Faculty of Public Health

of the Royal Colleges of Physicians of the United Kingdom

Working to improve the public's health

Response from the UK Faculty of Public Health to the Food Standards Agency Strategy for 2010 to 2015 consultation

About the UK Faculty of Public Health
The UK Faculty of Public Health (FPH) is the leading professional body for public health specialists in the UK. It aims to advance the health of the population through three key areas of work: health promotion, health protection and healthcare improvement. In addition to maintaining professional and educational standards for specialists in public health, FPH advocates on key public health issues and provides practical information and guidance for public health professionals.

Through its Cardiovascular Health Committee, FPH has produced a number of resources on cardiovascular health, nutrition, obesity and hypertension. These can be downloaded from: http://www.fph.org.uk/resources/default.asp

FPH welcomes the opportunity to comment on the Food Standards Agency's (FSA) Strategy for 2010 to 2015. This response has been produced by the FPH Cardiovascular Health Committee which is formed of experts in the fields of cardiovascular health, nutrition, obesity and physical activity.

General comments on the overall strategy
FPH believes that the FSA is an exemplar regulator for protecting and promoting the public health. We commend the FSA principles of openness, transparency, accessibility, actively involving and listening to all the key stakeholders and sticking solidly to the science in arriving at its decisions.

The FSA deservedly enjoys a very high level of public and professional trust and credibility, in the UK and beyond. Indeed, internationally, the FSA has become a world leader in public health nutrition. It represents a model for other countries in terms of its independence, constitutional establishment, functions and work.

The FSA is to be congratulated on producing a clear, coherent and competent strategic plan for the next five years. The FSA is well established and has clearly proven itself to be effective. We therefore would not wish to see any major changes to the organisation, rather continued developments building on the successes to date. In particular, we would wish to see a clear emphasis on scaling up its groundbreaking and world leading work on public health nutrition.

The UK Faculty of Public Health has the following recommendations:

1. The FSA has ensured its initial founding primary goal of securing a safe food supply and introduced sound monitoring systems. There are now solid systems of control in place. Food safety is an important issue with immediate risks to public health - but we believe there are far greater, though longer term, risks associated with unhealthy eating. We believe the current equal split of FSA resources between food safety and nutrition should be rebalanced to reflect the relative attributable public health impact of each approach: poor food safety leads to 450 mortalities a year, while poor diet contributes to over 300,000 deaths.

2. FPH would therefore now like to see healthy eating as the FSA's primary aim with food safety a still vital but now second order consideration. It is important to keep food safety on the agenda but we believe the FSA now needs to move on to the higher goal of promoting healthy eating as the burden of dietary related chronic diseases is placing increasingly

unsustainable demands upon public services and the social cost is enormous and increasing. This change in remit would send a powerful signal for change to the food industry and the public.

3. To achieve the £36billion cost-savings identified by the Wanless health service and public health reviews recommending more engagement with prevention (2003 and 2004) requires a substantial increase in public health effort and a greater focus on upstream policy measures.

4. FPH would therefore like to see FSA's objectives, targets, and activities in relation to the major contemporary public health issues strengthened and resources appropriately increased. Particular priorities include health inequalities, avoidable diet-related chronic disease, sustainable development and climate stabilisation.

5. FPH would like to see the FSA expand its work across other government departments in related areas of policy such as 'Food Matters', The Food Policy Council, wider public health initiatives and research, agriculture, environmental policy, education and fiscal policy, to name but a few. Many of the determinants of a healthy diet are in these areas of public policy and delivering action and change means effective cross government working to achieve these ends is essential.

6. The FSA should adopt a more precautionary approach to evidence that indicates risk to the public's health, especially for children and young people. Plausible evidence should invoke a precautionary approach. The FSA should therefore not wait for absolute scientific gold standard evidence, especially on the harmful effects of health damaging nutritional trends. Transfats in takeaway food is a current example.

7. The FSA could make even greater use of public opinion and market research in guiding its decisions. For example there was overwhelming public support for effective controls on the marketing of high fat, salty and sugary foods and their right for easy to understand front-of-pack labelling such as the traffic light labelling scheme. The public health evidence base was helpful but these developments could have been taken forward on the basis of human rights, especially the need for essential, accurate and unambiguous information and the need to protect children and the vulnerable.

8. FPH would therefore like the FSA to invest more in public health and in public health nutrition. The FSA needs to set goals to positively change Britain's food culture and economy to shape the market for promoting healthy foods and encouraging healthy eating. FPH would therefore like to see the FSA use influential policy measures such as market interventions and regulation on the demand and supply sides. This social change should be encouraged and supported by the use of social marketing. This approach would be in line with the Foresight review on obesity, which recognised that market failures were a key determinant of the obesity epidemic and recommended a more ecological and upstream approach to public health.

9. Independent and objective evaluation is needed to understand the impact of industry's efforts to reformulate products and develop healthier options. Evaluation should focus on a) whether reformulated products are actually better and b) how consumers perceive and respond to the marketing of healthier products.

10. We therefore believe the FSA should only take note of peer-reviewed research that is fully in the public domain. It should not be pressurised by challenges by vested interests until counter claims can be backed up by full disclosure of the underpinning research.

11. The FSA needs to become more literate and experienced in working at the EU/international levels due to the globalised nature of food markets and the nature of international controls on food and marketing regulation Furthermore given the leading edge work it is undertaking it needs to spread this innovation and secure political solidarity for actions that are determined and governed at an international level.

12. Voluntary self-regulation, particularly around product reformulation is inherently weak, unless closely monitored. It should therefore continue to be supported by more stringent non-industry developed benchmarks for success and objective evaluation.

13. FPH believes the phrase the "Improving the balance of Good health" is unhelpful and ambiguous as a communications vehicle and requires rethinking – as it currently reads there is the potential for the food industry to interpret the meaning in ways which may be detrimental to public health.

14. Mandatory nutrition training and professional development opportunities for individuals working in the food industry are urgently needed, especially for the catering, product development and buying sectors.

Our key recommendations and priorities include:

- FSA should set targets for advertising and promotion of foods by the food industry which reflect the proportions of the *Eatwell plate* and population nutrition goals.
- FPH recommends that the analysis of the strategic plan to produce monetized costs and benefits of the public health significance of FSA's work and priorities is undertaken as a matter of priority, and used to inform the allocation of resources.

15. In summary FPH would like to see a strong, competent, resilient and independent FSA.
FSA needs to work across Government and promote public health through other Government policies and action and become more active at an international level.
The FSA needs to build on the solid foundations of its excellent leading edge public health nutrition work. The FSA needs to scale up its investment in public health and set healthy eating as its primary objective. Clear public health objectives should include the reduction in health inequalities, securing sustainable development and the primary prevention of dietary related diseases.

Specific comments on the strategy

Para 6. The agency's core values
We fully endorse the core values.

Para 22. Impact assessments
We are concerned about the evidence that industry interests may sometimes be put ahead of public health priorities. Past examples include lobbying on transfats, and delays in adopting a single, simple front-of-pack traffic light labelling scheme.

Page 11, Figure 2. Proposed FSA strategy for 2010 to 2015 (page 11)
We welcome the move to present the FSA strategy in graphic format. However, the current figure 2 needs another column under the "Objective: improve the balance of the diet." This column should be entitled **"Intake"** and include specific bullet points for example:

- reductions (10% or 20%) in consumption of HFSS foods

- increased consumption of fruit and vegetables, whole grains and polyunsaturates.

Para 32. UK dimension
We welcome the building on the *Food Matters* report.

Para 36. EU and international dimension
The proposed strategy rightly recognises that over 90% of UK legislation relating to food originates in the European Union. With the acknowledgement of this importance, FPH urges the FSA to commit more resources to its European office, so that closer working with European authorities is possible.

Responses to specific questions

Q2. We have described the priorities on which we think we need to concentrate in the 2010 to 2015 period in order to make the most impact. Do you agree these are the right priorities? It would help if you could make it clear which priorities your comments relate to and explain briefly your reasoning.

The current equal split of FSA resources between food safety and nutrition should be realigned to reflect the public health impact, as outlined in previous comments. Over 70,000 deaths are premature and eminently preventable.

Q3. We have set out some key questions we need to address to ensure we have the science, evidence and analysis we will need to support achievement of the proposed FSA strategy (paragraphs 41-46). Please let us have your views on the answers to these questions.

Para 43. The science and evidence strategy 2010 to 2015.
- *What are the major gaps in the science, evidence and analysis which need to be addressed?*
- *What types of science and evidence gathering should we undertake, or encourage others to undertake, to address these gaps?*
- *Who should we be working with to address these gaps and to use the science, evidence and analysis effectively?*

FSA's focus on working with industry is to be applauded as they have a key role in improving diets. However, key lessons that can be learned from the experiences with tobacco should be applied to this approach. [Brownell, KD. The perils of ignoring history: Big tobacco played dirty and millions died. How similar is big food? Millbank Quarterly, 2009; 87, 259.]
Among the evidence and information gaps that need to be filled are:

1. Objective evaluation of industry pledges and self-regulation to understand the impact of these in relation to healthy eating objectives (e.g. claims around the elimination of trans fats from food products).

2. Industry should be encouraged to divulge fully and explicitly when their marketing is occurring (including product placements, viral campaigns etc). Industry should also be much more forthcoming with data from sales and promotional activities, and their relative impact on food purchasing and consumption patterns. FSA is well placed to collate and review the evidence and impact of these practices.

3. Voluntary self-regulation, particularly around product reformulation is inherently weak, unless closely monitored. It should therefore continue to be supported by more stringent non-industry developed benchmarks for success and objective evaluation.

4. Objective evaluation of the food industry's 'better for you' or 'healthier' product lines is needed to assess:
   (i) whether such products are actually better?
   (ii) how consumers perceive these products and respond to marketing?

Other gaps in evidence and analysis have been identified in *Annex C, impact assessment* where there is currently no data on the costs and benefits of the actions proposed in FSA's strategy. Research to address this gap should be commissioned as a matter of priority, and a retrospective analysis should be undertaken of FSA's current strategy for 2005 to 2009.

Comments on the evidence base for priorities

Annexe B – Evidence base for proposed priorities:

Outcome HE1: Retail products and catering meals are healthier
UK Faculty of Public Health agrees with all the proposed strategic priorities on retail products and catering meals being healthier. Comments on particular priorities are outlined below:

Priority 1: *Continued reductions in saturated fat, salt and sugar levels in mainstream products*. This objective is important. However, we recommend that in addition, FSA should also commission objective and independent evaluation of the food industry's efforts to reformulate products within the context of the overall public health nutrition goals. There are numerous examples where e.g. yogurt products lower in fat are higher in sugar, or trans fats are replaced with saturated fats in products etc.

Priority 2: *Greater availability of healthier options in retail and food services: by working in partnership with the food industry and through the setting of targets*. FPH strongly supports this priority, and would again like to stress the need for independently set benchmarks and targets for success, as well as objective evaluation of these.

Additional priority: **Mandatory nutrition training for food industry staff.** An additional objective should be added to work with the relevant government departments to ensure mandatory nutrition training is incorporated in the professional training and development of all staff working in the food industry. Urgent training is particularly required for those with roles in the food service, product development and buying sectors.

Outcome HE2: Retailers, manufacturers and caterers provide the nutrition information consumers need to make healthy choices

Priority 1: *"All sections of the food industry to follow Government recommendations for an effective front of pack labeling which helps consumers make healthier choices at a glance."* FPH agrees with the first bullet point and wishes to stress that based on the evidence base and huge inequalities in diet and related diseases, this should be based on the traffic light labeling scheme (for further information read the FPH statement on Traffic Light Labelling available at: http://www.fph.org.uk/resources/AtoZ/default.asp#foodlabelling

Priority 2: *"Increased provision of nutrition information in a wide range of catering outlets."*
UK Faculty of Public Health agrees with this objective, and recommends that mandatory nutrition training and continuing professional development is established for staff working in catering outlets to facilitate this process.

Outcome HE3: Consumers understand about food and a healthy diet, prepare and cook healthy meals at home

Priority 5: "*Stimulate demand for lower salt and saturated fat products, and encourage behavioral change which reduces intake of these nutrients, using public awareness campaigns."*
FPH wishes to stress the key role of industry in this process through its marketing and promotional practices, which can have a huge impact on people's uptake of different products and lines. Healthier options should always be available at affordable prices. Industry should provide expertise and resources to support the marketing of healthier products to consumers, and adopt responsible marketing practices which are in line with and support the *Eatwell plate* proportions and population nutrition goals.

Annex C – Impact assessment

Annual costs and annual benefits: whilst the consultation acknowledges that "*monetized costs and benefits are not yet available as these will depend largely on the targets set and the action plans which have not yet been developed,"* such information will be hugely invaluable to resource allocation. FPH therefore recommends that this is undertaken as a matter of priority.

Further information
If you would like any further information on this response, please contact Peder Clark, FPH Policy Officer at pederclark@fph.org.uk