

Mandatory Calorie Labelling Consultation

Response from the Obesity Health Alliance

Summary points

- Nearly one in four children is already above a healthy weight when they start school. More than one in three children aged 10 to 11 have a weight status classified as overweight or obese and one in 25 children this age has severe obesity. Obesity prevalence for children living in the most deprived areas is more than double that of those living in the least deprived areas for both reception and year 6¹.
- Children with obesity are over five times more likely to be obese as adults.² This increases their risk of developing serious disease including Type 2 diabetes, cancer, heart and liver disease plus associated mental health problems, putting an enormous and unsustainable strain on the NHS and society.
- Adults and children should be presented with easy to understand nutritional information about the products they are buying to help them make an informed healthy decision.
- Evidence suggests that calorie labelling in the out of home sector can help reduce the number of calories that people consume³. Calorie labelling in the out of home sector, would bring food eaten in pubs, cafes, takeaways and restaurants more in line with food labelling in the retail sector, supporting people to make an informed choice about all the food they eat.
- We strongly support the Government's proposals to introduce legislation to make calorie labelling compulsory in the out-of-home sector.
- This policy is also popular with the public, with 76% of people agreeing that cafes and restaurants should display calorie information on menus⁴.

1. Do you think that calorie labelling should be mandatory for all out-of-home businesses?

Yes. We strongly support the Government's proposals to introduce legislation to make calorie labelling compulsory in the out-of-home sector. Evidence suggests that calorie labelling in the out of home sector can help reduce the number of calories that people consume. Calorie labelling in the out of home sector, would bring food eaten in pubs, cafes, takeaways and restaurants more in line with food labelling in the retail sector, supporting people to make an informed choice about all the food they eat⁵.

¹ NHS Digital. (2017). National Child Measurement Programme 2016/17

² Simmonds M et al. (2016) Predicting adult obesity from childhood obesity: a systematic review and metaanalysis. *Obesity Reviews*.

³ Crockett RA et al. (2018). Nutritional labelling for healthier food or non-alcoholic drink purchasing and consumption. *Cochrane Database of Systematic Reviews*.)

⁴ ComRes interviewed 2,036 adults in Great Britain online between 22 and 24 January 2016. Data were weighted to be representative of all adults in Great Britain

⁵ Crockett RA et al. (2018). Nutritional labelling for healthier food or non-alcoholic drink purchasing and consumption. *Cochrane Database of Systematic Reviews*.)

This policy is also popular with the public, with 76% of people agreeing that cafes and restaurants should display calorie information on menus⁶.

The Government has set out ambitious proposals for the calorie labelling requirement to apply to any outlet where food or drink is prepared for immediate consumption, including online businesses.

More than a quarter of adults and one fifth of children regularly eat from out-of-home outlets, at least once a week⁷. We believe calorie labelling should be mandatory for all out-of-home businesses to create a level playing field and ensure consumers are able to make informed choices about the food they eat, wherever they choose to eat.

This view is supported by the public. In a recent survey by Diabetes UK, respondents agreed the legislation should apply to chain restaurants (97%), medium sized businesses (95%), small businesses (78%) and micro businesses with fewer than ten employees (60%). Respondents also agreed it should apply to self service formats (82%), work canteens (91%) and food stalls (69%)⁸.

The legislation should also apply to food served in public service outlets such as hospitals, prisons and Government buildings.

We recognise that smaller businesses may find it more burdensome to implement. Government should consider providing a standard tool (or endorsing an existing one) help them accurately calculate calories in the food they serve and ensure a consistent approach across all businesses.

2. Do you think that the calorie labelling requirement should apply to all food and drink items an out-of-home business offers?

Yes. We believe that calorie labelling should be mandatory for all food and drink items and out of home business offers. This should include 'specials' and temporary menu items. This will create a level playing field and ensure that consumers are supported to make an informed choice about what they eat and avoid creating loopholes where some menu items are exempt. This approach is supported by 75% of respondents to a recent survey by Diabetes UK⁹.

We believe the calorie labelling should apply to all drinks served in out of home outlets, including alcoholic drinks. Polling from Royal Society of Public Health found 67% of people support the addition of calorie labels on packaging of alcoholic drinks¹⁰.

3. Micro-businesses (those with fewer than 10 employees) may find this requirement harder to implement. Which of the following approaches do you most agree with?

- **Micro-businesses are covered by the requirement in the same way as other businesses**
- **Micro-businesses are excluded from the requirement altogether**

⁶ ComRes interviewed 2,036 adults in Great Britain online between 22 and 24 January 2016. Data were weighted to be representative of all adults in Great Britain.

⁷ Public Health England, Health matters: obesity and the food environment, 2017

⁸ *Food labelling in restaurants, cafes and takeaways*, Diabetes UK survey of 1,976 people conducted between 9 and 23 October 2018.

⁹ *Food labelling in restaurants, cafes and takeaways*, Diabetes UK survey of 1,976 people conducted between 9 and 23 October 2018.

¹⁰ <https://www.rsph.org.uk/uploads/assets/uploaded/979245d2-7b5d-4693-a9b3fb1b98b68d76.pdf>

- **Micro-businesses are covered by the requirement, but given a longer implementation period (if choosing this option, please state how long you think the implementation period for micro-businesses should be)**
- **Other (please provide details)**

The legislation should apply to all businesses regardless of size.

We recognise that smaller businesses may find it more burdensome to implement and we would support micro-businesses being given an additional year to fully implement the policy. Government should consider providing a standard tool (or endorsing an existing one) help them accurately calculate calories in the food they serve and ensure a consistent approach across all businesses.

4. As well as the number of calories per portion of the food item, do you think calorie labels should show that number as a proportion of the recommended daily intake?

We support the inclusion of recommended intake (RI) of calories on menus. This will provide helpful contextual information for consumers to understand how various food options contribute to their daily calorie intake. To avoid confusing consumers with multiple numbers, we recommend including a simple explanation of calories and a single RI figure of an adult female's RI of 2,000 calories is displayed once at the point of choice.

Explanation of RI is supported by the public with 61% of respondents to a recent Diabetes UK survey stating it was very, or fairly important that an explanation of recommended calorie intake is made available¹¹.

5. Would you find it helpful or unhelpful for information on kilojoule content to be displayed alongside information about calorie content?

We believe that this is unnecessary and has potential to confuse consumers. This view is supported by participants to a recent Diabetes UK survey which found only 32% of respondents said inclusion of kilojoules was very or fairly important to them¹².

6. Is there any other interpretative information that you think should be displayed on calorie labels, e.g. 'traffic light' ratings for calorie content, or the exercise equivalent of the number of calories?

Front of pack 'traffic light' labelling on products enables colour coding of fat, saturated fat, sugar and salt as red, amber or green. While it is currently voluntary in the UK, it is thought around 75% of products carry traffic light labelling¹³. Research shows that colour-coded traffic light labels, along with the wording 'low', 'medium', 'high' on front of pack achieve high levels of comprehension

¹¹ *Food labelling in restaurants, cafes and takeaways*, Diabetes UK survey of 1,976 people conducted between 9 and 23 October 2018.

¹² *Food labelling in restaurants, cafes and takeaways*, Diabetes UK survey of 1,976 people conducted between 9 and 23 October 2018.

¹³ The House of Commons Health Committee. Childhood obesity - brave and bold action. First report of session 2015-16. 2015; HC 465

among consumers and can overcome barriers some consumers may have with interpreting nutritional labelling¹⁴.

However, unlike fat, sugar and salt, there are no set criteria for determining what a low, medium or high amount of calories is in a particular food. Therefore traffic light labelling would have to refer to other nutrients making up the menu item. We believe that this could be logistically challenging to implement where space is limited, such as on menus or display boards and be confusing for consumers.

We believe full traffic light labelling, comprising colour coding of fat, saturated fat, sugar and salt as red, amber or green should be available to consumers on request and online. We also support provision of full traffic light labelling on wrapped pre-packaged food and drinks (e.g. sandwiches, boxed salads) sold in out-of-home outlets to create a level playing field between food bought in out-home-outlets and retailers.

7. Do you think that calorie information should be displayed in establishments at the point of choice?

Yes. Calorie information should be displayed alongside the menu item and its price, at the point of choice, whether that is a menu, information board or label. Full nutritional information should be provided and made easily accessible, both in store and online.

8. Would 12 months be an appropriate amount of time for businesses to implement calorie labelling?

We support the proposed 12 month timeframe for implementation.

9. Do you agree with the proposed approach for calculating the number of calories in a standard portion?

We support the proposed approach to calculating calories in a standard portion. We recommend that the Government should consider providing a standard tool (or endorsing an existing one) to ensure consistency in the way calories are calculated across all businesses.

10. Do you agree with the proposed approach for businesses selling takeaway dishes through third parties?

We are pleased to see that the policy will apply to businesses selling takeaway dishes through third parties. In the UK spending on takeaway food has increased by a third since 2009¹⁵ and this is likely to be linked to the emergence of websites and smartphone apps which facilitate the ordering and payment process. Takeaway dishes are also more likely to be unhealthy, with a recent study finding takeaway meals profiled were excessive for portion size, energy, macronutrients and salt¹⁶.

¹⁴ BMRB (2009) Comprehension and use of UK nutrition signpost labelling schemes, report prepared for the Food Standards Agency

¹⁵ <https://www.ig.com/uk/news-and-trade-ideas/shares-news/just-eat-and-deliveroo--what-has-the-takeaway-delivery-market-go-180622>

¹⁶ Jaworowska A, et al. (2014) Nutritional composition of takeaway food in the UK, Nutrition & Food Science

We support the proposed approach that holds businesses responsible for calculating the calorie content of their food and drink, with the takeaway platform held responsible for displaying that information.

11. We will provide businesses with written guidance to help them with calorie labelling. Do you think businesses will need any additional support?

We recommend that the Government should consider providing a standard tool (or endorsing an existing one) to ensure consistency in the way calories are calculated across all businesses.

12. Do you think calorie labelling would cause any practical issues for particular businesses?

N/A

13. If you have any suggestions for how this requirement could be enforced in a way that is fair and not overly burdensome, please provide details.

Businesses adherence to the policy should be enforced by Local Authority enforcement teams. Local Authorities should be appropriately funded for this role.

14. If you have any further evidence or data you wish to submit for us to consider for our final impact assessment, please provide it here.

N/A

15. If you have any further evidence or data that you would like to submit specifically on the likely cost that may occur to your business as a result of the proposal, please provide it here.

N/A

16. Are there any other potential impacts of introducing calorie labelling, either positive or negative, that you think we should consider?

N/A

17. Do you think that this proposal would be likely to have an impact on people on the basis of any of the following characteristics?

- Age
- Sex
- Race
- Religion
- Sexual orientation
- Pregnancy and maternity
- Disability
- Gender reassignment
- Marriage/civil partnership

We support the conclusions summarised in the published equality assessment document.

The Government should commission an independent comprehensive evaluation of the policy to measure its effectiveness on both food choices and reformulation and to monitor for any unintended consequences. This will ensure that if needed, the policy can be refined and adjusted to continually deliver public health gains.

18. Do you think this proposal would help achieve any of the following aims?

- **Eliminating discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010**
- **Advancing equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it**
- **Fostering good relations between persons who share a relevant protected characteristic and persons who do not share it**

Where applicable, please provide more detail on how you think the measure would achieve these aims. If you do not think this proposal would help achieve any of these aims, please explain why and whether the proposal could be changed to help achieve these aims.

19. Do you think that this proposal would be likely to have any impact on people from lower socio-economic backgrounds?

Obesity prevalence is higher among both adults and children from lower socio-economic backgrounds. This policy, as part of a comprehensive set of policies to reduce childhood obesity, has the potential to help address inequalities in obesity prevalence.

We encourage the Government to ensure that labels are easily legible and understood. As part of a comprehensive set of measures to reduce obesity, the Government should continue to invest in public health social marketing campaigns to increase public knowledge of healthy eating.

20. If there are any further 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.

The Obesity Health Alliance (OHA) is a coalition of over 40 leading health charities, medical royal colleges and campaign groups working together to influence Government policy to reduce obesity across the life course. A full list of members is available here: obesityhealthalliance.org.uk

Childhood Obesity

The latest figures from the National Childhood Measurement Programme show that levels of childhood obesity have hit a devastating all-time high. Nearly one in four children is already above a healthy weight when they start school¹⁷. More than one in three children aged 10 to 11 have a weight status classified as overweight or obese and one in 25 children this age will have severe obesity. Obesity prevalence for children living in the most deprived areas is more than double that of those living in the least deprived areas for both reception and year 6¹⁶.

¹⁷ NHS Digital. (2017). National Child Measurement Programme 2016/17

Children with obesity are over five times more likely to be obese as adults¹⁸. This increases their risk of developing serious diseases including Type 2 diabetes, cancer, heart and liver disease plus associated mental health problems. Obesity is putting an enormous and unsustainable strain on the NHS and society.

The OHA position

Our current obesogenic environment is making it difficult for people to make healthy food choices. The retail environment is skewed to unhealthy choices, everyday food is packed with more sugar, saturated fat and salt than we need and over-sized portions are the norm. Adults and children should be presented with easy to understand nutritional information about the products they are buying to help them make an informed healthy decision.

We strongly support the Government's proposals to introduce legislation to make calorie labelling compulsory in the out of-home sector. Evidence suggests that calorie labelling in the out of home sector can help reduce the number of calories that people consume¹⁹. Calorie labelling in the out of home sector, would bring food eaten in pubs, cafes, takeaways and restaurants more in line with food labelling in the retail sector, supporting people to make an informed choice about all the food they eat.

This policy is also popular with the public, with 76% of people agreeing that cafes and restaurants should display calorie information on menus²⁰.

¹⁸ Simmonds M et al. (2016) Predicting adult obesity from childhood obesity: a systematic review and metaanalysis. *Obesity Reviews*.

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

²⁰ ComRes interviewed 2,036 adults in Great Britain online between 22 and 24 January 2016. Data were weighted to be representative of all adults in Great Britain