The Government Buying Standards for Food and Catering Services: Updating the nutrition standards

FOOD ACTVE RESPONSE

Food Active is a healthy weight programme of work based in the North West of England, working to address the legislative, environmental, social and economic factors that influence people's lifestyle choices and behaviours. This response was prepared in consultation with local authority stakeholders and informed by our national partners including The Obesity Health Alliance.

1. Do you agree or disagree with the outlined proposals for mandatory and / or voluntary standards for reducing salt intake?

Proposed mandatory nutrition standard

Vegetables and boiled starchy foods such as rice, pasta and potatoes, shall be cooked without salt.

Salt shall not be available on tables.

At least 75% of meat products, breads, soups and cooking sauces and ready meals procured by volume, and 75% of breakfast cereals and pre-packed sandwiches available meet current core salt targets and all stock preparations shall be lower salt varieties (i.e. below 0.6g/100mls reconstituted).

Note: The 75% applies individually to each food category described in the above specification, and not only to the combined availability / volume. The requirement relates to meeting maximum targets, or using an average target as a maximum where a maximum target is not set.

Changes proposed

Change to current salt targets.

Increase from 50% to 75% of products with categories meeting targets and updated wording from procured by volume to available.

Proposed voluntary (best practice) nutrition standards

At least 75% of all products (procured by volume / available) that are covered by the current salt targets, meet this target.

Note: The 75% applies individually to each food category described in the above specification, and not only to the combined availability / volume. The requirement relates to meeting maximum targets, or using an average target as a maximum where a maximum target is not set.

Changes proposed

New voluntary best practice standard for reducing salt intake.

We agree with the proposed mandatory and voluntary amends to the salt nutrition standards and the increase of products required to meet the current salt targets. Despite a salt reduction programme being introduced in England in 2006, the UK population still exceeds to reference nutrient intake of 6g per day for adults by a third – consuming on average 8g every day[1]. Too much salt can lead to increased blood pressure, which can cause heart disease and stroke, which are two of the biggest killers of adults in the UK.

We would however recommend that the foods that the proposed mandatory nutrition standard apply to is extended to other foods that are typically high in salt, for example, instant dried noodle, pasta and soup snacks/meals. The latter have grown in popularity over the past number of years, with thousands of young people and adults consuming these products on a daily basis[2].

Having previously been self-reported by industry, last year Public Health England published a report that suggests a mixed picture in meeting the salt reduction targets laid out in 2014.

- Just over half of all average salt reduction targets were met, with retailers making more progress than manufacturers
- All average salt targets were met in 9 food categories, including breakfast Cereals and baked beans, however, meat products met none of these targets
- four in five foods had salt levels at, or below, the maximum targets set[3].

It is clear that more steps are needed to ensure that we introduce more steps to help the population to reduce the amount of salt they are consuming. As a result, we believe that introducing these changes is fully warranted and will go a long way in helping to continue the progress of the salt reduction programme.

2. Do you agree or disagree with the outlined proposals for the mandatory standard for increasing fruit and vegetable consumption?

Proposed mandatory nutrition standard

A portion of fruit shall be sold at a lower price than a portion of hot or cold dessert.

Half of desserts available should contain at least 50% of their weight as fruit – which may be fresh, canned in fruit juice, dried or frozen. This excludes whole fresh fruit as a dessert option. Whole fresh fruit can be a dessert option but should not be included as an option when calculating whether half of dessert options should contain at least 50% of their weight as fruit.

Main meals within a meal deal should include a starchy carbohydrate which is not prepared with fats or oils, vegetables and 1 portion of fruit.

Changes proposed

Excluding fresh fruit as a dessert for calculation purposes.

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[1] Public Health England (2018) Why salt? [online] Available at: https://publichealthengland.exposure.co/salt-reduction-programme [Accessed: 14th June 2019]

[2] Campaign Live (2011) Sector insight: pasta, rice and noodles [online] Available at: https://www.campaignlive.co.uk/article/sector-insight-pasta-rice-noodles/1071314 [Accessed: 1st July 2019]

[3] Public Health England (2013) Progress of the salt reduction programme [online] Available at:

Change to the meal deal standard from the current: Meal deals include a starchy carbohydrate, vegetables and 1 portion of fruit.

Additional requirement of carbohydrate in meals not being prepared with fats or oils

We welcome the proposed changes that will aim to increase the consumption of fruit and vegetables. There is evidence to suggest that the UK population, across all age ranges, are not meeting the recommendation of five portions of fruit and vegetables every day. In 2017, only 29% of adults were eating the recommended five portions of fruit and vegetables per day (also known as 5-A-DAY) – and the average (mean) was just 3.8 portions per day. Fewer men than women meet the guidelines, and young people aged 16 to 24 are even less likely than other adults to get their 5-A-DAY. Also in 2017, a staggering 82% of children aged 5 to 15 were failing to meet the 5-A-DAY recommendation[4]. The changes proposed in this consultation may be an important and crucial step towards helping all age groups of the population be more likely to achieve their 5-A-DAY, which is based on WHO evidence that suggests consuming 400g of fruit and vegetables per day can reduce risks of chronic diseases, e.g. heart disease, stroke, and some cancers.

We would however like to question whether the proposed changes to the vegetables served as a meal deals standard could aim to make up a whole 80g portion. This would help to further increase the number of vegetables consumed by the population. In addition, we would recommend that the standard encourages providing two portions of fruit/vegetables, as this would further help the population meet their 5-A-DAY.

We would also recommend making specific reference to wholegrain varieties of starchy carbohydrates when discussing the proposed changes to meal deals. This is an opportunity to increase the amount of fibre consumed, given that the UK population also consume approximately half the amount of fibre that is recommended daily.

Finally, we are pleased to see the proposed changes to exclude fresh fruit as dessert for calculation purposes. This will help to ensure the balance of desserts as a whole are healthier.

3. Do you agree or disagree with the outlined proposals for the mandatory standard for meal deals?

Proposed mandatory standard for meal deals

Any pre-packaged food and drink products in a meal deal should not be high in fat, sugar or salt (HFSS)[i].

Any foods and drinks within a meal deal must also meet the relevant GBSF standards for the healthier options, e.g. healthier sandwiches[ii].

Changes proposed

New mandatory standard to not include high fat, sugar or salt products in meal deals and to ensure food and drinks used within meal deals meet the healthier options in the GBSF standards.

[4] Health Survey for England (2018) Fruit and vegetables [online] Available at: http://healthsurvey.hscic.gov.uk/data-visualisation/data-visualisation/explore-the-trends/fruit-vegetables.aspx?type=child [Accessed: 24th July 2019]

[i] The definition for 'high' in fat, sugar or salt is as defined in the DHSC and FSA publications: 'Guide to creating a front of pack (FoP) nutrition label for pre-packed products sold through retail outlets'. November 2016. Available here: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/566251/FoP_Nutrition_labelling_UK_guidance.pdf

[ii] This would be for all categories of 'meal deals' such as 'breakfast meal deals', 'hot food meal deals', 'sandwich meal deals', 'hot drink and snacks, e.g. confectionary / savoury snack / items under the reducing sugar category'.

We agree with the proposed nutrition standard changes to meal deals to not allow products that are high in fat, sugar and salt (HFSS) to be included in the deal. We believe this will help to encourage consumption of healthier versions of products as meal deals are a popular, value-driven offer that thousands of people consume every both in the public and private sector. However, there is research to suggest that the nutrient profile of many of the different combinations of meal deals available are poor. For example, a survey by Action on Sugar in 2017 found that a significant number of meal deals in the out of home sector are high in sugars – the worst combination containing up to 30 teaspoons of sugar. The survey also found that 7 out of 10 (72%) meal deal drinks sold in Morrisons would be classed as high (red) in sugar on traffic light labelling[5].

In addition, we would also like to highlight a report published by Action on Salt earlier this year regarding salt levels contained in children's meals in the out of home sector. 357 children's meals were surveyed from 26 outlets across the UK. Of these 42% had more than 1.8g of salt per portion - the maximum salt target for children's meals in the out of home sector. If colour-coded nutrition labelling was used on menus in the out of home sector, these meals would receive a red label for salt[6].

Furthermore, many of the meal deal options contain options that may appear healthy actually contain a high amount of fat, sugar and/or salt. For example, a consumer may chose a Tesco's Cheese Layer Salad in an attempt to make a healthier choice than for example, a cheese sandwich. Yet this option contains 10.2g saturated fat – accounting for over 50% of a women's reference nutrient intake.

Given that these are a popular choice with the public and there is research to suggest that many of these meals may be contributing towards excess fat, sugar and salt in the diet, ensuring these are not high in fat, sugar and/or salt is an important step towards improving the dietary intake for thousands of people. As a result, we support the proposed mandatory changes.

4. Do you agree or disagree with the outlined proposals for the mandatory standard for reducing saturated fat?

Proposed mandatory standard for reducing saturated fat

Meat and meat products (procured by volume), biscuits, cakes and pastries (available) be lower in saturated fat, where available.

[5] Action on Sugar (2017) What's the deal? [online] Available at: http://www.actiononsugar.org/news-centre/surveys/2017/sugar-awareness-week-whats-the-deal-new-findings-reveal-lunchtime-meal-deals-serve-up-four-full-days-worth-of-sugar-in-just-one-meal.html [Accessed: 2nd July 2019]

[6] Action on Salt (2019) Salt levels in children's meals in the out of home sector [online] Available at: http://www.actiononsalt.org.uk/media/action-on-salt/FINAL-Survey-Report.pdf [Accessed: 1th July 2019]

At least 50% of hard yellow cheese procured by volume shall have a maximum total fat content of 25g/100g;

At least 75% of ready meals procured by volume shall contain less than 6g saturated fat per portion;

At least 75% of milk procured by volume is lower fat (semi-skimmed, 1% or skimmed milk)

At least 75% of oils and 75% of spreads procured by volume are based on unsaturated fats.

At least 75% of pre-packed sandwiches (and other savoury pre-packed meals (wraps, salads, pasta salads) available contain 400kcal (1680 kJ) or less per serving and do not exceed 5.0g saturated fat per 100g.

Changes proposed

Additional requirement around pre-packed sandwiches and other savoury pre-packed meals for decreasing saturated in pre-packed sandwiches.

Very slight rewording for clarity regarding milk.

Reducing saturated fat is important as we know from the National Diet and Nutrition Survey (NDNS) that all groups of the population are consuming too much saturated fat and we support the proposed changes to help reduce saturated fat in pre-packaged sandwiches and meals. As highlighted in our response to Question 3, the nutrient profile of food and drink sold 'on-the-go' is typically HFSS. In particular, saturated fat of pre-packaged sandwiches is cause for concern. We looked at some of the sandwiches available in the out of home sector from popular supermarkets and cafés, and many contain over half the reference nutrient intake of saturated fat in one serving. For example:

- Sainsbury's Red Leicester Cheese Ploughman's Sandwich contains 11.2g saturated fat – 56% of RNI (474 kcal)
- Tesco Cheese Triple Sandwich contains 12.6g saturated fat – 63% of RNI (629 kcal)
- Morrisons Brie and Slow Roasted Tomato contains 12.2g saturated fat – 61% of RNI (516 kcal)
- Starbucks Grilled Cheese Sandwich contains 16g saturated fat – 80% of RNI (540 kcal)
- EAT Feta, Pomegranate and Harissa Wrap contains 9g saturated fat – 45% of RNI
- Pret a Manger Veggie New Yorker contains 9.4g saturated fat – 47% of RNI
- M&S Cornish Brie and Applewood Smoked Bacon contains 16.2g saturated fat – 81% of RNI
- ASDA Vintage Cheddar Ploughman's contains 14.4g saturated fat – 72% of RNI (464 kcal)

The pre-packaged sandwiches listed above are just a few examples of the worst offenders when it comes to saturated fat, however there are a large number of other varieties that contain anywhere from 5g saturated fat per serving to 9g per serving, which can also help consumers easily consume more than the RNI – which we know from the latest NDNS that the majority of the public are already doing so.

Introducing these new standards will also help industry to meet the calorie reduction targets laid out in Public Health England's calorie reduction programme. Fat contains the largest number of calories per gram compared to any other nutrient (9kcal/g), so reducing this quantity of this nutrient in foods should already be up for consideration by the food industry when scoping out their plans for responding to the reformulation programme.

5. Do you agree or disagree with the outlined proposals for mandatory and / or voluntary standards for increasing fibre?

Proposed mandatory nutrition standard

At least 50% of bread available contains at least 3g fibre per 100g (ie is a source of fibre), excluding pre-packed sandwiches.

At least 75% of pre-packed sandwiches (and other savoury pre-packed meals (wraps, salads, pasta salads) available contains bread with at least 3g fibre per 100g.

Changes proposed

New mandatory standard for increasing fibre intake.

Additional requirement around bread available, and pre-packed sandwiches and other savoury pre-packed meals for increasing fibre.

Proposed voluntary (best practice) nutrition standards

To ensure at least 50% of all bread available contains at least 3g fibre per 100g (ie is a source of fibre), as per the mandatory standard.

and, in addition to the mandatory standard

At least 25% of all bread available contains at least 6g per 100g (ie high in fibre), excluding pre-packed sandwiches.

Changes proposed

New voluntary best practice standard for increasing fibre intake.

We support these proposals for increasing fibre intake. The NDNS has indicated that we are consuming around half as much as outlined in the revised 2015 SACN dietary fibre recommendations of 30g per day for adults[7]. Introducing these improvements to fibre content within Food Buying Standards across the public sector has the potential to positively impact on the fibre intake of a significant number of people, whom consume these types of foods on a regular basis.

Increasing consumption of fibre in the population can have several benefits to health and the incidence of non-communicable diseases, such as cholesterol, diabetes and overweight and obesity. Furthermore, increasing the fibre content foods has the potential to increase satiety, which may result in reducing snacking between meals which we know can tip consumers over their RNI for calories which in turn leads to excess calorie intake and potential storage of excess weight.

[7] SACN (2015) Carbohydrates and health. London: Crown Copyright https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/445503/SACN_Carbohydrates_and_Health.pdf

6. Do you agree or disagree with the outlined proposals for the mandatory standard for reducing sugar intake?

Proposed mandatory nutrition standard

At least 75% of products available that are included in the following categories covered by the sugar reduction programme to not exceed the following:

Biscuits - 100kcals

Cakes - 220 kcals

Morning goods - 220 kcals

Puddings - 220 kcals

Yogurts - 120 kcals

Ice cream - 220 kcals

Note: The 75% applies individually to each product category described in the above specification, and not only to the combined availability.

Changes proposed

New mandatory standard for reducing sugar intake.

We agree with the proposed mandatory nutrition standards for reducing sugar intake. We are pleased to see that these standards have moved from voluntary to mandatory in previous standards, as mandatory action is what we need if we are to face any chance to effectively tackling the nation's addiction to sugar. We know that across the life course, the population is consuming too much sugar and this is contributing towards a range of non-communicable diseases, from overweight and obesity to type 2 diabetes to tooth decay[8]. Children and young people are a particular concern, consuming almost three times the RNI of free sugars (13.5% of 4- to 10-year-olds, and 14.1% of teenagers' aged 11-18-year-olds daily calorie intake respectively)[9].

We welcome the proposed standards will be brought in line with the targets laid out in Public Health England's Sugar Reduction Programme. So far we have seen limited progress by industry to meet the sugar reduction targets of 5% by year 1 and 20% by 2020. Aligning these standards with the programme may add help to catalyse more reformulation by the food industry.

However, we do question why the threshold is set at 75%. We would like to see this extended to 100% of all products available, as this would portray a consistent message around sugar in the diet and not result in displacement to other 'like' products.

[8] SACN (2015) Carbohydrates and health. London: Crown Copyright https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/445503/SACN_Carbohydrates_and_Health.pdf

[9] Public Health England (2018) National Diet and Nutrition Survey: results from year 7 and 8 combined. [online] Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/699241/NDNS_results_years_7_and_8.pdf

7. Do you agree or disagree with the outlined proposals for mandatory and / or voluntary standards for breakfast cereals?

Proposed mandatory nutrition standard

At least 50% of breakfast cereals available are higher in fibre (i.e. at least 6g/100g) and shall not exceed 12.3g/100g total sugars (10g additional allowance for dried fruit in cereal).

Changes proposed

Update to maximum sugar content for at least 50% of breakfast cereals – to bring in line with sugar reduction guideline.

Updated wording from procured by volume to available.

Proposed voluntary (best practice) nutrition standards

To ensure at least 50% of all breakfast cereals available contain at least 6g per 100g of fibre (ie high in fibre) and shall not exceed 12.3g/100g (10g additional allowance for dried fruit in cereal), as per the mandatory standard.

and, in addition to the mandatory standard

At least 25% of all breakfast cereals available contain at least 6g per 100g (ie high in fibre) and shall not exceed 5g/100g (10g additional allowance for dried fruit in cereal).

Changes proposed

New voluntary best practice standard for increasing fibre and decrease sugar intake.

We support the mandatory standard to reduce sugar intake. Breakfast cereals can contain a large amount of free sugars and currently contribute to 8% of children's free sugar intake[10]. The sugar content in breakfast cereals can largely differ between brands and types, but some can contain a staggering amount of sugar. For example, a 40g serving of Frosties and Crunchy Nut contains roughly 14.8g sugar, which contributes to 77% RNI of free sugars for children aged 4-7, 61.6% for 7-10 year olds and 49.3% for children aged over 11 and adults[11].

Cereals are obviously a staple in the diet for many, so reducing the sugar content and also increasing the fibre content can only have a positive impact on the diet's of the thousands who consume this food on a daily basis.

[10] Public Health England (2018) Children consume a years worth of sugar by June [online] Available at: https://www.gov.uk/government/news/children-consume-more-than-a-years-worth-of-sugar-in-6-months

[11] Liverpool City Council (2019) Save our kids from sugar [online] Available at: http://www.savekidsfromsugar.co.uk/wp-content/uploads/2019/01/SKFS-Cereals-A4-poster-UPDATE-01-19.pdf

Cereals are one of the only food categories which met the first year 5% sugar reduction target for the sugar reduction programme[12]. This shows that there are lots of opportunities to easily remove sugar from cereals. However, there is still much work to be done in order to meet the 20% reduction target by 2020, so introducing these standards will help the food industry meet the next targets.

8. Do you agree or disagree with the outlined proposals for the mandatory standard for fish?

Proposed mandatory nutrition standard

If caterers serve lunch and an evening meal, fish is provided twice per week (2X 140g portion), one of which is oily. If caterers only serve lunch or an evening meal, oily fish (140g portion) is available at least once every three weeks.

Change proposed

No change

We support the current mandatory nutrition standard for fish. It currently reflects the healthy eating guidance recommendations of two servings of fish per week, of which one is oily fish.

9. Do you agree or disagree with the outlined proposals for mandatory and / or voluntary standards for savoury snacks?

Proposed mandatory nutrition standard

Savoury snacks are only available in packet sizes of 35g or less.

Change proposed

Newly created mandatory standard, previously this was only voluntary, and has been set at 35g

Proposed voluntary (best practice) nutrition standards

Savoury snacks are only available in packet sizes of 30g or less.

Change proposed

No change to standard.

We are pleased to see the previously voluntary standard of recommended packet size of 35g become mandatory. Currently there is a huge variation between portion sizes of different savoury snacks, such as crisps, meat snacks and salted nuts. Many of these products can contain a large amount of total fat,

[12] Public Health England (2018) Sugar reduction programme: report on first year progress [online] Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/709008/Sugar_reduction_progress_report.pdf

saturated fat as well as salt. A Cochrane review and meta-analysis found people consistently consumed more food and drinks when offered larger-sized portions, and the review suggests eliminating larger-sized portions from the diet completely could reduce energy intake by up to 16% among UK adults[13]. Ensuring that all portions of these snacks are no more than 35g is an important step towards helping to reduce calorie intake.

It is also important to note that savoury snacks are targeted in Public Health England's calorie reduction programme and alongside other food categories, are challenged to reduce calories by 20% by 2024[14].

10. Do you agree or disagree with the outlined proposals for mandatory and / or voluntary standards for confectionery?

Proposed mandatory nutrition standard

At least 75% of confectionery and packet sweet snacks are in the smallest standard single serve portion size available within the market and do not exceed 200 kcal (maximum) for chocolate and 125 kcal (maximum) for sugar confectionery.

Change proposed

Moved from voluntary best practice to mandatory with new calorie caps, bringing in line with sugar reduction guideline.

Proposed voluntary (best practice) nutrition standards

All confectionery and packet sweet snacks available are in the smallest standard single serve portion size available within the market and do not exceed 200 kcal (maximum) for chocolate and 125 kcal (maximum) for sugar confectionery.

Change proposed

New voluntary best practice standard for reducing sugar intake.

We support the new mandatory standard and believe it will help to catalyse more reformulation by the food industry to meet the sugar reduction targets outlined in the sugar reduction programme. In the first year progress report, sweet confectionery only reported a 1% reduction in sugar per 100g

[13] Hollands GJ, Shemilt I, Marteau TM, Jebb SA, Lewis HB, Wei Y, et al. Portion, package or tableware size for changing selection and consumption of food, alcohol and tobacco. Cochrane Database of Systematic Reviews. 2015(9).

[14] Public Health England (2018) Calorie reduction programme [online] Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/800675/Calories_Evidence_Document.pdf

compared to the 5% first year target[15]. It is clear that much more action is needed if this category is going to achieve the 20% reduction target by 2020, and these proposed changes to the Food Buying Standards may help to incentivise these changes.

We would however again question why not all confectionery and packet sweet snacks are to be subject to portion size and calorie cap restrictions in the mandatory standards. These types of foods are discretionary and not a necessity in the diet, furthermore there is a clear argument for reducing both consumption of these products, the volume of consumption and the calories in which they contain following the results from the NDNS. As a result, we would like to see the proposed voluntary standards made mandatory.

11. Do you agree or disagree with the outlined proposals for mandatory and / or voluntary standards for beverages?

Proposed mandatory nutrition standard

No more than 10% beverages available can be sugar sweetened beverages (SSB). Note: SSBs are any drink, hot or cold, carbonated or non-carbonated, including milk based drinks and milk substitute drinks such as soya, almond, hemp, oat, hazelnut or rice, which contains more than 20kcal/100ml energy (i.e. is not 'low energy (calorie)') and also has had any sugar added to it as an ingredient (i.e. is not 'no added sugar'). Products sweetened with a combination of artificial/natural sweeteners and sugars would, if they contain more than 20kcal/100ml energy (i.e. are not 'low energy (calorie)'), fall within this definition.

At least 90% of beverages made available must be low calorie/no added sugar beverages. Note: Low calorie (low energy) beverages are products not containing more than 20kcal (80kJ)/100ml) energy for liquids. No added sugar means beverages that have not had sugar added to them as an ingredient. This includes beverages such a as coffee, tea and hot chocolate which should not contain sugar sweetened flavoured syrups or be sugar sweetened as sold or provided; fruit juice, vegetable juice, smoothies, 'juicy waters' and water.

All SSB to be no more than 330ml pack size. Any SSB that are hot or cold milk-based drinks including milk substitute drinks such as soya, almond, hemp, oat, hazelnut or rice need to meet 300kcal cap.

Any meal deals should not include any SSBs.

At least 75% fruit juice, vegetable juice and smoothies to be provided in single serve packs. These single serve packs should contain no more than 200ml for juice alone, and as close to 150ml per serving as possible. Note: This could include larger single serve packs containing a 150ml serving of juice diluted with water.

Changes proposed

Moved from the 330ml pack size for SSB from voluntary best practice to mandatory.

[15] Public Health England (2018) Sugar reduction programme: report on first year progress [online] Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/709008/Sugar_reduction_progress_report.pdf

Moved from voluntary best practice to mandatory and increased to 90% from 80% (now 10% of beverages can be SSBs).

Change of wording from 90% of beverages procured by volume to made available.

New standard for fruit juices and smoothies.

New standard for milk-based drinks (including milk substitute drinks).

No SSBs to be included within a meal deal.

Proposed voluntary (best practice) nutrition standards

All beverages made available (100%) must be low calorie/no added sugar beverages, i.e. no SSBs are offered for sale.

Changes proposed

New voluntary best practice standard for reducing sugar intake.

We are pleased to see the proposed changes to sugar sweetened beverages (SSBs) in this consultation. Reducing the consumption of SSBs has been a priority for Food Active for a number of years, developing the #GiveUpLovingPop campaign[16] in 2015 to help raise awareness of the issue of SSBs and push for calls to introduce a levy on SSBs. We believe these changes are warranted on the basis that they contribute a significant proportion of children and young people's sugar intake and provide little other nutritive value other than sugar[17]. Introducing theses standards will help to portray a consistent message – that SSBs are not a necessity in the diet and consumed in small amounts infrequently only.

We are pleased to see no SSBs will be included in meal deals. See our response to Question 3 for more evidence on the current nutritional status of meal deals.

For consistency, we recommend that the mandatory standard for setting recommended portion sizes for fruit juice is capped at 150ml, to fall in line with current healthy eating guidance depicted in the EatWell Guide. Allowing 200ml serving size packs undermines the current guidance of 150ml serving. We recognise that larger serving sizes of 200ml, 250ml and 500ml are readily available in the public sector and few brands currently offer 150ml serving size packs, despite the guidance on fruit juice serving size. This is a good opportunity and stepping stone to work with the food industry towards the production of 150ml size bottles.

[16] www.giveuplovingpop.org.uk

[17] Public Health England (2018) National Diet and Nutrition Survey [online] Available at: https://www.gov.uk/government/news/phe-publishes-latest-data-on-nations-diet

12. Do you agree or disagree with the outlined proposals for voluntary standards for menu cycle analysis?

Proposed voluntary (best practice) nutrition standards

Menu cycles are analysed to meet nutrient based standards relevant for the majority of customers using the catering provision.

Change proposed

No change to standard, very slight rewording for clarity.

Agree/no comment

13. Do you agree or disagree with the outlined proposals for voluntary standards for calorie and allergen labelling?

Proposed voluntary (best practice) nutrition standards

Removed category

Changes proposed

Removed the best practice requirement for menus for (food and beverages) to include calorie and allergen labelling.

The previous voluntary standard relating to calorie and allergen labelling on menus has been removed due to the progression of both policy areas since the GBSF nutrition standards were developed.

We are disappointed to see the removal of calorie labelling from the best practice requirement and therefore disagree with this proposal. In December 2018, Food Active submitted a response to the Department for Health and Social Care's consultation in full support of mandating calorie labelling in the out of home sector[18]. We believe it is a crucial step in helping to provide more information to help consumers make informed, healthier choices when out and about and there is evidence to suggest that this can help to reduce the number of calories consumed [19].

We would argue there has been little progress in this area, given that the DHSC consultation was closed in December 2018 and we are still waiting to find out the official outcome some eight months later. This lack of progress means there is a significant opportunity for Government procured catering outlets to start to provide calorie labelling information to help finally make some progress in this area.

[18] Food Active (2018) Calorie labelling consultation response [online] Available at: http://www.foodactive.org.uk/wp-content/uploads/2018/12/Mandating-calorie-labelling-in-the-out-of-home-sector-Food-Active-Response-FINAL.pdf

[19] Crockett RA et al. (2018). Nutritional labelling for healthier food or non-alcoholic drink purchasing and consumption. Cochrane Database of Systematic Reviews.)

14. Are there any other categories, either mandatory or voluntary, that you think should be amended or added to be in line with Government dietary recommendations?

N/A

Implementation and Impact Assessment Questions – N/A

If there any matters that you would like to raise or any further information that you would like to provide in relation to this consultation, please give details here.

Food Active is a healthy weight programme of work based in the North West of England. We welcome the Government's proposals to revise current nutrition standards for Buying Standards for Catering Services and would like to offer the following observations in addition to our responses to specific questions:

- We are experiencing an obesity crisis in the UK. In England, around one quarter of children start school aged 4-5 years old with a BMI z-score classified as overweight or obese. This rises to as many as one in three by the time they leave school at the age of 10-11 years old. These are some of the highest levels across Europe, and if trends continue, half of all children will be overweight or obese by 2020[20]. Experiencing overweight and obesity during childhood can have both short term impacts as well as long-lasting impacts, such as continuing to experience weight issues into adulthood and putting them at risk of type 2 diabetes, cardiovascular disease, cancer and more.
- Furthermore, the majority of the adult population in England are overweight or obese[21]. This too can increase the risk of developing a range of non-communicable diseases.
- The Government has committed to halving childhood obesity by 2030. We believe introducing these changes to the Government Food Buying Standards can play an important role in this, by providing more healthier food and drink options across a wide range of public sector services and settings.
- At present, the population's diet is not consistent with healthy eating guidance. Introducing these changes to the Government's Food Buying Standards is an important step that will help the public consume more foods that are in line with this guidance, specifically reducing sugar intake and increasing intake of fibre and fruit and vegetables. The importance of implementing these changes should be recognised by the food industry and form as part of their role in helping to tackle the obesity crisis.
- We believe that these standards should be reviewed in line with the latest evidence-base and new dietary recommendations. For example, those made on dietary fibre and free sugars in SACN's Carbohydrates and Health report in 2015[22].
- We strongly urge the Government to consider how the standards can be monitored and enforced. At present, there is no comprehensive monitoring in place and therefore no way of knowing if standards are being adhered to. In 2017, a Department of Health report found that

[20] NHS Digital (2018) NCMP Data Profiles [online] Available at: https://digital.nhs.uk/data-and-information/publications/statistical/national-child-measurement-programme/2016-17-school-year
[21] NHS Digital (2018) Adult overweight and obesity prevalence [online] Available at: https://files.digital.nhs.uk/3F/6971DC/HSE17-Adult-Child-BMI-rep.pdf
[22] SACN (2015) Carbohydrates and health. London: Crown Copyright.

only 52% of hospitals are fully compliant with the food standards[23]. There is no point in undertaking the consultation process and introducing new standards to the current scheme if we are unable to determine whether these are actually being put into practice in the public sector. We recommend that these standards are subject to an annual review to measure compliance, in addition relevant staff should be provided with appropriate training on the standards and how these can be implemented, as well as penalising non-compliers.

- We understand that it has been advised in the guidance document that schools can chose to use either the School Food Standards or the Government Buying Standards. We are concerned at this guidance, given that School Food Standards are a set of standards that are mandatory for all state schools and the majority of academies (the remaining academies, private and free schools are only required to adopt these on a voluntary basis). The former schools are under obligation to apply these standards to the food provided during schooling hours. However, the Food Buying Standards includes both mandatory but also voluntary standards. For the sake of transparency and consistency, we recommend that schools continue to have to follow the School Food Standards and not have the option to chose the Government Food Buying Standards to depict the type of food available in school. Where there are instances when the Food Buying Standards exceed the nutritional standard of those in the School Food Standards, we recommend these changes are woven in to the current standards again to help with consistency across the public sector but to also advocate for the highest nutritional standard of food available in the public sector, leading by example across other sectors.
- We also question why the food and drink available in vending machines within the public sector are not mentioned, hinting that these products would not be covered by the revised standards. Several studies have reported that vending machines in public sector institutions such as schools and hospitals typically offer food and drink that is low in fibre and high in calories, sugar and salt[24 25 26]. Not subjecting these products to the standards may result in displacement. Read the Food Active position statement for more information around healthier vending and evidence to advocate for vending machines to be included in the Government Buying Standards.
- We believe these standards will only have an impact on reducing childhood obesity when working alongside a wide range of measures that tackle the many drivers of obesity. We therefore recommend that the Government acts upon the series of other consultations that are still outstanding from the Childhood Obesity Plan: Chapter 2. Only then will we face any chance of achieving the Government's ambition of halving childhood obesity by 2030.

We thank the Government for the opportunity to respond to this consultation and look forward to discovering the outcome of the consultation process in due course.

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[23]Department for Health (2017) Compliance with hospital food standards [online] Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/586491/DH_Hospital_Food_Infographic.pdf

[24] Park, H and Papadaki, A. (2016) Nutritional value of foods sold in vending machines in a UK University: Formative, cross-sectional research to inform an environmental intervention. *Appetite.* 97, pp.517-525.

[25] Pasch, K., Lytle, L., Samuelson, A., Farbakhsh, K., Kubik, M., &Patnode, C. (2011). Are school vending machines loaded with calories and fat. An assessment of 106 middle and high schools. *Journal of School Health*, 81, 212e218.

[26] Kibblewhite, S., Bowker, S., & Jenkins, H. R. (2010). Vending machines in hospitals are they healthy? *Nutrition and Food Science*, 40, 26e28.