

## **BDA Scotland Board summary of responses to the Food Standards Scotland Consultation on proposals to improve Out of Home food environment in Scotland**

**Question 1 Do you agree that the businesses listed above should be included within an Out of Home strategy for Scotland?**

Yes  No

If No, please explain.

In relation to the out of scope list, we recommend including provision of community meals services for people living in their own homes who are unable to prepare their own meals, as we consider these should be out with the scope of this consultation. (e.g. meals on wheels for older people)

**Question 2 Which of the following measures should be taken to reduce excessive calorie contents of food and drinks eaten outside the home? Please tick as many as you think apply.**

- reducing portion sizes
- changing recipes e.g. by reducing fats and sugars and increasing fruit/vegetable/bean/pulses and fibre content
- applying maximum calorie limits
- applying maximum energy densities (calories per 100g)
- ensuring single serve packs of are available as an alternative to packs containing multiple servings
- excluding very high calorie menu items
- Other (please specify)

Please explain your answer/s.

BDA Scotland Board agrees in principle with all the measures proposed. However, we would like an evidence base to be presented for each measure indicating effectiveness as well as practical implications for the approach. Maximum calorie limits we support as this is already is being implemented through Public Health

England reformulation work for the retail sector and hence has UK wide impact. We recommend maximum calorie limits are applied to all meals including combination meals / meal deals. Excluding very high calorie menu items would appear to be the lesser version of the maximum calorie limit measure and therefore we have preference for the stronger measure. Applying maximum energy densities has the potential to be very confusing and hence we have not selected that option. The option for availability of single serve packs needs to be backed up with financial incentive to promote purchase.

**Question 3 Do you agree that consumers should routinely have easy access to small or half portions?**

Yes  No

Please explain your answer.

*BDA Scotland Board supports FSS reasoning for the provision of small or half portions. However, we would like clarification on how small portions are to be defined. We advise the extension of this recommendation to offer and promote small or half portions of choices on the normal menu. We also suggest availability for all ages. This approach would better reflect the significant difference in calorie needs amongst the population depending on age, gender and activity level. We approve the proposal for multiple small 'tapa' type plates should not be taken as a way of fulfilling the requirement for small or half portions. Consideration should also be given to support the choice to share full meals. BDA Scotland Board highly recommends that pricing is considered, so as to ensure small and half portions are appropriately priced to make their choice appealing.*

**Question 4 Should calorie labelling at the point of choice\* apply in Scotland?**

\*point of choice includes calorie labelling on menus, labels on shelves or display cases, and on web pages where consumers select the food items they wish to purchase

Yes  No

Please explain your answer.

*BDA Scotland Board are in agreement that calorie labelling can assist consumers in making informed food choices. We agree calorie labelling at point of choice is useful with the provision of more comprehensive nutritional information provided online or on printed materials.*

*BDA Scotland Board recognises environments that encourage people to eat unhealthily and not be physically active perpetuate overweight and obesity. Steps must be taken to tackle the causative issues, appreciating obesity is multifactorial and far more complex than having a lack of awareness of the calorie content of food alone.*

We also recognise for some groups, i.e. those with eating disorders and disordered eating, calorie labelling may have a negative impact. Dietary restriction through calorie counting (as one of many methods for weight loss) can be the catalyst for the development of an eating disorder and recurrent dietary restriction can increase risk of eating disorders. <https://www.bmj.com/content/318/7186/765>

BDA Scotland Board recommends careful consideration is given on how calorie labelling is marketed. We suggest a marketing approach which encourages the promotion of a positive food environment. A food environment which promotes healthy and mindful eating approaches and portion control, rather than having a sole focus on numbers of calories.

**Question 5 As a food business, would MenuCal help you to provide calorie labelling?**

Yes  No

Please explain your answer.

BDA Scotland Board are aware of the successful development and roll out of MenuCal in Republic of Ireland and Northern Ireland. In both countries, MenuCal was evaluated as a useful and effective tool for food businesses to provide calorie labelling. However, we suggest the usefulness and effectiveness was not as a result of the tool on its own but combined with the ongoing training and support offered alongside its use. We understand previous evaluations of MenuCal indicated issues in relation to accuracy, influenced by issues such as varying portion control and misunderstanding in regards to weight loss/gain on cooking. We would like clarification on how such inaccuracies will be addressed, also an indication of what is the agreed acceptable range of variation/tolerance with MenuCal, Likewise we would value further detail on monitoring processes – monitoring of the software and its application to ensure that the calories displayed are accurately representative of the foods.

**Question 6 As a food business, what additional support would you require to provide calorie labelling?**

BDA Scotland Board advises adequate ongoing training and support would be required in addition to an online nutrition programme to ensure accuracy and consistency in calculations. Ongoing technical training and support on the use of the programme would be essential. Also, ongoing nutrition training and support provided by a Registered Dietitian (Health and Care Professions Council) or Registered Nutritionist (Association for Nutrition).

BDA Scotland Board recommends clear guidance on the format, size, font etc., in which the information should be presented would be crucial for food businesses.

**Question 7 Should calorie labelling at point of choice be made mandatory in Scotland?**

Yes  No

Please explain your answer.

*There is tentative evidence of effectiveness that calorie labelling has a positive impact on calories consumed, although it is far from definitive.*

*([https://www.cochrane.org/CD009315/PUBHLTH\\_nutritional-labelling-promote-healthier-consumption-and-purchasing-food-or-drinks](https://www.cochrane.org/CD009315/PUBHLTH_nutritional-labelling-promote-healthier-consumption-and-purchasing-food-or-drinks))*

*However, it is our view calorie labelling is likely to be a useful tool for at least some consumers, in making informed choices about healthy options. It also serves to bring the out of home sector into line with retail environments, where calorie and nutrition labelling has been required for many years.*

*We suggest that voluntary approaches are not likely to be successful. A mandatory approach will be beneficial to consumers and at the same time ensures a level playing field across the out of home sector, which may not be the case if a voluntary approach resulted in not all businesses taking action.*

*Point of choice is where decisions about food are made and it is logical to display the information there. Calorie information should be clearly displayed in an appropriate size and style of font.*

**Question 8 Should any business be exempt from mandatory calorie labelling at the point of choice?**

Yes  No

If yes, which types of business should be exempt and why?

*Mandatory calorie labelling should be consistent across private and public sectors and should include specials and seasonal menu items. We would like alcoholic drinks included to help consumers understand the contributions these products make towards calorie intake.*

**Question 9 Where nutrition information is provided online and on printed materials should it be standardised in the way set out in the table above?**

Yes  No

Please explain your answer.

*BDA Scotland Board agrees for nutrition information to be effectively used by consumers, it ideally should be presented in a standardised format where the information is clear and concise and not open to misinterpretation. We reiterate the recommendation within the proposals for all descriptions of menu items to be fully transparent and relate to a number of options as relevant. The table presented is*

*satisfactory, however, we recommend the component parts of the meal be presented separately as well as a whole, so consumers can clearly see the contributions made by each part to the total calorie and nutrition information. We suggest that colour coding (as used on front of pack) could be used for energy, fat, saturates, sugar and salt per portion and per 100g. We recommend per portion guidance is presented in a clearly and easily recognised way, reflecting the portion served and the amount the consumer is likely to eat.*

*BDA Scotland Board has concerns on the feasibility for all out of home food providers to provide full nutrition information. MenuCal currently only provides calorie labelling. We question how accessible are full nutritional analysis packages to all out of home food providers and how accurate are their use for this sector.*

**Question 10 Where nutrition information is provided online or on printed materials, should it be mandatory that it is standardised in the way set out in the table above?**

Yes  No

Please explain your answer.

BDA Scotland Board supports a consistent and standardised approach. A standardised format where the information is clear and concise is more likely to be used effectively by consumers and is less likely to be open to misinterpretation. As for question 9, BDA Scotland Board has concerns on the feasibility for all out of home food providers to provide full nutrition information in an accurate and reliable way.

**Question 11 Which actions would change promotion and marketing practices to support healthier eating outside the home?**

Please tick as many as you think apply.

- businesses dropping practices that encourage overconsumption
- businesses positively marketing and promoting healthier choices
- raising consumer awareness through the use of social marketing campaigns
- other (please specify)

Please explain your answer.

*To fully comment, BDA Scotland Board requires further information and more detail on each of the three actions suggested. BDA Scotland Board applauds actions to change promotion and marketing practices to support healthier eating outside the home. However, we have concerns if such actions are only voluntary, there may be poor uptake, or that less scrupulous businesses may try to exploit this to the detriment of those businesses making positive changes. Consideration should be*

*given to some type of incentives to encourage food businesses to change promotion and marketing practices.*

*BDA Scotland Board recognises the importance of strategies to reduce over consumption of certain foods at the same time as increase intake of healthier foods. We appreciate price incentives are a powerful strategy. BDA Scotland Board requests more detail on proposals to change price differentials such as measures to make smaller portions more financially attractive, prominence near till, inclusion of vegetables/salad within the cost of a meal and not a side dish at extra cost, etc. As well as reducing portion size, proposals should be cognisant of the need to reduce the appeal of larger portions. The consultation document refers to upselling and upsizing of non-discretionary HFSS foods and reductions in the promotion and marketing of large or multiple portions, however we believe further detail is required. Reductions in upselling and upsizing should be extended beyond HFSS foods to all less healthy foods, meals and meal deal choices. Healthier options should be the easier option, being more visible, more convenient as well as price attractive. Prompts by staff should be for the healthier options not for the less healthy options which are currently the case.*

#### **Question 12 What types of actions could be taken to improve the food provided Out of Home in the vicinity of schools?**

*BDA Scotland Board agrees there is a need for a change in culture in Scotland to ensure children and young people have access to a wide range of healthy food choices when eating out including opportunities to access food and drink on the way to and from school. We advocate for an increase in availability and promotion of healthier options at all food outlets (including shops and mobile units) especially in the vicinity of schools.*

*Scope to modify the distribution and density of fast food outlets in cities and neighbourhoods is becoming an increasingly important element of nutrition and health policy in the UK and elsewhere. Throughout the UK, local planning authorities are being encouraged to restrict planning permission for takeaways and other food outlets in the vicinity of schools. BDA Scotland Board advocates this approach for SG and FSS to work with planning authorities in Scotland to restrict and control in particular clustering of fast food outlets. We recommend the proposed strategies detailed within the SG publication, 'Beyond the School' and support their implementation. <https://www2.gov.scot/Resource/0044/00449317.pdf>*

*Frequent eating from fast food outlets appear to be associated with more health risks than eating from other out of home outlets. A systematic review showed that eating at fast food outlets was associated with greater increase in body weight and waist circumference overtime than eating in restaurants.*

*(<https://www.tandfonline.com/doi/abs/10.1080/10408398.2011.627095>) Of particular concern is the link between availability of fast food outlets and areas of deprivation.*

*(<https://www.mdpi.com/1660-4601/7/5/2290>)*

*(<https://www.sciencedirect.com/science/article/pii/S1353829215000325>)*

*BDA Scotland Board recommends priority should be placed on working with food outlets in the vicinity of schools, in particular fast food outlets, to improve availability and promotion of healthier food choices for children and young people.*

**Question 13 Which of the following should be changed to improve food provided for children:**

Please tick as many as you think apply.

- Less reliance on menus specifically for children
- Provision of children's portions from adult menu items
- Increased use of vegetables and fruit in dishes, sides and desserts
- Reduced reliance on breaded/fried products
- Reduced reliance on chips
- Plain water and milk offered as standard options
- Reduction of drinks with added sugar
- Reduction of high sugar dessert options
- Reduction of confectionery and crisps
- No changes are required
- Other (please specify)

Please explain your answer/s.

*All of the approaches indicated will assist and encourage children and young people to eat a wider range of healthier foods. All of these approaches will be necessary to apply to ensure consistency and avoid mixed messages. Often children's menus focus on only one or two food groups with little or no fruit or vegetables. BDA Scotland Board endorses the recommendations to have less reliance on menus for children, preferring instead the provision of smaller or half portions for children from the normal menu. Choices which provide a wider range of food groups with a general increase in variety of fruit and vegetables. We recommend price incentives should match, e.g. reduced or half price portions. By doing so children are encouraged to eat family type meals and not have different eating patterns or food choices compared to the rest of the family.*

*BDA Scotland Boards supports all approaches which progress the development and promotion of a good food environment for children and young people, i.e. a food environment where the ability to make healthy food choices is the norm. Positive approaches rather than coercive methods are generally better received by children and young people. For example, increasing the range of healthy affordable food in the out of home sector. Also using techniques which currently promote unhealthy*

food to children and young people to become techniques to promote healthier food choices, such as visual appeal, presentation of packaging, tokens/toys to collect etc.

**Question 14 Do you agree that recognition schemes are an effective means of supporting healthier eating in the Out of Home sector?**

Yes  No

If yes, please outline your views on the key components required for a flexible recognition scheme(s)

*BDA Scotland Board are very much in favour of recognition schemes as an effective means of supporting healthier eating. As a basis for development for such a scheme, we recommend applying learning from both Scotland's Healthy Living Award (HLA) and Health Care Retail Standard (HRS).*

<http://www.healthscotland.com/uploads/documents/25268-Healthyliving%20award%20Awareness%20and%20insight%20gathering%20Market%20research.pdf><http://www.healthscotland.scot/publications/evaluation-of-the-healthcare-retail-standard-summary-report>

*We also advise utilising learning from other programmes such as the Soil Association's Food for Life certification scheme*

<https://www.soilassociation.org/certification/catering/> and a scheme operated by a number of authorities in England <https://eatouteatwell.org/>. Also learning from the Irish Heart Foundation Healthy Eating Award <https://irishheart.ie/your-health/our-health-programmes/healthy-workplaces/healthy-eating-award/> and a pilot nutrition award scheme in Northern Ireland

[https://www.food.gov.uk/sites/default/files/media/document/767-1-1315\\_REPORT\\_FINAL\\_Nutrition\\_Awards\\_FSA\\_300312.pdf](https://www.food.gov.uk/sites/default/files/media/document/767-1-1315_REPORT_FINAL_Nutrition_Awards_FSA_300312.pdf)

*BDA Scotland Board recommends for any recognition scheme to be successful sufficient resource needs to be identified to adequately cover development, implementation and roll out. Monitoring and review is paramount.?*

**Question 15 Do you agree that the following actions should be adopted by the public sector? This includes health and social care settings, local authorities, leisure centres and visitor attractions, including where catering services are contracted out.**

Note this question does not apply to school food, hospital food for patients or prison food.

- Calorie labelling at the point of choice
- Reducing portion sizes
- Provision of small or half portions
- Changing recipes to lower calories by reducing fats and sugars and increasing fruit/vegetable/bean/pulses and fibre content

- Caterers redesigning menus to exclude very high calorie menu items
- Improvements to food for children where served
- No promotion or marketing of HFSS foods, including no upselling or upsizing

**Yes**  No

Please explain your answer.

*BDA Scotland Board welcomes public sector accepting the challenge to lead by example in this area. We appreciate the vast scale of the positive impact targeting public sector would have. The public sector's considerable purchasing power could also be used to influence catering firms and providers more widely. We actively support all the proposed actions and consider it important that thorough evaluation should be undertaken to inform the implementation and impact of similar actions in the wider OOH sector. Recognising the important role that dietitians play in working within the public sector in advising on healthier processes, portion sizes, promotions and nutritional standards, BDA Scotland Board wish to comment the support, knowledge and skills of the dietetic workforce.*

**Question 16 Would the proposals outlined in this consultation impact on the people of Scotland with respect to:**

- **Age** - Possibly. Benefits of these proposals, particularly in terms of promoting a healthy body weight will have greatest health impact on younger people due to potential improved quantity and quality of life.
- **Disability** - Those with physical disability which limits physical activity are likely to face greater risks of gaining excess weight and find weight loss more difficult. For those with limited vision, how the information is presented with the font and font size being important. Those with mental disability may use medications which adversely impact upon weight status and/or limit understanding of the importance of information about calories. There may be concern about potential negative impact on those with eating disorders or disordered eating. However, this proposal would align the out of home sector with the retail sector where nutritional information is already available.
- **Gender reassignment** - No
- **Pregnancy and maternity** - Pregnancy and maternity have been identified as times in the life course when women have a greater risk of gaining excess weight. Tools which help promote a healthy weight presented in ways that are readily understood by consumers have the potential to help limit excess weight gain during pregnancy. Maternal obesity is a risk factor for childhood obesity, so the potential benefits of intervention at this point are multiplied.
- **Ethnicity** - Only to the extent overweight and obesity are more prevalent in some racial groups more than others and the potential benefits of the proposals would be expected to be greater in those groups with higher prevalence.

- **Religion or belief** - No
- **Sex** - *If contextual information is provided this may be less helpful to men. However, this approach is already used for nutrition labelling and disadvantage as a result has not be ascertained.*
- **Sexual orientation** - No
- **Socioeconomic disadvantage** - *Yes there is potential. Those from lower socioeconomic groups have greater prevalence of overweight and obesity. Therefore, the potential impacts should be greater amongst this group.*

Please explain your answer, considering both potentially positive and negative impacts, supported by evidence, and, if applicable, advise on any mitigating actions we should take.

**Question 17 Please outline any other comments you wish to make.**

*BDA Scotland Board are aware that food eaten outside the home makes an increasing proportion of people's diets in Scotland and therefore welcomes the Food Standards Scotland's consultation on proposals to improve the out of home food environment. The proposals, which include consideration of portion sizes, calorie information on the menus, improving quality of food sold out of home, and shifting marketing and promotion strategies from unhealthy products to healthier options, offer important steps in the solution to tackle overweight and obesity.*

*There are a number of issues BDA Scotland Board would like to raise:*

- The current out of home environment in Scotland encourages overeating. Addressing portion size is key to reducing overeating. BDA Scotland Board would like further information on how FSS plans to define portion sizes.*
- We consider the FSS proposals could go further to address issues of reducing size, availability and appeal of larger portions in the out of home sector. Presentation, packaging and tableware all have potential to reduce the quantities of food that people eat. It is known food businesses, especially the restaurant industry use retail atmospherics such as ambient lighting which affects food choice and encourages overeating. (<https://journals.sagepub.com/doi/10.1509/jmr.14.0115>) Evidence suggests the Delboeuf Illusion applies to food on a plate. Small changes in plate design – size and colour has the potential of produce significant effects on perceived food amounts and thus intakes. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3947396/>)*
- In relation to calorie labelling, BDA Scotland Board recommends, as well as the number of calories per portion of the food item, calorie information should show that number as a proportion of the recommended daily intake. Providing contextual information such as this, should help consumers understand how food choices relate to their overall intake. It will also align the out of home sector with the food labels on packaged products. There is some evidence that adding contextual information*

*improves consumer choices more than calorie labelling alone. (<https://www.ncbi.nlm.nih.gov/pubmed/23928179>) For this approach to be pursued, it would be important to ensure people in Scotland understand recommended intake, especially as this is a general measure with individual needs differing significantly. Evidence indicates education programmes have a positive impact on improving public understanding of nutrition labelling and therefore increase the effectiveness of such approaches. (<https://www.mdpi.com/2072-6643/10/10/1432>) Therefore we recommend public information is part of roll out of proposals to improve out of home food environment in Scotland, especially in relation to out of home calorie labelling.*

- iv. BDA Scotland Board are cognisant of the potential impact calorie labelling may have for people with disordered eating. Dietary restriction through calorie counting may be for some, the catalyst for the development of an eating disorder. It is important to promote nutritionally balanced approaches, portion control which model healthy attitudes and behaviours towards food. We therefore urge close monitoring of any potential impact of proposals on calorie labelling for those with eating disorders.*

**February 2019**