



Faculty of Public Health

of the Royal Colleges of Physicians of the United Kingdom

Working to improve the public's health

UK Faculty of Public Health response to the Food Standards Agency consultation on Front-of-Pack nutrition labelling for pre-packed foods sold through retail outlets in the UK

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/>

The UK Faculty of Public Health welcomes the opportunity to comment on the Food Standards Agency's consultation on Front-of-Pack (FOP) nutritional labelling.

Question 1: We welcome your views on the range of foods to which an integrated FOP label should be applied, including suggestions for a limited number of exemptions (paragraph 20).

FPH believes that FOP labelling should be applied, at least, to all prepared and processed foods.

Priority categories would include cakes, desserts, biscuits, confectionery, breakfast cereals, soft drinks with added sugar and savoury snacks such as crisps and crackers in view of the acknowledged contribution made by these categories to excess consumption of salt, fat, saturates and sugar and the desire expressed by consumers in FSA research for signposting on 'treat foods'.

In view of the current crisis in children's diets and dietary health, we believe that products primarily aimed at children should be a priority.

The increased consumption and availability of "ready meals" is a concern for public health in terms of the high fat and/or salt content of many of these products. It is essential that FOP labelling of these is also a priority.

Exemptions: we agree that pre-packed fresh or minimally processed fruit and vegetables and foods in small packages should be exempt. However we would wish to see the other categories you cite included in labelling, viz: cereal-based produce, meat/fish/poultry, dairy produce, bacon/ham.

Question 2: We welcome your views on the proposal for including calories in an integrated FOP label (paragraph 27), and that interpretive elements should not be included.

Yes we agree with your proposed approach in Paragraph 28 (sic). The most useful information is calories per portion and this should be presented as clearly as possible.

Question 3: Should the Agency develop specific criteria for an integrated FOP label for foods recommended to be eaten in small portions, to be used alongside the per 100g criteria and specific criteria for large portions? If so what should these criteria be? Or could foods recommended to be eaten in small portions be dealt with in other ways?

FPH believes foods normally eaten in small portions should be treated no differently from those eaten in larger portions. We have concerns about the frequency with which such portions might be eaten, eg. salty or sugary snacks. Even small portions of very salty or sugary foods can provide a high proportion of GDA. One suggestion is that where a portion provides more than one-third of the GDA for a particular nutrient this should be highlighted in some way.

Question 4: Do you agree with the proposed approach to improve communication and understanding of saturated fats in an integrated FOP label (paragraph 34)? If not, why not?

Yes.

Question 5: In light of EFSA's recent opinion on the sugars GDA for nutrition labelling purposes, we would welcome your views on the appropriate sugars GDA figure that should be used on an integrated FOP label.

The declaration for sugars should be for non-milk extrinsic sugars (NME), not total sugars, to ensure that nutrition labelling is consistent with and supportive of the recommendations of nationalⁱ and WHOⁱⁱ scientific reports that NME sugars should not exceed 60g per day or 10% of total dietary energy. The GDA figure for FOP labelling purposes should be calculated on this basis.

Question 6: We would welcome your views on the whether the salt thresholds for an integrated FOP label should be revised and if so, which of the approaches discussed above should be used:

- (a) changes to the per 100g criterion,**
- (b) changes to the per portion criterion, or**
- (c) both.**

We would support the aligning and synchronising of the 'high' salt criterion with that of the Food Information Regulation and the NP NHCR

Question 7: The proposed advice on prominence and legibility based on the Agency's current technical guidance can be found at Annex D. We welcome your views on how this might be revised to maximise the visibility and legibility of an integrated FOP label.

The suggested guidance on positioning, typography and design of FOP labelling seems sensible. The only comment FPH would wish to make is that the traffic light labelling (acknowledged by consumers as the most comprehensible and clear) is given preference in any design considerations.

Question 8: We welcome your views on how government and stakeholders could work in partnership to raise consumer awareness and understanding of

a single integrated FOP label (targeting those consumers that are not currently using FOP labelling, and in particular C2DE's, those aged over 65 years and families with children). We would welcome any information regarding initiatives or activities that have been undertaken in this area.

FPH is concerned that current users of FOP labelling tend to be those already relatively informed about nutritional information and dietary needs. Given that most nutritional problems are in the more disadvantaged groups (eg. low income), it is crucial that social marketing initiatives are aimed at these segments of the population.

The FSA may be overlooking engagement with smaller community businesses that are more likely to be used by ethnic minorities in deprived areas. Developing links with organisations representing non-chains (e.g. Federation of Small Businesses) to engage smaller shops in carrying prepared food with FOP labelling is essential.

We suggest that supermarkets and major retailers should be required to reproduce a standardised version of the FOP labelling on their shelf labels for each item on display. This would greatly increase the rapid recognition of key nutrient information without the need for consumers to locate and study individual pack labels.

The FPH would welcome the use of the Change 4 Life campaign to raise awareness of FOP labelling to its target audiences.

ⁱ Committee on Medical Aspects of Food Policy. 1991. Dietary Reference Values for Food Energy and Nutrients for the United Kingdom. Report on Health and Social Subjects 41. Department of Health

ⁱⁱ World Health Organization. 2003. Diet, Nutrition and the Prevention of Chronic Diseases. Report of a Joint WHO/FAO Expert Consultation. Technical Report Series No 916. Geneva: WHO.