exploit weaker partners(99, 186, 187). Smaller retailers expect suppliers to adopt opportunistic behaviours (187), and weaker parties may accept the behaviour of powerful parties because it is too costly to do otherwise (100, 188). Powerful businesses may delay payments to weaker partners(189) and may impose rules to gain a disproportionate share of benefits, for example, requiring use of designated third-party suppliers, or charging suppliers for goods that were damaged whilst under the control of the retailer(190). A small supplier that is reliant on one or two larger retailers may accept opportunistic behaviour more than a larger supplier; as larger suppliers are likely to have a wider customer base, which may limit the power of their individual retailer customers(191). Certainly, major food retailers are able to exploit smaller suppliers (186).

#### 5.4.1 Major food retailers exert power over the supply chain

My findings show an asymmetry of power along the supply chain, with many growers, producers, processors, and manufacturers dependent on the major food retailers for access to consumers. The Competition Commission found that all large grocery retailers, wholesalers, and buying groups have

buyer power over at least some of their suppliers(66). My findings show that the major food retailers were very powerful organisations in the food industry. The major food retailers were able to dictate shelf space; and transfer risk, and unplanned and retrospective costs to many of their suppliers. In addition, the suppliers had strong disincentives to complain, as the loss of a major retail client could have been catastrophic for the business. Proximity to the major food retailer in the supply chain appears to be important, as food processors are able to maintain their margins by transmitting price reductions down the supply chain to the producers and growers, who must accept these dictated terms. Similarly, researchers have suggested that major food retailers that adopt exploitative buying practices are likely to indirectly affect primary producers, as their immediate suppliers try to offset their losses further down the supply chain(190).

Consistent with my findings, researchers report primary food producers in Australia being uncertain of whether fresh produce will be accepted until it reaches the major food retailer distribution centre, where it is graded and can be rejected (192). As in the UK, producers in Australia are required to accept their rejected produce and either repack it before it can be sold via wholesale markets or dispose of the waste(192).

However, as with the view of the Competition Commission Inquiry(66), my findings suggest that the buyer power of even the largest grocery retailers may have been offset by the power of suppliers of the most prominent branded products. As the dataset did not include submissions identified as being from the large multi-national suppliers of leading branded products, I was not able to verify the major food retailers descriptions of their interactions with large multi-national suppliers, nevertheless, these organisations have been identified as particularly influential owing to high levels of concentration(193). Researchers suggest the large multi-national suppliers of leading branded products undermine public health interventions to improve population diets in order to protect continued sales(63), influencing population diets through their products, marketing activities and efforts to influence government public policies(85). Researchers have also suggested these organisations seek to place responsibility for preventing obesity and other diet-related non-communicable diseases onto individuals, promoting a nutrient focussed approach and diverting attention away from the importance of food environments(194).

#### 5.4.2 Balance of power can vary over time

Power is not static, and businesses can use strategies to help alter their dependencies. For example, a business may seek additional buyers or suppliers, develop longer term agreements with suppliers, and engage in joint product development with other businesses in an effort to manage these dependencies(102, 103).

The balance of power between parties in the food industry may vary over time. For example, submitters described joint initiatives in development of new products and innovations that may have altered the dependency of retailers and suppliers on each other. In addition, the described development of own-label products by major retailers may have represented an effort at reducing dependency on suppliers. The development of own-label products has been key in the shift of power to retailers. The rise of major food retailers, and their development of retailer own-brand products, counteracts the power that has traditionally been held by the manufacturers(69). Retailers may treat their own-label products more favourably than branded equivalents inside the store (for example in terms of shelf space), and may replace branded equivalents completely(195).

#### 5.4.3 Importance of power in the food industry to public health nutrition

In terms of public health nutrition, the exercise of power within the food industry influences the range of food products available to many consumers, and the content, availability, and price of products. The exercise of power is likely to impact on supplier investment and innovation in product development(66, 77), and in the long term may result in lower (nutritional) quality of products and reduced product choice for consumers(188). The involvement of major food retailers in the development of new products (including own-brand) is likely to be an area of interest to those public health professionals seeking to work in partnership with food industry organisations, and presents an opportunity for public health professionals to work with major food retailers to improve the nutritional quality of their own brand products(183). A high level of product churn may present opportunities for development and reformulation of products, for example with reduced salt, sugar, or fat content.

Consumers are likely to pay less for equivalent products at large supermarkets when compared to smaller independent stores; and may be attracted into large supermarkets through promotion of heavily discounted items across a range of product categories, including alcohol. Promotions linking alcohol and food are likely to be an aspect of retailing relevant to public health policy, particularly where heavily discounted alcohol products are used to attract customers.

Potentially, those public health professionals seeking to work in partnership with food industry organisations are unlikely to achieve public health nutrition outcomes unless they are working with the most powerful food industry organisations – major food retailers and large suppliers of leading branded products. In addition, when working in partnership with the food industry more generally, public health nutrition outcomes are more likely to be achieved when those outcomes are aligned with the strategies of powerful food industry organisations. Weaker organisations are unlikely to adopt initiatives that are inconsistent with the strategies of more powerful organisations on which they rely.

In this chapter I have reported findings from my analysis of submissions to the Competition Commission Inquiry into the retailing of groceries in the UK, exploring how power is exercised within the food industry. My findings show the most powerful organisations in the food industry are the major food retailers and the large suppliers of leading branded products. An understanding of the characteristics of powerful organisations within the food industry in the UK provides important context to help explore how food industry organisations seek to influence the development and implementation of government policy.

The role of powerful food industry organisations (in particular, major food retailers and large suppliers of branded products identified here) in the development and implementation of the Public Health Responsibility Deal is explored in the chapters that follow. In the next chapter I report findings from my analysis of news media and trade press, exploring how the food industry presented public health challenges and preferred policy solutions relevant to food in the media, and influenced the development of the Public Health Responsibility Deal.

## 6 Findings: analysis of news and trade media

### 6.1 Background

The previous chapter of this thesis explores power within the food industry – how it is exercised and the characteristics of powerful food industry organisations. In this chapter I explore through an analysis of news and trade media how food industry organisations exert power *beyond* the industry sector, and influence Government public health and nutrition policy. In addition to providing reports of business' activities, news and trade media shape public perceptions and contribute to the framing of public health problems, their drivers, and potential solutions(165).

One way that businesses can secure favourable policy environments is through using political activities (3, 96). Researchers have argued that business' search for profit can be in direct contradiction with public health goals and disease prevention (83), such as harmful alcohol drinking, tobacco use, physical inactivity, and the consumption of unhealthy diets including ultra-processed food products (196). In her opening address of the Global Conference on Health Promotion in 2013, Margaret Chan, then Director-General of the World Health Organisation, stated:

'efforts to prevent non-communicable diseases go against the business interests of powerful economic operators. In my view, this is one of the biggest challenges facing health promotion'(197).

There is evidence that food industry organisations use political practices to influence the development of public health nutrition policy(12, 13, 85). In this chapter, I explore the influence of food industry organisations on the development of Government public health policy in England. I explore the broad influence on public health nutrition policy, and then focus on a specific policy intervention, the Public Health Responsibility Deal. The Responsibility Deal was a public-private partnership in England that included Government, businesses and NGOs (see Chapter 2.3.1 for details). The objective of the Responsibility Deal was to agree voluntary action to meet public health goals with businesses choosing to commit to pledges that might meet public health objectives. The focus of the work presented here is the Food Responsibility Deal that encouraged business to take action for example, through product reformulation and improved labelling. Through implementation of these pledges, signatories to the



Responsibility Deal were required to support the core commitment of the Responsibility Deal that was relevant to public health nutrition – ‘we will encourage and enable people to adopt a healthier diet’(1).

Public health researchers have become increasingly concerned at the involvement of the food industry in the development of government policy, for example through lobbying (13, 58), and the funding of campaigns(13). Researchers have also identified how the alcohol, food and beverage industries influence public discourse about public health problems and solutions, in ways that are favourable to their interests (83, 198). Critics of government approaches to obesity prevention have expressed concern over the increasing reliance on self-regulation and voluntary agreements as policy responses to obesity(59). In addition, the House of Commons Health Select Committee was unconvinced that the Responsibility Deal would be effective in resolving obesity (and misuse of alcohol), stating that ‘those with a financial interest must not be allowed to set the agenda for health improvement’(199).

This chapter is the second of three chapters presenting the findings of my study. My first set of findings (in the previous chapter) describes the characteristics of powerful organisations in the food industry, and how organisations exercise power within the food industry. This chapter explores the exercise of power beyond the food industry. The research questions I explore in this chapter are:

- How has the food industry influenced the development of the Public Health Responsibility Deal?
- How has the food industry presented public health challenges and preferred policy solutions relevant to food in the media?

## 6.2 Methods

Methods are fully described in Chapter 4.3 of this thesis. In brief, a qualitative thematic analysis of news and trade media was undertaken. I accessed articles via the ProQuest database which provides full text access to newspapers, trade journals, websites and magazines. ProQuest provides access to a broad range of national and local daily newspapers, both in-depth and tabloid style papers from across the political spectrum, including for example The Daily Telegraph, The Daily Mail, The Guardian, The Observer, The Independent and The Times. Examples of magazine and trade journal titles included in ProQuest are Marketing Week, New Statesman, The Spectator, The Economist, Financial World and Retail World. As the main trade press periodical of the food industry, The Grocer, was not available through ProQuest, I accessed articles directly from the archive of The Grocer website. Online news

articles were accessed via a search of the archives of websites of the main national news broadcasters providing online news coverage: BBC, Channel 4, and ITV News.

The search terms I used to identify data sources via the ProQuest database were as follows: [Responsibility Deal OR pledge] AND [food OR salt OR sugar OR fat] AND [public health]. As *The Grocer* is the periodical for the food industry, I used the search terms: [Responsibility Deal OR pledge OR public health]. The search terms I used for the news websites were: [Responsibility Deal] AND [food]. Chapter 4.3.1 provides further details of the development of the search terms. The search period was 01.01.2008 to 31.03.2015, which covers the period from the inception through to implementation of the Responsibility Deal.

Data comprised print and online news and trade articles. Sources included: articles from national daily newspapers including both broadsheet and tabloid style articles from across the political spectrum; trade press, including *The Grocer*, the main trade press periodical for the food industry; and online news articles of BBC, Channel 4, and ITV News. 749 unique and relevant articles were identified from 62 publications. Most articles (67%) were from the trade press (*The Grocer*), and 7.5% were reported on BBC News. The remaining 25.6% of articles were from 60 unique publications, including both national and local news outlets (see Chapter 4.3.2 for a list of data sources). Data were analysed thematically. A combination of *a priori* codes derived from my theoretical framework and inductively derived codes were used. Deductive codes were based on Lukes' three faces of power model (described further below and see Chapter 3.2). I drew on the concept of non-market strategy approaches(96) and Hawkins' approach to framing analysis(166) to assist with the application of Lukes' model. The analytic approach is described in Chapter 4.3.

### 6.3 Findings

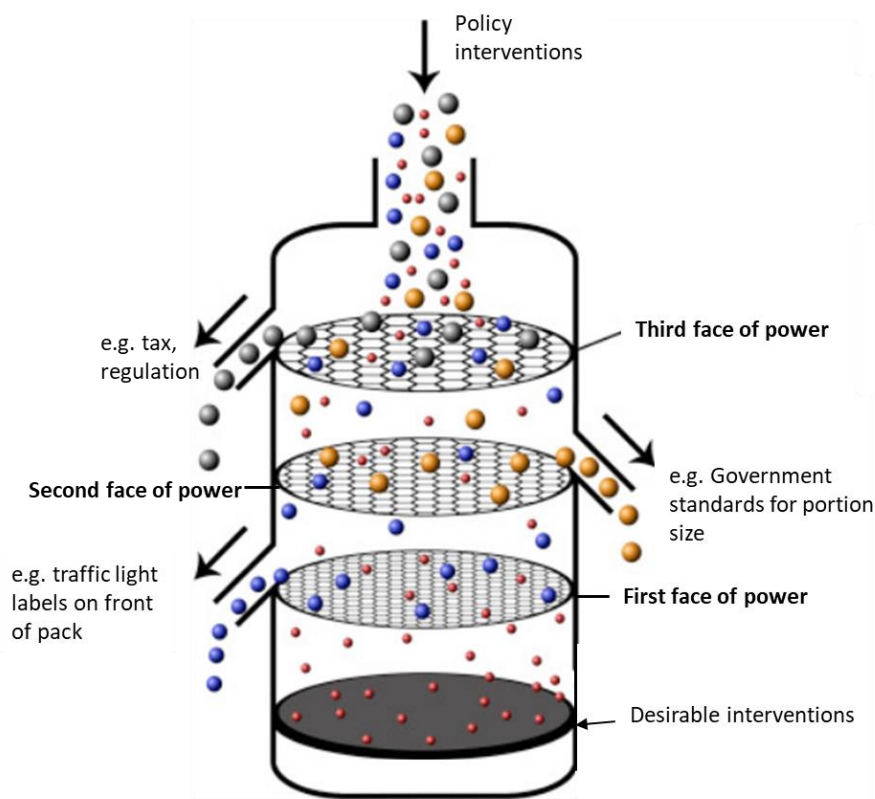
Findings are presented consistent with Lukes' three faces of power conceptual model, with findings relevant to the third face of power presented first, followed by the second face of power, and finally the findings relevant to the first face of power. I have chosen to present the findings in this way to highlight synergies across the faces of power. For example:

- the way actions that may shape preferences and perceptions, for example through the framing of the problem of obesity and responsibilities of individuals (third face of power)

- may support actions undertaken to influence the range of policy solutions that are discussed, including the Responsibility Deal (second face of power)
- which may shape the actions taken to influence policy development more directly (first face of power).

The figure below shows how these faces of power may be thought of as a sifting process, whereby problematic policy interventions are sieved out of the policy landscape, focussing consideration of alternatives on only innocuous and/or desirable policy interventions.

Figure 6-1 Consideration of Lukes' three faces of power model as a sifting process



### 6.3.1 Third Face of Power

In this section I present a summary of my analysis of the third face of power, which concerns the shaping of preferences and perceptions of others. Examples of actions that may be considered consistent with the third face of power include specific framing of public health issues, and promotion of freedom of

choice and individual responsibility. I used Hawkins' (1966) framing approach for my analysis of the third face of power. This technique identifies frames that can be used shape perceptions adopted in the media. Hawkins describes three types of framing by policy actors. First, *diagnostic framing*, which seeks to define the problem at stake, second *prognostic framing* which offers a putative solution to the problem thus identified, and third *motivational framing*, which seeks to enlist support for a position amongst decision-makers and the general public. I organised my findings using this approach.

In this analysis of the third face of power I present diagnostic frames, whereby industry actors and politicians describe obesity as complex and allocate responsibility for the problem of obesity to individuals. I also identify prognostic frames used by industry and Government actors which highlight the importance of industry and Government working in partnership, and the primacy of individual focused, voluntary policy interventions. Finally, I describe the motivational frames used by food industry trade bodies to enlist support for food industry organisation positions.

#### 6.3.1.1 *Diagnostic framing - defining the problem of obesity*

In this context diagnostic framing sought to define the problem of obesity, identifying both the actors and activities that were responsible for causing the problem. In the news and trade media food industry representatives acknowledged the importance of obesity as a public health issue, and described obesity as 'complex', with no simple solution. In identifying the potential causes of obesity, some industry representatives minimised the effect of food overall, and instead highlighted the importance of physical activity, describing the problem as being about overall diet (rather than specific foods) and levels of physical activity. For example, Richard Evans (PepsiCo, UK) described obesity as a 'struggle to balance the "energy in, energy out" challenge of modern life' (*BBC News*, 15/03/11), and the Institute of Economic Affairs (a think tank that promotes low taxes and low levels of regulation, and does not disclose its funding) (200) identified sedentary lifestyles, as opposed to diet, as the cause of obesity:

"The root cause of Britain's rising obesity levels has not been a rise in calorie intake but a rise in inactivity. With obesity now featuring so heavily in the media it is worrying that so few people know that our largely sedentary lifestyles, not our appetites, have been the driving force behind the UK's expanding waistlines."

(Christopher Snowden, IEA, *Food Manufacture*, 18/04/14)

Incorporation of lack of exercise or sedentary behaviour in the diagnosis of the obesity problem potentially expands the discussion of potential solutions to those focussed on increasing exercise, whilst downplaying the potential impact of food and food industry organisations.

Industry representatives generally avoided identifying individual food types or nutrients (for example, sugar) as problematic, instead suggesting a range of products (including, for example, sugar sweetened drinks) could be consumed as part of a balanced diet and that consumers were provided with sufficient information to make informed choices about their food and drink. The suggestion that provision of nutritional information on product labels is a mitigation for poor diet, implies the responsibility for obesity lies with individual consumers.

The intimation from industry that individuals are 'responsible' for obesity was similar to statements from politicians quoted in the media. Politicians clearly identified the role and responsibilities of individuals in managing their health, explicitly and publicly placing responsibility for health, diet, and obesity with individuals. For example, as a Government Minister, Anna Soubry (Health Minister from September 2012) highlighted the responsibility of individuals, and in particular parents, when discussing the sale of products high in fat, salt and sugar at supermarket checkouts. Prior to Anna Soubry's statement, Andrew Lansley made a keynote speech whilst he was Shadow Secretary of State for Health titled 'No Nannyng, No Excuses' at the UK Faculty of Public Health in July 2008. The speech was described as setting the tone and agenda for health policy for the Conservative party (which was leading in the pre-election polls), and excerpts of the speech were widely reported in trade press, at the time and years after the speech was delivered. For example:

"Tell people that biology and the environment cause obesity and they are offered the one thing we have to avoid: an excuse"

*(The Grocer, 27/08/08)*

"As it is, people who see more fat people around them may themselves be more likely to gain weight. Peer pressure and social norms are powerful influences on behaviour and they are classic excuses."

*(The Grocer, 27/08/08)*

"It's not about good food or bad food because that way you just close companies out," he said. "It's actually about a good diet or bad diet, good exercise or lack of exercise. It's about people having a responsibility."  
(*The Grocer*, 10/07/10)

Thus, identification of diagnostic frames indicates industry actors, and Conservative Party politicians were consistently reported as allocating the responsibility for managing obesity to individuals. The potential roles for other actors in obesity policy were explored through identification of prognostic frames, described below.

### 6.3.1.2 *Prognostic framing – Industry and Government roles in solving obesity*

The allocation of primary responsibility for causing obesity to individuals (described above) potentially shaped the role for Government and others in the policy landscape. For example, as Health Secretary, Andrew Lansley aligned the emphasis on individual responsibility for causing obesity with adoption of the “nudge” approach in the Responsibility Deal; and politicians from both main political parties described a need to avoid a more interventionist approach, decrying the ‘nanny state’ and similar. For example:

[Andrew Lansley] said... the Tories had no intention of becoming the "food police".  
(*BBC News*, 5/09/11)

‘Mr Burnham denied Labour were promoting a “nanny state”, insisting parents must “decide for themselves” on food choices for their children. “I’m not talking about banning anything.”’  
(*BBC News*, 05/01/13)

‘Conservative MP David Nuttall objected that “as far as fast food is concerned, personal responsibility will not be replaced by government-imposed nanny state regulations”.’  
(*BBC News*, 22/10/13)

Having framed responsibility for obesity as a problem of individual behaviour and personal responsibility, the role of Government became clear – that helping individuals to make informed choices was the solution. In parallel, Government ministers and officials proposed that working in partnership

with industry, and others, to improve public health was also a desirable approach. Andrew Lansley was described in the trade press as a friend of industry and expressed a desire to work in partnership, setting out the basis of a relationship that involved 'more understanding' than the food industry had experienced under previous governments. The need for a partnership approach was presented as meeting a limitation of government, which was not able to solve the problem of obesity on its own. For example:

"Public health will never be improved just from Whitehall. This has to be a partnership working between local government, who are absolutely keen and have been given the tools and resources on this, between central government, between business, between industry."

(Jane Ellison, Public Health Minister, *BBC News*, 22/10/13)

The partnership approach suggested by politicians was consistent with the prognostic frame attributed to members of the food industry, who also identified an important role for industry as 'part of the solution' to obesity and described strong support for an approach based on partnership with Government. While acknowledging that the involvement of the food industry in obesity policy may be unexpected, industry representatives highlighted the resources, reach and expertise they could bring to the table, particularly with reformulation of products, for example:

'It's important for companies like ours to be part of the solution instead of being written off as the cause of the problem. At face value, it might look counter-intuitive to ask food companies to help devise solutions for obesity but at the end of the day we have resources and expertise that can make a profound difference. Our industry has the know-how to help improve people's diets; improving the formulation of products will change the salt, fat, sugar and fibre intakes of hundreds of thousands of people.'

(Richard Evans, PepsiCo UK, *BBC News*, 15/03/2011)

Major food retailers reinforced the role of individuals as being responsible for obesity whilst describing their own role as part of the solution, supporting consumers through the provision of information, reformulation and the development of healthier products in their own-label ranges, and encouraging physical activity. Thus, members of the food industry populated the obesity debate with suggestions on roles and responsibilities of individuals and stakeholders that were consistent with the statements of Government ministers and politicians. For example, in the quote below a representative of the major food retailer Marks & Spencer highlights the responsibility of the individual and the primacy of

individual-level interventions (as opposed to population-level policy), clarifies the role of the retailer, emphasises the importance of adopting a partnership approach (with everyone ‘working together’), and describes the specific initiatives of the retailer (including potential initiatives for physical activity):

‘As a retailer, our role is to provide solutions to make it easier for people to control their weight, which we do through menu plans and making the labelling easier. But it's not simple because people's relationship with food is quite complex. Behavioural change is not only down to the retailer but everyone working together... We are looking at more ranges for January to help customers live healthier lifestyles. In terms of calorie intake and portion size that is about offering a range and communicating that clearly. A big passion for us is getting the balance between how much you eat and how much you exercise. There is so much more scope to encourage people to become more physically active and we don't have any initiatives at the moment. But it is part of Plan A to launch initiatives designed to get our customers to be more active.’

*(Marketing Week, 02/09/10)*

Further cementing their role as partners, members of the food industry highlighted their commitments to the Responsibility Deal as evidence of their willingness to contribute to reducing obesity (‘playing their part’); in some cases, circumscribing the role of industry as one of helping and supporting consumers. Thus, Government and industry diagnosed the problem of obesity as an imbalance in an individual’s diet and exercise, and a problem of their own making. Responsibility for solving obesity was also cast as the responsibility of individuals, with industry and Government both describing a need to work together to support individuals in making informed choices. In addition, industry was described as well-placed to support Government because they had the necessary technical expertise and were willing partners.

### *6.3.1.3 Prognostic framing – Industry as a responsible actor*

Consistent with the framing of industry as a suitable partner for Government in solving obesity, industry representatives placed their contribution to the obesity debate within a broader context of engagement in a wider range of pressing societal challenges, including for example, environment and sustainability challenges. Industry members described a range of voluntary environmental initiatives outlined in their company Corporate Social Responsibility reports, including waste minimization, improved efficiency of



use of water and energy, and use of sustainable fishing techniques. For example, Marks & Spencer described Plan A which focusses on sustainability, and The Co-operative outlined their Ethical Operating Plan which includes commitments to ethical sourcing, carbon reduction targets, and support for local communities.

In addition to identifying industry as a responsible actor, these environmental initiatives were also described as demonstrating the effectiveness of voluntary initiatives. For example, the British Retail Consortium described 'excellent progress' against The Courtauld Commitment, a cross-sector agreement that included targets for reduction of waste from supply chains, even though the targets of the agreement were not achieved (*Just-food global news*, 09/05/13). Similarly, an initiative to reduce use of single-use plastic carrier bags was described in positive terms. While the target was missed, year on year reductions in use of carrier bags were reported, and the pledge was identified as an example of good progress using a voluntary approach:

'Retailers have reduced the number of carrier bags given to consumers for the fourth consecutive year. In the year to 31 May, 6.1bn bags were handed out to consumers – down from 6.7bn last year and almost 10.7bn in 2006. That was despite sales volumes increasing by 6% since 2006. However, the reduction again fell short of an industry pledge to cut bag use by 50% between 2006 and 2009. Despite the target again being missed, Stephen Robertson of the British Retail Consortium hailed a "tremendous achievement by supermarkets, customers and staff". "The sustained reduction shows that customers are permanently adopting the habit of re-using their bags," he said. "The voluntary approach continues to make good progress through individual retailer initiatives that take customers with them.'"

*(The Grocer, 25/08/10)*

In addition, companies identified the potential for competitive advantage arising from Corporate Social Responsibility activities, and suggested companies that do not make environmental commitments will cease to be viable. For example, from Unilever:

"Continuing to increase our environmental impacts as we grow our business is not viable," chief executive Paul Polman told The Guardian. "Consumers see food shortages, malnutrition and climate change, and governments are not addressing those problems. Companies that do this will get a competitive advantage. Those that do not will put themselves at risk." Unilever

becomes the latest major manufacturer to bolster its environmental commitments in recent months, joining the likes of Procter & Gamble and PepsiCo.'

*(The Guardian, 05/10/11)*

Thus, in addition to any environmental benefits arising from these initiatives, the process of industry committing to and reporting progress against these environmental initiatives provided opportunities for industry actors to articulate positive messages about their organisations, and to report positively about the use of voluntary interventions more broadly.

#### 6.3.1.4 *Motivational framing – enlisting support*

In addition to businesses maintaining their own media presence, examples of industry trade bodies which acted on behalf of their members, adopting motivational frames enlisting support for the industry were identified in the data. For example, the Food and Drink Federation (FDF), the membership body of food and drink manufacturing organisations in the UK, made many statements in the media highlighting member concerns about obesity, supporting use of voluntary agreements to improve public health, praising member activities, and responding to claims from health groups. In an example of the latter, the FDF described a report from the Academy of Medical Royal Colleges as “a collection of unbalanced ideas apparently heavily influenced by single-issue pressure groups” (*Western Mail, Cardiff, 19/02/13*). FDF statements also reinforced the personal responsibility frame of individuals managing their own health and the importance of consumer choice, through emphasising the efforts of FDF members “which empower consumers to make healthier choices appropriate for their lifestyles” (FDF, *Food Global News, 28/10/13*).

In addition to commenting on government policy approaches and the role of industry in those approaches, members of the food industry engaged explicitly with the science and evidence underpinning nutrition policy relevant to the Responsibility Deal. For example, Sugar Nutrition UK (a former lobby group for the British sugar industry) disputed there was a link between sugar consumption and so-called lifestyle diseases, claiming:

‘respected expert committees have reviewed the evidence over many years and all have concluded that the balance of available evidence does not implicate sugar in any of the so-called lifestyle diseases’

*(Daily Mail, 09/01/14).*

Similarly, the Salt Association, which represents UK salt manufacturers, questioned the Food Standards Agency's approach to salt reduction that had been incorporated into the Responsibility Deal salt pledges. Calling for large-scale long-term trials on salt consumption and public health, the Salt Association described a:

“growing weight of independent expert opinion showing the FSA's science is shoddy” resulting in a “blind pursuit of meaningless targets... putting a time bomb under public health”

*(The Grocer, 01/11/08).*

#### *6.3.1.5 Summary of third face of power*

In summary, my analysis of Lukes' third face of power used Hawkin's framing analysis to identify use of diagnostic, prognostic and motivational frames that may shape the preferences and perceptions of multiple audiences, including members of the public, policy makers and other industry actors. For example, identification of diagnostic frames indicated industry organisations described the problem of obesity as complex, and a struggle to balance overall diet and exercise. Both Government and industry organisations emphasised that the primary responsibility for solving the problem of obesity lay with individuals.

Identification of prognostic frames indicated that the role for industry in solving obesity was limited to supporting consumers in making healthy choices. In addition, both industry and Government actors promulgated the idea of a need to work in partnership, and for interventions to be limited to voluntary industry-led actions focused on supporting individuals to exercise personal responsibility through the use of terms such as “nanny state”. Identification of motivation frames highlighted industry actors describing voluntary actions as effective, and industry as a responsible actor in society, for example contributing successfully to packaging and environmental voluntary agreements.

Analysis of the third face of power explores the shaping of preferences and perceptions of audiences, whereas analysis of the second face of power explores activities aligned with those preferences and perceptions that limit the scope of political processes to only those issues that are innocuous. The analysis through the lens of the second face of power is presented in the next section.

### 6.3.2 Second face of power

The second face of power concerns the limitation of the scope of political processes and includes behind-the-scenes activities that occur beyond formal decision-making processes, including making proposals and agenda-setting. In practical terms, the second face of power may include the development and implementation of voluntary initiatives including industry led standards. The Public Health Commission was highly influential in setting the policy landscape and agenda that led to the Responsibility Deal and is described in the next section.

#### 6.3.2.1 Role of the Public Health Commission

The Public Health Commission (PHC) was established by the Shadow Secretary of State for Health, Andrew Lansley, who announced the formation of the PHC and the appointment of Dave Lewis (then Chairman of Unilever UK and Ireland) as Chair in his “No Nanny-ing, No Excuses” speech at the UK Faculty of Public Health in July 2008. Dave Lewis described the objective of the PHC as bringing together a broad range of stakeholders to make a meaningful contribution to public health debate. The PHC included representatives of the food, alcohol and fitness industries, and health NGOs, and was a way of operationalising the rhetoric around adopting a partnership approach between Government and industry. The Conservative Party was not in Government at this time, however, commentators anticipated they might win the next election. While the PHC claimed to be apolitical, Dave Lewis’ statement was consistent with the Conservative Party view: “that if government and private sector work together, it is possible to achieve more than would be possible through intervention” (*The Grocer*, 11/07/09).

The establishment of the PHC and appointment of Dave Lewis as Chairman were described in positive terms in trade press and welcomed by industry representatives. Trade bodies, for example the British Retail Consortium and Food and Drink Federation, were strongly supportive of the partnership approach; and the appointment of Dave Lewis as Chair was described as especially helpful for ensuring the voice of industry would be heard, for example:

‘With Lewis at the helm, the industry can be sure its viewpoint will be heard going forward. But

the Tory stance has already been warmly welcomed by the Food and Drink Federation, which has led the way in the development of the GDA scheme and the subsequent consumer educational campaign.'

*(The Grocer, 06/09/08)*

The PHC report titled "We're All In This Together" was released in July 2009, prior to the Government election of May 2010. The report included policy proposals covering education in schools and workplaces, food labelling, advertising, and promotion of physical exercise, in addition to proposals relevant to the alcohol industry. The report was later described as the 'blueprint' for a Responsibility Deal, of which Dave Lewis was 'effectively the architect' (*The Grocer, 22/07/14*). The PHC report was described positively by Andrew Lansley, who while not yet in Government, highlighted the potential of industry and Government working together in partnership:

"This powerful analysis, the voluntary solutions brought forward by business and the voluntary sector and a supportive legislative framework set out by government have the potential to work together to defy the depressing trajectory of public health problems that the Labour government has resigned itself to".'

*(Andrew Lansley, The Grocer, 11/07/09)*

Journalists identified elements of the report that were particularly relevant to the food industry. Consistent with the food industry framing of the definition of obesity, the report included the adoption of a calorie-based approach, with a focus on balancing calories in with calories out. This approach resulted in the scope of the report straddling a number of government departments (including for example, education and transport) as opposed to sitting solely with Department of Health. The PHC report recommended the extension of voluntary restrictions on marketing to children, alongside a new approach to nutrient profiling (which was used to determine which products could be advertised to children) that contrasted with the approach adopted by the Food Standards Agency. The PHC report was described as 'tak[ing] the side of industry rather than that of the health lobbyists, on most of the contentious issues' (*Marketing, 08/07/09*), through its support of use of guideline daily amounts on labels and its criticism of 'the old enemy, the Food Standards Agency' (*Marketing, 08/07/09*).

Post the 2010 government election *Marketing Week* reported on the PHC report in the context of a new Conservative/ Liberal Democrat Coalition Government, and limited public finances. The Responsibility Deal was described as a deal between the public and the private sector whereby the food industry would

contribute financially to public sector health initiatives, such as Change4Life, and:

‘the Tories - once in power - would hang up the Doc Martens and lay off legislative curbs... The outlook for a cosy concordat between business and government was set fair; not least because an inevitable and severe contraction of the public sector would make health initiatives increasingly dependent on industry funding’

*(Marketing Week, 22/07/10)*

Later in the same article, *Marketing Week* reported changes to the Food Standards Agency, which now had a focus on food safety and reduced influence on nutrition policy. Described as ‘the biggest sacred cow of all’, the Food Standards Agency was reported to be vilified by the food industry ‘because of its uncompromising stand on the traffic lights labelling system’ (*Marketing Week, 22/07/10*), which is discussed further below.

In terms of the second face of power, the PHC clearly had an agenda-setting role, limiting the policy response to a voluntary intervention (the Responsibility Deal), reportedly through a series of private meetings at Unilever premises behind closed doors (201). The report from the PHC proposed a policy approach that was aligned with industry, as opposed to public health, organisations’ objectives, and was endorsed by the Shadow Secretary of State for Health. While I have focussed on the Responsibility Deal in my analysis, the trade press placed the Responsibility Deal in the wider context of structural changes in the policy landscape, including an improved relationship between industry and Government, contribution of industry funding to public health campaigns, and the reduced scope of the Food Standards Agency, suggesting the proposals from the PHC were meeting multiple agendas in nutrition policy.

### *6.3.2.2 Adoption of Industry-Led Standards*

While the Conservative party was in opposition, the trade press suggested that a ‘politics of compromise’ was likely to form the backbone of policy under a Conservative government. Highlighting the importance of the adoption of industry-led standards, trade press reported that:

‘David Cameron has already spelt out a Responsibility Deal on public health, where industry will be spared regulation, including further advertising restrictions, so long as it continues to act on a voluntary basis to improve the healthiness of food’ (*The Grocer*, 03/10/09).

While industry organisations are likely to have adopted a variety of standards during the search period, I focus below on the industry-led standards that are of relevance to the food-related pledges in the Responsibility Deal, with industry-led changes to portion size, product reformulation and labelling.

### *Portion size*

While the Responsibility Deal was launched in March 2011, the development of pledges continued after the launch of the Responsibility Deal with the calorie reduction pledge and a fruit and vegetable pledge announced in 2012. One of the ways of reducing calories was by committing to limit the size of individual portions of food items. Industry actors described actions they were taking on portion size in news media and trade press, including in response to commitments made under the Responsibility Deal. The public health benefits of reduced portions were highlighted by industry representatives. For example, Mars committed to ensuring all single-serve chocolate products would contain no more than 250 calories to meet the calorie reduction pledge of the Responsibility Deal, and following some reformulation, the size of Mars and Snickers bars were reduced to meet the 250-calorie cap (*The Grocer*, 14/12/13). While Mars explained the reduced portion size was to meet the Responsibility Deal commitment, a journalist noted that the price of the chocolate bars was not reduced, and that the costs of producing chocolate bars had increased by 6p per 100g of plain milk chocolate (largely due to poor weather in the Ivory Coast, one of the most important sources of cocoa butter) (*The Grocer*, 14/12/13).

Other initiatives on portion size reported by confectionery suppliers to meet Responsibility Deal calorie reduction commitments included Mondelez International using re-sealable packaging on Cadbury products, and Nestlé “encourag[ing] the sharing of relevant confectionery products” (*The Grocer*, 09/06/12). Two years after the calorie reduction pledge was added to the Responsibility Deal, Mondelez International also pledged to discontinue production of three ‘Bar and a Half’ chocolate bars by the end of 2015 as part of their commitment to placing a 250-calorie cap on all single serve confectionery products:

“As a proud signatory to the UK Responsibility Deal on Public Health, Mondelez International knows that it has a part to play in helping people lead healthier lives,” said a spokeswoman.

“One way to do this is to help consumers reduce their calorie intake. As part of this pledge, we have committed that, by the end of 2015, all our single-serve confectionery products will be 250kcal or less”. Most of Mondelez’s products already fall below the cap but the company... said the move was part of a commitment to “help our consumers snack mindfully”.’

*(The Grocer, 29/05/14)*

In contrast to the examples above, where the manufacturer reduced the size of an existing product, Burton’s Biscuits developed a new product category with the creation of a single-serve snack-sized biscuit range targeted at adults out of the home, to meet their calorie reduction commitments under the Responsibility Deal. Identifying an opportunity to expand their market, Burton’s reported that while biscuits were a popular snack in the home very few biscuits were packaged in a ‘take-out format designed for the busy consumer’. Burton’s suggested the gap in the market was a clear opportunity for the biscuit category to be expanded, and valued the market at £240m. In addition, by providing snack sized packs of sweet biscuits to adults, Burton’s suggested they were helping consumers manage their calorie intake:

‘While biscuits are the number-one snacking choice in the home, only 5% of traditional biscuits are available in take-out formats designed for the busy consumer. This demonstrates a clear opportunity for a broader portfolio of sweet biscuits to be positioned as relevant for all occasions (particularly for adults) rather than just in the home... The potential value for this market has been identified as £240m - a significant opportunity for manufacturers and retailers... With this latest proposition, we are not only helping our consumers manage snacking portions and calorie intake, but once again are driving the evolution of the biscuits category.’

*(Burton’s Biscuits, The Grocer, 16/10/14)*

It is not clear how expansion of the biscuit category would support the public health objectives of the Responsibility Deal. That Burton’s Biscuits linked implementation of a calorie-reduction pledge of the Responsibility Deal to development of a take-out format of biscuits and expansion of the biscuit category suggests product innovation was a way of subverting the public health objectives of the Responsibility Deal whilst being technically compliant with the voluntary pledges.

I identified divisions across the food industry on portion size with retailers adopting a different view to manufacturers. While retailers questioned the public health benefit of reduced portion sizes (suggesting consumers may eat two chocolate bars rather than just one), a voluntary 250kcal cap on single serve



confectionery was widely adopted across industry. Public health advocates, for example Action on Sugar, suggested the industry-wide adoption of a voluntary limit may have been taken to avoid further Government intervention on sugar (*The Grocer* 2/11/14). The Food and Drink Federation, following a meeting with then Secretary of State for Health Jeremy Hunt, announced all of its members had agreed to adopt the calorie cap consistent with the calorie reduction pledge of the Responsibility Deal. The announcement was described as a:

‘major signal from the industry that it felt the most effective way to tackle obesity was to fight overall calorie intake, rather than have regulations on certain ingredients such as sugar’ (*The Grocer*, 02/11/14).

Thus, initiatives undertaken voluntarily to implement the calorie reduction Responsibility Deal pledge were potentially adopted by industry organisations to shape a broader agenda on food policy, retaining a focus on overall calories and reducing the likelihood of more restrictive policy interventions on sugar. As increased Government intervention on sugar was being discussed in the media, industry initiatives on reformulation (discussed below) were identified. This indicates a dynamic approach by industry with reformulation initiatives in response to Government priorities communicated through the media.

#### *Reformulation & new product development*

Reformulation of existing products was one way in which industry organisations could implement the calorie reduction pledge of the Responsibility Deal. In the trade press, food manufacturers linked reformulation initiatives to a range of drivers. Many food manufacturers, highlighting the public health benefits of their reformulation initiatives, described undertaking their initiatives in response to consumer demand and preferences (for example for reductions in calorie, sugar and fat content, and increased protein in products). In addition to potential health benefits of reformulation, manufacturers highlighted the benefits to businesses of meeting increasing consumer demands for healthier products. For example, Waitrose described launching a new limited calorie product range (called Love Life) in response to consumer demand; and in the extract below, PepsiCo intimated they would not undertake reformulation in the absence of consumer demand:

“One third of PepsiCo's sales in the UK and Ireland is fruit and grain-based. And the fastest growing division is Quaker. If the consumer wasn't becoming more health-conscious, and wanting more healthy eating solutions, we would be wasting our time.”

(PepsiCo, *The Grocer*, 31/07/10)

While reformulation initiatives were likely undertaken to meet consumer demand, as opposed to meeting public health objectives, manufacturers of branded and own-label products linked reformulation initiatives to specific pledges of the Responsibility Deal. For example, in response to the calorie reduction pledge Coca-Cola pledged to invest £15m in reducing the calorie content of leading brands (but not Coca-Cola itself) by 30% by 2014 (*The Grocer*, 9/6/12); and Tesco pledged to reduce the number of calories in own brand soft drinks by over 150m calories in 2012 (*The Grocer*, 9/6/12). In response to the saturated fat reduction pledge Nestle, Mondelez International, Unilever, Sainsbury's, Morrisons and others pledged to reduce the saturated fat content of specific products (*The Grocer*, 9/6/12). The Food and Drink Federation praised the collective efforts of its members on reformulation in response to Responsibility Deal pledges, suggesting the food sector in the UK was ‘widely acknowledged to be leading the world when it comes to reformulation’ and that the voluntary efforts of the sector had ‘delivered significantly better results for consumers than any of the regulation introduced elsewhere in the world’ (FDF, *The Grocer*, 23/01/10), thus reinforcing the framing on the effectiveness of voluntary interventions described above.

Trade press also identified the Ofcom restrictions on advertising to children as a factor in the reformulation of chocolate flavoured cereals. However, the relationship between meeting restrictions and actually advertising the products to children was not always clear, with some products meeting the restrictions and not being advertised, and other products not meeting the advertising restrictions following reformulation. With reduced sales in some cereal brands, Kellogg's described a need to bring frequent innovation to the cereal market, committing to “delivering a stream of news and excitement” (*The Grocer*, 20/08/11) with release of new products. The need for innovation was also identified in other product categories beyond cereals, for example Burt's crisps described product innovation as the “lifeblood” of the category (*The Grocer*, 02/05/14). Thus, the reformulation initiatives may also have been undertaken to demonstrate innovation, as opposed to meeting public health or advertising objectives.

As sugar became increasingly debated in the media, voluntary reformulation in the sugar sweetened beverages sector to meet the Responsibility Deal calorie reduction pledge was explicitly linked to pre-

empting more restrictive government interventions. For example, Tesco launched two new reduced calorie ranges of drinks and called on the sector to work together to avoid Government intervention, suggesting the industry needed to be more collaborative and to “self-regulate before we are regulated against” (*The Grocer*, 12/05/13). Similarly, while Coca Cola announced increasing the availability of diet versions of its drinks as part of a global commitment to public health, reporting of the initiative was explicitly linked to commitments under the Responsibility Deal to reduce the average calorie content of its drinks by 5%, and pre-empt Government regulations:

‘This month [Coca-Cola] announced four global commitments to tackle obesity, including making diet versions of its drinks available in all 206 countries where it is sold, and stopping advertising aimed at the under-12s. By getting its retaliation in first, Coke hopes to prevent Bloomberg-style legislation elsewhere. Woods also said that the company had been working hard to put its house in order in Britain. It signed up to the Public Health Responsibility Deal, a government initiative launched in 2011. Coca-Cola has pledged to reduce the average calorie content of its drinks by at least 5% by 2014.’

(*Sunday Times*, 26/05/13)

In addition to meeting requirements of the Responsibility Deal, suppliers also described reformulating products to meet the demands of major food retailers. For example, a soft drink manufacturer described reformulating their products in response to consumer demand, to meet commitments to the Responsibility Deal, and to deliver against ‘Tesco’s plan to tackle obesity by slashing calories from its soft drinks range’ (*The Grocer*, 01/11/14). This highlights the heterogeneity of the food industry and the power of the major food retailers to influence reformulation initiatives.

Similar to differences between retailers and manufacturers on the 250-calorie cap, I also identified differences between large and small soft drinks companies. Industry representatives described encouraging smaller soft drinks companies to take action to pre-empt government intervention. While the larger companies had pledged to reduce calories of their products, the smaller companies were less involved in the Responsibility Deal, which was reportedly frustrating for the larger companies that were seeking to influence the policy environment. There were reports in trade press of the industry body (BDSA) arranging a summit across the industry to discuss pre-emptive action and encourage the smaller companies to voluntarily reformulate their products to avoid regulation, thus providing further evidence of heterogeneity in the strategies and actions of the food industry:

'Soft drink giants are calling on smaller companies to voluntarily slash calories from their products - before they are forced to by legislation. Big names including Coca-Cola Enterprises UK MD Simon Baldry will attend a summit meeting of more than 30 companies called by the British Soft Drinks Association (BSDA) next Tuesday (12 March). They will urge their smaller counterparts to get more involved in the Department of Health's Responsibility Deal. With NGOs calling for a fizzy drinks tax and Labour promising to cap sugar levels if it comes to power, there was a growing acceptance that the industry had to act fast to avoid regulation, sources told The Grocer.... One leading industry source admitted there was frustration at the lack of take up from smaller companies. "This is surely a no brainer. Companies always say they don't want to see regulation. Surely they have to realise they are being given a voluntary route out - why don't they take it?"

*(The Grocer, 09/03/13)*

In summary, whilst described as meeting Responsibility Deal pledges some reformulation initiatives were likely undertaken to achieve multiple objectives aligned with business interests, including meeting consumer demand, meeting demands of major food retailers, demonstrating the effectiveness of voluntary initiatives, and staving off Government regulations. Within the trade press, I observed heterogeneity in the response to reformulation initiatives of different sectors of the food industry, for example, large manufacturers of sugar sweetened beverages encouraged smaller manufacturers to adopt voluntary initiatives on sugar reduction.

Manufacturers also linked reformulation initiatives to product labelling, for example, in the context of traffic lights, health claims, and so called 'clean labels' - the trend of having as few ingredients as possible on labels and replacing synthetic additives with natural ingredients. Industry response to labelling initiatives is further described below.

### *Labelling*

Labelling of food products was relevant to two of the Responsibility Deal pledges. Under the calorie reduction pledge organisations could commit to providing information to consumers to enable them to eat fewer calories; and under the front of pack nutrition labelling pledge organisations could adopt the Government recommended front of pack nutrition labelling scheme.

Manufacturers and trade bodies highlighted the importance of providing clear information to consumers, openness and transparency, and supporting consumers in making informed choices when describing their approach to labelling products, consistent with the framing allocating individuals the responsibility for their nutrition and obesity (described earlier in this chapter). For example, Coca-Cola highlighted ‘the importance and power of informed choice to meet individual dietary and lifestyle needs’ and its commitment ‘to providing factual, meaningful and understandable ingredient and nutrition information’ about all of its products. Similarly, the Food and Drink Federation highlighted the presence of nutritional information on labels as mitigating the potential impact of products on public health. In both of the statements below, commitments to clear labelling are mentioned alongside descriptions of industry efforts to reformulate products (to reduce salt and sugar content):

‘Terry Jones of the Food and Drink Federation said: "Although salt intakes in the UK have reduced significantly in recent years, we recognise that more work must be done to help and encourage people to stay within recommended limits. This is why food manufacturers have a long history of reducing salt in products and providing clear on-pack labelling to help people know what a product contains."’

*(BBC News, 11/03/14)*

‘The FDF also stated sugar content is clearly indicated on packs and that companies are making efforts to reduce sugar content in products, with "many doing so as part of the Government's Responsibility Deal calorie reduction pledge". ‘

*(Food Global News, 15/01/14)*

There was much debate in the media over the content of labels. In a continuation of the so-called ‘label wars’ the debate centred on opposing views on use of Guideline Daily Amounts (GDAs, percentages of the Guideline Daily Amounts of nutrients in each serving of the product) or traffic lights (a colour coding system of red, amber, and green, with red alerting shoppers to less healthy food). While the Food Standards Agency, some NGOs, and some of the major food retailers supported use of traffic lights on labels, many of the large manufacturers and some retailers supported use of GDAs. Andrew Lansley outlined his views on labelling in his “No Excuses, No Nannying” speech whilst in opposition, clearly supporting use of GDAs over use of a traffic light approach, and claiming ‘the Government’s obsession with a traffic-light system has blocked progress’ (*The Grocer*, 30/08/08). Journalists placed Lansley’s position on labelling in the context of his relationship with the Food Standards Agency (FSA), for example:

‘There is little love lost between the Tories and the FSA... Lansley’s speech will surely only stoke the flames further. Under the Conservatives, government and FSA promotion of traffic-light labelling would stop, he says.’

*(The Grocer, 06/09/08)*

Adoption of traffic light labels was not straightforward for some organisations as they may have been reluctant to cast their products in an unflattering light. For example, a journalist described the ‘terrific tensions’ for companies considering adoption of traffic lights and simultaneously satisfying shareholders - ‘while companies may wish to be good corporate citizens, the idea of having ‘red lights’ on their products was seen as too commercially harmful to countenance’ *(Marketing, 31/03/10)*.

Proponents of the traffic light approach highlighted the benefits of simplicity for consumers. In contrast, the Government proposal for a hybrid label in 2012, which adopted GDA percentages, traffic light colours and text denoting high, medium or low in salt, fat and sugar was described in trade press as ‘a victory for opponents of traffic lights’. While the majority of manufacturers adopted GDAs at the time, the support of major food retailers, and in particular Tesco (the largest major food retailer at the time), was reported as pivotal to the Government announcement of the hybrid scheme. Tesco had long opposed using traffic lights, preferring to use GDAs. However, in 2012 Tesco announced the addition of traffic lights to the labels of Tesco own-brand products. Retailers including Morrisons, Aldi and Lidl followed, and two months later the Government announced support for a standardised hybrid front-of-pack nutrition label. Thus, the Government appeared to be adopting the private standard set by industry. Tesco described adopting the hybrid label in response to consumer preference. However, within 12 months of supporting the hybrid scheme, Tesco announced the trial of a new approach to colour coding labels, adopting a WeightWatchers-style colour coding, to ‘help consumers with their diets and grow the health category’ *(The Grocer, 25/06/14)*.

Use of the hybrid label was adopted as a pledge under the Responsibility Deal. While dairy companies committed to Responsibility Deal pledges on salt reduction, calorie reduction and avoiding trans-fats, they did not join pledges to adopt hybrid labelling under the Responsibility Deal (perhaps for the reasons suggested above about having red lights on their products). Instead, they appeared to be actively lobbying against use of the hybrid approach through the European Parliament. Trade press reported the European Dairy Association had written to the European Commission ‘to complain that [the hybrid label] runs against Europe’s intention to harmonise food information and represents a threat to the single

market' (*The Grocer*, 06/09/13).

Citing concerns that adoption of traffic lights would lead to oversimplification, the European Parliament had previously voted for mandatory adoption of a GDA system (which at that time was favoured by major food retailers and manufacturers), and a flexible approach that allowed for voluntary adoption of colour schemes. Twelve companies including Nestle, Mondelez International, Unilever, Kellogg, Mars Inc and Ferrero, refusing to adopt the hybrid system in the UK, announced a pledge to harmonise the nutritional labelling of their products with the EU approach, using GDAs in a consistent manner. The companies claimed the pledge to the EU approach would provide consumers with meaningful nutritional information, and their pledge coincided with an announcement from Food Drink Europe, the industry association for manufacturers in Europe, calling for a "renewed GDA labelling commitment" (*Just Food Global*, 4/11/12). Thus, despite following the industry lead, the consistent approach to labelling that the UK Government was seeking through a voluntary approach, failed to materialise.

Twelve months following the announcement of the hybrid scheme, media reports suggested the limited enthusiasm from cereal manufacturers and soft drinks companies may have contributed to the consideration of more punitive measures to manage sugar consumption. Media reports claimed that while the UK Government identified a potential for traffic lights to influence reformulation efforts of manufacturers, the system was not mandatory due to EU regulation, and not widely supported among cereal and soft drinks manufacturers, which 'may just be kicking themselves that they didn't get involved as the agenda among health groups has switched to other more punitive measures, including a sugar tax' (*The Grocer*, 25/06/14).

### 6.3.2.3 *Summary of second face of power*

In summary, analysis through the lens of the second face of power identified activities consistent with shaping the agenda for Government policy and making policy proposals. In particular, the Public Health Commission (PHC), an industry-led group, was established to feed into Government policy-making despite being outside of Government processes. The PHC adopted an agenda-shaping role, designing a vehicle for Government-industry partnership, and proposing the scope, trajectory, and content of future nutrition policy, through the PHC report and the proposed Responsibility Deal. In addition to shaping the Responsibility Deal, the PHC also articulated broader policy objectives involving the reduced scope of the Food Standards Agency and the model used to determine which products could be advertised to

children. Whilst lacking in official status, as the political sponsor was not in government at that time, the PHC was clearly a powerful and influential body in shaping future Conservative government policy.

There were many reports of the adoption of industry-led standards, including in reducing portion sizes, reformulation and new product development, and product labelling. These standards were variously adopted as a precursor to the development of Responsibility Deal pledges, as part of implementation of the Responsibility Deal, and alongside the Responsibility Deal (consistent with, but outside of Responsibility Deal processes). Industry actors identified multiple reasons for adopting industry-led standards in addition to any potential public health benefit, including: responding to consumer demand, cost reduction, creation of new markets, and access to regulated advertising. In addition, industry-led standards may have been adopted to influence policy direction through highlighting the effectiveness of voluntary interventions and demonstrating industry organisations were socially responsible.

With regards to labelling, the adoption of industry-led standards was likely meeting multiple policy objectives, including signalling industry preferences to Government and developing consensus across the industry. A particular turning point in the development of labelling policy appeared to be adoption of a new approach to labelling by Tesco, the largest multiple food retailer at the time. While I focussed on a domestic policy initiative, large food organisations operate internationally, and I identified examples of some large companies and trade bodies active in European systems, seeking to influence EU labelling policy. While I have chosen to report these initiatives in the analysis of the second face of power, this could also be considered an example where the faces of power overlap, with adoption of industry-led standards being supported by lobbying. I describe examples of lobbying in my analysis of the first face of power, in the section that follows.

### 6.3.3 First face of power

The first face of power concerns the direct influence of one actor over another to influence the policy decision-making process, as opposed to the activities directed towards changing perceptions (third face of power) or limiting the scope of the policy landscape (second face of power) that are identified in the previous sections. Behaviours consistent with the first face of power may be more visible than those of the second and third faces of power, and may include lobbying, financing political campaigns and development of relationships that may create conflicts of interest. The data reported here provides evidence of business activity relevant to the first face of power that likely influenced the development



and implementation of the Responsibility Deal and constituent pledges, including industry actors lobbying Government ministers, potential conflicts of interest, and direct involvement of industry actors in the development of public health nutrition policy and the Responsibility Deal in particular.

#### 6.3.3.1 Lobbying

Reports in news and trade press indicate food industry actors, particularly trade bodies, lobbied Government about public health nutrition policy in the period leading up to the launch of the Responsibility Deal (for example during political party conferences) and coinciding with development and implementation of pledges. Part of the remit of trade bodies is to lobby on behalf of their members. For example, the remit of the Food and Drink Federation (FDF) includes representation of food and drink organisations in the UK in their communications with Government and regulators, and the media. I identified reports implying lobbying had occurred, reports of trade bodies describing their lobbying activities, and reports of the assumed impact of lobbying in the trade press. For example, the FDF described lobbying activity whereby an agreement was reached with the Health Secretary that voluntary actions would be undertaken by their members to implement the calorie reduction pledge of the Responsibility Deal, and intimating their actions had saved the industry from a sugar tax:

‘Sources in the industry said they were confident that by ramping up voluntary measures, they could stave off calls by Action on Sugar and other health groups for taxation. “We are pleased to announce that following discussions with the Secretary of State for Health, FDF members have agreed to implement a 250kcal cap on individually wrapped single service confectionery items sold in retail with the aim to complete this work in 2015 or spring 2016 at the latest,” said an FDF spokesman. “Since 2010 billions of individual wrapped single serve products have been/are being reformulated and/or reduced.”’

*(The Grocer, 26/06/14)*

This reporting of the lobbying activities of the FDF is an example of the overlap of the faces of power. The activity of lobbying policy makers is consistent with the first face of power as described here, however, this statement from the FDF could also be described as shaping perceptions of the effectiveness of voluntary measures, and perceptions of the effectiveness of the trade body organisation to their members. In another example highlighting the effectiveness of their lobbying activity, the Director General of the FDF described feeling positive about the FDF’s experiences of the coalition

Government and remaining confident that FDF concerns 'will not fall on deaf ears' (*The Grocer*, 12/06/10).

Face to face meetings with Ministers were not limited to the FDF, for example, the Chief Executive of the Advertising Association was among a group of industry leaders that reportedly briefed Prime Minister David Cameron at Downing Street on how the advertising industry was meeting recommendations regarding advertising and children. The restrictions on advertising to children were part of wider public health nutrition policy, and had been included in the report from the Public Health Commission alongside recommendations to develop the Responsibility Deal. Thus, trade bodies were briefing on wider public health nutrition policy in addition to specific Responsibility Deal initiatives. Meetings were not limited to Government ministers, for example, the public affairs manager of the FDF referred to meeting shadow ministers while the Conservative Party was in opposition and was optimistic about the potential for a Conservative government working alongside industry:

"Having met shadow ministers on several occasions, we'd hope a Conservative government would give greater recognition to food and drink as a major player," says FDF public affairs manager... "It's positive that to date the Conservatives have made efforts to work in partnership with industry and look at what consumers are demanding. We think the focus of talks will remain on voluntary regulation."

(*The Grocer*, 07/11/09)

More generally, industry representatives described speaking at party political conferences, for example to ensure politicians were 'mindful of the role retailers have been playing in sorting out sustainability and waste' (*The Grocer*, 17/09/11). Trade press suggested the grocery industry 'spends millions of pounds each year bending the ear of politicians and making sure the industry's needs are understood by policy makers' (*The Grocer*, 03/10/09), with party political conferences providing important opportunities for networking. Lobbying efforts were focussed intently on the 2009 Conservative Party conference, where industry bodies were mindful of the prospect of a Conservative government. In the trade press Chief Executive of the Association of Convenience Stores described increased attention on the Conservative Party following the appointment of David Cameron as leader, and attempts to influence the policy direction of the party:

' "We've stepped up our work with the Conservatives over the past couple of years," he says. "I think that the Tory leadership is having to adopt a government mentality and as they do that, it's

very helpful if we can influence them and say these are some of the things you should be considering." ‘

*(The Grocer, 03/10/09)*

A public affairs consultant suggested the effectiveness of lobbyists was influenced by which sector of the food industry they represented, with food retailers generally being more effective than manufacturers in making their voice heard in Westminster. He described Government being more receptive to retailers as they are closer to voters:

“I think there’s a big difference between the presence in government on the retailers’ side and the presence in government on the manufacturers’ side,” he says. “Government is so much more scared of the retailers because they know they’re closer to the customers. The retailers have been very adroit at using that knowledge to make their presence felt.”

*(The Grocer, 03/10/09)*

Individual lobbyists were also acknowledged in the trade press, for example, Baroness Peta Buscombe, then Chief Executive of the Advertising Association was described as a ‘fantastically successful’ lobbyist with ‘political nous’ by industry commentators. She was Conservative Party spokesman for culture, media and sport in the House of Lords between 2002 and 2005, and while at the Advertising Association (2007-2009) launched the Business4Life initiative, an industry consortium including Cadbury, Coca-Cola and Mars that partnered the Government Change4Life initiative. Her political experience and informal access to politicians was key to her effectiveness as a lobbyist:

“Following the recent attacks on advertising by lobby groups, the industry needed someone to get involved in the political process. Buscombe is someone who knew how to walk the floors of the Whitehall departments and have all those important corridor and tea-room conversations”

*(Marketing Week, 27/11/08)*

Interactions with Ministers were considered to be valuable. For example, tickets to The Grocer’s Food and Health Debate, at which Andrew Lansley was a keynote speaker were advertised at £345 each and described in *The Grocer* as ‘extremely limited’. Andrew Lansley was to outline the Coalition Government’s public health strategy at the event, with discussion including alcohol, obesity, food labelling and health policy. Speakers at the debate included representatives of health NGOs, for example the British Nutrition Foundation and the National Heart Forum, in addition to PepsiCo and McCain

Foods.

The trade press also reported on how the meetings between food industry representatives and ministers were perceived by those outside of the sector. Commenting on an article with the headline “How the Food Giants Woo Ministers” in the *Daily Mail*, *The Grocer* described the article as ‘full of holes’, and suggested health campaigners have ‘many meetings with DH officials and MPs’ (*The Grocer*, 03/02/14). *The Grocer* also suggested many of the meetings between industry and Government were scheduled meetings of the Responsibility Deal and involved a range of NGOs, suggesting that policy interventions that involve working in partnership with industry provide additional opportunities for interactions between industry representatives and Government ministers and officials.

While there was a reference to the British Beer and Pub Association sending the Chancellor a basket of ales immediately prior to budget announcements to focus his mind on taxation on lower-strength alcohol, there were no reports of gifts to ministers from members of the food sector in the media. However, there were reports of other potential conflicts of interest, as described below.

#### 6.3.3.2 *Conflicts of Interest*

A conflict of interest occurs when an individual’s personal interests, for example, family, friendships, financial, or social factors, could compromise their judgement, decisions or actions. There were reports in the media that were relevant to public health nutrition, of Government individuals with potential conflicts of interests. For example, one article in trade press referred to a report that had been leaked from a government department about policy options for sugary foods, suggesting a government official acted beyond their authority. There were also reports consistent with individuals moving through a “revolving door” between Government and industry. For example, an employee representing Asda in an interview was described as formerly working for Department of Health; and after the announcement of the move of Baroness Peta Buscombe (Chief Executive of the Advertising Association and former Conservative party representative in the House of Lords) to the Press Complaints Commission, the Advertising Association was reported to be seeking a ‘working politician’ to replace her.

In addition to potential conflicts of interest within Government, the public debate around policy options for managing levels of sugar in foods was accompanied by a debate on the independence of academics and others advising Government on policy options, with the integrity of individuals who had links to

industry questioned. In particular, the independence of the government advisory Scientific Advisory Group on Nutrition (SACN) was debated prior to the release of a five-year review on the role of carbohydrates in the diet, undertaken to inform public health policy. When the Chairman of Action on Sugar (a NGO concerned with the effects of sugar on health) reportedly suggested ““when the SACN report eventually comes nobody is going to believe it”” (*The Grocer*, 25/01/14), the SACN advisors publicly defended their independence. Highlighting their professional code of conduct and the importance of advising industry, they claimed they were not influenced by the food companies they had worked with, for example:

‘ “We have a duty to act in the public interest with the Code of Conduct for Scientific Advisory Committees” ‘

(Professor Ian Young, *The Grocer*, 25/01/14)

‘ “We are encouraged to engage with the industry by the government and by our universities, who want the funding... we should be telling them what they should be doing and giving them advice on technical issues. The last thing I or any of my committee members would do is allow these relationships to interfere with our independence” ‘.

(Professor Ian Macdonald, *The Grocer*, 25/01/14)

In addition to potentially conflicted individuals involved in Government policy processes, I also identified reports in the media of direct industry involvement in policy development, as outlined below.

### 6.3.3.3 *Industry involvement in policy development*

There were reports in the media of explicit involvement of the food industry in policy development processes. Reports of industry involvement related to both Labour and Conservative Governments, and quotes from ministers suggest these interactions were sometimes sought by the Ministers themselves. For example, Dawn Primarolo, as Public Health Minister under Gordon Brown’s Labour Government, promised to meet the BRC to discuss key issues surrounding the obesity debate and was reported in the trade press as seeking to build on the momentum of the ““alliance between Government and business””, and ““looking to work ever more closely with the food and drinks industry to ensure we’re all doing what we can to address the ‘obesity time bomb’ and shape a healthy future for our country”” (*The Grocer*, 01/11/08).

In particular, Change4Life (the £75m Government advertising campaign to encourage the public to eat healthily and take more physical exercise) was launched in 2009 alongside a coordinated initiative from the private sector, Business4Life, which was led by the Advertising Association (*Marketing Week*, 19/2/10). At the launch, brand owners, retailers and media owners committed the equivalent of £200m in airtime, programming and promotional activity to support the campaign, which was initially designed to run until the London 2012 Olympics. Examples of initiatives undertaken under Business4Life included Kellogg rebranding its Free Swim Challenge as Swim4Life and renaming its Fit For Life programme Fit4Life, promotion of fruit and vegetables in convenience stores, vouchers for healthy food options, and access to free sports sessions for children (*The Grocer*, 27/3/10).

Change4Life was described by industry as the foundation stone of a consensual approach to policy that stressed voluntary collaboration with all interested parties. As with the adoption of industry-led standards in the second face of power, the Change4Life initiative was described in media reports as an opportunity for industry to influence government policy, through demonstrating the potential benefits of voluntary action and pre-empting more interventionist approaches:

‘Rupert Howell, ITV’s managing director for brand and commercial, says ITV’s contribution will be worth about £40m over four years. "It is a fantastic opportunity for the media and advertising worlds to prove definitively to Government and opinion formers that the best way to tackle obesity is to harness the positive power of advertising, not to indulge in futile ad bans," he says.’ (*Marketing Week*, 31/07/08)

‘The success of this campaign is crucial for the food and media sectors. Change4Life must succeed in reversing obesity or the Government may hit the industry with increasingly stringent restrictions on the marketing of foods high in fat and sugar.’ (*Marketing Week*, 31/07/08)

Critics of the initiative questioned the effectiveness of Change4Life, the level of funding for the initiative, and potential impacts on inequalities. For example, Department of Health indicated a vetting process would be established to determine which industries could take part in the initiative. However, critics suggested the partnership with, for example, Mars, PepsiCo and Cadbury diluted the messages of the Government campaign, and that it was inappropriate for the government logo to be used on confectionery products. While the British Heart Foundation sought reassurance from the Department of Health that companies would not be allowed to ‘abuse’ the Change4Life brand, Action on Sugar

suggested the Government was ‘too close to the industry to create a more powerful anti-sugar message’, claiming the ‘softly softly approach of Change4Life [was] an inevitable result of working hand in hand with food industry partners’ (*The Grocer*, 31/01/15).

Under the Conservative/Liberal Democrat Coalition Government of 2010, the funding model for Change4Life altered, with Health Secretary Andrew Lansley announcing plans to switch the Change4Life programme from ‘less a government campaign [to] a social movement’, requiring funding from the food industry. It is not clear whether the funding was actually provided, however, trade press reported that industry funding was ‘in return for a moratorium on legislation governing products high in fat, sugar or salt’ (*The Grocer*, 08/07/10).

Of relevance to this study, were reports of industry involvement in development of the Responsibility Deal through the Public Health Commission, as described in Chapter 6.3.2.1. The announcement of the formation of the Public Health Commission was described in trade press *The Grocer* as ‘usher[ing] in a bright new dawn of co-operation between the food industry and government’ (*The Grocer*, 06/09/08), and signalling an improvement in ‘the quality of the conversation’ between Government (including the Food Standards Agency) and the food industry. Likewise, the appointment of Dave Lewis was considered to be significant, placing industry in a position of leadership and influence. For example, in *The Grocer*:

‘With Lewis at the helm, the industry can be sure its viewpoint will be heard going forward. But the Tory stance has already been warmly welcomed by the Food and Drink Federation ...

“Obviously we have to work with any party that is in government,” says FDF director general Melanie Leech. “But we are encouraged both by the substance and tone of the message should the government go blue”.’

(*The Grocer*, 06/09/08)

The remit of the Public Health Commission included developing a ‘cohesive set of proposals’ to improve population health. Dave Lewis described the Commission as apolitical, with an objective of ‘bring[ing] together stakeholders as diverse as Asda, the British Heart Foundation and the Fitness Industry Association “to try and make a meaningful contribution to the debate on public health” ... “the [Conservatives’] view is that if government and private sector work together, it is possible to achieve more than would be possible through intervention”’ (*The Grocer*, 11/07/09). The report from the Public Health Commission described above (‘We’re all in this together’), was described as ‘providing the

backbone' for the Conservative Party public health policy and greeted positively by industry representatives, for example:

"There's a lot of good stuff in there," says Melanie Leech, director general of the Food and Drink Federation. "The need for genuine partnership working and understanding how difficult that is - that's clearly been picked up as a theme of the report and that's really good."

*(The Grocer, 11/07/09)*

In addition to proposing the development of the Responsibility Deal, the Public Health Commission report included recommendations on food labelling, advertising and promotion of physical exercise. In particular, the Commission advocated the development of a nutrient profiling system based on the whole diet (as opposed to the 100g approach adopted by the FSA) to guide advertising restrictions, nutrition and health claims, reformulation targets and front of pack food labels, which was described in positive terms by industry, with, for example, cereal manufacturer Kellogg describing the system as 'incredibly sensible' (*The Grocer, 11/07/09*).

The Responsibility Deal was formally launched in March 2011, with the announcement of pledges in food, alcohol, physical activity and health at work. The pledges relevant to food and alcohol attracted particular criticism, with members of health groups including Alcohol Concern, the British Medical Association and the Royal College of Physicians publicly denouncing the alcohol pledges (*BBC News, 20/3/11*). Public health experts described the involvement of industry in developing the food and alcohol pledges as a 'spectacular conflict of interest', for example:

"The plan to work together with manufacturers to introduce voluntary cuts to fat, sugar and salt levels in food was like "putting Dracula in charge of the blood bank"... "Andrew Lansley, in my opinion... has officiated over a responsibility deal which is a pantomime - and has been a huge public relations coup for the industry."

*(Professor Simon Capewell, Channel 4 News, 12/03/13)*

"These large corporations, whether they sell tobacco, food or alcohol, are legally obliged to maximise shareholder returns. They therefore have to oppose any policies that could reduce sales and profitability - in other words, the most effective policies."

*(Professor Anna Gilmore, BBC, 20/03/11)*



In contrast, members of the food industry were reported as being supportive of the approach and downplayed the potential influence of the industry on development of policy, describing the industry contribution as one of many from stakeholders, including health NGOs, across a broad policy agenda, as shown in the excerpt below:

"All the government has done is make sure industry has a role to play alongside a great number of policymakers and health campaigners across a very broad agenda. It's nonsense to suggest we are writing that agenda or expecting an easy ride."

(Food and Drink Federation, *The Grocer*, 04/12/10)

Following the launch of the Responsibility Deal, the food industry continued to be involved in development of additional pledges. For example, the final wording of the calorie reduction pledge, which aimed to reduce calorie intake of the population by 5bn calories per day, was described in *The Grocer* as a compromise between Government and the food industry. During negotiations the Government reduced the requirement of the pledge in response to industry concerns that the original wording would require a reduction in portion sizes or reformulation of existing products. The process of agreeing the wording was described in trade press as a frantic negotiation, which expanded the scope of activities that food industry organisations could commit to, to demonstrate compliance with the pledge, as shown in the excerpt below:

'Retailers and suppliers had cautioned that proposals... would have forced some companies to reformulate or slash portion sizes. But a Department of Health panel has toned down proposals for the Responsibility Deal pledge, enabling the industry to play a fuller part in developing calorie reduction policies without automatically being forced into reformulation... Behind the scenes, sources said, there had been frantic negotiation to reach the compromise.'

(*The Grocer*, 28/01/12)

The suggestion of a frantic negotiation highlights the extent of the power and influence of industry actors in the process of developing the pledges. The new wording of the pledge, which allowed for educational activities to be included, was welcomed by suppliers, who described a 'real fear about some of the language' in the original form of the pledge. The original wording was considered to be 'anti-growth' and industry sources were described as 'very dissatisfied until this change of direction' (*The*

*Grocer*, 28/01/12).

#### 6.3.3.4 *Summary of first face of power*

In summary, analysis of news media and trade press through the lens of the first face of power found evidence of direct influence of industry actors in policy processes. I found many examples of interactions between politicians and trade bodies, industry actors and professional lobbyists that would provide opportunities for lobbying. These lobbying interactions occurred with politicians in Government and those in opposition and in some situations were described in the context of upcoming elections or a future Government. While examples of corruption or gifts to politicians from food industry actors were not reported in the media, there were examples of individuals with perceived conflicts of interest and so-called “revolving doors”.

Examples of direct influence on policy initiatives included the funding of Business4Life and later Change4Life campaigns, alongside suggestions that the funding contribution was in exchange for a less interventionist approach to food policy. Consistent with the analysis of the second face of power, there was evidence the industry-led Public Health Commission was influential in development of the overall approach and specific content of the Responsibility Deal. In addition, while the Commission was disbanded following release of its report, industry actors continued to influence the detail of pledges, with compromise evident in the development of the calorie reduction pledge.

## 6.4 Discussion

In this chapter I undertook a qualitative thematic analysis of news and trade media, exploring how the food industry influenced the development of the Responsibility Deal, and how the food industry presented public health challenges and preferred policy solutions relevant to food in the media. The analysis was undertaken through the lens of Lukes’ three faces of power theoretical model, which I supplemented with the concept of non-market strategy. In addition, I used a framing analysis to explore the third face of power.

#### 6.4.1 Framing of the obesity problem and solutions

In summary, analysis of news media and trade press suggests industry actors framed the problem of obesity as complex, with primary responsibility for solving this problem allocated to individual consumers, and the role for industry framed as supporting consumers in making healthy choices. Both industry actors and Government identified the need to be working in partnership, with desirable interventions limited to voluntary industry-led actions, and interventions aligned with the “nanny state” to be avoided. This framing of the problem of obesity and possible solutions was supported by reports of voluntary actions in health and other sectors (for example environmental initiatives) consistent with seeking to enlist support for industry organisations as responsible actors in society.

News media play a crucial role in framing public health debates and shaping public perceptions by selecting the issues to be reported and the way they are represented(166, 202). While media reporting reflects and shapes cultural ideas about public health issues, more importantly, it frames solutions and responsibilities in ways which are politically charged and have policy consequences(166, 202). In this study, media stories provided industry with a platform to frame debates about public health and food, and policy interventions. In some cases, there were considerable overlaps between politicians’ and industry framing of problems and solutions, for example in terms of personal responsibility for diet, the need for a partnership approach, and the desirability of voluntary interventions. The politicians’ framing that I identified in my analysis of UK media are consistent with politicians’ framing of commercial freedom, personal responsibility and freedom of choice observed in liberal democracies elsewhere(88, 166, 203, 204). Industry framing of the requirement for governments to adopt a partnership approach to solving public health issues, and that industry actors be involved as ‘part of the solution’ in policy development have also been reported previously(166, 204).

Recent analysis of the deployment of arguments by food, beverage, alcohol and gambling industries about the complexity of public health challenges has identified the emergence of a common set of frames, a so-called industry ‘playbook’(13, 166, 205). The playbook was initially developed by the tobacco industry and researchers suggest the playbook is now adopted more widely to align discourse with industry goals in ways that may be at odds with public health objectives(205). For example, characteristics of a food industry playbook include a focus on individual responsibility and personal freedom; an emphasis on the complexity of the problem as a reason for inaction; use of terms such as ‘nanny state’, ‘food police’, and ‘junk science’ to describe critics; an emphasis on physical activity over diet; a position that there are no good or bad foods hence no type of food should be targeted for

change; and planting doubt when concerns are raised about the industry(13). These arguments are very similar to the frames I have described above.

Consideration of an industry playbook highlights one of the key differences between the food industry and the alcohol, tobacco and gambling industries. Unlike these industries, the food industry is extraordinarily complex, with many sectors and a multitude of products. In addition, as described in Chapter 5, there are power imbalances within the food industry, with large food retailers and large manufacturers of branded products likely to be the most powerful businesses in the food industry. Potentially the relevance of the industry playbook is different for different sectors and businesses within the food industry. For example, trade associations and industry supported non-profit groups have been found to adopt different media strategies to individual food industry businesses(206); and in my study large food retailers were described as powerful lobbyists as they were closer to voters than manufacturers. The relationship between media coverage of health issues, public knowledge, and policy processes are not straightforward, and the politics of framing are likely to be most obvious where health goals come into conflict with those of powerful commercial actors(202). This suggests a more nuanced consideration of the 'food industry' in analysis of media in the context of public health is appropriate, in that there is no single food industry, rather a system of food sectors and types of organisations adopting positions of varying degrees of power. I reflect on the potential relationship between the power relations within the food industry (explored in the previous chapter) and the influence of the food industry on policy development, in the overall discussion in Chapter Eight of this thesis.

#### 6.4.2 Industry involvement in policy processes

The framing of an issue shapes perceptions and preferences, paving the way for certain interventions and precluding others(166, 203). For example, advocates of personal responsibility generally favour individual level approaches to policy interventions and voluntary action from industry over more interventionist approaches, and policy solutions are likely to consist of provision of information to consumers and public education programmes(166, 203). Similarly, my analysis of agenda-setting activities and making proposals (second face of power), suggests an alignment between such activities and the way issues had been framed (third face of power). In particular, the Public Health Commission adopted an agenda-shaping role, designing a vehicle for Government-industry partnership; proposing the scope and content of future nutrition policy; and articulating broader policy objectives involving the reduced scope of the Food Standards Agency and the nutrient profiling model. The model was used to

determine the healthiness of products and influenced, for example, whether products could be advertised to children, and how nutrient information was portrayed on labels. In practical terms the power and influence of the Public Health Commission in the policy process was demonstrated in the eventual adoption of the Responsibility Deal and potentially in the subsequent restructuring of the Food Standards Agency. While the Commission was disbanded following release of its report, industry actors continued to influence the detail of pledges, with compromise evident in the development of the calorie reduction pledge.

The appointment of Dave Lewis as the Chair of the Public Health Commission was welcomed by industry, and Unilever provided the premises and secretariat for the Commission's meetings. The involvement of members of the food industry in development of public health policy has been criticised, both in terms of the Responsibility Deal and more generally(64, 204, 207), and the effectiveness of public-private partnerships in public health questioned(63, 207). Critics suggest the partnership approach exerts deep influence over policy actors, focussing attention on self-regulatory agreements despite an evidence base supporting adoption of more interventionist approaches(63, 208). The formation of the Public Health Commission and its development of the Responsibility Deal demonstrates the ways in which industry actors are able to influence policy through long-term engagement and relationship building with policy makers, as well as the value of engaging with political parties in opposition(209, 210). Researchers suggest the partnership process leading to the Responsibility Deal had the effect of dictating the content and form of policy debates and institutionalised lines of access and influence for industry actors in the alcohol industry(208). My findings suggest this was also the case for members of the food industry.

#### 6.4.3 Industry self-regulation

The adoption of industry-led standards by the food industry appeared to influence the content of the Responsibility Deal pledges, with industry organisations adopting industry-led standards on portion sizes, reformulation, and product labelling as a precursor to the development of Responsibility Deal pledges. Industry actors identified multiple reasons for adopting these standards in media reports, including: public health benefits, responding to consumer demand, cost reduction, creation of new markets, and access to regulated advertising. In addition, analysis of media reports suggests the adoption of industry-led standards was likely meeting multiple policy objectives, including signalling industry preferences to Government, establishing consensus across industry, highlighting the effectiveness of voluntary interventions and demonstrating industry organisations were socially responsible. In addition, media

reports of industry involvement in the Responsibility Deal suggest industry actors used the Responsibility Deal as a form of defence, proposing their actions taken to reduce sugar content under the Responsibility Deal and other industry-led standards were sufficient to meet public health objectives, and therefore further Government intervention was not required.

These findings align with previous research showing that the food industry has adopted industry-led standards for multiple reasons, including reputational enhancement and seeking to influence the regulatory environment(13, 49, 207). In particular, these standards may be adopted to establish an industry standard that pre-empts further Government intervention, thus heading off more interventionist approaches and positioning industry so that it is seen as responsive to concerns about diet and nutrition(13, 50, 88, 204, 211). The reasons for adopting industry-led standards may also change over time, perhaps responding to consumer demand initially, then evolving to become a response to a political threat(90, 206).

Industry-led standards, including those subsequently adopted as Responsibility Deal pledges, have been criticised by public health advocates due to lack of monitoring, concerns about the effectiveness of such standards, and the potential distracting effect on Government-led policy progress(13, 40, 45-47, 64, 133, 204, 207, 208, 211). In addition, industry-led standards can be less restrictive or stretching than existing requirements, and may contain targets that have already been met (39, 48, 212). Previous analysis of the Responsibility Deal pledges in alcohol and food suggest these pledges enabled a continuation of business as usual for Responsibility Deal partners(39, 40, 45, 48, 49).

#### 6.4.4 Lobbying and conflicts of interest

I found many examples of interactions between politicians and trade bodies, industry actors and professional lobbyists reported in the media that would provide opportunities for lobbying. These lobbying interactions occurred with politicians in Government and those in opposition, and in some situations were described in the context of upcoming elections or a future Government. Importantly, I did not find examples of corruption or gifts to politicians from food industry actors reported in the media. However, there were examples of individuals with perceived conflicts of interest and so-called “revolving doors” between Government and industry.

Many public health advocates have raised concerns about the lobbying activities of members of the food

industry(13, 63, 204, 213), with lobbying activities described as one of the key means for industry actors to attempt to exert power on policy processes and outcomes(135). Lobbyists may offer incentives to policy actors, in the form of travel, hospitality, paid and unpaid advisory positions, and the promise of Board membership once policy actors leave office (the so-called “revolving door”)(135, 204). The most obvious way in which corporations pursue their interests is via direct interaction with policy actors, either on their own account, or via trade associations.

Of relevance to this study is the role of the Food and Drink Federation (FDF), which represents most UK businesses engaged in manufacture and sale of food and beverages. In addition to lobbying directly, the FDF has hired specialists to lobby on their behalf, for example using Bell Pottinger to focus on vending, food labelling and advertising to children in 2006(135). I identified examples of the FDF describing lobbying activities, particularly in trade press articles. The inclusion of trade press articles in my data set is distinctive and raises questions about the intended audience of these articles and messages. Potentially food industry actors are adopting both a voice and audience role in these articles. That industry actors described these interactions in the trade press suggests they were important, and there is the possibility these meetings were recounted by the FDF as a way of highlighting their own importance to their members.

#### 6.4.5 The broader context of public health nutrition policy

While I have focussed on a specific policy intervention, the Responsibility Deal, in my study, industry actors referred to the Responsibility Deal in a wider context, for example commenting on the relationship between adoption of the Responsibility Deal and the Change4Life campaign, the restructuring of the Food Standards Agency, and international (particularly EU) policy processes. This is perhaps a reflection of business’ approach to non-market strategy, whereby businesses adopt a deliberate strategy to manage political, cultural and social risks to their business(96). Use of a non-market strategy lens in this study has enabled the recognition of connections between actors and broader patterns of activity(96). I reflect on the theoretical approaches I have adopted in this study in the overall discussion of my study, in Chapter 8.6.

Public health researchers have raised concerns about the effectiveness and conflicts of interest with the Change4Life programme(135, 214), in particular that there are no obvious criteria on which organisations could be excluded from Change4Life, and that involvement in Change4Life provides an

avenue to policy makers and contributes to brand awareness(135). These concerns are relevant to this study because industry actors were reported in trade press describing the industry financial contributions towards Change4Life as being in exchange for a less interventionist approach to food policy.

In this chapter I have reported findings from my analysis of news media and trade press, exploring how the food industry influenced the development of the Responsibility Deal, and how the food industry presented public health challenges and preferred policy solutions relevant to food in the media. In the next chapter I report findings from analysis of four case studies, exploring implementation of the Responsibility Deal in two food manufacturing organisations and two major food retailers.



## 7 Findings: analysis of four case studies

### 7.1 Background

The previous chapter explores techniques that organisations within the food industry deploy to influence Government policy on public health nutrition using the development of the Public Health Responsibility Deal as an example (Chapter Six). As highlighted in the previous chapter, the involvement of the food industry in the development of public health partnerships, including the Responsibility Deal, has raised concerns about the effectiveness of these partnerships in meeting public health objectives (39, 40, 63). Moving beyond the development and design of the Responsibility Deal, this chapter explores the implementation of the Responsibility Deal within commercial organisations and has a particular focus on individual business's perspective. This allows the exploration of the implementation of a voluntary public health policy intervention, as voluntary interventions that are not well implemented have reduced likelihood of successfully improving public health (52).

As explained in previous chapters, the Responsibility Deal was a public private partnership organised around voluntary agreements, that aimed to bring together government, academic experts and commercial and voluntary organisations to contribute to meeting public health objectives. Examples of pledges in the Responsibility Deal food network include removal of artificial trans-fats from products, reduction of salt to meet specified targets, implementation of front of pack nutrition labelling, reduction of saturated fat, and a calorie reduction pledge (1). Through committing to these food pledges, organisations were contributing to the overall goal of the Responsibility Deal which was to encourage and enable people to adopt a healthier diet. Further details of the Responsibility Deal and the food pledges are set out in Chapter 2.3.1 of this thesis. Upon committing to a pledge, signatories were asked by the then Department of Health to provide delivery plans, setting out the actions they were going to take to fulfil the pledge. Organisations were also asked to provide annual reports of their progress against their agreed delivery plans.

Reviews of business' participation in self-regulatory or voluntary agreements, including the Responsibility Deal, suggest businesses are likely to participate to enhance their reputation and as a way to seek to influence the regulatory environment as a primary goal, rather than improving public health (49, 212). In addition, when committing to voluntary agreements businesses may commit to actions that

were already planned, underway or achieved, rather than making commitments to undertake new or additional activity. Thus businesses may draw on old gains as indicators of success for the new agreement(49, 64).

This chapter is the third of three empirical chapters presenting the findings of this study. The first set of findings describes the characteristics of powerful organisations in the food industry, and how organisations exercise power within the food industry. The second set of findings explores the exercise of power beyond the food industry, including how the food industry influenced the development of the Responsibility Deal, and how the food industry presented public health challenges and preferred policy responses relevant to food in the media. In this final results chapter I explore implementation of the Responsibility Deal within businesses. I focus on four individual businesses, two food manufacturers and two major food retailers and explore their implementation of the Responsibility Deal. The businesses are described in the following section. Driving this chapter are research questions conceptually grounded in a previously developed logic model designed to describe how the Responsibility Deal might work outlined in Chapter 2.3.1 (52). The research questions are:

- Why did the organisations participate in the Responsibility Deal, and
- How have the organisations given effect to the pledges?

## 7.2 Methods

The methods employed in this phase of the study comprise four case studies of food organisations and are fully described in Chapter 4.4 of this thesis. The four case study organisations are two major food retailers (referred to as R1 and R2 below) and two large food manufacturers (referred to as M1 and M2 below). The organisations were all signatories of the Responsibility Deal and had committed to food pledges. The rationale and process for selecting the case study organisations is described in Chapter 4.4.2. The case study organisations and data sources that provide material for case-study analysis are described below.

Table 7-1 Case study organisations and data sources

| Identifier | Description  | Data sources  |
|------------|--|---|
| M1         | Manufacturer 1 – a leading manufacturer of chilled branded food products. M1 committed to the salt reduction and removal of trans-fats pledges.  | n=2 transcripts of interviews; n=4 documents; n=2 Responsibility Deal delivery plans                |
| M2         | Manufacturer 2 – a very large manufacturer of a broad range of product categories, including many leading branded products. M2 committed to the salt reduction, removal of trans-fats, calorie reduction and saturated fats reduction pledges.   | n=2 transcripts of interviews; n=3 documents; n=4 Responsibility Deal delivery plans                |
| R1         | Retailer 1 – a major food retailer with over 300 stores in the UK, including over 50 stores in the convenience store format. R1 committed to the salt reduction, removal of trans-fats, calories reduction, promotion of fruit and vegetables, front of pack nutrition labelling and saturated fats reduction pledges. | n=1 transcript of interview; n=1 document; n=6 Responsibility Deal delivery plans                   |
| R2         | Retailer 2 – a major food retailer with over 1000 stores in the UK, including a variety of larger and smaller stores. R2 committed to the salt reduction, removal of trans-fats, calories reduction, promotion of fruit and vegetables, front of pack nutrition labelling and saturated fats reduction pledges.        | n=1 transcript of interview of 2 interviewees; n=1 document; n=6 Responsibility Deal delivery plans |

The use of multiple data sources for each case is characteristic of the case study design(171). Data from interview transcripts and documents were coded and analysed thematically. A coding frame was developed from a combination of *a priori* and inductively derived codes. The codes are fully described in Chapter 4.4.6. I undertook analyses for each case, and then across the cases. The findings of the cross-

case comparison are reported below, with information from each of the cases dispersed throughout each section.

## 7.3 Findings

The findings presented here are the cross-case comparison of the four case studies, drawing on interview data, documents, and publicly available reports of implementation of the Responsibility Deal for each of the four organisations. The first set of findings set out the reasons for participation in the Responsibility Deal, followed by analysis of actions taken by the case study organisations to implement and monitor the pledges.

### 7.3.1 Why did organisations participate in the Responsibility Deal?

Interviewees described a range of factors influencing their organisation's participation in the Responsibility Deal and decisions to commit to specific pledges. These influences came from within the organisation, for example where participation in the Responsibility Deal was aligned with business values and plans; from within the food industry, for example in response to actions of organisations in their supply chains or their competitors; and from parties beyond the food industry, for example consumers and government department policy officials. I present findings on each of these sources of influence, with the influence of business values and plans on the case study organisations' participation in the Responsibility Deal presented below.

#### 7.3.1.1 *Influence of organisational business values on participation in the Public Health Responsibility Deal*

Interviewees from each of the case studies referred to the values of their organisation as part of the reason for participating in the Responsibility Deal and/or specific pledges. These business values were often described in terms of doing the 'right-thing' and being a 'responsible business'. For example:

'We're a responsible company. We want to do the right thing, we don't want to give people things that are bad for them' (M1)

'It's always been a company value to act responsibly, since [founder] started the business, responsibility has always been a core business value' (R2)

Interviewees described the benefits to the business and customers of maintaining these 'responsibility' values in general terms. For example, one organisation linked responsibility to positioning the business favourably with customers, and another linked their reason for adopting the Responsibility Deal labelling pledge to a business value on customer health:

'Our commitment to corporate responsibility... is an important part of our overall proposition for some customers' (M1)

'It's fundamentally believing that it helps customers make more informed choices, being committed to helping our customers lead healthy lifestyles.' (R1)

In describing business responsibility as a fundamental belief and important to customers, these comments suggest that it was important for the case study organisations to not only **be** responsible, but also to **be seen** to be responsible. Consistent with the requirement to be seen to be responsible, the 'responsible' approaches of organisations were described in company documents, for example, annual reports to shareholders and corporate responsibility or sustainability reports that were publicly available.

In addition to positioning their organisation as a responsible business, one interviewee described using their position as a responsible business as leverage. The interviewee described highlighting their organisation's participation in the Responsibility Deal as evidence of being a responsible business, when they were engaging with Government ministers:

'Certainly when we're engaging with MPs we say 'we're doing the right thing, we've signed up to this'... And certainly when we're writing letters, to say we're disappointed that this line has been taken, then we say, 'look we're trying to do the right thing, we've done this and this and this, and that's why it is disappointing when this happens.' So it can be a bit of a lever, but it is certainly also a genuine pledge which we are doing.' (M1)

As the case study data suggests there are benefits to the businesses in appearing to be responsible (for example, being important to customers), however it is sometimes difficult to determine whether the businesses were actually being responsible or instead simply presenting themselves as such.

### *7.3.1.2 Alignment of participation in the Public Health Responsibility Deal with business plans*

Interviewees described a process of selecting pledges that aligned with work that was planned, underway, or already completed. While some interviewees described their commitments to pledges extending their planned activities in some cases (interviewees used the word 'stretch' to describe this), there were no instances of interviewees describing commitments that were not aligned with already planned activities. Interviewees from all of the case study organisations described a process which assessed alignment of pledges with current activity and determining the level of activity or stretch that would be required to comply with individual pledges (including the impact on operations in other countries). For example:

'It very much aligned with the work that we were carrying out anyway... There were lots of what was being asked we were already doing or planning to do, so it fitted very well with our business... we were heading in that direction with our nutrition strategy anyway... I think some of the targets may have stretched us beyond where we might have put ourselves, but I think that was part of the internal negotiation around agreeing to sign up to the pledges from the outset.' (R1)

'So it was well we're already doing this so let's just reflect that, and in some cases it was a bit of stretch but we'd actually got planned activity that was probably going to fill that requirement.'  
(R2)

Thus, while organisations may have undertaken a little more activity than they had otherwise planned, commitments to pledges did not require fundamental changes in approach to business as usual. The consideration of alignment with business plans also helped to identify pledges that organisations would not commit to. For example, one of the case-study manufacturers identified pledges that they would not support because they were not consistent with business priorities.

'It would depend on the pledge we were signing and the implications of signing it, it would depend on what our priority areas are, do they align with the [organisation's corporate responsibility plan], do they not, you know, so there's some things we wouldn't sign up to because it's not something we're focussed on as a priority, and then some things, you know some things that we did.' (M2)

All four organisations provided examples of commitment to pledges they had already met. For example, analysis of case-study pledge delivery plans indicate each organisation committed to the pledge requiring them not to use trans-fats in their products, yet all of the four organisations had already removed trans-fats from their products prior to committing to this pledge. The rationale for committing to a pledge that had already been achieved was explored in the interviews, for example:

'We met [the trans-fats] pledge... so I think we met that three years ago, four years ago. So we just report that we met it.

*So what's the motivation for signing up to something you've already met?*

Well I think it's the public awareness that we've met it I guess. And NGO awareness, and then it's clear that we, that we have I suppose... if you've already met it, it requires no, sort of, extra resource to keep, to keep reporting on it really.' (M2)

This comment suggests the organisations may publicly commit to already achieved Responsibility Deal pledges as a way of enhancing their reputation. Interviewees described seeking advice from the Department of Health prior to committing to these previously met pledges as part of their decision-making process and being advised that it was appropriate to do so. Committing to pledges that had already been met provided an opportunity for recognition of previous work, and while not without cost, was perceived as an easy first step for companies wanting to demonstrate their participation in the Responsibility Deal.

'We had a conversation with the Department of Health when the pledges were being developed, and what we didn't want to do, was not have the work that we had already completed under that theme or title not to be recognised. We said are you comfortable that we sign up even though we've already completed the work, and they said absolutely, we want to recognise what people have done already.' (R1)

‘That’s something we’ve been doing since 2006, but it fitted very nicely under that pledge, and the conversation with the Department of Health was ‘we’d like to sign up to it, we’re already doing this, do we honestly need to do even more, or is that enough?’ and that’s where I think the flexibility works, it does enable companies to get behind the right things, without necessarily having to take very scary decisions.’ (R2)

Thus, organisations were able to choose the pledges that aligned with their plans as opposed to those requiring fundamental changes, and commit to pledges for actions they had already completed or that were consistent with activity they had already planned to undertake. While organisations may benefit from the enhanced reputation associated with being ‘responsible’, in these cases the process of committing to pledges in the Responsibility Deal was unlikely to confer additional benefit for public health.

#### *7.3.1.3 Influence of financial implications on participation in the Public Health Responsibility Deal*

The case study organisations are all businesses and interviewees highlighted the influence of the financial implications of committing to pledges on decision-making. Financial implications included the direct costs associated with product development (for example, changes to production processes, and testing of reformulated products), and the response of the market to the new or changed product. Financial implications were described as limiting the decision to commit to pledges and influenced the implementation of pledges. For example, an interviewee described the previous reformulation of an existing product that had resulted in reduced sales, and explained that where reformulation of a product was technically possible but might have had an impact on sales, reformulation was unlikely to occur:

‘All of it I guess ultimately has a financial implication. And that could be one of the things why, we could, I mean I guess, if [CEO] really wanted us to meet our 2017 salt targets in the UK, we could make it happen in some areas, whether or not, you know, our products wouldn’t taste very nice. We wouldn’t sell them.’ (M2)

In contrast, product changes that aligned with existing plans and product development projects were more likely to proceed, as the financial implications of the change would have already been assessed by senior management and considered acceptable by the business. One interviewee described these



decisions as being ‘commercially based and marketing driven’ in addition to meeting Responsibility Deal requirements (R2). While the implications of financial costs were described as an overriding factor in decision-making in these commercial organisations, interviewees from one retailer described unexpected benefits of an initiative they called ‘healthy tills’ (which involved the removal of highly processed food from checkout lanes in their supermarkets) reinforcing a decision to embed the initiative in their stores:

‘At the end of the day, it’s commercial, and it will be the commercial decision that overrides. Look it’s really exciting, the healthy tills thing, we were massive advocates of, and we did it actually, based on the health benefit, but it’s lovely to say to everybody ‘and it sells more’.’ (R2)

Thus, the comments from interviewees on financial costs and benefits were consistent with those about choosing pledges that were aligned with plans that had already been agreed.

#### *7.3.1.4 Influence of competitors on the decision to participate in the Public Health Responsibility Deal*

In addition to describing the influence of factors internal to the business on their participation in the Responsibility Deal, interviewees described their participation in the context of the wider industry, in terms of their competitors and other organisations in their supply chains. Interviewees from each of the four case study organisations highlighted the influence of competitor behaviour on their decision to participate, and one interviewee suggested the Responsibility Deal had contributed to making health an issue of competition among retailers:

‘But I do think the responsibility deal has had a value in making health really competitive... like five years ago, lots of companies did it, but I think the responsibility deal put such a pressure on people, and peer pressure, amongst the retailers, that it made the health agenda very competitive.’ (R2)

Each of the interviewees described assessing the behaviour of their competitors and factoring that into decision-making on whether to participate in the Responsibility Deal and/or specific pledges. While one retailer aspired to be ahead of their competitors on corporate responsibility activity, the other described a process of assessing competitor behaviour and moving with the market, seeking to avoid being the worst in the market.

‘We were very keen for that to be acknowledged because we were ahead of where our competitors might be.’ (R1)

‘Our normal business decision making process is that we do benchmark the market... and if they’re doing it we should be doing it too... and the responsibility deal is exactly the same thing, look is everybody else signing up to these pledges, well if they are then we should be doing that too.’(R2)

and later in the same interview:

‘at the end of the day we absolutely don’t want to be the worst on the market, we want to be... in line with the market.’(R2)

While the examples above suggest competitor behaviour may have encouraged organisations to participate in the Responsibility Deal, one interviewee noted that inaction of competitors also influenced their organisation’s decision to avoid committing to labelling and reformulation pledges, as they perceived the necessary changes to their products would have placed them at a competitive disadvantage, as shown in the excerpt below:

‘You have to look at your competitors as well. You don’t want to be at a competitive disadvantage if they’re not doing the same thing... we know in some areas, some competitors haven’t signed up. So then it’s a challenge because our marketers won’t change, reformulate their product... because they know that they’re the one product that people switch to.’ (M2)

While some organisations may choose to adopt public health initiatives ahead of their competitors, these comments suggest that the sector ‘moves together’, with organisations assessing the performance of their competitors, and choosing not to act (even if it were possible to do so) when their competitors are not adopting similar initiatives.

#### *7.3.1.5 Influence of supply chains on participation in the Public Health Responsibility Deal*

In addition to the influence of their competitors, interviewees described the influence of other organisations in their supply chains on their decision to participate in the Responsibility Deal. In

particular, the manufacturers described the influence of the major food retailers on their decision to participate in the Responsibility Deal and corporate responsibility initiatives more generally. While M1 described the major food retailers as an important influence, M2 did not, as shown in the extracts below:

‘Our big customers are retail customers as well and if they’re signing up that is always going to be a big, a big...

*So supermarkets?*

Yeah, big supermarkets... because we sell so much of our products to them, if this is something that they’re doing, then we want to work with them. We want to do that as well as working with the Government. I mean we are a PLC, we have to, you know the business side is always there.’

(M1)

In contrast:

‘Even if [major food retailers] have got their own rules, we don’t seem to get them imposed on us.’ (M2)

The difference in perceived influence of major food retailers is perhaps due to a difference in the size of manufacturer, with M1 being smaller than M2, and M2 having many more product categories. This is consistent with a comment later in the M1 interview, where the interviewee suggested major food retailers were more influential with Government than they were, and protected M1 from the Government adopting a more interventionist policy approach to public health:

‘I think we feel somewhat protected. Our voice is pretty small. The big people in this world are retailers. They’re the people that government really are going to listen to. And I think we would feel that they would not allow legislation to go through in this area.’ (M1)

In contrast, one retailer suggested that responsibility for reformulation is shared between consumers, manufacturers of branded products, and retailers’ own-label products, and that while retailers were reformulating appropriately, the manufacturers of branded products were not:

‘It’s not negating our responsibility, just saying there is equal responsibility between the brand, the retailer, and then the education of the customer. Primarily what will change and improve is the customer education... the key message that I want to leave you with is that I think the retailers, personally are doing a very good job toward the responsibility deal, the brands are dragging their feet.’ (R2)

These comments suggest there may be tension between the manufacturers and major food retailers in their approach to the Responsibility Deal, but that the degree of tension may depend on the balance of power between the organisations in these relationships (see Chapter 5). These differences may be emphasised when comparing the development and reformulation of branded and own-brand products. The differences between implementation of the Responsibility Deal in retailers (who produce their own-brand products) and manufacturers who produce branded products is explored in below in 7.3.2 of this chapter.

#### *7.3.1.6 Influence of Government and the public on the decision to participate in the Responsibility Deal*

Beyond the food industry, interviewees identified two key influences on whether to commit to Responsibility Deal pledges – Government pressure and consumers, with consumer as the most important. The influence of consumers was described in three ways: consumer demand for healthier products, consumer rejection of products that had been altered, and public perceptions of organisational activity.

In terms of consumer demand, low fat and reduced fat products were described in company documents as being very popular with consumers, and a retailer highlighted the impact of trends in consumer demand for low sugar products as the main driver of sugar reformulation initiatives. These descriptions in company documents were consistent with accounts of interviewees, who compared the relative influence of the Responsibility Deal and consumer demand on product development, for example:

‘My perception of that is that the market has almost driven itself on sugar reduction. And I wouldn’t necessarily attribute that to what the responsibility deal sought to achieve. It seems to have happened because so many other dynamics have influenced that... the market has moved that way anyway.’ (R2)

'I can't see [reformulation] stopping at the moment because that is what consumers want as well. As long as things tie in with what consumers want. You know we are not beholden to the government and their... it is actually consumer trends that we have got to focus on... I mean we've got to sell the product.' (M1)

Thus, both manufacturers and retailers described consumer demand or the market as driving reformulation initiatives. While consumers may demand healthier products, there was also the possibility of consumers rejecting the reformulated version. Interviewees described balancing the risks attached to reformulation initiatives. One interviewee described reducing salt content of a product too far too quickly, resulting in a plummet in sales that never recovered; and a retailer described potential consequences of consumer rejection of a reformulated tomato ketchup, a key product for consumers:

'If they can't find something as fundamental as a ketchup that they like with us, they potentially won't only just not buy ketchup from us, potentially they just won't come to shop from us, so the potential damage is huge.' (R2)

This comment suggests the risks associated with reformulation initiatives extend beyond the potential consumer rejection of an individual product, to wider ramifications for the retailer with the potential loss of customers.

Interviewees also described balancing the enthusiasm of Department of Health policy officials against NGOs and others likely to be critical of an organisation failing to meet a target. For example, discussing a salt pledge, one interviewee was concerned about perceptions of the public if they failed to commit to the pledge, whereas another, recalling a conversation with policy officials about committing to the pledge, was concerned about the perceptions of NGOs should they fail to meet it.

'From an external point of view it would just undermine all the good work we've done if we got some negative backlash saying [company name] can't be bothered on salt... They recognise that we've done great things, we've moved forward on compliance, got positive recognition from it, we'd start to lose people if that negativity came up.' (R2)

'I know that we've been told by, if we speak directly to the Department of Health, that they will say 'well don't worry if you're not going to meet it by 2017 because you're showing a willingness to commit to salt reduction by signing, so please sign'. But we also feel that the likes of CASH will

then be breathing down your necks if you haven't met the targets. So it's a bit of a, you know, a catch twenty-two.' (M2)

The difference between R2 and M2 in managing perceptions of the public/NGOs is perhaps a reflection of the history of reformulation in each of the organisations. While R2 was self-described in documents as being in the early stages of their Corporate Social Responsibility journey, company documents from M2 describe an extensive history of corporate responsibility and reformulation initiatives. These comments from interviewees highlight the balancing of risks undertaken by organisations in committing to reformulation initiatives, balancing the enthusiasm of policy officials who were encouraging organisations to commit to pledges, the potential for backlash from NGOs for failing to commit or comply with pledges, and potential for consumer rejection of products.

In addition to the influence of NGOs, interviewees discussed participation in the Responsibility Deal in the context of existing relationships with Government and influencing policy processes. Three of the four case-study organisations (M2, R1 and R2) described existing and long-standing relationships with Ministers and senior policy officials prior to committing to the Responsibility Deal. For example, one interviewee described engaging with senior officials on food and farming issues for at least ten years:

'So the key government departments we work with are Defra, Department of Health, and Business Innovation and Skills. They're the primary departments that we would work with and it's about engaging with them on policy that's coming down the track... I should say that our key link into the Department of Health is through the responsibility deal but also an ongoing relationship to share information about our initiatives to particularly reduce sugar, salt, and fat in our products and our whole nutritional strategy that's been in place for over ten years now.'

(R1)

In contrast, the annual report of M1 described a recent increase in '*direct involvement with government to understand and influence future legislation that could affect future consumer demand*', and an interviewee from M1 identified the possibility of increased interaction with Ministers and senior policy officials as one of the reasons for participating in the Responsibility Deal. Thus, involvement in the Responsibility Deal may confer benefits to businesses through increased contacts with officials and ministers, and potentially increased influence in policy making processes. In the case of M1, while the interactions increased, the interviewee was unsure of the impact of those interactions, as shown in the excerpt below:

*'So do you find that your involvement in the responsibility deal has impacted on those kind of conversations [with Ministers and senior policy officials] about other public health initiatives?*

Well, I think we hoped that it would... We maybe know more people, but I'm not sure that it's changing necessarily the Department's, the Departmental message coming from the top. And talking to the ministers, you know they basically said they are focussed on obesity reduction, and calorie reduction... we'd like to see a bit more of a balance... Perhaps it hasn't had, necessarily, that further impact that, not that we went into it, it wasn't a cynical ploy, but yes of course there was a certain amount of [that]' (M1)

In contrast, M2 described extensive engagement with policy officials and Ministers over many years, and a long history of corporate responsibility and reformulation of their products. M2 identified the support and championing of voluntary policy interventions as one of their reasons for participation in the Responsibility Deal:

*'So I mean we had... a history of voluntary engagement, and wanted to support the responsibility deal for public health, because it was, you know championing the advances you can make under a voluntary scheme... that was another reason for us to become a signatory'* (M2)

In summary, organisations were able to choose the pledges that aligned with their plans as opposed to those requiring fundamental changes, and were responding to consumer demand as opposed to pressure from Government. While one organisation was seeking to avoid being the worst performing organisation compared to their competitors, organisations would likely avoid committing to Responsibility Deal pledges if their competitors were not also adopting those pledges or making similar changes. This suggests the Responsibility Deal provided insufficient incentive for organisations to make fundamental changes to their products, and that the Responsibility Deal was unlikely to confer additional benefit for public health over and above the existing plans of signatories.

### 7.3.2 Implementation of pledges

While the implementation of some pledges was very straightforward, others required more activity (see Table 2.3 for the list of all food pledges). For example, all of the case study organisations committed to

the trans-fats pledge despite having already met the requirements; and both of the retailers committed to the fruit and vegetable pledge, with reports of pledge implementation including previous and planned activity on in-store promotion of fruit and vegetables (e.g. three for two offers) and customer education. Examples of activity undertaken by the four case study organisations to implement the remaining food pledges are described below.

#### *7.3.2.1 Implementation of salt reduction pledges*

The Responsibility Deal included two salt pledges. The first salt pledge required organisations commit to reducing the salt content of products to meet the 2012 Responsibility Deal salt targets and this pledge was subsequently replaced by the second salt pledge, which required further reductions to meet the 2017 Responsibility Deal targets. As retailers produce own-label products the salt pledges were relevant to both manufacturers and retailers. While both of the case study retailers committed to both of the salt pledges, one manufacturer committed to meeting the 2012 targets and not 2017, while the other manufacturer did not commit to either salt target. The salt pledges in the Responsibility Deal built on salt reduction work that had been undertaken by the Food Standards Agency for many years. Organisations that had been involved in voluntary salt reductions led by the Food Standards Agency were able to draw on previous product development efforts in their reporting and claimed that salt reformulation was a high priority for their organisation. Case study organisations reported gradual reformulation of existing products to meet salt targets, and incorporation of salt targets in product development processes of new products. For example:

‘It’s a gated process to put a product through development to launch, so we were integrating the salt targets into each critical gate in the buying process. So, they almost couldn’t move forward in that process unless they’d reviewed the salt, were they in line with benchmark, were they hitting the Responsibility Deal targets... so if you didn’t hit those two criteria you wouldn’t be allowed to proceed with the product.’ (R2)

Organisations reported technical challenges in meeting salt targets in some product categories (e.g. cheese and cured meats), particularly where salt acts as a preservative, and reported working collaboratively with other members of the food industry to explore options for further reductions.

‘We, together with other retailers and food industry members, have set up a technical working group which has commissioned research into these areas. Findings will be reported back to the



Department of Health in April 2012. The group hopes to discover salt replacers that secure food safety, deliver on taste, and are fit for purpose.’ (R1)

In addition, organisations reported differences in their business’ goals for salt and the salt targets in the Responsibility Deal, for example where organisations had adopted World Health Organisation targets which were lower than England, or operated in other countries which had higher salt targets than England. Consequently, the timing of salt reduction activity within the organisation was not necessarily aligned with the requirements of the Responsibility Deal targets. Interviewees described difficulties with reporting compliance with the salt pledges, described in 7.3.4 below.

#### *7.3.2.2 Implementation of the calorie reduction pledge*

The calorie reduction pledge in the Responsibility Deal was very broad, with organisations committing to undertake activity to contribute towards reducing total calorie consumption of the population of England by 5 billion calories per day. Organisations were able to choose from a range of activities to implement the pledge, including: product reformulation, reviewing portion sizes, education and information, and actions to shift the marketing mix towards lower calorie options(1). All case study organisations committed to the calorie reduction pledge and described a broad range of activities that would help them meet their commitments.

The case study organisations reported undertaking reformulation of some existing products, for example to reduce sugar or fat content to reduce overall calories. Interviewees highlighted some of the technical challenges of reformulation initiatives, for example difficulties with producing a reduced fat version of a product that had similar mouthfeel and taste as the original. Interviewees described expensive and lengthy product development processes, for example requiring two to three years to produce a new low-fat variant of a product, and purchase of new equipment. However, marketing opportunities associated with the new products were also identified, and interviewees described reduced calorie products performing well in the market. In some cases, the reduced calorie version of a product was produced in addition to the original, as opposed to replacing the original, providing customers with a choice. While these reduced calorie products performed well in the market, interviewees described a trade-off between cannibalising the market (described in the extract below) by moving customers from the original products to the lighter variants and driving overall growth of the market:

'I think there are marketing opportunities, but I think again, it's getting the buy in from the consumers to swap to that product, when obviously the original product is still the main money earner, I guess.

*So it is marginal activity?*

Yes, but they are increasing... There is always the issue of cannibalisation as we would call it in the industry, so you just remove them from a product that you already make and take them into a new product.

*But from a business sense you would want to grow the market?*

Yes, and I think that is where the conflict quite often arises because as a business, people need to grow the market.' (M1)

In addition to reformulation, case study organisations reported undertaking activity to reduce portion sizes. As with reformulation initiatives, some of the activity involved slight reductions in portion size of existing products while other activity involved development of new products, including snack size options and very small portion products aimed at children. For example:

'So we've done a few things on portion size. One of the things... we've launched a children's range which is just like really small portions, so 12 individually wrapped portions' (M1)

While these initiatives met the broad reporting requirement of the calorie reduction pledge, it is not clear how development and promotion of new products would contribute to calorie reduction at a population level, particularly if the manufacturer of the product is successful in growing their market. This is an example of activity that may be technically compliant with the requirements of the Responsibility Deal, but confers limited benefit for public health, and is discussed further below. Consistent with the intention to grow the market, in their pledge delivery plans retailers reported development and promotion of reduced calorie product lines, for example with discount offers in-store and recipes on their websites and in customer magazines, as evidence of compliance towards the calorie reduction pledge.

### 7.3.2.3 *Implementation of the saturated fat pledge*

The saturated fat pledge in the Responsibility Deal was similar in structure to the calorie reduction pledge, allowing organisations to commit to a broad range of activity to meet a population level reduction in saturated fat consumption. Both case-study retailers and one of the manufacturers committed to the saturated fat pledge. As with the calorie reduction pledge, case study organisations reported undertaking reformulation of existing products to reduce saturated fat content and development of new lower saturated fat content variants of existing products. Organisations described consumer education and engagement activity, including advertising lower saturated fat products at events and in-store, on television and social media, and through websites and magazines.

Interviewees described benefits for their organisations from developing reduced saturated fat products, including increased sales which then prompted increased investment in product development. While documents from case study organisations described products that claimed to be “low fat” being very popular with customers, interviewees also cautioned against focussing too closely on the health benefits of products in their communication:

‘Low fat and reduced fat messages feature prominently and are popular with customers, which in turn encourages further product development to meet these claims.’ (R1)

‘We do know that consumers, what’s important to them is taste and naturalness. And you don’t always want to be focussing too much on health being the first message, because that doesn’t always equate with taste. So you know, so we have to be careful as well how we communicate about our brands.’ (M2)

In summary, comparing implementation of the various pledges that required reformulation suggests the process of reformulating products was lengthy, involving years of product development work and technical challenges. Initiatives consistent with reducing salt in products were able to draw on (and report) work that had been undertaken previously, as the Food Standards Agency had been leading salt reduction initiatives for many years prior to the launch of the Responsibility Deal, and Food Standards Agency salt targets had been transferred into the Responsibility Deal and reframed as pledges.

In contrast, initiatives to reduce fat, saturated fat and sugar were less developed. For each of these pledges interviewees described reformulation of existing products, however as with salt reduction

initiatives, interviewees described technical difficulties and concerns with retaining the consumer appeal of the products. Nevertheless, interviewees described implementation of the reformulation pledges as allowing for development of new variants of existing products, for example reduced fat or reduced sugar, and the possibility of growing the market of their original product (notwithstanding concerns about potential cannibalisation of that market). Similarly, initiatives to reduce portion size sometimes resulted in smaller variants of an existing product, potentially aimed at a different market (e.g. children).

This suggests the Responsibility Deal had limited additionality in terms of public health benefit. In addition to development of new variants, organisations' efforts to advertise their products were consistent with the requirements of the calorie reduction pledge to engage with and educate consumers, enhancing the potential for growth in the market, and reducing the likelihood of public health benefit.

#### *7.3.2.4 Implementation of the Front of Pack labelling pledge*

The front of pack labelling pledge in the Responsibility Deal required organisations to adopt a so-called hybrid label on the front of the packs of their products. The hybrid label included the amount of energy, fat, saturated fat, salt and sugar per portion of the product (presented as Reference Intakes) and the traffic lights colour coding system of red, amber and green per 100g (except where the amount in a portion exceeded 30% of the Reference Intake). While both retailer case study organisations committed to the labelling pledge, neither of the manufacturers did (although one manufacturer described their position on front of pack labels as constantly under review). For both manufacturers, concerns about their products being marked red, and the reluctance of competitors to adopt hybrid front of pack labels contributed to their decision to not adopt the pledge. Both retailers reported adopting the hybrid labels on their own-label products, and one retailer reported linking the labels to reformulation initiatives.

The variation in uptake of the hybrid labelling pledge highlights the limitation of the voluntariness aspect of the Responsibility Deal, the influence of competitors on business' decision-making on whether to commit to a pledge, and the power of the organisations to choose what they will commit to – all of which suggests, as above, the Responsibility Deal had limited additionality or benefit to public health nutrition.

### 7.3.3 Managing implementation of the Public Health Responsibility Deal within organisations

Beyond the implementation of individual pledges, interviewees described how the Responsibility Deal was implemented within their organisations and how they used the Responsibility Deal to influence internal stakeholders. Interviewees described processes of engagement with colleagues (described as ‘winning hearts and minds’(R2)), and incorporation of Responsibility Deal commitments into product development and staff management processes, for example:

‘So we do it softly softly, so we launch the policy, we do the training, we say ok you need to do this, we don’t make it mandatory straight away, we give them a year to move towards that target, next year it will move to mandatory, so it will affect their clearances to supply... and then when we’ve taken them on that journey we issue the report... So we are a bit the CR police, but we try to balance it so we’re not seen as the police too much.’ (R2)

Consistent with the excerpt above, other interviewees described situations where implementation of the Responsibility Deal brought them into conflict with their colleagues, for example, where a colleague intended to develop a new product that did not meet salt targets. Interviewees described the importance of having senior management supporting implementation of their organisation’s Responsibility Deal commitments, for example:

‘It absolutely did need the top-down approach as well, otherwise we just wouldn’t have had the support to implement it across all the buying teams. Because if they are all reporting to a group buying director who is saying “we don’t really have to do it” then it would never deliver the results, so we had to have very senior buy in to be able to be as strict as we were being on it.’ (R2)

‘It definitely has to come from the top. Because coming from nutrition, it’s not really going to have the impact that it needs to have.’ (M2)

These descriptions of the potential for conflict within their organisations again highlight the limitations of the voluntary nature of the Responsibility Deal, and the requirement for leadership and support from the senior levels of the organisation to assist with implementation within the organisation.

#### 7.3.4 Monitoring and reporting implementation of Responsibility Deal pledges

Interviewees from each of the case study organisations described how they met the monitoring and reporting requirements of the Responsibility Deal. While reporting on some of the pledges was straightforward other pledges had more complicated reporting requirements. For example, the fruit and vegetable pledge would simply require a brief statement of activity, whereas reporting against the salt pledges was considerably more complex. Interviewees described challenges of reporting against product maximums and averages across many product categories, and concerns that the prescribed nature of reporting for the salt pledges meant reports were not reflective of actual performance in salt reformulation. For example:

‘Because of the way you are allowed to tick or cross the boxes, you have to be 100% compliant in that category to tick the box and say you’ve hit it, which doesn’t demonstrate progress, so it’s a bit of a shame that you might have moved from 0% compliant to 99% compliant, and yet you still have to put a cross in the box’ (R2)

‘I think there’s 86 categories or something isn’t there, and each has a box. And it says at the top of the reporting ‘how many categories do you have’. Say you’ve got 15 categories. How many in those categories do you meet. So you might say ok, 8 of our categories we meet... But then... I think we’ve got [one product...], and it’s something like 0.001 % of sales in the whole of the UK business, doesn’t meet. So that whole category counts as a one not meeting’ (M2)

In contrast, for pledges with less prescriptive reporting requirements, interviewees were not always sure how their activity should be reported and whether the reported activity was meeting the requirement. For example:

‘On the loose, more open, pledges, you sometimes don’t know what is acceptable. Because it’s so open we often just pick up the phone and say “this is what we’ve got to report is that ok”. And sometimes you get a “yes”, but sometimes you get a “no” and you don’t really know what is going to be acceptable.’ (R2)

Annual reports were required for each pledge, and interviewees described a desire to demonstrate progress from one year to the next. The annual nature of the reporting prompted internal reviews of progress, which was described as a useful exercise. In addition to meeting the external reporting

requirement, one interviewee described producing monitoring reports for internal use within the business to give visibility to different departments and improve implementation. An example of these reports was shown to me during the interview.

‘We have a very structured internal management process at [company name], so each one-to-one, it gives them something to sit down with the buying director and say “ok it looks like you’ve got quite a few products here that aren’t meeting the target, what are you doing about them?” and it just drives that forward’ (R2)

In addition, review of company documents indicated case study organisations reported progress against Responsibility Deal pledges on their websites and in company reports. These reports were often headlines of progress, and did not always include reference to the Responsibility Deal, as the Responsibility Deal was described as not customer facing.

‘In our press statements if there’s something positive, we would obviously give the positives on our website, we share positive stories as well... just in the right channels, not in the sense that it is customer facing... they wouldn’t really know what we’re talking about.’ (R2)

‘Previously we’ve reported that we signed up to the responsibility deal and highlight a few areas where we feel that we’ve made particular progress’ (M2)

Thus, while the monitoring requirements of the Responsibility Deal appeared to be an exercise in demonstrating compliance, monitoring also presented opportunities for some businesses to measure and report progress internally, and to report progress to external stakeholders.

## 7.4 Discussion

This chapter reports findings of a cross-case analysis of four case studies of food businesses, exploring why the businesses participated in the Responsibility Deal and how they gave effect to the Responsibility Deal pledges. Case study research can provide a nuanced picture of tensions and multiple perspectives on implementation of complex interventions, and while useful in policy research is an under-utilised research design(165). In this study the case study businesses were two large food manufacturers (M1

and M2) and two major food retailers (R1 and R2). The case study businesses were all signatories to the Responsibility Deal and had committed to food pledges.

The stated aim of the Responsibility Deal was improving public health, with the pledges relevant to food intended to encourage and enable people to adopt a healthier diet(1). In his forward to the report launching the Responsibility Deal, then Secretary of State (Andrew Lansley) stated that:

*“by working in partnership, public health, commercial and voluntary organisations can agree practical actions to secure more progress, more quickly, with less cost than legislation”(1).*

The public health community has been sceptical about the public health benefit of voluntary agreements(64), and voluntary initiatives with the food industry to improve public health have been found to be inadequate for meeting their objectives (215). One of the main criticisms of voluntary agreements is that the views and interests of industry are prioritised, and that organisations with commercial interests that may be at variance with public health goals, are put in a position to set the agenda for health improvement(43). Similarly, findings of these case studies indicate the case study organisations were adopting an agenda-setting role. All the case study organisations chose which pledges they committed to, and those that they would not commit to, influenced by business plans, the behaviour of competitors, consumer demand, and consistent with the organisations’ previous or planned initiatives.

Targets in voluntary agreements that are considered to be effective are likely to be ambitious and clearly defined(212). In contrast, the removal of trans-fats pledge in the Responsibility Deal was lacking in ambition, whereby all case study organisations committed to the pledge, despite having already removed trans-fats from their products. In addition, the broader pledges of the Responsibility Deal (the calorie reduction and reduction of saturated fats pledges) were not well defined, allowing a menu of activities, and were flexible and open to interpretation. The case study organisations were able to determine whether to adopt reformulation, portion size, or education and marketing initiatives; and to which products they would apply. While some organisations noted that implementation of the targets required additional work in some cases (they used the term ‘stretch’), there were no reports of fundamental change as a result of participation in the Responsibility Deal. The broad range of activities and the freedom to determine which products would be affected provided many opportunities for organisations to set the agenda. This agenda-setting role is important because where organisations have



a strong influence over the standards in voluntary agreements, there is a risk the requirements will be set at a low level, with vague and permissive commitments(216).

The lack of clearly defined targets in some of the Responsibility Deal pledges allowed case study organisations to make changes that were unlikely to have had an effect on reducing population level calorie consumption (the stated aim of the pledge), particularly where changes involved creating new variants of products that were designed to expand the market (for example, developing new extra small variants of a product for children). Consistent with other evaluations of the implementation of the Responsibility Deal pledges, this suggests the Responsibility Deal had limited additionality in terms of public health benefit beyond changes that food industry organisations would have made anyway, and that the Responsibility Deal was unlikely to have motivated businesses to go beyond 'business as usual'(39, 40, 49, 51).

This is consistent with the finding that consumer demand and consumer perception were key influences on organisational activities. For example, R2 suggested '*the market had almost driven itself on sugar reduction*' and M1 noted that corporate responsibility initiatives were '*an important part of [their] overall proposition for some customers*'. While comments from interviewees suggest the Department of Health policy officials were enthusiastic sponsors of the Responsibility Deal (for example, encouraging partners to sign pledges), data suggest consumer demand and consumer perception were likely to have been more influential drivers of product initiatives of the case study organisations. Similarly, data suggest that it was important for case study organisations to not only be responsible, but also, to be seen to be responsible. This highlights a potential missed opportunity in the design of the Responsibility Deal, whereby the Responsibility Deal was not a public facing intervention. Voluntary agreements with credible monitoring combined with publicity may be more effective than those lacking these aspects(212), and potentially the Responsibility Deal might have had greater public health benefit if it had more transparency and public reporting.

While there were many similarities across the case study organisations, data suggest there were differences in the reasons that the organisations participated in the Responsibility Deal. For example, M2 identified the support and championing of voluntary policy interventions as one of their reasons for participation in the Responsibility Deal. In contrast, M1 identified the possibility of increased interaction with Ministers and senior policy officials as one of their reasons for participating in the Responsibility Deal. These differences are perhaps reflective of the history of corporate political activity in these organisations. While M1 described a recent increase in '*direct involvement with government to*

*understand and influence future legislation'*, M2 described extensive engagement with policy officials and ministers over many years. This suggests involvement in the Responsibility Deal may serve multiple strategies for food industry organisations, depending on their individual circumstances.

This highlights the heterogeneity of the food industry, and the importance of understanding the complexity of the food industry when developing public health nutrition policy interventions. For example, organisations may be able to state more ambitious commitments in voluntary agreements if they have opportunities to substitute some of their products with other healthier variants(216), and organisations in fiercely competitive markets may be more reluctant to state ambitious goals compared with companies facing less competition(216). Certainly, data from the case studies suggest the case study organisations were influenced by their competitors when selecting Responsibility Deal pledges, and that the influence of competitors was different for each organisation. For example, one retailer (R2) sought to avoid being the worst performer on public health nutrition relative to their competitors, and one manufacturer (M2) avoided committing to a pledge because their competitors had not done so. In contrast, the other retailer (R1) stated that they committed to pledges because they wanted to have their leading performance in public health nutrition recognised.

If properly implemented, voluntary agreements can be an effective policy approach to change the activities of organisations, however, studies indicate that some of the most effective voluntary approaches have included substantial disincentives for non-participation and sanctions for non-compliance(212). These features were not present in the Responsibility Deal – instead organisations chose which pledges to commit to and how to implement the pledges. The Responsibility Deal was not sufficiently motivating for businesses to go beyond 'business as usual', resulting in limited additionality in public health nutrition. In addition, the findings of these case studies highlight the heterogeneity of the food industry organisations, their motivations for participating in the Responsibility Deal, and the actions taken to implement the Responsibility Deal in their organisations.

In the next chapter I bring together the findings of the three empirical chapters and present an integrated discussion in the context of the current research literature.

## 8 Discussion

### 8.1 Overview

Public health researchers increasingly recognise the influence of strategies of commercial actors to promote products and choices that are detrimental to health, referred to as commercial determinants of health(3, 5, 6). Public health researchers often describe commercial determinants of health as resulting from expressions of economic and political power, whereby large corporate entities influence decisions and processes in political arenas(7, 8). This implies that certain businesses and corporate actors are powerful, but why they are powerful, or how they exercise power is not always clear.

The aim of this doctoral study was to explore the strategic response of the food industry to the Public Health Responsibility Deal, in the context of power. I have endeavoured to contribute to our understanding of the sources of power within the food industry, the characteristics of powerful food industry organisations, and how powerful food industry organisations influence public health policy processes. This thesis includes an analysis of submissions to the Competition Commission Inquiry (2006) into the retailing of groceries in the UK, an analysis of trade and news media, and case studies of four food industry organisations. To achieve the primary aim of the study I explored the research questions detailed below.

The first research question was to understand how organisations exercise power within the food industry in England. Increased understanding of the exercise of power within the food industry is important to public health because 87% of people in the UK regularly purchase their food from supermarkets(14), and because the public health community has expressed concerns that powerful food industry organisations influence the development and implementation of public health nutrition policy(3, 5, 13, 64). To understand how organisations exercise power, I explored how power influences inter-organisational relationships in the food industry and described the characteristics of powerful food industry organisations. Chapter Five provides answers to these questions, presenting findings from a thematic analysis of submissions to the Competition Commission Inquiry (2006) into the retailing of groceries in the UK and associated hearings of the Inquiry.

The second research question was to understand how organisations in the food industry influence the development and implementation of public health nutrition policy in England. To do this I explored how the food industry presented public health challenges and preferred policy solutions relevant to food in

the media. I then focussed on a specific food policy intervention and explored how the food industry influenced the development of the Public Health Responsibility Deal, a voluntary government policy intervention with the stated objective of improving public health in England, including public health nutrition. Chapter Six provides answers to these questions, presenting findings from a thematic analysis of trade and news media. To understand how food industry organisations influenced the implementation of the Responsibility Deal, I explored why organisations participated in the Responsibility Deal and how they gave effect to the pledges they committed to. To answer these questions, I undertook four case studies of food industry organisations, comprising two major food retailers and two large food manufacturers. The findings of the case studies are presented in Chapter Seven.

In this final chapter, I summarise and synthesise the main findings of this doctoral study, situate the integrated findings in literature, and explore the implications of the findings for development and implementation of public health policy and research.

## 8.2 The exercise of power within the food industry in England

The retail grocery market in the UK is highly competitive, with high levels of competition among retail buyers and among suppliers (see Chapter Five). As in many developed countries, the grocery retail market in the UK is highly concentrated, with a small number of major food retailers holding a large share of the market(71, 217). The Competition Commission Inquiries of 2003 and 2005 into mergers of major food retailers were focussed on this issue. The 2003 Inquiry resulted in the leading three retailers at that time (Tesco, Sainsbury and Asda) being prevented from acquiring the number four retailer (Safeway), while the much smaller fifth ranked retailer (Morrison) was allowed to do so only on condition of making a number of store divestments. At the same time as this consolidation was occurring, the major food retailers were expanding into convenience stores, thus increasing their overall domination of the grocery retail market(71). High levels of concentration in grocery retail markets are also evident in countries such as Austria, Canada, Denmark, Germany, France, Spain(217), and Australia(182).

The concentration of the grocery retail sector has been linked to the ability of major food retailers to set terms of trade for suppliers, such as reducing prices paid, delaying payments and passing the costs

associated with quality auditing and price promotions down the supply chain (182, 218). Consistent with these studies, my findings suggest there is an asymmetry in power between major food retailers in the UK and many of their suppliers, with major food retailers exercising power through opportunistic imposition of penalties and charges (for example, listing fees) (Chapter Five). Major food retailers also exercise power to negotiate price and secure discounts from suppliers that are unavailable to smaller retailers, and in addition to any volume related discounts that might be expected (Chapter Five). Except for key suppliers of so-called must-stock branded products, the major food retailers appear to be more powerful than many of their direct suppliers, and even more so than those businesses further along the supply chain (for example growers and distributors) (Chapter Five).

There is limited literature focusing on buyer power and the public health implications of buyer power within the food industry have not been explored. Niemi and Liu (2016) developed an economic model to test for buyer power in the highly concentrated Finnish food supply chain, whereby the top three major food retailers share 88% of the grocery market(219). While Niemi and Liu (2016) suggest buyer power may be present in the Finnish food supply chain, they do not provide conclusive evidence of buyer power and the authors note the results must be viewed with caution. Consistent with Niemi and Liu, the economic modelling of Inderst and Tommaso (2011)(78) suggests that buyer power in food retail arises from the increasing size of individual organisations. Similarly, my findings show the most powerful actors within the food industry are the large manufacturers of branded products, and the major food retailers. Economic modelling of Inderst and Tommaso(2011) suggests the presence of buyer power may result in increased food retail prices overall, particularly when the powerful buyers do not pass on the benefits to consumers(78).

Findings are also consistent with those of Dobson and Chakraborty (2008). Dobson and Chakraborty undertook a business analysis of 2006 Competition Commission Inquiry data of the competition aspects of the UK grocery retail market. Their analysis identified a number of market features that suggest the leading grocery retailers were in a position to exercise significant buyer power, both in an absolute sense over suppliers and relatively compared to their smaller rivals(71). Dobson and Chakraborty (2008) found that the national market share held by each of the four largest retailers was below the levels normally associated with market dominance for consumers. However, the retailers may have had sufficient market share to dominate their relationships with suppliers when they served as critical customers for those suppliers, leaving them with few alternative sales channels should their contracts be terminated(71).

Dobson and Chakraborty's consideration of criticality and alternatives is consistent with my analysis through the Resource Dependence Theory lens. While they identify the market features that suggest the possibility of buyer power in the UK grocery retail market, my findings identify mechanisms through which that buyer power is exercised, and I provide examples of the exercise of power on suppliers. In addition, my findings illustrate the differences between major food retailers and smaller independent retailers in terms of their relationships with actors in their supply chains.

Revealing how power is manifested and wielded by the major food retailers within the food system is of importance to public health for three reasons. Firstly, major food retailers act as gatekeepers to the many consumers that purchase their groceries from supermarkets. Major food retailers decide which products are available, how they are arranged on shelves, the retail price of products, and product promotions, all of which set boundaries on the choices available to consumers (181). As noted above, an increase in the buyer power of major food retailers may result in retailers selling products at higher prices to consumers(71), including primary produce such as fruit and vegetables, potentially making fresh produce less appealing to consumers.

The buyer power of major food retailers enables these retailers to secure favourable and preferential terms from their suppliers, for example payments for product or brand promotions or shelf space allocations, that may be unavailable to smaller retailers (Chapter Five). Potentially the ability of major food retailers to secure favourable terms from many of their suppliers may result in reduced income for those suppliers, leading to reduced investment in product development. Dobson and Chakraborty suggest that if buyer power suppresses suppliers' investment in product development, then fewer new products would become available to consumers(71). However, their analysis of development expenditure in the agriculture and food production industries in the period leading up to the Inquiry indicated the investment in new product development in the sector had not declined, and there had been an increase in the number of new grocery products launched for both branded and own-label goods(71). While I did not find evidence of considerable development of new branded products, my findings suggest there had been an increase in development of own-brand products, with major food retailers describing considerable churn in the development of products, and the successful launch of new own-brand product lines. This suggests consumers are unlikely to experience reduced choice of products due to buyer power.

Nevertheless, the ability of major food retailers to secure more favourable terms with suppliers than smaller retailers may have additional public health implications. In 2018 small local stores such as

convenience stores provided approximately 20% of the total grocery market in the UK and 72% of these small local stores were owned by independent retailers (220). Williamson *et al* (221) suggest independent convenience stores are likely to have lower availability of healthy food items than large supermarkets or the small-format stores of major food retailers. My findings indicate that major food retailers exercise power to secure discounts from suppliers that are unavailable to smaller retailers, and that products at the smaller retailer stores are likely to be considerably more expensive than equivalent products in larger supermarkets (Chapter Five). Thus, consumers are required to pay higher prices at these stores, which is likely to have implications for those consumers in the UK that are dependent on smaller but more accessible retailers for their grocery shopping.

The second reason these findings are of importance to public health is that with the development of own-brand or private label products, major food retailers are not only responsible for the retailing of groceries, but also the development and manufacture of food products. The UK has a high proportion of own-brand products, accounting for over 40% of national grocery sales (179, 180). The high proportion of own-brand products offers leading retailers a credible alternative to branded goods, particularly with the development of premium quality ranges, and may be an additional source of buyer power (71). For example, my findings indicate that major food retailers use the development of their own-brand products to pressure suppliers, and with limited shelf space, retailers will frequently offer the leading brand and a range of own-brand options of a product (as opposed to a range of branded options) (Chapter Five). Similarly, reporting findings of a survey of food manufacturers in Spain, Gomez and Rubio (2008) suggest retailers may treat their own-brand products more favourably than branded equivalents inside the store (for example in terms of shelf space), and may replace branded equivalents completely (195). As such, major food retailers could be considered as equally relevant to the public health community as other large food manufacturers.

The public health implications of the development of own-brand products are unclear. Studies show the nutritional content of own-brand products in the UK can be similar to and better than branded goods(222); and research has identified instances of major food retailers discontinuing, reformulating, and developing new own-brand products to reduce salt and sugar content in their own-brand product lines(223). A study of own-brand products in Australia found that all major retailers had nutritious own-brand products available and used marketing techniques to make them visible in store, but the proportion of nutritious own-brand products in supermarkets varied(183). Looking across the sector more generally, voluntary initiatives of major food retailers to improve the nutritional content of own-brand products have been found to be largely ineffective (183, 223). For example, analysis of Corporate

Social Responsibility policies on own-brand products in Australia found many of the policies lacked nutritional targets or specificity(183). Pulker *et al* (224) conducted an analysis of the Corporate Social Responsibility plans of n=31 of the largest multiple food retailers globally. They found the food governance theme most reported by the retailers referred to setting standards in the manufacture of own-brand products. While these standards included nutritional requirements, for example meeting salt targets, they could also include taking action on social or environmental issues, and commitments to improving nutrition and health in own-brand products were not widely adopted(224). Thus, while own-brand products are pivotal to the power of the major food retailers within the food system, little is known about the public health implications of the expansion of own-brand products in the UK(182), suggesting this is an important gap in knowledge for the public health community.

The third reason that the power of major food retailers is of importance to public health is that the major food retailers wield considerable power over many other actors in the food system in the UK (Chapter Five), indicating an ability to influence the food system beyond the immediate supermarket retail space. For example, my findings show major food retailers described as influencing the development of new branded products, imposing demanding information systems requirements on suppliers, and imposing requirements on suppliers to comply with retailer product assurance schemes (Chapter Five). Research has explored the implications of public health initiatives within the supermarket retail space. For example, Grigsby-Duffy *et al* (225) explored the overall healthiness of food and beverage price promotions at key locations within the store (for example, ends of aisles), and across different geographic locations in Victoria, Australia. They collected data from n=104 stores and found that overall there was greater exposure to price promotions for unhealthy compared to healthy food products at prominent locations within the stores, with up to 88% of the price promotion display space occupied by unhealthy food items at checkouts(225). However, looking beyond the supermarket retail space, little is known of the influence of major food retailers on the development of branded products, and the wider public health implications of the power of the major food retailers in the food system in the UK(182, 224).

The rise of major food retailers, and their development of retailer own-brand products, counteracts the power that has traditionally been held by the manufacturers of food products(69). However, the power of even the largest grocery retailers may be offset by the power of manufacturers of the most prominent branded products (Chapter Five). Researchers have shown that manufacturers influence population diets through their products, marketing activities and efforts to influence the development and implementation of government public policies (57, 83, 204). For example, exploring the corporate



political activities of powerful food actors in France through analysis of publicly available documents (including media), Mialon and Mialon(57) found Coca-Cola was the most frequent adopter of corporate political activities, closely followed by the trade association for the food sector in France, and then Nestle. Large food manufacturers have been identified as particularly influential within the food system due to high levels of concentration(63), with Moodie *et al*(63) suggesting the most powerful corporate sectors of the world's food system are concentrated to the point of oligopoly, whereby the ten largest food companies in the world control over 15% of all food sales worldwide.

In this study, major food retailers emphasised the influence of large manufacturers of key branded products on their business. For example, the major food retailer Morrisons described being reliant on specific suppliers that they 'couldn't afford to fall out with', and for certain products from large branded suppliers Tesco had 'nowhere else to go' (Chapter Five). Smaller independent retailers described relationships that were 'weighted very much in favour' of large suppliers (Chapter 5). These findings are consistent with other studies that suggest larger suppliers are likely to sell to many retailers, which may limit the power of each of their individual retailer customers(191). As with the analysis of competition discussed above(71), this appears to be consistent with a view of power I have adopted in this study, flowing from dependence of one party on another, in accordance with Resource Dependence Theory. Application of Resource Dependence Theory in this study is discussed in Chapter 8.6, below.

Overall, my findings show that the most powerful organisations in the food industry in the UK are major food retailers and large manufacturers of key branded products. The influence of these powerful organisations on the design, development, and implementation of public health nutrition policy is discussed in the following sections.

### 8.3 Food industry framing of public health challenges and policy solutions

I adopted a framing analysis (166) to explore how the food industry presented public health challenges and preferred policy solutions relevant to food in the media. The mass media plays a crucial role in public and political debates, shaping issues that are reported as news and contributing to the understanding of problems and their potential solutions. Policy makers' perceptions of policy issues and the public's acceptance of policy responses are likely to be considerably influenced by the presentation of issues in the media(226).

My findings show that both Government and industry actors adopted frames in the media that emphasised the role of individual personal choices and behaviours in causing obesity (Chapter Six). For example, politicians from both major political parties in the UK (for example, Anna Soubry, Conservative and Andy Burnham, Labour) emphasised the responsibility of parents in preventing obesity in their children; and Andrew Lansley (Conservative) described the suggestion that environmental factors influenced obesity as ‘an excuse’ that had to be avoided (Chapter Six). Similarly, Richard Evans of PepsiCo highlighted the modern-day struggle for individuals of balancing ‘energy in’ with ‘energy out’ (Chapter Six).

Industry adoption of frames allocating individual personal and parental responsibility for obesity has also been reported elsewhere, whereby obesity is defined as an issue that affects only those who choose to adopt a sedentary lifestyle and consume too many calories (205, 226-229). For example, in an analysis of framing of nutrition policy issues in the Australian news media Wise(228) found individual and parental responsibility frames were favoured by the government and industry representatives, with parents blamed for giving in to pester power from children and therefore needing to take more responsibility for just saying no.

In a scoping review of corporate presentations of risks of non-communicable diseases in media undertaken in 2016 Weishaar *et al*(226) found industry representatives consistently adopted frames the researchers aligned with a ‘market justice’ position. Frames adopted by processed food and soft drinks industry representatives included an emphasis on free choice, parental responsibility, the food industry responding to consumer demand, and processed food and soft drinks companies being legitimate and crucial partners in the development and implementation of obesity and nutrition policy(226). Weishaar *et al* found that similar frames were adopted across presentations by processed food and soft drinks, tobacco, and alcohol industry representatives, whereby in almost every case corporate stakeholders made arguments in the press that emphasised the logic, value and inherent morality of the unfettered market. In addition, these actors countered population-based policy proposals with a focus on individual responsibility, consumer choice, and economic arguments(226).

Research suggests that policy makers who allocate responsibility for the cause of obesity to individuals, are less likely to support policies requiring government intervention, for example regulation of the marketing of products that contribute to obesity(226, 227). In my study the allocation of responsibility for obesity to individuals was aligned with calls from both industry and Government actors for policy solutions that required minimal government intervention; and for interventions that were targeted at

individuals (as opposed to populations), industry-led, and voluntary (Chapter Six). Similarly, in the study described above, Weishaar *et al* (226) found that proponents of the 'market justice' frames tended to support voluntary policies and interventions targeted at changing individual behaviour rather than regulatory or systemic changes (which tended to be viewed as anti-liberal). This is consistent with Russell *et al's* (227) study of parliamentary debates on marketing of food to children in Australia, which found that parliamentarians' framing of obesity generally reflected the ideology of their political party; whereby liberal parliamentarians described obesity as an issue of personal responsibility, whereas Green Party parliamentarians framed obesity as a systemic problem(227).

My findings highlight industry actors and government representatives describing their role in solving the problem of obesity as supporting consumers in making healthy choices, thus limited to supporting interventions targeting individuals rather than population level interventions (Chapter Six). These findings are consistent with a study of frames adopted by food industry actors at a New Zealand Inquiry into obesity, whereby industry actors were unanimous in support of the status quo, and emphasised education as the key strategy to address obesity, as opposed to calls for regulation from public health advocates(229). Similar frames have been widely adopted by the tobacco, alcohol and gambling industries about public health challenges, with a focus on personal responsibility, approaches targeted at individuals as opposed to populations, promotion of provision of information and self-regulation via voluntary codes, and invocation of the 'nanny state' metaphor (an overbearing authority figure that deprives individuals of their personal freedoms), thus aligning discourse with industry goals in ways that may be at odds with public health objectives(13, 62, 166, 205, 226). For example, in an analysis of evidence presented to the Scottish Parliament on minimum unit pricing of alcohol in Scotland, Katikireddi(230) found two markedly different presentations of alcohol problems, whereby industry representatives critical of minimum unit pricing emphasised the social disorder issues associated with alcohol, particularly among young people, and argued for targeted approaches for problem drinkers. In contrast, public health advocates deliberately focussed on overconsumption of alcohol as a health issue at the population level, which helped to prioritise public health considerations in the policy debate(230).

In addition to the frames discussed above, my study identified industry representatives adopting frames of industry as a willing and necessary partner to government in development of public health nutrition policy, highlighting the resources, reach and expertise that they could bring to the policy development process. Promotion of industry as a partner to government in policy development is consistent with the 'part of the solution' frame described by Lacy-Nichols and Williams(108), who describe food industry organisations adopting a combination of market and non-market activities alongside an articulation of

the role of industry as an important partner in policy development. Lacy-Nichols and Williams suggest the response of food industry organisations to public health criticisms of their products has changed over time whereby a vigorously oppositional response to public health criticisms transitioned to an approach characterised by appeasement in the early 2000s. As the search period of my analysis of news media and trade press is 2008-2015, identification of the frame of industry as a willing and necessary partner in my dataset is consistent with their suggestion of a transition within the last twenty years. The 'part of the solution' approach is discussed further below.

Studies of framing of obesity in the media do not tend to include analysis of social media. In a scoping review of corporate presentations of risks of non-communicable diseases in media undertaken in 2016 Weishaar *et al*(226) reported a dearth of studies analysing social media, suggesting this a research gap across commercial determinants of health. In addition, I did not find studies of framing focussing on trade press. While I did not include social media in my study, my data set was dominated by reports from trade press, primarily *The Grocer*, which is the main trade periodical for the grocery industry in the UK. The potential implications of this on my findings are discussed below. Future research into framing of food issues in public health could explore frames presented on social media, and comparison of frames presented in trade press to those presented in news media.

#### 8.4 Food industry influence on the development of the Public Health Responsibility Deal

Findings show industry activity influenced the development of the Public Health Responsibility Deal in multiple ways, including through directly shaping the policy agenda and policy proposals via the formation of the industry-led Public Health Commission (Chapter Six). The Commission was influential in the development of the overall approach and specific content of the Responsibility Deal, and industry actors continued to influence the detail of pledges after the Commission was disbanded, through participation in the food network which was responsible for development of additional pledges (Chapter Six).

In addition to shaping the Responsibility Deal, the Commission articulated broader policy objectives involving the reduced scope of the Food Standards Agency (a non-ministerial government department responsible for protecting public health in relation to food) and the model used to determine which products could be advertised to children. The role of the Food Standards Agency was potentially very important to members of the food industry. For example, the Agency was described in trade press as

'vilified' by the industry and 'the biggest sacred cow of all' (Chapter 6). Thus, while lacking in official status and independent of Government process (as Andrew Lansley was in opposition when the Public Health Commission was established), the Commission was clearly a powerful and influential body.

The involvement of members of the food industry in development of public health policy has been criticised, both in terms of the Responsibility Deal and more generally(63, 64, 204, 207). For example, drawing parallels between the tobacco and food industries, Gilmore *et al* (62) questioned why food industry representatives were heavily involved in the development of the Responsibility Deal when the tobacco industry was deliberately excluded from policy making processes under Article 5.3 of the Framework Convention on Tobacco Control. Key to Gilmore *et al* concerns was the conflict of interest arising when corporations engage in the development of public health policies intended to reduce the harmful behaviours on which their profitability depends.

Critics suggest the partnership approach to policy development exerts deep influence over policy actors, focussing attention on self-regulatory agreements despite an evidence base supporting adoption of more interventionist approaches(62, 63, 208). In the case of the Responsibility Deal, this influence was made explicit by Andrew Lansley, in his speech to the UK Faculty of Public Health conference as Secretary of State for Health, December 2010(231):

*'Part of this is bringing government and business together to promote innovation in thinking and practice. So we will build on the ideas and expertise from our Public Health Commission, and the Coalition for Better Health, to create a new 'responsibility deal', built on social responsibility, not state regulation. And this is everyone's business – there is a distinctive role for all of us to achieve the positive change we need.'*

Panjwani and Caraher(64) explored the practical implications of the partnership approach to development of the Responsibility Deal food pledges through analysis of documents of meetings of the Responsibility Deal Food Network, obtained via Freedom of Information Act (2000) requests to the Department of Health. Through analysis of notes of meetings Panjwani and Caraher traced the development of the calorie reduction pledge of the Responsibility Deal to determine the relative influence of private and public interests. They found that revisions to the calorie reduction pledge between its draft and final forms widened the scope of the pledge in favour of the food industry and allowed for the inclusion of actions that would not directly reduce calorie content in the food system. For example, aims and objectives were redefined to allow for the development of new products (as

opposed to reformulation of existing products) and health education to be counted as progress towards public health goals. In addition, quantifiable monitoring metrics and baseline monitoring requirements were removed from the draft pledge(64).

Panjwani and Caraher's analysis aligns with my findings of reports in trade press of a frantic negotiation between Department of Health and food industry representatives to agree the final form of the pledge. For example:

'Retailers and suppliers had cautioned that proposals... would have forced some companies to reformulate or slash portion sizes. But a Department of Health panel has toned down proposals for the Responsibility Deal pledge, enabling the industry to play a fuller part in developing calorie reduction policies without automatically being forced into reformulation... Behind the scenes, sources said, there had been frantic negotiation to reach the compromise.'

*(The Grocer, 28/01/12)*

While Panjwani and Caraher identified the specific changes to the wording of the pledge, my findings indicate why these changes were made. Trade press reported that the new wording of the pledge was welcomed by suppliers, who described a 'real fear about some of the language' in the original form of the pledge which was considered to be 'anti-growth' and industry sources were described as 'very dissatisfied until this change of direction' (*The Grocer, 28/01/12*). This highlights one of the limitations of a voluntary initiative, whereby food industry organisations are unlikely to voluntarily commit to actions that may have the effect of limiting the growth of their business.

Alongside the involvement of industry actors in the Public Health Commission, the trade press reported the adoption of industry-led initiatives that were consistent with Responsibility Deal pledges. Initiatives included the reduction of portion sizes, reformulation of products to reduce sugar content, and modifications to the design of food packaging labels (Chapter Six). Prior to the launch of the Responsibility Deal the Food and Drink Federation praised the collective efforts of its members on reformulation initiatives and suggested the voluntary efforts of the sector had 'delivered significantly better results for consumers than any of the regulation introduced elsewhere in the world' (Chapter Six).

While these initiatives may benefit public health, more widely critics suggest food industry self-regulation may be self-serving and deceptive, stall government action, and protect business as usual(232, 233). For example, Simon's(233) analysis of food and beverage self-regulation initiatives in US

schools identified many activities designed to protect business interests at the expense of the health of school children, including initiatives with objectives that were not protective of health (for example, encouraging selling of energy drinks in school vending machines), or that were routinely violated or ignored (for example, by not restocking water in vending machines, or limiting provision of water to 4 of the 200 slots available). Simon also identified examples of representatives of food and beverage companies and their trade bodies using participation in these self-regulation initiatives as a form of defence, characterising their businesses as good citizens who were already taking action to protect the health of children whilst lobbying against more restrictive regulations with law-makers(233).

Concerned by self-regulation initiatives within the food industry, Sharma *et al* (232) compared the effectiveness of self-regulation initiatives in the US among tobacco, alcohol, marine fisheries, forestry and food industry organisations to identify the critical aspects of effective self-regulation initiatives. Drawing on the positive examples of self-regulation initiatives in the forestry and fisheries sectors, Sharma *et al* suggest, as a minimum, self-regulation in the food industry must meet all of the following standards(232):

- 1) Transparent requirements created by a combination of independent scientists, representatives of leading NGOs, and industry
- 2) No one party holds disproportionate power or voting authority
- 3) Specific codes of acceptable behaviours are based on scientifically justified criteria
- 4) Predefined benchmarks to ensure the success of self-regulation
- 5) Mandatory public reporting of adherence to codes, including progress towards achievement of full compliance with pledges
- 6) Built-in and transparent procedures for outside parties to register objections to the standards or their enforcement
- 7) Independent evaluation of standards to assess the health, economic and social outcomes
- 8) Periodic audits to determine compliance and outcomes
- 9) Possible oversight by an appropriate global regulatory and/or health body

The data presented in this thesis show that the Responsibility Deal does not meet all of these requirements. Of particular salience, is that the second requirement for a balance in power has not been met. The negotiations over the calorie reduction pledge described above are one example of the food industry representatives exercising disproportionate power over the development of the Responsibility Deal. While the Responsibility Deal failed to meet these requirements, consideration of individual

pledges enables a more nuanced assessment. A comprehensive assessment of each of the pledges against the requirements set out by Sharma *et al* (232) is beyond the scope of this thesis, however, potentially the salt reduction pledges are most likely to meet some of the relevant standards listed above. The salt reduction pledges are distinctive in that they refer to defined quantitative targets for salt reduction in products and set out a benchmark against which the success of the pledge can be measured (a total salt reduction of nearly 1g per person per day compared to 2007 levels of salt in foods). Unlike the calorie reduction pledge, the salt reduction pledges were based on a history of salt reduction efforts across the UK, led by the Food Standards Agency.

Alongside the adoption of voluntary initiatives aligned with Responsibility Deal pledges, industry may have provided funding to the Government campaign Change4Life (Chapter Six). Reports in the trade press highlighted the importance of Change4Life to industry as a vehicle for demonstrating the effectiveness of voluntary initiatives, and as a way of avoiding more interventionist approaches to marketing of foods high in fat and sugar (Chapter Six). For example, the provision of industry funding to the campaign was reported in trade press as ‘in return for a moratorium on legislation governing products high in fat, sugar or salt’ and a ‘cosy concordat’ between business and Government (Chapter Six). Andrew Lansley referred to the funding in his speech to the UK Faculty of Public Health(231), and linked the provision of funding to non-regulatory approaches, as shown in the excerpt below:

*‘We have to make Change4life less a government campaign, more a social movement. Less paid for by government, more backed by business... To date, industry has made ‘in kind’ contributions. I will now be pressing them to provide actual funding behind the campaign. And they need to do more. If we are to reverse the trends in obesity, the commercial sector needs to change their business practices, including how they promote their brands and product reformulation. That is why I see our new approach as a partnership – access to the Change4life brand, alongside the Responsibility Deal; with an expectation of non-regulatory approaches.’*

Change4Life was a social marketing campaign that used a range of media, including TV, radio and print to encourage people to increase physical activity and to promote healthier food choices, with a focus on increasing fruit and vegetable consumption, and reducing consumption of foods high in salt, sugar and fat. Studies have explored the effectiveness of the Change4life campaign. For example, Lamport *et al* (234) conducted a pilot study of the element of the campaign that encouraged families to replace food items in their diets that were high in sugar with those that contained less sugar (‘Sugar swap’). The pilot study involved collation of self-reported food diaries from 14 families immediately following the



campaign and 12 months after completion of the campaign. The study authors found reduced consumption of sugar, fat, and energy in all members of the families during the two weeks of the campaign and for the two weeks of the follow up study 12 months later. Importantly the study authors suggest the findings be interpreted with caution as the sample size for this study was small (n=14 families), the study relied on self-reported food diaries, and study participants were all recruited via the netmums website. Bradley *et al* (235) conducted a larger study of the Sugar Swaps element of the Change4Life campaign using food diaries completed by parents of n=873 children and found a reduction in sugar consumption during the campaign, but this was not sustained. Evaluation of a similar campaign in Australia called 'Measure Up' through telephone surveys of campaign awareness and self-reported diet and physical activity, found high awareness of the campaign and key messages, however this did not translate to changes in consumption of fruit and vegetables nor physical activity(236). The researchers concluded that mass media campaigns such as 'Measure Up' were unlikely to lead to population behaviour change when adopted in isolation(236).

In addition to questions on the overall effectiveness of the Change4Life campaign, Adams *et al* (237) suggest population interventions like Change4life that focus on providing encouragement and advice are highly agentic as they rely heavily on individuals being able and motivated to engage with the campaign. As individuals must draw on their personal resources (including time and money) to act in accordance with the campaign, more affluent people are more likely to benefit, thus interventions that require high individual agency like Change4life are likely to exacerbate existing inequalities(237).

In summary, the food industry influenced the development of the Responsibility Deal via the Public Health Commission (of which industry representatives were members), adoption of industry-led initiatives consistent with Responsibility Deal pledges, and provision of funding to support the Government campaign Change4Life in exchange for a less interventionist approach to food policy (Chapter Six). This combination of activities is consistent with reports of food industry actors attempting to influence the development of public health policy through adoption of voluntary initiatives to appease actors calling for improvements in public health, and positioning industry as 'part of the solution'(108), discussed further below.

#### 8.4.1 Food industry influence on the implementation of the Responsibility Deal

Case studies of four food industry organisations, two major food retailers and two large food manufacturers, were undertaken to explore why organisations participated in the Responsibility Deal and how they implemented the pledges they committed to. Each of the case study organisations were participants in the Responsibility Deal and committed to food pledges. Pledges in the food network include removal of artificial trans-fats from products, reduction of salt to meet specified targets, implementation of front of pack nutrition labelling, reduction of saturated fat, increased fruit and vegetable consumption, and a calorie reduction pledge (1). The four case study organisations included in this study each committed to different food pledges of the Responsibility Deal (Chapter Seven). The two major food retailers committed to all of the relevant food pledges, whereas neither of the food manufacturers committed to the front of package labelling pledge or the more ambitious salt reduction target. All four of the case study organisations committed to the calorie reduction pledge which allowed for a broad range of activity to report compliance including education, marketing, and product reformulation.

Knai *et al* (39) conducted a synthesis of reviews, including both systematic and less systematic reviews, of evidence underpinning each of the interventions specified in the food pledges of the Responsibility Deal. Knai *et al* found that while the interventions that favour information provision, awareness raising and communication with consumers may have limited effect on public health nutrition, the pledges that involve structural changes, such as reformulation, could potentially contribute to improving diet in England(39). Thus, it is possible that reformulation initiatives undertaken by Responsibility Deal partners may contribute to improving public health nutrition in England. There were examples of organisations reformulating existing products to reduce the salt, fat and sugar content of products. For example, Tesco and Coca Cola reduced the sugar content of sugar sweetened beverages (Chapter 6.3.2.2); and Nestle, Mondelez International, and Unilever reduced the saturated fat content of existing products (Chapter 6.3.2.2). Organisations identified consumer preference as the most important driver for reformulation initiatives, both in terms of consumer preference for healthier products and consumer perceptions of organisational performance (Chapter 7.3.1.6). For example, one major food retailer suggested '*the market had almost driven itself on sugar reduction*' (Chapter 7.3.1.6). In addition, any reformulation initiative was required to meet business objectives and to align with business plans (Chapter 7.3.1.2).

Where organisations identified the creation of new products as meeting Responsibility Deal commitments, the public health benefits are less clear. Organisations described tensions around

potential for cannibalising the market of their existing product, and the business requirement to grow the market as opposed to shifting consumers from one product to another, for example (Chapter 7.3.2.2):

*'There is always the issue of cannibalisation as we would call it in the industry... I think that is where the conflict quite often arises because as a business, people need to grow the market'*  
(M1)

Whereas from a public health perspective, cannibalisation of the market, and not growth of the market for these products, is the objective. Thus, it was possible to be technically compliant with Responsibility Deal reformulation pledges and not meet public health objectives, particularly with creation of new products. In contrast, the creation of new own-brand products may have provided an opportunity for development of new products with reduced salt, fat and sugar. For example, Waitrose described the creation of a new limited calorie range called 'Love Life' that was designed to attract consumers away from existing branded alternatives (Chapter 6.3.2.2).

Importantly, Knai *et al* found the interventions that could be most effective in terms of improving public health nutrition (for example, pricing policies, marketing restrictions, and measures that encourage a combination of complementary approaches) were not included in the Responsibility Deal pledges(39). In addition, interventions explicitly focussing on reduction of sugar consumption were absent from the Responsibility Deal, however, sugar reduction could be included within the scope of the calorie reduction pledge. A similar study assessing the evidence of likely effectiveness of the alcohol pledges of the Responsibility Deal produced similar results. Knai *et al* (45) found that the interventions specified in the alcohol pledges may have been effective in improving consumers' knowledge and awareness, but they were unlikely to affect alcohol consumption, and were thus unlikely to have a significant positive impact on population health(45). This highlights the limitations of the policy intervention on improving public health more generally, and suggests the constraints of the approach to the Responsibility Deal are not restricted to the food network. While this thesis focuses on the food aspects of the Responsibility Deal, the alcohol pledges were developed in the same way and through the same mechanism, the Public Health Commission. Researchers suggest the involvement of the alcohol industry in the policy development process that led to the Responsibility Deal circumscribed the policy space by taking evidence-based public health measures that were not amenable to a partnership approach off the agenda(208). The involvement of industry in policy development is further discussed in the following section.

My findings show that while the Responsibility Deal included food pledges that allowed for structural changes, for example in terms of reformulation, overall, the data suggested that the Responsibility Deal had limited additionality (Chapter Seven). The case study organisations committed to many pledges, however, many of those commitments reflected work that was already planned or underway or, in the case of removal of trans-fats, work that had already been completed.

Similar findings have been reported elsewhere. For example, Knai *et al* (39) conducted an analysis of the delivery plans submitted by partners to the food pledges of the Responsibility Deal, and their self-reported progress against implementation of those plans. While progress reports from partners were mostly unavailable or incomplete, progress reports that were available suggested most of the interventions were either clearly (37%) or possibly (37%) already underway, prior to participation in the Responsibility Deal(39). Evaluation of implementation of the alcohol pledges of the Responsibility Deal produced similar findings, whereby the majority (65%) of interventions were assessed as likely to have occurred prior to the Responsibility Deal or been underway when the Responsibility Deal was launched(48). One of the reasons the alcohol pledges of the Responsibility Deal were assessed as having low additionality was because the alcohol industry had already entered similar voluntary agreements in 2006 and 2007, prior to the launch of the Responsibility Deal(48).

Evaluation of the pledge requiring the removal of trans-fats in food was also judged to have limited additionality, due to both the structure and the limited adoption of the pledge(40). The first component of the pledge was a simple statement confirming non-use of trans-fats and was signed predominantly by organisations that had already removed them from their products prior to committing to the pledge(40). Clearly, as organisations were confirming an action that had already been undertaken, implementation of the first component of the pledge would not confer any additionality. The second component of the pledge required a commitment to the following statement: 'we are working to remove artificial TFAs from our products within the next 12 months'(1). While removal of trans-fats from food is likely to have important public health benefits, the most important source of trans-fats in the UK is likely to be fried, baked, or processed fast food, which is consumed out of the home. Although Responsibility Deal partners included producers of fast food or takeaways, none of them committed to the removal of trans-fats pledge. Knai *et al's* evaluation of the implementation of the trans-fats pledge highlights a key limitation of the Responsibility Deal. As a voluntary public health intervention, food industry organisations may choose to not participate, rendering the policy intervention ineffective in meeting public health objectives for those organisations.

Finally, Durand *et al* (49) evaluated implementation of the Responsibility Deal through analysis of transcripts of n=44 interviews with a broad range of partners across the four Responsibility Deal networks (food, alcohol, health at work, and physical activity). Durand *et al* suggest, consistent with this study, that partners chose pledges they could easily deliver, with a substantial number of partners not doing anything particularly new or different to usual practice as a result of participation in the Responsibility Deal (49).

Read together, these evaluations suggest participation in the Responsibility Deal enabled a continuation of business as usual (39, 40, 49), with approximately a quarter of all of the food industry commitments to food pledges likely brought about by participation in the Responsibility Deal itself (39). The evaluations suggest the Responsibility Deal had little additionality in terms of benefits to public health because the pledges allowed for reporting of activities that were planned, underway or completed, as progress against the pledge; and because organisations could choose whether to participate.

In this thesis my findings from the case studies likely provide further insight into **why** organisations selected particular pledges. While the case study organisations reported some new activity, consumer demand for reformulated products (for example, reduced fat products), and consumer perception of organisational activity were likely to be more influential on organisational activity than participation in the Responsibility Deal (Chapter Seven). For example, an interviewee from a major food retailer described the market driving reduction on sugar and not the Responsibility Deal, and an interviewee from a large manufacturer described consumer demand driving reformulation, as shown in the excerpts below:

*'My perception of that is that the market has almost driven itself on sugar reduction. And I wouldn't necessarily attribute that to what the Responsibility Deal sought to achieve. It seems to have happened because so many other dynamics have influenced that... the market has moved that way anyway.'*

(Major food retailer)

*'I can't see [reformulation] stopping at the moment because that is what consumers want as well. As long as things tie in with what consumers want. You know we are not beholden to the government and their – it is actually consumer trends that we have got to focus on – I mean we've got to sell the product.'*

(Large manufacturer)

In addition to consumers, my findings show that case study organisations were also influenced by the behaviour of their competitors, but in different ways. For example, one multiple food retailer sought to avoid being the worst performing retailer by committing to pledges where their competitors had done so, and one manufacturer avoided committing to a pledge because their competitors had not done so. These findings suggest that non-participant organisations had an effect on the participating organisations' implementation of the Responsibility Deal. Participants' concerns about the potential influence of non-participants have been identified elsewhere. For example, Durand *et al* (2015) found that while generally supporting the voluntary nature of the Responsibility Deal, some participants were concerned about a so-called 'level playing field', and suggested non-participants were free-riding without any sanction from Government(49). In contrast, other participants characterised the lack of 'level playing field' as a disparity between participants' capacity to implement pledges with larger organisations assumed to have more capacity to deliver pledges than small and medium sized organisations (49). A wide range of participants have identified concerns about the potential competitive disadvantage arising from involvement in the Responsibility Deal, compared to non-participants (49), highlighting a key limitation of this voluntary policy intervention. If properly implemented, voluntary agreements can be an effective policy approach, however, some of the most effective voluntary approaches have included substantial disincentives for non-participation and sanctions for non-compliance(212).

#### 8.4.2 Strategic response of the food industry to the Responsibility Deal

My findings show that major food retailers and large manufacturers of key branded products exerted power over other organisations in their supply chains and their competitors (Chapter Five). In addition, these organisations exerted power beyond the food industry, influencing the development and implementation of public health nutrition Government policy (Chapters Six and Seven), whereby the resultant policy, the Public Health Responsibility Deal, had limited additionality and organisations continued business as usual (Chapter Seven).

These findings highlight how powerful organisations exerted power within the food industry itself to influence the development and implementation of Government policy. For example, large soft drinks manufacturers were described as encouraging smaller suppliers to adopt calorie reduction pledges, to

pre-empt the imposition of more interventionist Government policy approaches on sugar content (Chapter Six). In another example, the major food retailers proactively adopted a hybrid food package labelling scheme, which then became a Responsibility Deal pledge, despite the majority of manufacturers supporting the status quo – the continued use of Guideline Daily Amounts (Chapter Six). The findings emphasise the heterogeneity and complexity of the food industry when considered through a lens of power, and is in contrast to other unhealthy commodity industries such as gambling, alcohol and tobacco (13). This heterogeneity is likely to have implications for food policy and for public health research, for example, the introduction of additional complexity may require researchers to account for power asymmetries in research designs using case study approaches. In addition, an appreciation of heterogeneity potentially adds to our understanding of business' use of non-market strategy actions. Corporate political activity includes any deliberate action intended to directly or indirectly influence government policy or process(119), and is typically described as aimed at government departments and stakeholders relevant to government(114). In contrast, the examples above show activity intended to indirectly influence policy can also be aimed at other food industry actors.

Perhaps the most significant example of influence was the appointment of Dave Lewis as the Chair of the Public Health Commission. The appointment placed Unilever in a key policy shaping role. Public health researchers have highlighted concerns about the involvement of industry in policy development, in terms of conflict of interest, undue influence of industry in policy development processes and potential for regulatory capture(3). Industry-led bodies are likely to support policies that align with industry interests. My findings show that the voluntary nature of the Responsibility Deal and provision for flexible implementation resulted in a policy intervention with limited additionality and the ability for food industry organisations to continue business as usual (Chapter Seven). In addition, several evidence based policy interventions were absent from the Responsibility Deal pledges, including an explicit focus on sugar intake, and interventions aimed at reducing the marketing of less healthy food(39). Evaluations of the Public Health Responsibility Deal show that it did not fulfil the conditions for an effective public private partnership, as pledges were not informed by evidence, targeted, measurable, attributable, feasible, timebound, or transparently reported(39, 51, 54).

The development and implementation of the Responsibility Deal is an example of the food industry being framed strategically as 'part of the solution' over the last two decades. This 'part of the solution' strategy is characterised by partial appeasement (for example through adoption of labelling and reformulation initiatives), partnership with policy makers, and co-option of policy development processes to ensure that regulation stops at self-regulation(108). While many corporate initiatives show

the food industry's willingness to make incremental changes to align with public health demands, they also serve to reinforce the industry's economic and political power. The resulting public-private partnerships socialise governments to food industry practices and interests, and bring industry actors into governance arrangements whereby a seat at the table offers industry actors both voice and influence in public health policy making processes(108). Drawing parallels between the food industry adoption of the 'part of the solution' strategy, and the automobile industry adoption of low-emission technologies with promotion of 'win-win' rhetoric, Lacy-Nichols suggests the strategies of appeasement, co-option and partnership are persuasive and durable forms of power(108).

My findings must also be situated in their historic context. The Competition Commission Inquiry occurred in 2006, and the Responsibility Deal was launched in March 2011. Analysis through a lens of power recognises that power dependencies are not static, they are likely to change over time. Organisations can adopt strategies to alter their dependencies and resulting asymmetries in power with other organisations in the food industry. In addition, the nature of the industry has changed in the intervening period, with the increased presence of discounter retailers. There have also been changes in the approach to government policy. Over the last 30 years UK governments have largely favoured less interventionist policy approaches to reducing obesity, for example provision of information rather than fiscal or regulatory measures, regardless of political party(54). These approaches emphasise the importance of personal responsibility, individual choice and free markets. However, this has changed a little in recent years with, for example, the implementation of the Soft Drinks Industry Levy in 2018. This may indicate a greater acceptance by the government of deterrence measures, or that more interventionist approaches are increasingly acceptable to the public(54, 238). Importantly, while the sugar content of soft drinks has reduced following implementation of the Soft Drinks Industry Levy, the Levy has not resulted in reduction in the volume of soft drinks purchased by UK households, thus the Levy might benefit public health without harming industry(239).

Despite these secular changes in food industry behaviour and in the policy environment, the issue of power remains relevant. Three of the four case study organisations described longstanding relationships with Government officials and ministers, and the fourth identified the potential for developing relationships with Government as one of the reasons they participated in the Responsibility Deal. If the Government approach to policy is becoming increasingly restrictive for the food industry, these relationships, and the potential for industry influence on government policy is likely to become even more important to major food retailers and large manufacturers. In addition, these issues are likely to be relevant to other industries, as there are clear commonalities across the alcohol, food, tobacco, and



gambling industry strategies to promote favourable policy narratives, build constituencies, frame debates, and engage in policy substitution(3).

## 8.5 Implications for the Public Health Responsibility Deal programme theory

As part of a previous evaluation of the implementation and potential impact of the Responsibility Deal undertaken by the Policy Innovation and Evaluation Research Unit(PIRU) based at London School of Hygiene and Tropical Medicine I developed a logic model(52) to clarify the underlying assumptions about how the Responsibility Deal might work (described in Chapter 2.3.1). The model was used to design the PIRU evaluation, identifying key phases of implementation of the Responsibility Deal, supporting the development of research questions, and identifying the data needed to evaluate implementation and potential impact of the Responsibility Deal. The model depicts an assumed causal pathway of activity between activities undertaken as part of the Responsibility Deal and its intended outcome, which was to improve population health(52). In this section I reflect on the findings of my thesis and suggest three revisions to this pre-existing logic model. It is important (but under-appreciated) to update or revise a logic model following an evaluation as part of considering whether failure to find a beneficial effect of an intervention is due to a theory failure, an implementation failure, or both(240). In addition, a revised logic model that includes additional information about underlying assumptions, context or necessary preconditions for successful implementation of an intervention may be useful to policy makers intending to amend the intervention (or develop new interventions utilising a similar theory of change). A revised logic model may also assist researchers conducting further research on the intervention or exploring similar interventions, for example through determining the scope of their research and enabling the development of research questions. My findings identify three potential shortcomings in the logic model developed for the Responsibility Deal, described below.

Firstly, the logic model identified the practical starting point of the Responsibility Deal as the formation of the Plenary Group(52), a group of senior representatives from the business community, NGOs, and public health organisations established to oversee the development of the Responsibility Deal(1). In contrast, my findings show the practical starting point of the Responsibility Deal occurred much earlier than this, and can be traced back to the formation of the Public Health Commission. As mentioned previously, the Commission was chaired by Dave Lewis. Other members of the Public Health Commission included the Corporate Affairs Directors of Tesco and ASDA. The secretariat was supplied by Unilever and the Commission met at Unilever House(201). These arrangements are likely to prioritise business

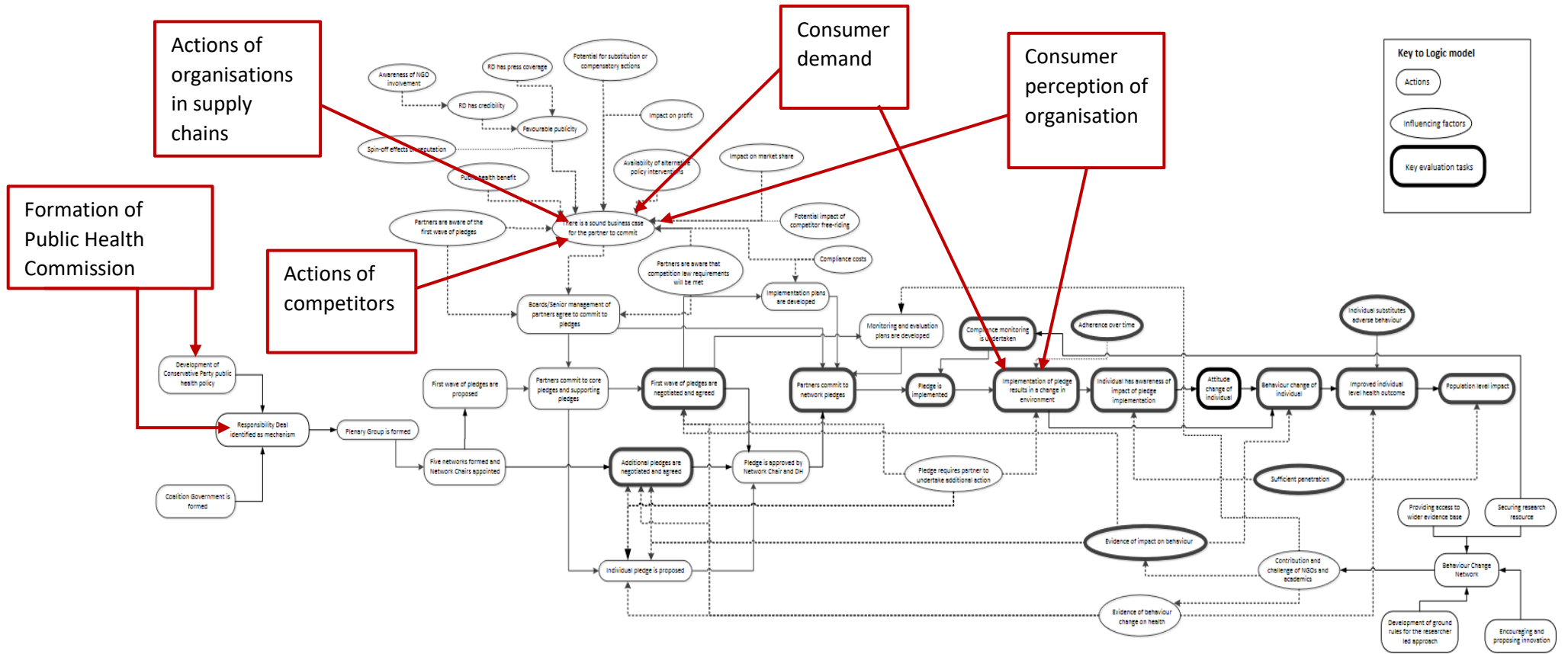
interests over public health objectives. Thus, the scope, governance arrangements, structure and content of the Responsibility Deal were broadly agreed by the industry-led Commission well before the Plenary Group (which also included many members of the Commission) was established. To reflect these findings the left-hand side of the logic model could be altered with additional cells highlighting the formation of the Public Health Commission, and the influence of the Commission on Conservative Party public health policy and the Responsibility Deal.

Secondly, the logic model for the Responsibility Deal describes the underlying logic of the intervention and does not include broader contextual factors. As such, the model assumes actions taken to implement pledges are a result of the Responsibility Deal intervention. In contrast, my findings show that consumer demand, consumer perceptions, and the influence of powerful food industry organisations were all likely to be more important to food industry organisations than compliance with the Responsibility Deal, which was found to have limited additionality(39, 40, 51). While there is broad agreement that logic models are useful for summarising the logical process of linking underlying programmatic assumptions with inputs, activities, mechanisms and outcomes, the ability of logic models to incorporate contextual factors is contested(241). As my findings show, a lack of context can result in a logic model ignoring the underlying conditions that may have influenced the outcomes, and simple models risk overstating the causal contribution of the intervention(51, 241). One way of reflecting these contextual factors in the logic model could be through inclusion of additional cells that highlight the potential influence of these factors on the requirement for a sound business case for the partner to commit to network pledges. As these contextual factors also affect implementation of pledges, the assumption that implementation of a pledge flows naturally from the decision to commit to a pledge (as currently depicted in the model) may not be valid.

Finally, as noted above the logic model contains a node of activities contributing to the existence of a sound business case for organisations to commit to pledges. As written, the model shows an organisation acting autonomously and the model is blind to the potential influence of powerful actors in the supply chain and/or powerful competitors on the decision-making processes of an organisation considering participation in the Responsibility Deal. My findings show that these power dependencies are important to decision-making processes of organisations, and present additional contextual factors that are likely to influence implementation of the Responsibility Deal. As such, cells highlighting the influence of suppliers and competitors on the existence of a sound business case could be added to the model.

The figure below depicts the updated logic model for the Responsibility Deal, with the additional cells highlighted. The implications of these changes to the logic model for policy and research are discussed in Chapter 8.7 below.

Figure 8-1 Updated logic model of Public Health Responsibility Deal



## 8.6 Reflections on theoretical approaches

This doctoral study explored the strategic response of the food industry to the Public Health Responsibility Deal, in the context of power. As the study included a consideration of power both within the food industry and beyond the market environment, I adopted two theoretical approaches: Resource Dependence Theory(15) and Lukes' model of the Three Faces of Power(16).

The adoption of Resource Dependence Theory, which has evolved from business organisational and management literature, in public health research is distinctive. I considered Resource Dependence Theory to be appropriate for the analysis of submissions to the Competition Commission Inquiry because it clearly incorporates the concept of power. Pfeffer described the construct of power as an almost inevitable outgrowth of the focus on dependence, and organisational attempts to manage or mitigate dependencies(15). In addition, Resource Dependence Theory allows a focus on suppliers and other actors in the environment that ultimately affect the flow of resources to an organisation. In my application of Resource Dependence Theory I considered access to consumers to be a critical resource for suppliers, and access to suppliers to be a critical resource for retailers. The ideas of resource criticality, discretion over allocation of a resource, and the availability of alternatives provided a useful framework for thinking through organisational dependence, and consequent power, within supply chains.

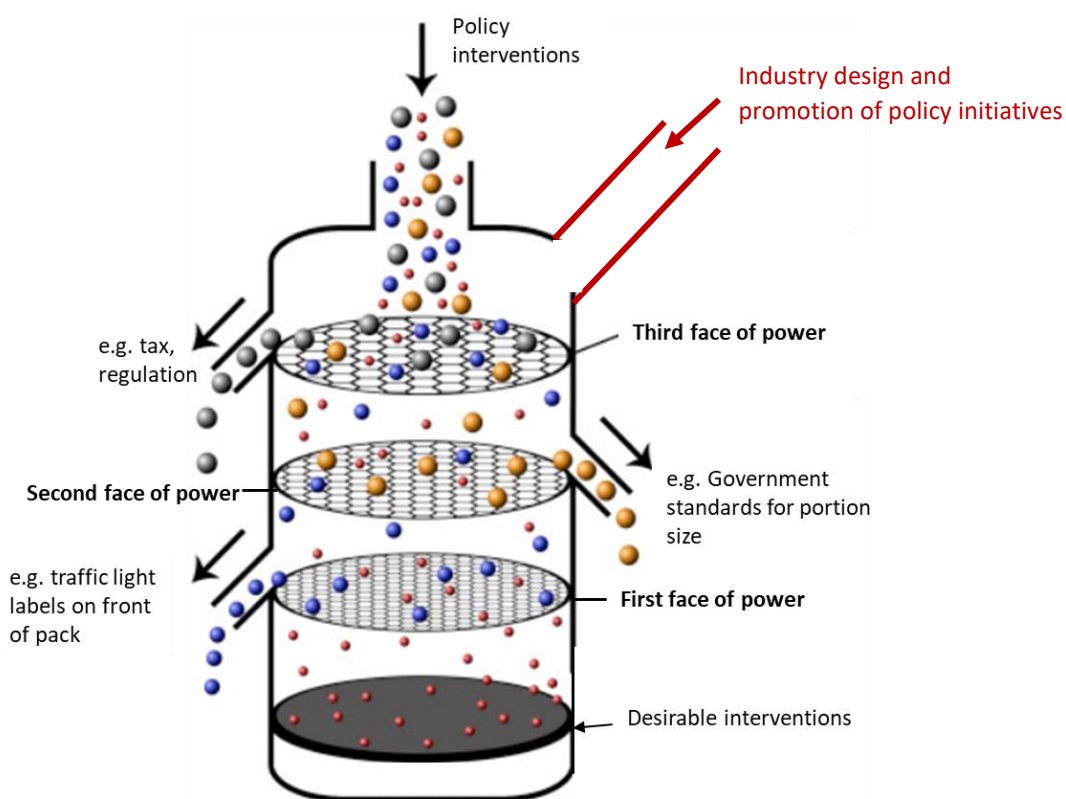
Pfeffer suggests the idea that organisations are constrained and affected by their environments and that they act to attempt to manage resource dependencies has become so accepted that it is not rigorously explored and tested(15). I found that the theory accounted for the opportunistic behaviours of powerful businesses, the compliance of weaker businesses, and the strategies of organisations to mitigate or alter dependencies (for example, the major food retailers' development of own-brand products).

In addition to exploring the exercise of power within the food industry, I also explored the exercise of power in the non-market. While Resource Dependence Theory could be applied to studies of the non-market actions organisations take to provide leverage, including political activities(15), I chose to adopt Lukes' three faces of power model(16) for the second phase of the study (the analysis of trade and news media). Lukes' three faces of power model was a useful framework for this study, as it provided a holistic account of decision making and was sensitive to different forms of power within the decision making

arena (the first face of power), actions which shape the agenda-setting process (the second face of power), and the actions which shape the perceptions and preferences of actors (the third face of power)'(106). While Resource Dependence Theory is relevant to the corporate political activity aspects of non-market strategy, it is perhaps more difficult to apply to Corporate Social Responsibility activities and aspects relevant to the third face of power (shaping of perceptions).

In Chapter Six (Chapter 6.3) I described Lukes' three faces of power model as a sifting process, whereby problematic policy interventions are sieved out of the policy landscape, focusing consideration of alternatives on only innocuous and desirable interventions. However, findings show that powerful food industry organisations proactively suggest, design, and promote policy approaches that favour their own interests. This suggests that 'sifting' is too passive as a concept for this process of influencing public policy, and that perhaps 'sluicing' is more appropriate, thereby emphasising the active role of industry actors in policy development processes. Thus, I have amended the original figure, adding an inflow of actions proactively undertaken by powerful industry actors consistent with a sluicing approach as suggested above (see amended figure below, with amendment highlighted).

Figure 8-2 Consideration of Lukes' three faces of power as a sluicing process



Resource Dependence Theory incorporates a dynamic element, whereby it anticipates organisations will take actions to alter their dependence on others, with a consequent change to the power relations between the organisations. In contrast, there is no explicit temporal aspect to Lukes' three faces of power model. The temporal aspects of power could be considered in two ways. Firstly, in terms of the relationship between the three faces of power. For example, I deliberately chose to report the findings of my analysis beginning with the third face of power, followed by the second, and then first face of power (Chapter Six). This presentation is unusual, as traditionally researchers present findings in the reverse order (first face, then second face and finally third face of power). I chose to present my findings in this way to highlight synergies across the faces of power and have subsequently realised there is also a temporal logic to this presentation. For example, actions that shape preferences and perceptions (third face of power), may be required before actions undertaken to influence the range of policy solutions are discussed (second face of power), which may shape the actions taken to influence policy development more directly (first face of power). While this may be a useful analytic device, in practice these actions may be occurring simultaneously and over extended periods.

The second temporal aspect of power that is not explicitly described by Lukes' model, is that the power of an organisation may change over time, resulting in a change in organisational tactics and strategy. For example, as larger organisations are likely to be more powerful than smaller organisations (Chapter Five), the power of an organisation may increase as the organisation grows. In addition, market and non-market strategies of an organisation are likely to be linked, whereby actions taken in the market may influence actions taken beyond the market and vice-versa(108). Organisations are also likely to adapt strategies over time. For example, while three of my case study organisations reported longstanding relationships with Government, one organisation was deliberately seeking to improve relations with Government through their participation in the Responsibility Deal (Chapter Seven). Furthermore, organisations are likely to adapt strategies in response to changes in policy direction. An example of this has been recognised by researchers in the emergence of the 'part of the solution'(108) approach described above.

## 8.7 Implications for policy and research

My findings show that major food retailers and large manufacturers of key branded products exerted power over other organisations in their supply chains and influenced the development and implementation of public health nutrition Government policy. The resultant policy had limited

additionality and organisations could continue with business as usual. These findings highlight several implications for the development and implementation of nutrition and wider public health policy, as described below.

Major food retailers and large manufacturers of key branded products are likely to influence perceptions of the appropriateness and effectiveness of policy interventions, potentially well in advance of formal policy development processes being underway. For example, through framing of the roles and responsibilities of Government, business actors and individuals, and use of the nanny-state metaphor (Chapter 6). Such framing may lead to policy interventions that focus on the responsibility of individuals (for example, labelling policies and provision of information) as being naturally preferred over population-level fiscal and regulatory measures, and hence the focus of subsequent negotiations and development. Note, there have been exceptions to the general trend for individual-focused policy interventions (for example, with the Soft Drinks Industry Levy) suggesting there is scope for the adoption of more interventionist approaches in the UK.

The potential narrowing of policy interventions to those focussing on individuals is likely to be exacerbated by the adoption of collaborative approaches to policy development, in accordance with industry framing of the food industry role as 'part of the solution'. With the development of the Responsibility Deal, industry was leading the early stages of the policy development process with the Public Health Commission in a key policy shaping role. In addition to a specified role in the policy development process, Andrew Lansley stated that the provision of industry funds towards the Change4Life campaign was in exchange for adoption of non-regulatory approaches, further limiting the scope for policy interventions. Public health researchers have suggested that conflicts of interest arise when industry groups are included in the identification, selection, and development of policy options and that strong guidance is required to protect public health policy processes from undue influence of private sector actors in the ultra-processed food industry (among others) (242). As the exclusion of industry groups from the identification and selection of policy approaches is likely to cause tension for policy makers in the UK, guidance on the avoidance of conflict of interest (as opposed to disclosure of conflicts of interest) may be useful.

My findings show that the Responsibility Deal had limited additionality. However, voluntary policy interventions can be effective when they are informed by evidence, targeted, measurable, attributable, feasible, time bound, transparently reported, and independently evaluated(39, 51, 212). As the Responsibility Deal did not meet these criteria(39), potentially improvements in the overall design of the



Responsibility Deal may have increased the effectiveness of the policy intervention(54). For example, while the Responsibility Deal was not a public-facing intervention, case study participants highlighted the importance of consumer perception of their business' activity, suggesting incorporation of a public facing aspect to the Responsibility Deal may have increased its effectiveness.

Food industry organisations were found to be subject to pressures *within* the food industry (including from major food retailers and large manufacturers of branded products) that were likely to be more of a priority to their business than compliance with a voluntary government policy initiative. This suggests, firstly, that there are limits to what can be achieved with voluntary policy interventions in the food industry; and secondly, that voluntary policy interventions are likely to be most effective when the activity required to implement the intervention aligns with the business objectives of the major food retailers and large manufacturers of key branded products.

Finally, my findings highlight the heterogeneity of the food industry when observed through the lens of power, which presents added complexity for policy makers. Consideration of heterogeneity is likely to be important when defining public health and nutrition policy objectives, for example choosing to prioritise involvement of either a large number of businesses (as in the case of the Responsibility Deal), or specific powerful businesses, in future voluntary interventions. The heterogeneity of the food industry is also important for policy implementation in terms of potential non-participation and non-compliance with voluntary interventions (described by food industry actors as the 'level playing field'). This suggests the heterogeneity of the food industry is an important consideration throughout the policy making process.

In addition to implications for public policy, I have also identified implications for research into public health nutrition arising from this study. The inclusion of a business perspective, including analysis of submissions to the Competition Commission Inquiry and use of Resource Dependence Theory, in this study is distinctive. I adopted these methods not as an apologist for the industry perspective, rather to gain insight into the inner workings of the food industry. This work highlighted the heterogeneity of the food industry and the power of the major food retailers in the grocery retail system in the UK. Further research in this space is likely to assist with the development and implementation of public health nutrition policy interventions. For example, researchers could usefully explore the public health implications of the expansion of own-brand products in the UK; the influence of major food retailers on the development of branded food products; and the activities undertaken by powerful food industry actors within the food industry to influence policy.

My research also highlights the potential links between market and non-market activity undertaken by industry actors. Further research in this area could explore for example, the influence of changes in power dynamics within the food industry, or changes in consumer behaviour, on non-market activities of industry actors. Finally, my analysis of news media and trade press highlighted two issues that could be further explored: the framing of obesity and allocation of responsibility in social media, and the comparison of framing between trade press and public-facing media.

## 8.8 Study limitations

There are several methodological limitations of this research as described below.

The submissions to the Competition Commission Inquiry comprised an existing data set that had been collected for a different purpose to my research. Submitters were participating in an independent Inquiry into competition issues associated with the retailing of groceries in the UK. As such I had no control over the issues that were raised by submitters, or which parties lodged submissions. One significant gap in the sample is the absence of submissions identified as being from large branded manufacturers of processed foods. In addition, it is possible that submitters to the Inquiry had multiple agendas that may have introduced bias into the sample. For example, submissions were publicly available and some of the self-identified submitters commented on their experience with named major food retailers, whilst others were anonymous. Finally, as the total number of submissions to the Inquiry was very large, I selected submissions from participants in the grocery trade that could provide first-hand accounts of their experience (as opposed to commentators). It is possible relevant data were not included in my analysis as a result.

The data set in my analysis of trade and news media was also potentially very large, with my search in ProQuest resulting in over 8,000 hits. While some of the news media were brief articles, I considered this to be an unmanageable data set for qualitative research. In conversation with one of my advisers we agreed use of the 'sort by relevance' function in the ProQuest database was appropriate, and I continued to sample until I stopped finding relevant articles. In practical terms I took this to be when I had read 300 consecutive articles without finding a relevant article (the articles were presented as pages of 100 in the database). While this was a pragmatic response to manage the large dataset, it is possible that some relevant articles were missed.

I have also identified two key limitations with my case studies. Firstly, I have drawn on data from a small number of interviewees in each of my case study organisations. While I had intended to interview additional staff in each of the organisations to enable triangulation across the interview transcript data, I was reliant on potential interviewees agreeing to requests for interviews, which did not always occur. As the case study approach allows for use of multiple sources of data, I was able to triangulate interviewee accounts with documents and publicly available data. The second limitation with the case studies arises from the requirement to preserve the anonymity of interviewees. The ethics committee for this study noted that identification of interviewees would be possible if case study organisations were identified. The requirement to not identify organisations placed limits on the detail that could be reported for each of the case studies. While case study research allows researchers to provide rich descriptions of findings, I chose to present the findings of the cross-case comparison as opposed to individual case reports, with information from individual cases dispersed throughout each section (thus avoiding the thick description of individual cases). I considered adoption of this approach to be valid, as the purpose of my report was not to portray any single case, but to synthesise findings from all cases, organised around key themes. One justifiable criticism of this approach is that the reader may lose a sense of individual cases.

## 8.9 Conclusion

The aim of this doctoral study is to explore the strategic response of the food industry to the Public Health Responsibility Deal, in the context of power. I explored the exercise of power from two perspectives – both within the food industry and beyond the food industry. I focused on how power influences the activity of organisations within food industry supply chains, and how powerful food industry organisations influenced the development and implementation of public health nutrition policy.

Findings show that the most powerful organisations in the food industry in the UK are major food retailers and large manufacturers of key branded products. These powerful organisations influenced the development of public health nutrition policy through the framing of preferred policy solutions in the media; leading policy development processes, in particular through the Public Health Commission; and influencing the detail of the Public Health Responsibility Deal including through involvement in development of pledges, lobbying, and adoption of industry-led standards. While the stated objective of the Responsibility Deal was to improve public health, implementation resulted in limited additionality in public health nutrition, with food industry organisations not sufficiently motivated by the Responsibility Deal to go beyond business as usual.

This research provides insight into the heterogeneity and complexity of the food industry when considered through a lens of power (unlike the gambling, alcohol and tobacco industries(13)). In addition, the study adds to our understanding of business' use of non-market strategy actions. For example, while corporate political activity is typically described as aimed at government departments and stakeholders relevant to government(114), this study shows how activity intended to influence policy can be aimed at other food industry actors. The findings provide insight into the influence of powerful food industry actors on development and implementation of public health nutrition policy and highlights the relationship between an organisation's exercise of power within the market and in the non-market environment.

## 9 Appendix One – submissions to Competition Commission Inquiry included in analysis

| <b>Number of submissions in analysis</b> | <b>Name of submitter</b>   | <b>Description (as supplied in submission)</b>  |
|--|----------------------------|---|
| <b>Suppliers</b>                         |                            |   |
| 1  | Alvis bros                 | Supplies cheese to retailers  |
| 1  | 2 Sisters Food Group Ltd   | One of the UK's leading poultry processors, providing a range of products to major retailers  |
| 2  | Robert Wiseman Dairies PLC | Supplier of dairy products to all of the major retailers, and employ 4,000 staff with a turnover of £570m per annum   |
| 1  | A Bartlett                 | A grower and packer of fresh produce to four of the five major retailers  |
| 1  | Arla Foods UK plc          | UK's largest supplier of fresh milk and cream to major retailers, and responsible for three major brands in the category: Lurpak, Anchor and Cravendale. UK turnover in excess of £1.3b                     |
| 1  | Bakkavor Group             | UK's leading provider of fresh prepared foods and produce, supplying in excess of £1b of products to major retailers in the UK  |
| 1  | Branston Ltd               | A farmer owned business involved in marketing fresh potatoes in the UK, principle customer is Tesco, employs in excess of 500 people and sales to Tesco exceed £100m per year.                              |
| 1  | F Thompstone               | Produce free range eggs   |
| 1  | Finsbury Food Group plc    | Supply bakery goods to 7 of the major retailers   |
| 2  | G's Marketing Ltd          | Large scale grower and packer of salads and vegetables, supplying processors, wholesalers and major retailers. Employ over 400 people.  |
| 1  | Hilton Food Group          | Retail packing meat business, owned by three main shareholders that own abattoirs (which supply 90% of business' beef and lamb), supply major retailers including Tesco (turnover with Tesco approx £190 m) |
| 1  | Hoads Farm                 | Packs and sells free range eggs to major retailers and caterers. Production requirements are met by two independent producers under contract.   |
| 1  | Muller Dairy Ltd           | Supplies major retailers  |

|                |                         |  |
|----------------|-------------------------|--|
| 1              | Parsons Trading Ltd     | Supplies ingredients to food manufacturing industry, and beverages for vending machines and HoReCa market. Does not supply retailers   |
| 1              | Product Chain Ltd       | Supplies major retailers and wholesalers   |
| 1              | Scottish & Newcastle UK | Leading brewer in the UK with a 27% market share, supplying licensed pubs, clubs, restaurants, hotels and retail markets. Brands include Fosters, John Smiths, Kronenbourg, Strongbow, McEwans and Newcastle Brown Ale. Supply both convenience and major retailers. |
| 1              | Springvale foods        | Small family business supplying and distributing cakes, biscuits and snacks to independent retailers   |
| 1              | Supplier a              | Supplier to major retailers  |
| 1              | Supplier b              | Medium sized farm supplying major retailers  |
| 1              | Supplier c              | Small independent supplier   |
| 1              | Supplier 2              | UK food producer operating in the UK and elsewhere within the EU, providing private label and branded products for the retail sector.  |
| 1              | Supplier 3              | Supplies both own-label and branded goods to the core grocery market   |
| 1              | Supplier 4              | supplies own-label products to a range of UK retailers   |
| 1              | Supplier 5              | supplies food and beverages, both branded and own-label, to most of the major grocery retailers, and to the independent and food service sector  |
| 1              | Supplier 6              | supplies major food retailers  |
| 1              | Supplier 7              | Supplies own-label and branded products to major food retailers, symbol groups and local independent stores  |
| 1              | Thierrys Wine Services  | One of the largest wine agency companies in the UK, representing 6.2% of the take-home trade in the UK, source product from 40+ suppliers, and sells to a broad range of retailers   |
| 1              | Worldwide Fruit         | Sources fruit from around the world (primarily apples but also other fruits) to supply major retailers and independent sector. Turnover of approximately £100m.  |
| 1              | Willett Bros Ltd        | Manufacturer of wholesale confectionery  |
| <b>Farmers</b> |                         |  |
| 1              | farmer no 32            | Dairy farmer   |
| 1              | farmer no 33            | Dairy farmer supplies one of big three processors, offered direct supply contract with Tesco   |
| 1              | farmer no 37            | Mixed dairy arable farmer  |
| 1              | farmer no 38            | Dairy farmer, supplied milk to producer owned cooperative  |

|   |                               |  |
|---|-------------------------------|--|
| 1 | farmer no 40                  | Small family farm - potato growers, supplied packers under contract to Tesco   |
| 1 | farmer no3                    | Livestock, prime beef  |
| 1 | farmer no5                    | Farmer, chartered surveyor and agricultural valuer   |
| 1 | farmer no6                    | Pig farmer   |
| 1 | farmer no7                    | Arable crops, strawberry grower, supplied marketing agent under contract to Sainsburys   |
| 1 | farmer no8                    | Independent pig producers and arable farmers, supply local abattoirs that supplies Tesco   |
| 1 | farmer no12                   | Substantial dairy farm with 750 milking cows   |
| 1 | farmer no13                   | Potato grower  |
| 1 | farmer no17                   | primary producer of rainbow trout, and trout processor (supplying Tesco), catering, and another processor that supplies major retailer |
| 1 | farmer no19                   | Dairy farmer, supplies processors  |
| 1 | farmer no20                   | Mixed arable and dairy farmer, supplies processors   |
| 1 | farmer no22                   | SKS Dairy Group offers dairy cow nutritional advice and operates a feed buying group for 60 dairy farms                                |
| 1 | farmer no25                   | Fruit growers, supplied peaches to packers under contract to Morrisons   |
| 1 | farmer no26                   | Farmer of organically reared pigs for pork   |
| 1 | farmer no28                   | Vegetable grower   |
| 1 | farmer no29                   | Dairy farmer   |
| 1 | farmer no34                   | Strawberry grower that supplies local markets  |
| 1 | farmer no2 george hosford     | Family farm producing cereal crops, and meat animals, supplies processors, does not supply retail directly                             |
| 1 | farmer a                      | Farmer supplying vegetables to retailers and wholesalers   |
| 1 | farmer b-1                    | Farmer supplying Asda  |
| 1 | farmer c                      | Leafy salad production business supplying a range of retailers   |
| 1 | Primary producers round table | A group of primary producers that had a confidential discussion with the Commission  |
| 1 | Really Welsh                  | Sole supplier of leeks, kale and spinach to all Tesco and Waitrose stores. The only leek grower in Wales.                              |
| 1 | suppliers mt                  | Farmer and grower of potatoes, vegetables and cereals  |

| <b>Major food retailers</b>    |                               |  |
|--------------------------------|-------------------------------|--|
| 1                              | Aldi                          | Offers around 850 grocery lines, virtually all of which are own brand. Store size is smaller than other major food retailers, but because only one of each product, Aldi customers use stores as a one-stop shop destination   |
| 5                              | ASDA                          | Major food retailer, focus is on every day low pricing   |
| 4                              | Co-operative Group Ltd        | The Co-operative Group is owned by its consumer-members and has a range of interests including grocery. It runs 1,700 stores, upto 1,400 sqm, distributed nationally   |
| 1                              | Lidl                          | A discounter with nationwide presence and limited range  |
| 5                              | Marks and Spencer Plc         | a 100% own-label business, which focusses on offering a single quality product for each of the key grocery segments. Business model is to make excellent quality products accessible to the consumer   |
| 5                              | J Sainsbury Plc               | A balance of own label and branded product lines, provides a choice of high-quality products at fair prices. Launched a recovery plan in 2004: Making Sainsbury's Great Again  |
| 1                              | Somerfield                    |  |
| 10                             | Tesco                         | The market leading major food retailer, with both large and small store formats, nationwide. Tesco was the focus of the Competition Commission Inquiry   |
| 3                              | Waitrose                      | A national one-stop supermarket operator. Waitrose also has internet sales through Ocado, of which it owned 30%  |
| 4                              | Wm Morrisons Supermarkets plc | Owns 371 stores, including stores acquired as a result of the Safeway acquisition. Stores upto 3,716 sqm, provide a one-stop shop. Certain aspects of the business are vertically integrated, e.g. fresh produce and meat  |
| <b>Independent/Convenience</b> |                               |  |
| 1                              | Booths                        | A family owned and run business that has been in operation since 1847, with stores in smaller centres and market towns. Aims to sell the best products money can buy, and considers Waitrose to be its closest competitor in product offering.                                 |
| 1                              | Netto                         | The UK retail business is based on the model of its Danish parent group, with a UK buying team. 170 stores nationally, all stores are approximately 1000sqm and have associated parking. Product range covers 90 - 95 % of the goods that would be required for a weekly shop. |



|   |                 |  |
|---|-----------------|--|
| 1 | Nisa-Today's    | The National Independent Supermarkets Association was set up as a buying group in 1977. In response to consolidation of the industry in the 1980s, the NISA became a buying group that also distributes to its members. Is one of two buying groups in the UK. Membership includes traditional medium-sized retailers, with Costcutter as its largest member. Describes itself as most aggressive on cost within the independent sector. |
| 4 | Pareto retail   | Small independent retailer, started with the acquisition of a single shop. Member of NISA.   |
| 1 | Proudfoot       | Small family-run independent retailer with 5 stores  |
| 1 | Country Choice  | Greengrocers with three stores.  |
| 1 | Retailer anon 1 | Convenience retailer with over 100 stores in the UK, all licensed to sell alcohol, all under 285sqm. Undertake supply negotiations directly with alcohol suppliers   |
| 1 | Retailer anon 2 | Independently owned franchise outlets underpinned by convenience grocery and alcohol.  |

| <b>Wholesalers</b> |                   |  |
|--------------------|-------------------|--|
| 1                  | Palmer Harvey     | a national delivered wholesaler, with 70% of business in distribution and the rest in wholesaling. Customers include very large through to very small, for example, Tesco, Sainsbury's, Esso, Shell and Total. There are also about 780 independent retailers trading under one of P&Hs fascias. Tobacco represents about 75% of turnover by value; in addition to confectionery, snacks, alcohol, chilled and frozen, household and grocery products. |
| 2                  | AG Parfetts       | A private limited company operating cash and carry warehouses in the Northwest of England, supplying independent retail stores and caterers. The company operates six depots and are in the top ten of UK cash and carry companies, with a registered customer base of 15,000 retailers and 5,000 caterers.  |
| 1                  | Wholesaler anon 1 | Company has been in business for 25 years, trade only cash and carry wholesaler.   |
| 1                  | Bestway           | Operates 49 cash and carry warehouses, with customer base of approx 100,000 independent retailers. Second largest cash and carry operator in the UK. Also delivers.  |
| 1                  | Booker            | Largest wholesaler in the UK.  |
| 1                  | Ice Pak           | Independent wholesalers and distributors of food and drink mainly supplying small independent retailers and some of the symbol groups (such as Londis, Spar and Costcutter).   |
| 1                  | JJ Haslett        | Northern Ireland's leading wholesale cash and carry group  |
| 1                  | Mercia Fine Foods | Have traded for almost 30 years, as wholesale distributors of fine foods, cakes, biscuits, snacks and confectionery to small independent retailers.  |

## Hearings summaries

|   |                                      |
|---|--------------------------------------|
| 4 | Association of Convenience Stores    |
| 1 | Dairy UK                             |
| 1 | Farmers Union of Wales               |
| 1 | Federation of Wholesale Distributers |
| 1 | Federation of Small Businesses       |
| 1 | Meat livestock com                   |
| 1 | national association master bakers   |
| 1 | national farmers union               |
| 1 | nfu scotland                         |
| 1 | nisa todays                          |
| 1 | niirta                               |
| 1 | pareto                               |
| 1 | retail ent network                   |
| 1 | sgf                                  |
| 1 | ufu                                  |
| 3 | ASDA                                 |
| 1 | bbg                                  |
| 1 | bifga                                |
| 1 | bmpa                                 |
| 1 | british retail consortium            |
| 3 | Co-op                                |
| 1 | farmer a                             |
| 1 | farmer b1                            |
| 1 | farmer c                             |
| 3 | ms                                   |
| 3 | morrison                             |
| 1 | netto                                |
| 1 | nifda                                |
| 1 | palmer harvey                        |

- 1 primary producers remedies
- 1 really welsh
- 3 sainsburys
- 1 somerfield remedies
- 1 supermarket suppliers
- 1 supplier 1
- 1 supplier 2
- 1 supplier 3
- 1 supplier 4
- 1 supplier 5
- 1 supplier 6
- 1 supplier 7
- 3 tesco
- 3 waitrose
- 1 worldwide fruit

## 10 Appendix Two – Email invitation to Chief Executive of potential case study organisation

Dear <name>

The Department of Health has commissioned a research team from the Policy Innovation Research Unit based at London School of Hygiene and Tropical Medicine to evaluate the Public Health Responsibility Deal (<https://responsibilitydeal.dh.gov.uk/independent-evaluation/>). The evaluation includes a small number of case studies of organisations that are partners in the Responsibility Deal. As <organisation> is a food manufacturer with substantial reach and workforce, and significant involvement in the Responsibility Deal, we are very keen to include your organisation as a case study.

<Organisation> has committed to <detail of pledges>. The purpose of the case study would be to explore why <organisation> chose to participate in the Responsibility Deal, how you have given effect to the pledges, and the impact of those changes on the organisation. For example, we would be interested in the initiatives you have in place for <examples>. From this research we hope to identify incentives and disincentives for participation in the Responsibility Deal, and potential improvements that we can suggest to the Department of Health. We would really value your input.

We have undertaken three case studies to date and plan to complete a total of nine. The specific organisations that have been selected as case studies will be kept confidential within the research team. We will not tell the Department of Health which organisations have been included, and we will not identify your organisation (or any individual employees) in any of our reports or to any person outside of the research team. The case study would involve a member of the research team interviewing a small number of your staff that have been involved in the Responsibility Deal work and in implementing the pledges (say 8 - 10 people in total), and we would be interested in reading any reports that staff make available to us.

I have attached an information sheet about the research and what is involved. The information sheet will be given to anyone we interview at <Organisation>. If you are interested in <organisation> being a case study, or if you have any questions about the research, please let me know. Alternatively I will happily follow up with one of your team.

best wishes  
Elizabeth Eastmure

# 11 Appendix Three – Case study interviewees participant information sheet

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## **Responsibility Deal Process Evaluation: Phase 2**

### **Case Studies**

#### **Participant Information Sheet**

We are contacting you to ask you to take part in our research. Before you decide, please read this information sheet which will tell you about the research.

#### **Study background**

The Public Health Responsibility Deal is a partnership between the government, businesses, and other types of organisations, such as charities. It is based on a number of voluntary agreements and pledges which are designed to help meet public health goals (e.g., helping people to eat a healthier diet). The Public Health Responsibility Deal now has some 400 partners. Research suggests that partnerships like the Public Health Responsibility Deal can be successful, but they have also been criticised. Our research, which is funded by the Department of Health, will study how the Public Health Responsibility Deal has been working to date, and, in particular, will explore the views of a wide range of partners and non-partners about its development, progress and potential. As part of the research we are undertaking five detailed case studies of businesses/organisations, including yours, which are Public Health Responsibility Deal partners. We want to explore how Public Health Responsibility Deal partnership affects your business, by interviewing a small number of people who can tell us about its impact on different aspects of the business. That is why we are contacting you.

#### **What will happen if I decide to take part?**

If you decide to take part, we will arrange to interview you in private at your workplace or somewhere else that suits you. If a face-to-face interview is not possible we can arrange a phone interview. The interview will last about 45 minutes and, if you agree, will be audio recorded. During the interview we will ask you about your experiences of, and/or your views on, various aspects of the Public Health Responsibility Deal and its impact on the business/ organisation for which you work. Taking part is voluntary and you are free to stop the interview at any time without giving a reason. Interviews are confidential, and we will not discuss your opinions/ views with your colleagues. If we quote you in any reports of the research findings, you will not be named or described in a way that might identify you or the organisation or business for which you work.

#### **What will happen to the information I give the researcher?**

Your interview will be transcribed. You will be given a study code and your name and the name of your organisation/business will not be attached to any records or transcripts. Interview transcripts and recordings will be stored securely at the London School of Hygiene & Tropical Medicine. Only the research team will have access to them. We will study the interviews for key issues about the Public Health Responsibility Deal and the impact of being a Public Health Responsibility Deal partner on your business. A report of our findings will be sent to the funders, and we will also publish them

in academic and trade journals/magazines, and present them at conferences and meetings, so that they reach a wide audience. Our findings will inform future policy in this area, as well as the development of the Public Health Responsibility Deal itself, including any new pledges which are produced.

**What do I do now?**

If you would like to take part in the research, or have any questions that you would like to ask before you decide, please contact XXXXXXXX

Team contact details

The research team includes Professor Nicholas Mays, Professor Mark Petticrew, Dr Mary Alison Durand, Ms Elizabeth Eastmure and Dr. Cecile Knai.

*This study has been approved by the University of London's LSHTM Ethics Committee and is funded by the Department of Health*

## 12 Appendix Four – Consent form for case study interviewees

V1 20/2/13

*Add PIRU/LSHTM/ other logos*

### **Responsibility Deal Process Evaluation: Phase 2**

#### **Case studies**

#### **Participant Consent Sheet**

#### **PLEASE TICK THE RELEVANT BOXES**

1. I confirm that I have read, and that I understand, the Participant Information Sheet, dated XX/XX/2013 (Version xx). I have had the opportunity to consider the information provided, ask questions about the research, and have had these answered satisfactorily.
  
2. I understand that my participation is voluntary and that I am free to withdraw at any time from the interview, without giving a reason.
  
3. I consent to the interview being audio-recorded.
  
4. **Please tick one of the following:**
  - I agree to be quoted anonymously in reports of the study findings.
  
  - I do not agree to be quoted, even anonymously, in reports of the study findings but agree that my interview data may be used to inform the study's findings.
  
  - I do not agree to be quoted, even anonymously, and do not agree that my data may be used to inform the study's findings.
  
5. I agree to take part in this study.
  
  
6. I agree that the research team may re-contact me if there is anything in my interview that they require clarification on.

Participant's Name \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_



Researcher's Name \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

**LSHTM Team contact:** Dr. Mary Alison Durand, Lecturer, PIRU, Department of Health Services Research and Policy, London School of Hygiene & Tropical Medicine, 15-17 Tavistock Place, London WC1H 9SH. 02079272964. *Mary-Alison.Durand@lshtm.ac.uk* [Add other contact details as appropriate]

## 13 Appendix Five – Interview Topic Guide

### **Introductions**

- Researcher and overview of study
- Check time available for interview
- Consent

### **The interviewee**

- Can you please briefly explain what your job involves at <organisation>?
  - Follow up as required to filter for relevant pledges and content of interview

### **Why did the organisation participate in the Public Health Responsibility Deal?**

- Why was <organisation> interested in participating in the Public Health Responsibility Deal?
  - availability of alternative policy options; public health benefit; publicity and reputation; awareness of other partners'/NGO involvement
- What were the expectations of participation?
  - Have these expectations been realised?
- Can you describe how it was decided that <organisation> would be involved in the Public Health Responsibility Deal?
  - Who made the decision? Any information used to support that decision? Based on specific pledges or decision on general participation?
- How likely is it that participation in the Public Health Responsibility Deal will be reviewed in the future?
  - How would that review be undertaken? What would trigger a change in position on participation (withdrawal or increased involvement)?

### **Why did the organisation commit to the specific pledges they have signed up to?**

- How was it decided that <organisation> would commit to those pledges?
  - Process of decision-making/who decided?

- What factors influenced whether <organisation> would commit to a pledge?
  - Ability to implement/ ease of implementation; Impact on profit; competitor organisations; any information used to support that decision?

**How has the organisation given effect to the specific pledges? (NB example only as the detail is organisation specific)**

For calorie reduction (F4)

- Can you describe any work that has been undertaken to implement the calorie reduction pledge?
  - Options considered; reformulation; portion sizes; plans for the future
- Can you describe the challenges that those changes present?
  - Technical difficulties; cost; flavour; marketability; suppliers
- Can you describe any benefits of those changes?

**What has been the impact of those changes on the organisation?**

- Can you describe any monitoring/tracking that the organisation is undertaking?
- How does that monitoring feed into ongoing business planning and decision making?

**Wrap up**

- Do you have any reports or documents that would provide useful background to the things we have talked about today?
- Is there anything else you would like to tell me about implementation of the Responsibility Deal at <organisation>?
- Thanks and close.

## 14 References

1. Department of Health. The Public Health Responsibility Deal. London: The Stationery Office; 2011. p. 31.
2. Groceries Market Investigation [Internet]. National Archives. 2008.
3. Knai C, Petticrew M, Capewell S, Cassidy R, Collin J, Cummins S, et al. The case for developing a cohesive systems approach to research across unhealthy commodity industries. *BMJ Global Health*. 2021;6.
4. World Health Organisation. Noncommunicable diseases <https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases2021> [
5. Knai C, Petticrew M, Mays N, Capewell S, Cassidy R, Cummins S, et al. Systems Thinking as a Framework for Analyzing Commercial Determinants of Health. *The Milbank Quarterly*. 2018;96(3):472-98.
6. Kickbusch I, Allen L, Franz C. The commercial determinants of health. *The Lancet*. 2016;4(12).
7. deLacy-Vawdon C, Livingstone C. Defining the commercial determinants of health: a systematic review. *BMC Public Health*. 2020;20.
8. McKee M, Stuckler D. Revisiting the corporate and commercial determinants of health. *American Journal of Public Health*. 2018;108(9).
9. Lacy-Nichols J, Marten R. Power and the commercial determinants of health: ideas for a research agenda. *BMJ Global Health*. 2021;6.
10. Buse K, Tanaka S, Hawkes S. Healthy people and healthy profits? Elaborating a conceptual framework for governing the commercial determinants of non communicable diseases and identifying options for reducing exposure. *Globalisation and Health*. 2017;13.
11. Freeman B, Sindall C. Countering the commercial determinants of health: strategic challenges for public health. *Public Health Research and Practice*. 2019;29(3).
12. Stuckler D, Nestle M. Big Food, Food Systems, and Global Health. *Plos Medicine*. 2012;9(6):1-4.
13. Brownell KD, Warner KE. The Perils of Ignoring History: Big Tobacco Played Dirty and Millions Died. How Similar is Big Food? *The Milbank Quarterly*. 2009;87(1):259-94.
14. Bedford E. Supermarkets in the United Kingdom - statistics and facts <https://www.statista.com/topics/1983/supermarkets-in-the-united-kingdom-uk/#dossierKeyfigures2022> [
15. Pfeffer J, Salancik G. *The External Control of Organizations*. Stanford, California: Stanford University Press; 2003. 300 p.
16. Lukes S. *Power a Radical View*: Palgrave Macmillan; 2005. 192 p.
17. Baron DP. Integrated strategy: Market and nonmarket components. *California Management Review*. 1995;37(2):47.

18. Roberts C, Steer T, Maplethorpe N, Cox L, Meadows S, Nicholson S, et al. National Diet and Nutrition Survey, results from years 7 and 8 (combined) of the rolling programme. In: Public Health England, Food Standards Agency, editors. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/699241/NDNS\\_results\\_years\\_7\\_and\\_8.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/699241/NDNS_results_years_7_and_8.pdf)[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/699241/NDNS\\_results\\_years\\_7\\_and\\_8.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/699241/NDNS_results_years_7_and_8.pdf)2018.
19. Government Office for Science. Tackling Obesities: Future Choices - Project Report. London2007. p. 164.
20. World Health Organisation. Obesity and overweight Fact sheet 311. 2015.
21. Luppino F, deWit L, Bouvy P, Stijnen T, Cuijpers P, Penninx B, et al. Overweight, Obesity and Depression. Arch Gen Psychiatry. 2010;67(3):220-9.
22. Wang YC, McPherson K, Marsh T, Gortmaker S, Brown M. Health and economic burden of the projected obesity trends in the USA and the UK. The Lancet. 2011;378:815-25.
23. Department of Health and Social Care. Tackling obesity: empowering adults and children to live healthier lives. <https://www.gov.uk/government/publications/tackling-obesity-government-strategy/tackling-obesity-empowering-adults-and-children-to-live-healthier-lives2020>.
24. Baker C. Obesity Statistics. In: Commons Ho, editor. <https://researchbriefings.files.parliament.uk/documents/SN03336/SN03336.pdf>2022.
25. Caraher M, Crawley H, Lloyd S. Nutrition Policy Across the UK. The Caroline Walker Trust; 2009. p. 64.
26. Bufton M BV. Post-war nutrition science and policy making in Britain c. 1945-1994: the case of diet and heart disease. In Food, science, Policy and Regulation in the Twentieth Century: International and Comparative Perspectives. Smith JPaD, editor: Routledge; 2013.
27. Cannon G. Association WPHN, editor. [http://www.wphna.org/htdocs/2011\\_aug\\_col\\_geoffrey.htm](http://www.wphna.org/htdocs/2011_aug_col_geoffrey.htm)2011.
28. Jebb SA, Aveyard PN, Hawkes C. The evolution of policy and actions to tackle obesity in England. Obesity Reviews. 2013;14:42-59.
29. Fitzpatrick M. The tyranny of Health: Doctors and the regulation of lifestyle: Psychology Press; 2001.
30. Department of Health. Saving Lives: Our Healthier Nation. London: The Stationery Office; 1999. p. 165.
31. Food Standards Agency. Food Labels More informed choices. London2007. p. 24.
32. Department of Health. Healthy Lives, Healthy People: Our strategy for public health in England. London: The Stationery Office; 2010. p. 100.
33. Department of Health. Healthy Lives, Healthy People: a call to action on obesity in England. London: The Stationery Office; 2011. p. 54.
34. Department of Health. Choosing Health, Making healthy choices easier. Working in partnership across government with people, their communities, local government, voluntary agencies and business. In: Health Do, editor. 2004.

35. The Education (Nutritional Standards and Requirements for School Food) (England) Regulations 2007, (2007).
36. Ofcom Office of Communications. Television Advertising of Food and Drink Products to Children, Final statement. London: The Stationery Office; 2007. p. 56.
37. Moody A. Health survey for England 2019 overweight and obesity in adults and children. In: NHS Digital, editor. <https://files.digital.nhs.uk/9D/4195D5/HSE19-Overweight-obesity-rep.pdf2020>.
38. House of Commons. HC 1048-III Health Committee, Written evidence from Unilever UK and Ireland (PH186). In: Committee HS, editor. <https://publications.parliament.uk/pa/cm201012/cmselect/cmhealth/1048/1048vw177.htm2011>.
39. Knai C, Petticrew M, Durand M, Eastmure E, James L, Mehrota A, et al. Has a public-private partnership resulted in action on healthier diets in England? An analysis of the Public Health Responsibility Deal food pledges. *Food Policy*. 2015;54(July 2015):1-10.
40. Knai C, James L, Petticrew M, Eastmure E, Durand M, Mays N. An evaluation of a public-private partnership to reduce artificial trans fatty acids in England, 2011-16. *European Journal of Public Health*. 2017.
41. Royal College of Physicians. Key Health Organisations do not sign responsibility deal <http://www.rcplondon.ac.uk/press-releases/key-health-organisations-do-not-sign-responsibility-deal> [
42. HM Government. The Government's Alcohol Strategy. In: Home Office, editor. <http://www.homeoffice.gov.uk/publications/alcohol-drugs/alcohol/alcohol-strategy?view=Binary> 2012.
43. House of Commons Health Committee. Twelfth report; Public Health. 19 October 20. <http://www.publications.parliament.uk/pa/cm201012/cmselect/cmhealth/1048/104802.htm2011>.
44. Knai C, Scott C, D'Souza P, James L, Mehrotra A, Petticrew M, et al. The Public Health Responsibility Deal: making the workplace healthier? *Journal of Public Health*. 2016;39(2).
45. Knai C, Petticrew M, Durand M, Eastmure E, Mays N. Are the Public Health Responsibility Deal alcohol pledges likely to improve public health? An evidence synthesis. *Addiction*. 2015;100(8).
46. Petticrew M, Douglas N, Knai C, Durand M, Eastmure E, Mays N. Health information on alcoholic beverage containers: has the alcohol industry's pledge in England to improve labelling been met? *Addiction*. 2015;111(1).
47. Petticrew M, Douglas N, Knai C, Hessari NM, Durand M, Eastmure E, et al. Provision of information to consumers about the calorie content of alcoholic drinks: did the Responsibility Deal pledge by alcohol retailers and producers increase the availability of calorie information? *Public Health* 2017.
48. Knai C, Petticrew M, Durand M, Scott C, James L, Mehrotra A, et al. The Public Health Responsibility Deal: has a public-private partnership brought about action on alcohol reduction. *Addiction*. 2015;110(8).
49. Durand M, Petticrew M, Goulding L, Eastmure E, Knai C, Mays N. An evaluation of the Public Health Responsibility Deal: Informants' experiences and views of the development,

- implementation and achievements of a pledge-based, public-private partnership to improve population health in England. *Health Policy*. 2015;119(11):1506-14.
50. Douglas N, Knai C, Petticrew M, Eastmure E, Durand M, Mays N. How the food, beverage and alcohol industries presented the Public Health Responsibility Deal in UK print and online media reports. *Critical Public Health*. 2018;28(4):377-87.
  51. Knai C, Petticrew M, Douglas N, Durand M, Eastmure E, Nolte E, et al. The Public Health Responsibility Deal: Using a Systems-Level Analysis to Understand the Lack of Impact on Alcohol, Food, Physical Activity, and Workplace Health Sub-Systems. *International Journal of Environmental Research and Public Health*. 2018;15(12).
  52. Petticrew M, Eastmure E, Mays N, Knai C, Durand M, Nolte E. The Public Health Responsibility Deal: how should such a complex public health policy be evaluated? *Journal of Public Health*. 2013;July.
  53. Funnell S, Rogers P. *Purposeful Programme Theory: Effective use of theories of change and logic models*: Jossey-Bass, Wiley; 2011.
  54. Theis D, White M. Is Obesity Policy in England Fit for Purpose? Analysis of Government Strategies and Policies, 1992-2020. *The Milbank Quarterly*. 2021;99(1):126-70.
  55. Swinburn B, Kraak V, Rutter H, Vandevijvere S, Lobstein T, Sacks G, et al. Strengthening of accountability systems to create healthy food environments and reduce global obesity. *The Lancet*. 2015;385:2534-45.
  56. WHO. *Global Action Plan for the Prevention and Control of Non-Communicable Diseases (2013-2018)*. Geneva; 2013.
  57. Mialon M, Mialon J. Analysis of corporate political activity strategies of the food industry: evidence from France. *Public Health Nutrition*. 2018;21(18):3407-21.
  58. Moss M. *Salt, Sugar, Fat. How the food giants hooked us*: WH Allen; 2013.
  59. Roberto C, Swinburn B, Hawkes C, Huang T, Costa S, Ashe M, et al. Patchy progress on obesity prevention: emerging examples, entrenched barriers, and new thinking. *The Lancet*. 2015;385(9985):2400-9.
  60. Kraak V, Harrigan P, Lawrence M, Harrison P, Jackson M, Swinburn B. Balancing the benefits and risks of public-private partnerships to address the global double burden of malnutrition. *Public Health Nutrition*. 2012;15(3).
  61. Griffith R, O'Connell M, Smith M. The Importance of Product Reformulation Versus Consumer Choice in Improving Diet Quality. <http://www.ifs.org.uk/uploads/publications/wps/wp201415.pdf>: IFS; 2014.
  62. Gilmore A, Savell E, Collin J. Public health, corporations and the New Responsibility Deal: promoting partnerships with vectors of disease? *Journal of Public Health*. 2011;33(1):2-4.
  63. Moodie R, Stuckler D, Monteiro C, Sheron N, Neal B, Thamarangsi T, et al. Profits and pandemics: prevention of harmful effects of tobacco, alcohol, and ultra-processed food and drink industries. *The Lancet*. 2013;381:670-79.
  64. Panjwani C, Caraher M. The Public Health Responsibility Deal: Brokering a deal for public health, but on whose terms? *Health Policy*. 2014;114(2-3):163-73.

65. Unilever. UK commission calls for consistency in public health strategy <https://www.unilever.com/news/press-releases/2009/09-07-01-UK-commission-calls-for-consistency-in-public-health-strategy.html>: Unilever; 2009 [
66. Competition Commission. The supply of groceries in the UK market investigation. 2008.
67. Sparks L. Stirlingretail [Internet]. Sparks L, editor. <https://stirlingretail.com/2021/07/27/grocery-market-shares-in-gb-1997-2021/2021>. [cited 2022].
68. Wilhelmsson F. Market Power and European Competition in the Swedish Food Industry. [https://www.agrifood.se/Files/SLI\\_WP20062.pdf](https://www.agrifood.se/Files/SLI_WP20062.pdf): Swedish Institute for food and agricultural economics; 2006.
69. Burt S, Sparks L. Power and Competition in the UK Grocery Market. *British Journal of Management*. 2003;14:237-54.
70. Corfe S, Gicheva N. Concentration not competition: the state of UK consumer markets. <https://www.smf.co.uk/wp-content/uploads/2017/10/Concentration-not-competition.pdf>; 2017.
71. Dobson P, Chakraborty R. Buyer power in the UK groceries market. *The Antitrust Bulletin*. 2008;53(2).
72. Sir Donald Acheson. Independent Inquiry into Inequalities in Health Report. 1998:146.
73. Social Exclusion Unit. Bringing Britain Together: a national strategy for neighbourhood renewal. London: HMSO; 1998.
74. Wrigley N. 'Food Deserts' in British Cities: Policy Context and Research Priorities. *Urban Studies*. 2002;39(11):2029-40.
75. Competition Commission. Groceries Market Investigation, Statement of issues. 2006.
76. OFT refers groceries market to Competition Commission, Competition Commission invites evidence [press release]. 9 May 2006 2006.
77. Organisation for Economic Cooperation and Development. Competition Issues in the Food Chain Industry. OECD; 2014.
78. Inderst R, Velletri T. Buyer Power and the Waterbed Effect. *The Journal of Industrial Economics*. 2011;LIX(1).
79. Palmer J. Supermarket price war could force food suppliers to go bust <http://www.begbies-traynorgroup.com/news/business-health-statistics/supermarket-price-war-could-force-food-suppliers-to-go-bust>: Begbies Traynor Group; 2015 [
80. Jones R. Supermarket price war takes toll on UK food suppliers <http://www.theguardian.com/business/2015/jul/20/supermarket-price-war-takes-toll-uk-food-suppliers>: The Guardian; 2015 [
81. Eley J. What next for UK supermarkets after Sainsdas <https://www.ft.com/content/cba3b276-4ec0-11e8-9471-a083af05aea7>: Financial Times; 2018 [
82. Groceries Code Adjudicator. Groceries Code Adjudicator Investigation into Tesco plc. Groceries Code Adjudicator,; 2016 26 January 2016.



83. Mialon M. An overview of the commercial determinants of health. *Globalization and Health*. 2020;16.
84. Steele EM, Baraldi LG, Louzada MLdC, Moubarac J, Mozaffarian D, Monteiro CA. Ultra-processed foods and added sugars in the US diet: evidence from a nationally representative cross-sectional study. *BMJ Open*. 2016;6(3).
85. Mialon M, Swinburn B, Sacks G. A proposed approach to systematically identify and monitor the corporate political activity of the food industry with respect to public health using publicly available information. *Obesity Reviews*. 2015;16(7):519-30.
86. Wood B, Williams O, Nagarajan V, Sacks G. Market strategies used by processed food manufacturers to increase and consolidate their power: a systematic review and document analysis. *Globalisation and Health*. 2021;17(17).
87. Europe World Health Organisation. Tackling food marketing to children in a digital world: transdisciplinary perspectives. Copenhagen, Denmark: World Health Organisation; 2016.
88. Magnusson R. Obesity prevention and personal responsibility: the case of front-of-pack labelling in Australia. *BMC Public Health*. 2010;10(662).
89. Corvalan C, Reyes M, Garmendia ML, Uauy R. Structural responses to the obesity and non-communicable diseases epidemic: the Chilean Law of Food Labelling and Advertising. *Obesity Reviews*. 2013;14.
90. Scott C. The shift in framing of food and beverage product reformulation in the United States from 1980 to 2015. *Critical Public Health*. 2018;28(5).
91. Porter ME. The five competitive forces that shape Strategy. *Harvard Business Review*. 2008:23-41.
92. Bach D, Allen D. What Every CEO Needs to Know About Nonmarket Strategy. *MIT Sloan Management Review*. 2010;51(3):41-8.
93. Baron DP. The Nonmarket Strategy System. *Sloan Management Review*. 1995;37(1):73.
94. Tremolet S, Binder D. Body of knowledge on infrastructure regulation [Internet]. <https://regulationbodyofknowledge.org/faq/market-structure/assessing-market-power-what-is-the-best-factor-to-use-to-determine-market-share-and-assess-dominance/2009>. [cited 2022].
95. Clapp, Fuchs. Agrifood corporations, global governance and sustainability: a framework for analysis. *Corporate power in global agrifood governance*: MIT; 2009.
96. Eastmure E, Cummins S, Sparks L. Non-market strategy as a framework for exploring commercial involvement in health policy: A primer. *Social Science & Medicine*. 2020;262.
97. Hillman AJ, Withers MC, Collins BJ. Resource Dependence Theory: A Review. *Journal of Management*. 2009;35(6):1404-27.
98. Gulati R, Sytch M. Dependence Assymetry and Joint Dependence in Interorganisational Relationships: Effects of embeddedness on a manufacturer's performance in procurement relationships. *Administrative Science Quarterly*. 2007;52(1):32-69.
99. Hawkins T, Knipper M, Strutton D. Opportunism in Buyer-Supplier Relations: New Insights from Quantitative Synthesis. *Journal of Marketing Channels*. 2009;16(1):43-75.

100. Ireland RD, Webb JW. A multi-theoretic perspective on trust and power in strategic supply chains. *Journal of Operations Management*. 2007;25:482-97.
101. Casciaro T, Piskorski MJ. Power imbalance, mutual dependence, and constraint absorption: a closer look at Resource Dependence Theory. *Administrative Science Quarterly*. 2005;50:167-99.
102. Cox A. Understanding buyer and supplier power: a framework for procurement and supply competence. *Journal of Supply Chain Management*. 2001;Spring 2001.
103. Cox A. Managing with Power: Strategies for improving value appropriation from supply relationships. *Journal of Supply Chain Management*. 2001;Spring.
104. Barnes B. Power. In: Bellamy R, editor. *Theories and concepts of politics*. Manchester UK: Manchester University Press; 1993. p. 301.
105. Zeitoun M, Allan J. Applying hegemony and power theory to transboundary water analysis. *Water Policy*. 2008;10(2):3-12.
106. Robinson N. Learning from Lukes?: The three faces of power and the European Union. *ECPR Research Sessions*; April 2006; Nicosia2006. p. 33.
107. Brisbois M, Loe Rd. State roles and motivations in collaborative approaches to water governance: A power theory-based analysis. *Geoforum*. 2016;74:202-12.
108. Lacy-Nichols J, Williams O. "Part of the Solution": Food corporation strategies for regulatory capture and legitimacy. *International Journal of Health Policy Management*. 2021.
109. Buse K, Hawkes S. Health post-2015: evidence and power. *The Lancet*. 2014;383.
110. Bach D. A politics and public policy approach. In: Lawton T, Rajwani T, editors. *The Routledge Companion to Non-Market Strategy*. Abingdon: Routledge; 2015.
111. Baron DP. Foreword. In: Lawton T, Rajwani T, editors. *The Routledge Companion to Non-market Strategy*. Abingdon: Routledge; 2015.
112. Fernandez Z, Usero B. Considerations on "Research on non-market actions: A commentary essay". *Journal of Business Research*. 2010;63:1-2.
113. Doh J, Littell B. Corporate Social Responsibility. In: Thomas Lawton TR, editor. *The Routledge Companion to Non-Market Strategy*. Abingdon: Routledge; 2015.
114. Windsor D. Toward a Global Theory of Cross-Border and Multilevel Corporate Political Activity. *Business and Society*. 2007;46(2):253-78.
115. Viney H, Baines P. Managing business-government relationships through organisational advocacy. In: Lawton T, Rajwani T, editors. *The Routledge Companion to Non-Market Strategy*. Abingdon: Routledge; 2015.
116. Hillman AJ, Zardkoohi A, Bierman L. Corporate political strategies and firm performance: Indications of firm-specific benefits from personal service in the U.S. government. *Strategic Management Journal*. 1999;20(1):67.
117. Office of Fair Trading. *Government in markets. Why competition matters - a guide for policy makers*. Crown Copyright; 2009.
118. Wilts A, Skippari M. Business-Government interactions in a globalizing economy. *Business and Society*. 2007;46(2):129-35.

119. Lamberg J-A, Skippari M, Eloranta J, Makinen S. The Evolution of Corporate Political Action: A framework for processual analysis. *Business and Society*. 2004;43(4):335-66.
120. Ozer M, Markóczy L. Complementary or alternative? The effects of corporate political strategy on innovation. *Journal of Strategy and Management*. 2010;3(3):252-72.
121. Ozer M, Demirkan I, Gokalp ON. Collaboration networks and innovation: does corporate lobbying matter? *Journal of Strategy and Management*. 2013;6(3):286-308.
122. Kingsley A, Vanden Bergh R. How regulatory uncertainty drives market and non-market strategy. In: Lawton T, Rajwani T, editors. *The Routledge Companion to Non-Market Strategy*. Abingdon: Routledge; 2015.
123. McCambridge J, Hawkins B, Holden C. Industry use of evidence to influence alcohol policy: a case study of submissions to the 2008 Scottish Government Consultation. *Plos Medicine*. 2013;10(4).
124. McCambridge J, Hawkins B, Holden C. Vested interests in Addiction Research and Policy. The challenge corporate lobbying poses to reducing society's alcohol problems: insights from UK evidence on minimum pricing. *Addiction*. 2013;109:199-205.
125. Mathews R, Thorn M, Giorgi C. Vested Interests in Addiction Research and Policy. Is the alcohol industry delaying government action on alcohol warning labels in Australia? *Addiction*. 2013;108:1889-96.
126. Lawton T, Rajwani T. Designing lobbying capabilities: managerial choices in unpredictable environments. *European Business Review*. 2011;23(2):167-89.
127. Henisz WJ. The power of the Buckley and Casson thesis: the ability to manage institutional idiosyncrasies. *Journal of International Business Studies*. 2003;34(2):173.
128. Robbins R, Niederdeppe J, Lundell H, Meyerson J. Views of City, County, and State Policy Makers About Childhood Obesity in New York State, 2010-2011. *Preventing Chronic Disease*. 2013;10.
129. Vining AR, Shapiro DM, Borges B. Building the firm's political (lobbying) strategy. *Journal of Public Affairs*. 2005;5(2):150-75.
130. Sparks L. When Tony met Bobby. *Environment and Planning A*. 2008;40:2793-9.
131. Wei W. Influence of Political Relationship Building on the Business Activity of Firms in China. *Singapore Management Review*. 2008;30(2):73-94.
132. Mathur I, Singh M, Thompson F, Nejadmalayeri A. Corporate governance and lobbying strategies. *Journal of Business Research*. 2013;66:547-63.
133. Savell E, Gilmore AB, Fooks G. How Does the Tobacco Industry Attempt to Influence Marketing Regulations? A Systematic Review. *PloS one*. 2014;9(2).
134. Kujala J, Heikkinen A, Lehtimäki H. Understanding the Nature of Stakeholder Relationships: An Empirical Examination of a Conflict Situation. *Journal of Business Ethics*. 2012;109(1):53-65.
135. Miller D, Harkins C. Corporate strategy, corporate capture: Food and alcohol industry lobbying and public health. *Critical Social Policy*. 2010;30:564-91.
136. Lyon TP, Maxwell JW. Interest Group Lobbying and Corporate Strategy. Available online at <http://ssrncom/abstract=375624>. 2002.

137. Gillard M. MPs Conned over obesity charity that was front for diet firm trust that used public cash to influence the war on fat is to close after revealing links with weight-loss company <http://www.independent.co.uk/news/uk/politics/mps-conned-over-obesity-charity-that-was-front-for-diet-firm-771266.html>2008 [
138. Monbiot G. Cigarette packaging: the corporate smokescreen. The Guardian. 2013 15 July 2013 20:39 BST.
139. Greenhalgh S. Inside ILSI: How Coca-Cola, working through its scientific non-profit, created a global science of exercise for obesity and got it embedded in CHinese policy (1995-2015). J Health Polit Policy Law. 2021;1(2):235-76.
140. Campbell JT, Eden L, Miller SR. Multinationals and corporate social responsibility in host countries: Does distance matter? Journal of International Business Studies. 2012;43(1):84-106.
141. Husted BW, Allen DB. Corporate Social Strategy in Multinational Enterprises: Antecedents and Value Creation. Journal of Business Ethics. 2007;74(4):345-61.
142. Shnyder L, van Rijnsoever FJ, Hekkert M. Putting Your Money Where Your Mouth Is: Why Sustainability Reporting Based on the Triple Bottom Line Can Be Misleading. PloS one. 2015;10(3).
143. Martin KD, Johnson JL, French JJ. Institutional pressures and marketing ethics initiatives: the focal role of organizational identity. Academy of Marketing Science Journal. 2011;39(4):574-91.
144. Ahmed K. Coca-Cola chief: 'The Olympics needs sponsors to flourish'. Telegraph. 2012.
145. Hemphill TA. Corporate internal investigations: balancing firm social reputation with board fiduciary responsibility. Corporate Governance. 2006;6(5):635-42.
146. Marks&Spencer. Doing good with surplus food <http://corporate.marksandspencer.com/plan-a/our-stories/about-our-initiatives/food-surplus2016> [
147. Frynas JG. Strategic CSR, value creation and competitive advantage. In: Lawton T, Rajwani T, editors. The Routledge Companion to Non-Market Strategy. Abingdon: Routledge; 2015.
148. TescoPlc. Tesco and the Sustainable Consumption Institute join The Sustainability Consortium <https://www.tescopl.com/news/news-releases/2011/tesco-and-the-sustainable-consumption-institute-join-the-sustainability-consortium/?dismiss=cookiepolicy2011> [updated 13 Dec 2011.
149. Forum TPoWIBL. Food for Thought: Corporate Social Responsibility for food and beverage manufacturers. 2002.
150. Casarin A. Non-market strategies in legal arenas. In: Thomas Lawton TR, editor. The Routledge Companion to Non-Market Strategy. 1 ed. Abingdon: Routledge; 2015.
151. tactics.org T. FOI: Stirling University [http://www.tobaccotactics.org/index.php/FOI: Stirling University](http://www.tobaccotactics.org/index.php/FOI:Stirling_University) [
152. Bird RC, Orozco D. Finding the Right Corporate Legal Strategy. MIT Sloan Management Review. 2014;56(1):81-9.
153. Wang C-J. Research on non-market actions: A commentary essay. Journal of Business Research. 2010;63:905-7.

154. Usero B, Fernandez Z. First come, first served: How market and non-market actions influence pioneer market share. *Journal of Business Research*. 2009;62:1139-45.
155. Winn MI, Macdonald P, Zietsma C. Managing Industry Reputation: The Dynamic Tension Between Collective And Competitive Reputation Management Strategies. *Corporate Reputation Review*. 2008;11(1):35-55.
156. ScotchWhiskyAssociation. Scotch Whisky industry challenges minimum pricing of alcohol <http://www.scotch-whisky.org.uk/news-publications/news/scotch-whisky-industry-challenges-minimum-pricing-of-alcohol#.WJ4rKn8a5Jk2012> [
157. Babor T. Alcohol research and the alcoholic beverage industry: issues, concerns and conflicts of interest. *Addiction*. 2008;104(1).
158. Green J, Thorogood N. *Qualitative Methods for Health Research*. London: SAGE; 2004.
159. Ritchie J, Lewis J. *Qualitative Research Practice*. London: SAGE; 2003.
160. Madill A, Jordan A, Shirley C. Objectivity and reliability in qualitative analysis: realist, contextualist, and radical constructionist epistemologies. *British Journal of Psychology*. 2000;91.
161. Maxwell J. *A Realist Approach for Qualitative Research*: SAGE; 2012.
162. Vincent S, O'Mahoney J. Critical Realism and Qualitative Research: an introductory overview. In: Cassell C, Cunliffe A, Grady G, editors. *The SAGE Handbook of Qualitative Business and Management Research Methods*. London: SAGE; 2017.
163. Braun V, Clarke V. Using thematic analysis in psychology. *Qualitative Research in Psychology*. 2006;3.
164. Seale C. *Media and Health*. London: SAGE; 2002.
165. Papparini S, Green J, Papoutsis C, Murdoch J, Petticrew M, Greenhalgh T, et al. Case study research for better evaluations of complex interventions: rationale and challenges. *BMC Medicine*. 2020;18(301).
166. Hawkins B, Holden C. Framing the alcohol policy debate: industry actors and the regulation of the UK beverage alcohol market. *Critical Policy Studies*. 2013;7(1):53-71.
167. Casswell S. Vested interests in addiction research and policy. Why do we not see the corporate interests of the alcohol industry as clearly as we see those of the tobacco industry? *Addiction*. 2013;108(4):680-5.
168. Baxter P, Jack S. *Qualitative Case Study Methodology: Study Design and Implementation for Novice Researchers*. *The Qualitative Report*. 2008;13(4):544-59.
169. Yin R. *Case Study Research Design and Methods*. 5th ed. Los Angeles: SAGE Publications Inc; 2014. 282 p.
170. Craig P, Ruggiero ED, Frohlich K, Mykhalovskiy E, White M, Campbell R, et al. Taking account of context in population health intervention research: guidance for producers, users and funders of research. 2018.
171. Thomas G. *How to do your case study. A guide for students and researchers*. London: SAGE Publications Ltd; 2011. 231 p.

172. Miles M, A.M H, Saldana J. *Qualitative Data Analysis, a methods source book.* . Three ed. Thousand Oaks, CA: SAGE; 2014. 381 p.
173. Lauckner H, Paterson M, Krupa T. Using constructivist case study methodology to understand Community Development processes: proposed methodological questions to guide the research process. *The Qualitative Report.* 2012;17:1-22.
174. Cresswell J. *Qualitative inquiry and research design: choosing among the five traditions.* Thousand Oaks, CA: SAGE; 1998. 414 p.
175. Stake R. *Multiple Case Study Analysis.* New York: Guildford Press; 2006.
176. Abma T, Stake R. Science of the Particular: An Advocacy of Naturalistic Case Study in Health Research. *Qualitative Health Research.* 2014;24(8):1150-61.
177. McDonnell A, Jones ML, Read S. Practical considerations in case study research: the relationship between methodology and process. *Journal of Advanced Nursing.* 2000;32(2):383-90.
178. Lang T. *Food Industrialisation and Food Power: Implications for Food Governance.* International Institute for Environment and Development; 2004.
179. Nielsen. *The state of private label around the world. Where it's growing, where it's not, and what the future holds.* USA; 2014.
180. Olbrich R, Hundt M, Jansen H. Proliferation of private labels in food retailing: a literature review. *International Journal of Marketing Studies.* 2016;8(63).
181. Dawson J. Retailer activity in shaping food choice. *Food Quality and Preference.* 2013;28(1):339-47.
182. Pulker C, Trapp G, Scott J, Pollard C. What are the position and power of supermarkets in the Australian food system, and the implications for public health? A systematic scoping review. *Obesity Reviews.* 2017.
183. Pulker C, Trapp G, Scott J, Pollard C. The nature and quality of Australian supermarkets' policies that can impact public health nutrition, and evidence of their practical application: a cross-sectional study. *Nutrients.* 2019;11.
184. Hawkes C. Dietary implications of supermarket development: a global perspective. *Development Policy Review.* 2008;26.
185. Konefal J, Mascarenhas M, Hatakana M. Governance in the global agro-food system: backlighting the role of transnational supermarket chains. *Agriculture and Human Values.* 2005;22(3):291-302.
186. Vazquez R, Iglesias V, Rodriguez-del-Bosque I. The efficacy of alternative mechanisms in safeguarding specific investments from opportunism. *Journal of Business and Industrial Marketing.* 2007;22(7):498-507.
187. Chung J. When and how does Supplier Opportunism Matter for Small Retailers' Channel Relationships with the Suppliers? *Journal of Small Business Management.* 2012;50(3):389-407.
188. Fearne A, Duffy R, Hornibrook S. Justice in UK Supermarket buyer-supplier relationships: an empirical analysis. *International Journal of Retail and Distribution Management.* 2005;33(8):570-82.

189. Adjudicator GC. News from the Adjudicator. In: Department for Business EaIS, editor. <https://www.gov.uk/government/publications/news-from-the-adjudicator-edition-62016>.
190. Duffy R, Fearne A, Hornibrook S. Measuring distributive and procedural justice, an exploratory investigation of the fairness of retailer-supplier relationships in the UK food industry. *British Food Journal*. 2003;105(10):13.
191. Blundel R, Hingley M. Exploring growth in vertical inter-firm relationships: Small-medium firms supplying multiple food retailers. *Journal of Small Business and Enterprise Development*. 2001;8(3):245-66.
192. Devin B, Richards C. Food waste, power, and Corporate Social Responsibility in the Australian Food Supply Chain. *Journal of Business Ethics*. 2018;150(1):199-210.
193. Sacks G, Swinburn B, Kraak V, Downs S, Walker C, Barquera S, et al. A proposed approach to monitor private-sector policies and practices related to food environments, obesity and non-communicable disease prevention. *Obesity Reviews*. 2013;14.
194. Clapp J, Scrinis G. Big Food, Nutritionism, and Corporate Power. *Globalizations*. 2016;14(4).
195. Gomez M, Rubio N. Shelf management of store brands: Analysis of manufacturers' perceptions. *International Journal of Retail and Distribution Management*. 2008;36(1):50-70.
196. Organisation WH. Noncommunicable diseases country profiles 2018. Geneva: World Health Organisation; 2018.
197. World Health Organisation, editor Opening address at the 8th Global Conference on Health Promotion, Dr Margaret Chan 2013; Helsinki, Finland.
198. Hawkins B, Holden C, McCambridge J. Alcohol industry influence on UK alcohol policy: a new research agenda for public health. *Critical Public Health*. 2012;22(3):297-305.
199. House of Commons Health Committee. Twelfth report of session 2010-12.: House of Commons London: The Stationery Office Limited; 2011. p. 104.
200. Institute of Economic Affairs. FAQs <https://iea.org.uk/faqs/#hfaq-post-378922022> [
201. Lawrence F. Who is the government's health deal with big business really good for? *The Guardian*. 2010.
202. Henderson L, Hilton S, Green J, editors. Media Analysis and Public Health, Contemporary Issues in Critical Public Health. UK: Routledge; 2020.
203. Kersh R. The Politics of Obesity: A Current Assessment and Look Ahead. *The Milbank Quarterly*. 2009;87:295-316.
204. Mialon M, Swinburn B, Allender S, Sacks G. 'Maximising shareholder value': a detailed insight into the corporate political activity of the Australian food industry. *Australian and New Zealand Journal of Public Health*. 2017;41(2):165-71.
205. Petticrew M, Katikreddi S, Knai C, Cassidy R, Hessari NM, Thomas J, et al. 'Nothing can be done until everything is done': the use of complexity arguments by food, beverage, alcohol and gambling industries. *Journal of Epidemiology and Community Health*. 2017;71(11):1078-83.
206. Nixon L, Meija P, Cheyne A, Wilking A, Dorfman L, Daynard R. 'We're Part of the Solution': Evolution of the Food and Beverage Industry's Framing of Obesity Concerns Between 2000 and 2012. *American Journal of Public Health*. 2015;105(11).

207. Capewell S, Lloyd-Williams F. The role of the food industry in health: lessons from tobacco? *British Medical Bulletin*. 2018;125:131-43.
208. Hawkins B, McCambridge J. Public-private partnerships and the politics of alcohol policy in England: the Coalition Government's Public Health 'Responsibility Deal'. *BMC Public Health*. 2019;19(1477).
209. Hawkins B, Holden C. 'Water dripping on stone?' Industry lobbying and UK alcohol policy. *Policy & Politics*. 2014;42(1):55-70.
210. McCambridge J, Mialon M, Hawkins B. Alcohol industry involvement in policymaking: a systematic review. *Addiction*. 2018;113(9):1571-84.
211. Mello M, Pomeranz J, Moran P. The Interplay of Public Health Law and Industry Self-Regulation: The Case of Sugar-Sweetened Beverage Sales in Schools. *American Journal of Public Health*. 2008;98(4):595-604.
212. Bryden A, Petticrew M, Mays N, Eastmure E, Knai C. Voluntary agreements between government and business - A scoping review of the literature with specific reference to the Public Health Responsibility Deal. *Health Policy*. 2013;110(2-3):186-97.
213. Friel S, Ponnamperuma S, Schram A, Gleeson D, Kay A, Thow A, et al. Shaping the discourse: What has the food industry been lobbying for in the Trans Pacific Partnership trade agreement and what are the implications for dietary health? *Critical Public Health*. 2016.
214. Editorial. Change4Life brought to you by PepsiCo (and others). *The Lancet*. 2009;373(9658).
215. Lang T, Rayner G, Kaelin E. The food industry, diet, physical activity and health: a review of reported commitments and practice of 25 of the world's largest food companies. London: Centre for Food Policy, City University; 2006.
216. Ronit K, Jensen J. Obesity and industry self-regulation of food and beverage marketing: a literature review. *European Journal of Clinical Nutrition*. 2014;68:753-9.
217. Nicholson C, Young B. The relationship between Supermarkets and Suppliers: What are the implications for consumers? UK; 2012.
218. Parker C, Scrinis G. Out of the cage and into the barn: supermarket power, food system governance, and the regulation of free range eggs. *Griffith Law Review*. 2014;23.
219. Niemi J, Liu X. Empirical "first filter" test for the existence of buyer power in the Finnish food supply chain. *Agricultural and Food Science*. 2016;25.
220. Association of Convenience Stores. The local shop report 2018. [https://www.acs.org.uk/sites/default/files/local\\_shop\\_report\\_2018.pdf](https://www.acs.org.uk/sites/default/files/local_shop_report_2018.pdf) 2018.
221. Williamson S, McGregor-Shenton M, Brumble B, Wright B, Pettinger C. Deprivation and healthy food access, cost and availability: a cross sectional study. *Journal of Human Nutrition and Dietetics*. 2017;30(6).
222. Cooper S, Nelson M. 'Economy' line foods from four supermarkets and brand name equivalents: a comparison of their nutrient contents and costs. *J Hum Nutr Diet*. 2003;16(5).
223. Coyle D, Wu J, Tanna GD, Shahid M, Taylor F, Neal B, et al. The effects of a supermarket-based intervention on the nutritional quality of private label foods: a prospective study. *Nutrients*. 2020;12.



224. Pulker C, Trapp G, Scott J, Pollard C. Global Supermarkets' corporate social responsibility commitments to public health: a content analysis. *Globalisation and Health*. 2018;14(121).
225. Grigsby-Duffy L, Schultz S, Orellana L, Robinson E, Cameron A, Marshall J, et al. The healthiness of food and beverages on price promotion at promotional displays: a cross-sectional audit of Australian supermarkets. *International Journal of Environmental Research and Public Health*. 2020;17.
226. Weishaar H, Dorfman L, Freudenberg N, Hawkins B, Smith K, Razum O, et al. Why media representations of corporations matter for public health policy: a scoping review. *BMC Public Health*. 2016;16(1).
227. Russell C, Lawrence M, Cullerton K, Baker P. The political construction of public health nutrition problems: a framing analysis of parliamentary debates on junk-food marketing to children in Australia. *Public Health Nutrition*. 2020;23(11).
228. Wise K, Cullerton K. Framing of nutrition policy issues in the Australian news media, 2008-2018. *Australian and New Zealand Journal of Public Health*. 2021;45(5).
229. Jenkin G, Signal L, Thomson G. Framing obesity: the framing contest between industry and public health at the New Zealand inquiry into obesity. *Obesity Reviews*. 2011;12.
230. Katikireddi S. Changing policy framing as a deliberate strategy for public health advocacy: a qualitative policy case study of minimum unit pricing of alcohol. *The Milbank Quarterly*. 2014;92(2).
231. Lansley A. Secretary of State for Health's speech to the UK Faculty of Public Health conference - a new approach to public health  
[https://webarchive.nationalarchives.gov.uk/ukgwa/20120503093303/http://www.dh.gov.uk/en/MediaCentre/Speeches/DH\\_1172802010](https://webarchive.nationalarchives.gov.uk/ukgwa/20120503093303/http://www.dh.gov.uk/en/MediaCentre/Speeches/DH_1172802010) [
232. Sharma L, Teret S, Brownell K. The food industry and self-regulation: standards to promote success and to avoid public health failures. *American Journal of Public Health*. 2010;100(2).
233. Simon M. Can food companies be trusted to self-regulate - an analysis of corporate lobbying and deception to undermine children's health. *Loyola of Los Angeles Law Review*. 2006.
234. Lamport D, Wu S, Drever-Heaps J, Hugueniot O, Jones D, Kennedy O, et al. Can public health interventions change immediate and long-term dietary behaviours? Encouraging evidence from a pilot study of the UK Change4Life Sugar Swaps campaign. *Nutrients*. 2022;14(68).
235. Bradley J, Gardener G, Rowland M, Fay M, Mann K, Holmes R, et al. Impact of a health marketing campaign on sugars intake by children aged 5-11 years and parental views on reducing children's consumption. *BMC Public Health*. 2020;30.
236. King E, Grunseit A, O'Hara B, Bauman A. Evaluating the effectiveness of an Australian obesity mass-media campaign: how did the 'Measure-Up' campaign measure up in New South Wales? *Health Education Research*. 2013;28(6).
237. Adams J, Mytton O, White M, Monsivais P. Why are some population interventions for diet and obesity more equitable and effective than others? The role of individual agency. *Plos Medicine*. 2016;13(5).
238. Pell D, Penney T, Hammond D, Vanderlee L, White M, Adams J. Support for, and perceived effectiveness of, the UK soft drinks industry levy among UK adults: cross sectional analysis of the International Food Policy Study. *BMJ Open*. 2019;9.

239. Pell D, Mytton O, Penney T, Briggs A, Cummins S, Penn-Jones C, et al. Changes in soft drinks purchased by British households associated with the UK soft drinks industry levy: controlled interrupted time series analysis. *BMJ*. 2021;372.
240. Thomas J, Kneale D, McKenzie J, Brennan S, Bhaumik S. Determining the scope of the review. In: Higgins J, Thomas J, Chandler J, Cumpston M, Li T, Page M, et al., editors. *Cochrane Handbook for Systematic Reviews of Interventions*. UK: Cochrane Collaboration and John Wiley & Sons Ltd; 2019.
241. Ebenso B, Manzano A, Uzochukwu B, Etiaba E, Huss R, Ensor T, et al. Dealing with context in logic model development: Reflections from a realist evaluation of a community health worker programme in Nigeria. *Evaluation and Program Planning*. 2019;73.
242. Nakkash R, Mialon M, Makhoul J, Arora M, Afifi R, Al-Halabi A, et al. A call to advance and translate research into policy on governance, ethics, and conflicts of interest in public health: the GECI-PH network. *Global Health*. 2021;17.