Glasgow Food Policy Partnership and Glasgow Centre for Population Health

Response to Scottish Government's Consultation on proposals to improve the Out of Home food environment in Scotland

February 2019

Introduction

Glasgow Food Policy Partnership (GFPP) is a group of public, private and voluntary sector organisations who share an ambition to make the food system in Glasgow fairer, healthier, more sustainable and resilient. The partnership seeks to share information across sectors, inform policy and strategy, promote collaboration and stimulate action towards this vision.

GFPP define 'good food' as:

"vital to the quality of people's lives in Glasgow. As well as being tasty, healthy, accessible and affordable, our food should be good for the planet, good for workers, good for local businesses and good for animal welfare."

The GFPP, which represents Glasgow in the [Sustainable Food Cities Network](#), is working at a strategic level with local partners in Glasgow to help strengthen and bring coherence to our work to make good, nutritious food more available and accessible to everyone. This includes joining up and improving our approaches to food poverty and insecurity; health and wellbeing; the local food economy; food growing; reducing waste; and food procurement.

The **Glasgow Centre for Population Health (GCPH)** is a key partner in the GFPP. The GCPH was established in 2004 to carry out research and support new approaches to improve health and address inequalities, working in partnership with local organisations and communities. The GCPH's work is focused on Glasgow, with wider relevance across Scotland and it has a particular focus on poverty as a key determinant of a range of health and social outcomes (including poor diet and obesity). Since its inception, the GCPH has recognised the importance of food, food poverty and the wider food environment in influencing population health and has undertaken a range of related research and learning projects. We recognise that our food system needs to become fairer, healthier and more sustainable if we are to tackle some of today's social, economic, environmental and public health problems, including obesity and inequalities in obesity. We also recognise the related public health challenge of food insecurity, which is growing for vulnerable individuals and families as a result of increasing levels of economic hardship. This is also reflected in the new Scottish Public Health Priority 6: "A Scotland where we eat well, have a healthy weight and are physically active"[1].

In the GFPP, we believe that by working together with partners at a city level on these food-related issues we can make a positive contribution to addressing complex

local, national, regional, and global problems, including those relating to chronic ill health, exclusion, climate change, and food poverty. We support Glasgow City Council with its work, outlined in its current Council Plan, to become a sustainable food city[2].

Since the 1990s there has been considerable and growing evidence that income and resources (including the environment in which people live) affect choices and behaviour: health considerations are much more likely to influence food choices among higher socioeconomic groups because they can afford to make such choices unlike those in lower socioeconomic groups whose choices are limited more by their economic circumstances than their knowledge or understanding[3]. Research shows that cheaper foods are often high in saturated fat, sugar and salt and that people often buy the same foods which they know will be consumed in order to avoid waste resulting from trying new products which may not be eaten.

This is particularly the case in low-income households where money for food is tight and resources to enable food preparation (e.g. access to affordable nutritious ingredients, money for fuel, access to cooking facilities etc) may also be limited[4,5]. The proportion of household income being spent on food, fuel and housing costs has increased in recent years and this increase has been disproportionately greater in the poorest 20% of households[6]. Thus the money available to spend on food has, in recent years, been falling and a reliance on cheaper food, which is often high in fat, sugar and salt and pre-prepared, has been growing as a consequence[7].

Obesity rates have been rising over the last ten years both in Scotland and in Greater Glasgow[8]. Nationally and locally, over a quarter of adults are obese and approximately two-thirds are defined as overweight (i.e. a Body Mass Index (BMI) of 25 or more). Almost two-thirds of adults are overweight in Greater Glasgow and Clyde (62%), slightly lower than in Scotland overall (65%). Furthermore, data for Greater Glasgow and Clyde demonstrates the socioeconomic patterning of healthy diets highlighted above: those in the least deprived 40% are less likely to be overweight than those in the more deprived 60%. This pattern is more marked for obesity (i.e. a BMI over 30) with almost twice as many obese adults in the most deprived 20% as in the least deprived 20%. The pattern is similar for children; while levels of obesity in children aged 2-15 have remained at around 14-17% since 1998, obesity has increased more for the most deprived children aged 2-15 years than for the least deprived, whose obesity levels have remained stable[9].

Eating outside the home is now commonplace and can contribute to an excess intake of calories, fats, sugars and salt as well as low fruit and vegetable intake. We welcome this consultation and recognise the importance of action in this area.

The GCPH has undertaken primary research with schools and with food vendors in the vicinity of schools. Both the GCPH and the GFPP also draw on evidence and learning from other sources. Our comments offered in this consultation are from a public health (rather than nutritionist) perspective and draw on both our own (primary) research and our learning from other sources.

The combined consultation response from the GCPH and the GFPP is offered below.

1. Do you agree that the businesses listed should be included within an Out of Home strategy for Scotland? (Cafés, all types of restaurants, takeaways, pubs/bars, vending machines, workplace canteens, hotels, leisure and entertainment venues.)

- **Addressing excess calories**
- **Supermarkets and convenience stores who provide "food on the go"**
- **Places where we purchase food when commuting or travelling.**
- **Manufacturers and suppliers of food and drink to the Out of Home sector**
- **Food delivery services, including online.**

Answer: Yes. Restaurants, cafés, takeaways, caterers, manufactures and businesses who supply food for the catering industry all have a role in reducing calories and resetting the norms away from excessive consumption and improved nutrition. There are many ways in which calories may be reduced: it is likely that multiple measures will be required to reduce calories and that no single measure will be sufficient overall.

Addressing excess calories

2. Which of the following measures should be taken to reduce excessive calorie contents of food and drinks eaten outside the home?

- **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 are available as an alternative to packs containing multiple servings**
- **excluding very high calorie menu items**
- **Other**

Answer: We believe that all of these should be considered as appropriate for the business and for the customer. We would like to see a broader focus on increasing nutrition (for example, by increasing fruit, vegetable and fibre content) and reducing energy density as well as the proportions of fat, salt and sugar in food being sold to consumers. Recipes and menus should be redesigned/reformulated to reflect this. In this respect, we would like to see a direct link to the actions taken in response to the high fat, salt and sugar consultation undertaken in late 2018.

We would also like to see links made with the sustainable food agenda which recognises the role that the food system plays in generating food-related carbon emissions. Reducing portion sizes or offering smaller than standard portions could encourage less over consumption as well as reducing food waste. There are also links with the sustainability agenda in terms of reducing the proportion of meat/dairy in recipes and increasing the vegetable content as this will have a positive impact both on nutrition and on carbon emissions (the production of meat and dairy products contribute to food-related carbon emissions more than the production of vegetables, and particularly locally grown and seasonal vegetables)[10;11].

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

Answer: Yes. As we highlighted in our answer to question 2, we support the proposal to make smaller portions routinely available. Not only has 'portion control' been shown to reduce calorie consumption (more than calorie labelling)[12], but it can also contribute to a reduction in food waste.

Consumer information

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.

Answer: We have not done primary research in the area of food labelling so our response here draws on our expertise in public health and health inequalities.

While it is important and necessary that consumers are informed about the content and composition of food they are considering purchasing, it is also important that this is not the only action taken to encourage consumption of lower energy density, more nutritious food. The major drivers that influence consumption of out of home food among those who have the least money to spend on food are more wide ranging than the food composition and relative 'healthiness' of the product, and include cost (is it affordable and the same price or cheaper than the less healthy options?) and accessibility (can it be purchased locally by those without access to private transport?).

A systematic review found that the evidence for calorie labelling on menus in restaurants was heterogeneous but did not find that it resulted in a significant impact on calories ordered[13]. However, the authors concluded that it is a relatively low-cost education strategy that may lead consumers to purchase slightly fewer calories.

Also, there is some evidence that shows that point of sale information about the calorie content of food products and calorie labelling can play a part in reducing obesity, at least in some settings[14].

The United States already has federal guidelines for calorie labelling in fast food and chain restaurants, so this could perhaps also be trialled in Scotland[15].

The UK government as a whole is already looking into introducing mandatory calorie labelling on restaurant menus[16] and it will be important to link up these developments.

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

Answer: Not applicable – we are not a food business.

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

Answer: Not applicable – we are not a food business.

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

Answer: Please see our answer to question 4 above. If introduced, calorie labelling should be accompanied by better labelling of the ingredients of food products more generally and this should be consistent so that it is easy for consumers to understand. We would not like to see the complete focus be on energy/calorie content at the expense of other nutritional information. Again, there should be links to the high fat/salt/sugar consultation findings.

8. Should any business be exempt from mandatory calorie labelling at the point of choice? If yes, which types of business should be exempt and why?

Answer: We believe this can only be mandatory if adequate training and support is provided. Small business owners would be unlikely to have enough nutritional knowledge/resources to do this alone.

Full nutrition information for consumers

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

Answer: Yes, we agree that information should be provided in a standardised way to allow consumers to be able to easily understand different labels and compare different products and make informed decisions. We also strongly support the requirement for clear statements to be of the number of portions contained in an item when the portion size may not be the same size as the product purchased. It might also be useful to introduce the same 'traffic light' as is used for retailed products (although, again, this should be standardised).

Training and support should be available to manufacturers, producers and out of home food businesses as well as consumers.

Also note that improved labelling, while important, is not sufficient alone as a means of addressing food-related health inequalities for the reasons outlined above.

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?

Answer: Yes, but only if adequate training and support provided. See our reasons outlined in the answer to question 9.

Promotion and marketing

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**

Answer: All of the above could help. In relation to the third bullet point ('raising consumer awareness through the use of social marketing campaigns') marketing could be linked to other Scottish and UK food campaigns such as 'Sugar Smart', 'Veg Power' and 'Veg Cities' and use marketing and campaign materials available. Consistency in the messages aimed at consumers would be helpful.

Food provided in the vicinity of schools

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

Answer: Research led by GCPH in 2011 examined the food retail environment around secondary schools in Glasgow by observing the food purchasing behaviour of school pupils in local shops and by nutritional analysis of the most popular foods purchased for energy, fat and salt. This research found that the majority of pupils purchased unhealthy convenience food of poor nutritional value at lunchtime in local shops around their secondary school (i.e. within a ten-minute walk)[17].

Of the 45 savoury food items analysed as part of this research, 49% of the samples exceeded the recommended calorie intake, 58% exceeded total fat recommendations and 64% exceeded saturated fat recommendations, 42% exceeded recommended salt levels. Over 80% of the 45 food items sampled did not comply with one of more of the nutrient standards for fat, saturated fat and salt. Meal deals and targeted marketing of these unhealthy foods aimed at school pupils were widely available.

These findings highlight the importance of linking the actions resulting from this consultation with those resulting from the high fat, salt and sugar consultation undertaken by the Scottish Government in 2018.

The focus of any actions should go beyond total calories and recognise the need to improve the overall nutritional quality of food eaten 'out of home', and particularly for those foods targeting children and young people. Key recommendations from this research were to consider introducing fiscal policies which tax unhealthy foods and drinks while incentivising healthy foods and drinks; greater utilisation of licensing and planning powers to control numbers and concentrations of commercial outlets selling and promoting unhealthy take-away food in neighbourhoods near schools; strengthening the role of local authority environmental health departments in relation to licensing, food safety/hygiene and nutritional regulation.

Further qualitative research in 2014[18] exploring the views of independent fast food vendors near secondary schools in disadvantaged Scottish neighbourhoods found that fast food vendors did not consider it their responsibility to provide or promote healthy foods and drinks. They felt that healthy eating and general wellbeing were the responsibility of the individual and that offering what customers wanted to eat – not necessarily what they should eat – was the only way to stay in business.

It is our view, as is stated in the conclusion to this research, that action must go beyond labelling and should include strengthened implementation of regulatory levers such as taxation on unhealthy foods, restrictions on the concentration of outlets selling unhealthy foods as well as the development of partnerships and additional measures within and beyond schools to promote and improve access to healthy, affordable foods.

Children eating 'Out of Home'

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

- **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**

Answer: We agree that there is a need to change the culture in Scotland to ensure that children and young people have access to a wide range of healthy food choices when eating out and emphasise the need for this access to be equitable and affordable. Healthier and more nutritious choices should not be more expensive, and ideally should be cheaper, than other options.

Free drinking water should also be available as standard, and drinking fountains introduced in schools and beyond, so that people can fill up water bottles on the move.

Enabling change

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

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

If no, what other approaches would enable businesses to make the changes needed?

Answer:

Recognition and award schemes have a place in encouraging businesses to support healthy eating, for example the Healthy Living Award and the Glasgow Food Pledge, however, to be adopted on the scale required to have an impact, businesses on the whole need to view such recognition as giving them a competitive advantage. In addition, it is vital that there is adequate support and training in place to enable businesses to engage with such schemes.

Evaluation of the Healthy Living Award[19] reported that, generally speaking, there is wide recognition of the value of the award and its effectiveness in terms of contributing to raising awareness of healthy eating among the Scottish population and in improving caterer knowledge and understanding of nutrition. There is also evidence of some positive impact on the way in which food is prepared in participating catering establishments and on increasing the availability of healthy food options for the consumer.

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.

- **Calorie labelling**
- **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**
- **Improvements to food for children where served**
- **No promotion or marketing of HFSS foods, including no upselling or upsizing**

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

Answer: Yes, we have more control over what happens in the public sector and should be using these opportunities, and the public money spent on food, to improve health.
We would also like to see free drinking water more readily available wherever food is sold, and also in public places, so that water bottles can be refilled.

16. Would the proposals outlined in this consultation impact on the people of Scotland with respect to:
● **Age** ● **Disability** ● **Gender reassignment** ● **Pregnancy and maternity** ● **Ethnicity**
● **Religion or belief** ● **Sex** ● **Sexual orientation** ● **Socioeconomic disadvantage**
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.

As we have highlighted in this response, those who are socioeconomically disadvantaged face considerably more barriers to healthy eating than those with more money to spend on food. Provision of improved information about calories without more structural and regulatory changes, and improved accessibility to, and affordability of nutritious food, will run the risk of further exacerbating inequalities.

17. Other comments:

In our final comments, we wish to reinforce the importance of addressing the wider social, economic and cultural environment that influence food choices in a consistent and co-ordinated way, and avoid single issue policies and solutions that operate in isolation from each other. As Susan Jebb highlighted in her comment in the BMJ, there is an intellectual inconsistency when we accept that poor diets are the product of a complex interaction of determinants but we continue to advocate single issue solutions[20].

It is also vital that the links are made with the strong and growing evidence base for a more sustainable diet: the food system contributes a substantial proportion to global greenhouse gas emissions and change to this will be required if we are to jointly mitigate the impact of climate change. A diet that is good for the planet is also good for health, will support a healthy weight and is likely to be affordable[21]. We believe it is important that sustainable food principles are built into all aspects of food policy and practice, and particularly in the public sector.

Susan Jebb highlights that food policy needs partnerships and alliances at all levels to drive change amid the complexities. Partnerships like the Glasgow Food Policy Partnership provide an established means of building co-ordinated support for action towards a fair, healthy food system that is good for people and the planet.

References

[1]Scottish Government. *Public Health Priorities*. https://publichealthreform.scot/the-reform-programme/scotlands-public-health-priorities (accessed: 7/1/18)

[2] Glasgow City Council. *Strategic Plan 2017-2022*. Glasgow: Glasgow City Council; 2017. Available at: https://www.glasgow.gov.uk/CHttpHandler.ashx?id=40052&p=0 (commitment number 72). (accessed: 7/1/19)

[3] Lang T, Caraher M. Access to healthy foods: part II. Food poverty and shopping deserts: what are the implications for health promotion policy and practice? *Health Education Journal* 1998;57(3):202-211. DOI: 10.1177/001789699805700303

[4] Health Scotland. *Food Poverty Inequality Briefing*. Edinburgh: NHS Health Scotland; 2018. Available at: http://www.healthscotland.scot/publications/food-poverty-inequality-briefing. Accessed: 7/1/19.

[5] Leather S. *The Making of Modern Malnutrition: an Overview of Food Poverty in the UK*. London: Caroline Walker Trust; 1996.

[6] Office of National Statistics. *Family spending in the UK: financial year ending March 2016. An insight into the spending habits of UK households, broken down by household characteristics and types of spending*. London: ONS; 2017. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/personalandhouseholdfinances/expenditure/bulletins/familyspendingintheuk/financialyearendingmarch2016#lower-income-households-continued-to-have-less-money-to-spend-on-non-essential-items (accessed 11/12/18)

[7] GoWell. *GoWell briefing paper 30: Food insecurity among residents of Glasgow's deprived neighbourhoods*. Glasgow: GoWell; 2018. Available at:

http://www.gowellonline.com/assets/0000/3960/GoWell_briefing_paper_30_Food_insecurity.pdf, (accessed: 7/1/19)

[8] Understanding Glasgow. *Lifestyle*. https://www.understandingglasgow.com/indicators/lifestyle/overview. (accessed: 10/12/18.)

[9] Tod E, Bromley C, Millard AD, Boyd A, Mackie P, McCartney G. Obesity in Scotland: a persistent inequality. *International Journal for Equity in Health* 2017;16:135. https://doi.org/10.1186/s12939-017-0599-6. (accessed: 7/1/18)

[10] The EAT-Lancet Commission on Food, Planet, Health. https://eatforum.org/eat-lancet-commission/

[11] The double health and environment food pyramid. https://www.barillacfn.com/en/dissemination/double_pyramid/

[12] Schwartz J1, Riis J, Elbel B, Ariely D. Inviting consumers to downsize fast-food portions significantly reduces calorie consumption. *Health Affairs* 2012;31(2):399-407. DOI: 10.1377/hlthaff.2011.0224. Available at: https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2011.0224 (accessed 23/2/19)

[13] Long MW, Tobias DK, Cradock AL, Batchelder H, Gortmaker SL. Systematic review and meta-analysis of the impact of restaurant menu calorie labelling. *American Journal of Public Health* 2015;105(5):e11-e24. DOI: 10.2105/AJPH.2015.302570. Available at: https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2015.302570 (accessed 23/2/19)

[14] VanEpps EM, Roberto CA, Park S, Economos CD, Bleich SN. Restaurant Menu Labeling Policy: Review of Evidence and Controversies. *Current Obesity Rep*orts 2016;5(1):72-80. DOI: 10.1007/s13679-016-0193-z. Available at: https://dx.doi.org/10.1007/s13679-016-0193-z (accessed 23/2/19)

[15] Havens J. Menu labeling finally set to go live on May 7, but congress might have different plans. *Food Safety Magazine*. March 20 2018. https://www.foodsafetymagazine.com/enewsletter/menu-labeling-finally-set-to-go-live-on-may-7-but-congress-might-have-different-plans/

[16] Eads L. UK consensus mandatory calorie labelling on restaurant menus. *The Drinks Business*. June 26 2018. https://www.thedrinksbusiness.com/2018/06/uk-considers-mandatory-calorie-labelling-on-restaurant-menus/

[17] Crawford F, Mackison D, Mooney JD, Ellaway A. Observation and assessment of the nutritional quality of 'out of school' foods popular with secondary school pupils at lunchtime. *BMC Public Health* 2017;17:887. Available at: https://doi.org/10.1186/s12889-017-4900-9

[18] Estrad M, Dick S, Crawford F, Jepson R, Ellaway A, McNeill G. A qualitative study of independent fast food vendors near secondary schools in disadvantaged Scottish neighbourhoods. *BMC Public Health* 2014;14:793. Available at: https://doi.org/10.1186/1471-2458-14-793. (accessed 26/2/19).

[19] Scott Porter Research and Marketing. *Evaluating the effectiveness of the healthy living award in its first 3 years.* Edinburgh: NHS Health Scotland; 2009. Available at: http://www.healthscotland.com/uploads/documents/10032-RE023FinalReport0809.pdf (accessed 26/2/19)

[20] Jebb SA. A system-wide challenge for UK food policy. *BMJ* 2012;344:e3414. Available at: https://www.bmj.com/content/344/bmj.e3414 (accessed 26/2/19).

[21] The Lancet. *The global syndemic of obesity, undernutrition, and climate change: the Lancet Comission report.* https://www.thelancet.com/commissions/global-syndemic