



FOOD  
STANDARDS  
AGENCY

**Consultation on the  
Food Standards Agency  
Strategy for 2010 to 2015**

# FOOD STANDARDS AGENCY CONSULTATION

Title: Proposed FSA Strategy for 2010 to 2015

## CONSULTATION SUMMARY PAGE

<b>Date consultation launched:</b>	<b>Closing date for responses:</b>
Monday 16 March 2009	Friday 5 June 2009

**Who will this consultation be of most interest to?**  
Government Departments and Agencies, food enforcement bodies, food industry, consumer representative groups, science community

**What is the subject of this consultation?**  
The Food Standards Agency's new strategy for the period 2010 to 2015, including our needs for science, evidence and analysis

**What is the purpose of this consultation?**  
The Food Standards Agency was set up under the Food Standards Act 1999 with a main purpose 'To protect public health from risks which may arise in connection with the consumption of food, and otherwise to protect the interests of consumers in relation to food'.  
In order to achieve this the organisation needs to function and prioritise effectively. A strategic plan is a management tool to ensure that we are clear about our direction in relation to our environment. We can then allocate resources to pursue this strategy and be in a better position to respond to the changing environment.

<b>Responses to this consultation should be sent to:</b> Bethan Campbell Strategy Branch FOOD STANDARDS AGENCY Tel: 020 7276 8635 Email: <a href="mailto:bethan.campbell@foodstandards.gsi.gov.uk">bethan.campbell@foodstandards.gsi.gov.uk</a>	<b>Postal address:</b> 1B Aviation House 125 Kingsway London WC2B 6NH
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<b>Is an Impact Assessment included with this consultation?</b>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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A Welsh version of the consultation package can be found at [www.food.gov.uk/consultations](http://www.food.gov.uk/consultations)

Please contact us if you require the consultation documents in an alternative format – such as audio, large print, Braille – or other languages.

## PROPOSED FSA STRATEGY FOR 2010 TO 2015

### CHAIR'S FOREWORD

This consultation document proposes the strategic direction for the Agency to 2015. The starting point for all our work at the Food Standards Agency is our vision: *“safe food and healthy eating for all”*. As we go into our tenth year of existence, we want to hear your views on the Agency's strategy for 2010 to 2015.

Under the overall guidance of the Board, Tim Smith, the Agency's Chief Executive, has led the development of these proposals on our strategy. They already reflect a considerable amount of discussion. We have listened to the views of stakeholders from health and consumer organisations, the food industry, local authorities, scientists and academics. Many of the staff of the FSA have been involved, as have consumers through our citizens' forums. Colleagues in government in all four countries of the UK have been closely engaged and the Board has discussed the emerging thinking on a number of occasions. Now is the time to widen the discussion into a formal consultation.

The thinking so far has led to a set of proposals which are set out on page 11. In setting out these proposals, we believe it is important to focus the Agency's work on a relatively small number of high level objectives and outcomes, and to reflect changing consumer behaviour and attitudes, as well as changing risks and opportunities within the food chain. Our aim is to maintain momentum in delivering continued improvements in food safety and dietary health for consumers. We want to hear from you about where we now need to concentrate our efforts over the coming 5 year period.

It is still 12 months until the strategic plan comes into effect, so we are deliberately consulting much earlier in the process than we have done in the past. There is ample opportunity for you to challenge, comment and debate these proposals.

I look forward to hearing from you.

**Deirdre Hutton**

Chair

## **CHIEF EXECUTIVE'S INTRODUCTION**

In our proposals for the Agency's new strategy, we are describing the main areas where we intend to focus our work over the period 2010 to 2015. These are built around the Agency's core purpose of safe food and healthy eating for all. Having joined the Agency as Chief Executive a year ago, it has been clear to me from the outset that both staff and stakeholders fully support this purpose.

One of the tests of any new strategic plan is that it can be easily and effectively communicated to anyone, outside the organisation as well as within it. In this consultation, I have introduced a new strategic plan architecture that supports our clear purpose. The main difference from the current strategic plan is the introduction of a set of outcomes. My thoughts are that we want a plan that contains a small number of simple, outcome-focused propositions to give people a clear picture of what we are aiming to achieve. These need to be built on the foundations of a deep, certain knowledge of our stakeholders' needs – primarily the consumer, who must be at the heart of everything we do. We will be developing measures and targets within these outcomes after we have heard your views on these proposals.

Ultimately, in delivering the commitments of our strategic plan, we have to be realistic about our available resources. That means thinking carefully about priorities, looking at our structure and ways of working and crucially being as clear about what we won't do as what we will do.

This strategy has been developed with the Agency's unique role and contribution to UK-wide food policy in mind. I will ensure that the strategic plan is delivered to reflect the different priorities and arrangements across the four nations and will work closely with the four Governments in order that local needs are met within this wider UK strategic framework.

A good start has been made on this work. Please take the opportunity to be part of this consultation process if you can.

**Tim J Smith**  
Chief Executive

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## INTRODUCTION

1. While focused on delivering the commitments in our current Strategic Plan, we must also continue to look ahead, anticipate and plan for the future. The Food Standards Agency is now developing its next five-year Strategic Plan for the period 2010 to 2015.
2. The FSA was created in 2000 as a non-ministerial government department governed by a Board appointed to act in the public interest, with the task of protecting consumers in relation to food<sup>1</sup>. We are a UK-wide body with main offices in London, Aberdeen, Cardiff, Belfast and York, employing over 2000 staff (1200 of these work within the Meat Hygiene Service, our executive agency). We have a budget of £162 million (for 2008/09).
3. We are accountable to the Westminster Parliament through the Secretary of State for Health and to the Scottish Parliament, Welsh Assembly Government and the Northern Ireland administration through their health ministers or equivalent. Food safety and standards are devolved matters and each of our offices in the devolved countries are headed by a Director who is directly accountable to our Chief Executive. There are also food advisory committees for Scotland, Wales and Northern Ireland.
4. In this consultation we are unveiling our proposals for the strategic direction for the Agency to 2015. This will lead to a set of priorities for action that not only reflect the changing environment in which we work but also the progress we have made in key areas of activity to date and where we believe we can continue to make a real impact on public health in the UK.
5. We recognise the importance of collaborative working with partners and stakeholders to develop the best possible outcomes for all people in the UK. We want our strategy to be developed and shared with those partners and stakeholders who have a role and interest in delivering food safety and other public health outcomes. It is only through good working partnerships and stakeholder engagement that we can meet our objective of protecting UK consumers from unsafe food, and continue to play a leading role in improving the health of the nation through encouraging consumers to make informed choices about eating healthily.
6. The Agency's core values are key to our success and these will continue within our new strategy. Our core values are:
  - putting the consumer first
  - openness
  - independence
  - science and evidence-based
7. We have embarked on a substantial change programme called 'One Agency' that sets out to ensure the FSA and MHS are equipped to meet future challenges. Our new strategy is an important programme of work within One Agency, along with programmes supporting improved delivery, culture and structure. In developing our proposals for 2010 to 2015 we are being realistic about our resources, and we are using an evidence-based approach to support prioritisation of our activities, as well

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<sup>1</sup> For more details on how we operate, see our annual report at [www.food.gov.uk/multimedia/pdfs/publication/annualreport0708.pdf](http://www.food.gov.uk/multimedia/pdfs/publication/annualreport0708.pdf)

as making efficiency savings in how we work. Our final Strategic Plan will indicate the resources that will be needed to achieve our plans.

8. As well as this consultation package, we are planning feedback events with stakeholders; we will also continue to meet with stakeholders over the consultation period and beyond.

## **OUR CURRENT STRATEGIC PLAN<sup>2</sup>**

9. The Strategic Plan 2005-10 set out our targets for work under three main areas of 'food safety', 'eating for health' and 'choice'. We also described the principles underlying how we will implement the plan under an 'effective delivery' section.
10. In 2006 we reviewed the plan – this gave us the opportunity to measure and report progress against strategic targets and ensured that the plan was fit-for-purpose.
11. The updated 'Strategic Plan to 2010' did not signal a change in direction for the Agency. The key aims and the supporting strategies for delivery remained the same. However, we removed some targets that we had already achieved and made the revisions that were needed as circumstances changed. Key targets in our current Strategic Plan were around reducing food borne disease, reducing salt and saturated fat intakes and developing national schemes to improve information available to consumers on nutritional content of food and food hygiene in food businesses.

## **DEVELOPING OUR NEW STRATEGY an evidence-based approach**

12. The FSA is an evidence-based organisation and we have continued to demonstrate this approach in developing our new strategy.

### **Horizon scanning**

13. In May 2008 FSA analysts prepared a piece of work on horizon scanning. Their trends analysis was used in initial discussions on our new strategy and was complemented with an analysis of the key drivers of change, developed with a PESTLE framework (Political, Economic, Socio-cultural, Technological, Legal and Environmental analysis). Using the PESTLE framework, we identified some of the key factors which could impact on food and the FSA over the next 5-10 years.

### **Prioritisation**

14. We have looked across all current FSA activities as well as discussing possible new areas of work from our horizon scanning. We propose that the FSA's strategy should

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<sup>2</sup> You can read our current Strategic Plan in full at [www.food.gov.uk/multimedia/pdfs/strategicplan2010e.pdf](http://www.food.gov.uk/multimedia/pdfs/strategicplan2010e.pdf) (English) and [www.food.gov.uk/multimedia/pdfs/strategicplanto2010welsh.pdf](http://www.food.gov.uk/multimedia/pdfs/strategicplanto2010welsh.pdf) (Welsh)

be based on where we can make the biggest impact in terms of public health gain. To support prioritisation decisions our Operational Research analysts brought together information on the public health impacts associated with the consumption of food, such as chemical, radiological and microbiological contamination risks and diet-related illnesses. Alongside the risks, we also considered issues such as public concern and economic costs.

15. A project to develop a food safety analysis of the whole food chain commenced in 2008. Some interesting findings have already been identified, and we anticipate that this ongoing work will significantly contribute to a robust evidence-based strategic plan. The FSA Board will discuss the analysis at their July 2009 open Board meeting.
16. We are currently developing an approach for diet-related illness, which we hope will provide a similar input to the strategic plan.

### **Stakeholder input**

17. In order to check our thinking at an early stage against the perspectives of our stakeholders, we arranged a number of engagement activities in Autumn 2008.
18. Informal discussion groups were arranged with a small number of key external stakeholders where early soundings were taken on our PESTLE analysis and prioritisation views. Five groups were convened: Local Authorities and Regional Organisations; Food Industry Groups; Consumer and Health Groups; mixed groups of stakeholders in Wales and Scotland. In Northern Ireland we held our first ever stakeholder conference, at which key topics of concern were discussed and we looked at how the Agency could work more cohesively with our stakeholders.
19. Ten Citizens Forums on Food were held across the UK, which explored consumer views on what people thought life and their relationship to food would be like in 2010 to 2015 and how the FSA could make its vision for 'Safe Food and Health Eating for All' a reality.
20. The FSA's General Advisory Committee on Science (GACS) discussed a paper on strategic issues arising from science horizon scanning at its October 2008 meeting.
21. Meetings have been held with health and agriculture Departments across the UK to ensure that our draft strategy is complementary to cross-Government plans.

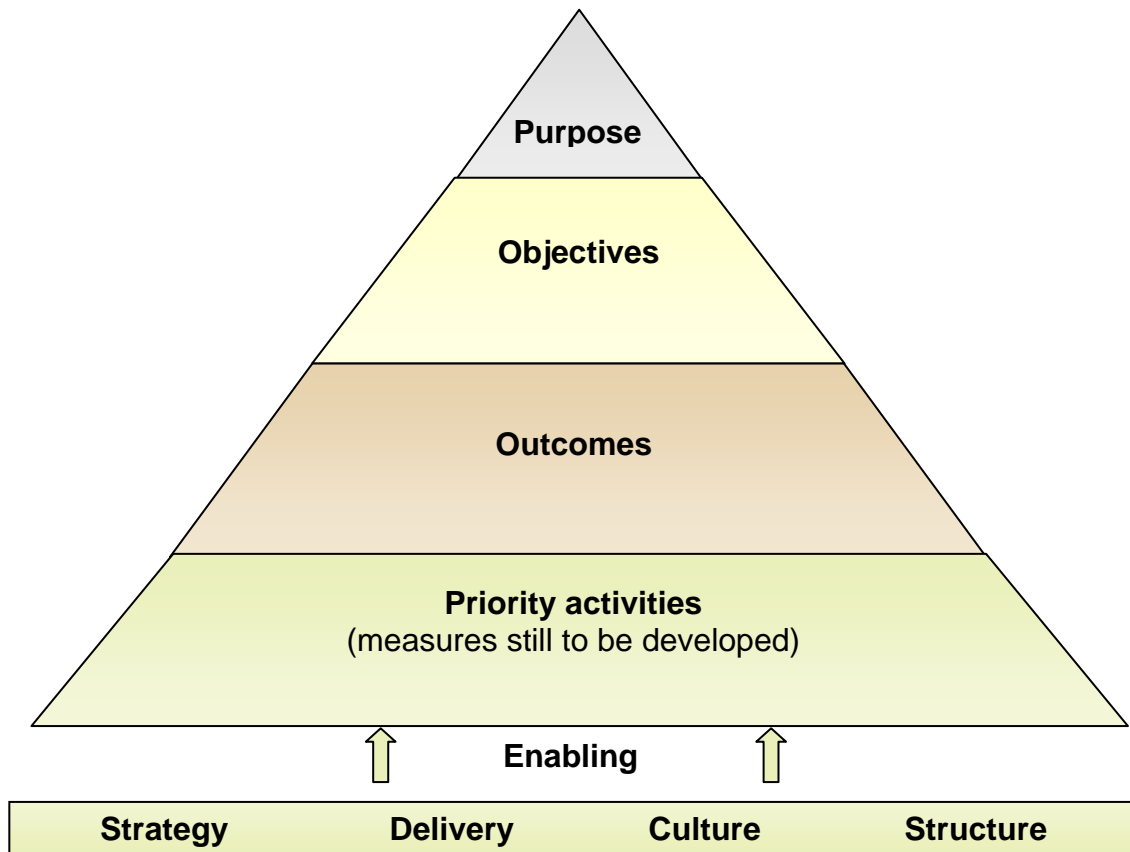
### **Impact Assessments**

22. We have a statutory responsibility to take costs and benefits into account when considering whether and how to exercise any of our powers. We assess possible approaches not only in terms of improvements to public health, consumer protection and consumer confidence, but also with regard to the impact on industry and other stakeholders. We follow the Government principles of good regulation when developing policy and use Impact Assessments to estimate the possible effects of proposed measures.
23. It is difficult to assess the overall impact of a strategy or programme of work, but we have included information where we can in the draft Impact Assessment which accompanies this consultation. Any policy changes which result from the new strategy will be fully impact assessed according to our usual practice. We publish all our Impact Assessments on the FSA website.

# OUR PURPOSE, OBJECTIVES, OUTCOMES AND PRIORITIES

24. In our new strategy we are describing the main areas of work that will be given increased or continued emphasis in the Agency over the period 2010 to 2015.

**Figure 1: Strategic Plan architecture**



## **Our Purpose**

25. We were set up by the Food Standards Act 1999 to:

**Protect public health from risks which may arise in connection with the consumption of food, and otherwise to protect the interests of consumers in relation to food**

26. We adopted the purpose 'Safe Food and Healthy Eating for All' in 2007. Our new strategy has been designed around this as it encapsulates our desire to concentrate efforts where we can have most impact on improving public health.

## **Our Objectives and Outcomes**

27. To support this purpose we have designed a number of strategic objectives and outcomes, shown in Figure 2. Our two strategic objectives are to 'improve food safety' and 'improve the balance of the diet'. Supporting these are 7 clear outcome-focused propositions to describe how we and our stakeholders should view success against these two broad aims.

28. We have developed food safety and dietary health outcomes for the food supply chain and for the consumer. There is also an outcome that spans the food safety and dietary health objectives and articulates our regulatory purpose in relation to food.

29. The amount of resource against each outcome will reflect where we need to concentrate our efforts to have the most impact on improving public health.

## **Our Priorities**

30. Within each outcome we have developed some proposed priorities, which we think we should concentrate on during the period 2010 to 2015 and which are also shown in Figure 2. We have included more detailed information on why we chose these particular priorities in Annex B. For the food safety priorities we have included risk analysis information, and for dietary health priorities we have shown where we think our priorities should be focused to complement UK Governments strategies.

## **Measures and Targets**

31. We will be developing measures and targets after we have agreed our direction of travel, the outcomes we would wish to see and our priorities. Once we have considered the consultation responses and agreed the strategy, we will be able to map out what we are able to do in a 5 year period within our likely resources, and set realistic but stretching targets.

Figure 2: Proposed FSA Strategy for 2010-2015

Purpose: Safe Food and Healthy Eating for All							
Objective: Improve food safety				Objective: Improve the balance of the diet			
Imported food entering the UK market is safe to eat	Food produced or sold in the UK is safe to eat	Consumers make informed choices about food safety when eating outside the home, prepare and cook food safely at home	A proportionate, risk-based regulatory regime relating to food, which is clear about the responsibilities of food business operators and others, and which generates public confidence in food	Retail products and catering meals are healthier	Retailers, manufacturers and caterers provide the nutrition information consumers need to make healthy choices	Consumers understand about food and a healthy diet, prepare and cook healthy meals at home	Outcomes
<ul style="list-style-type: none"> <li>• Increase horizon scanning and forensic knowledge &amp; intelligence of global food chain</li> <li>• Apply enhanced knowledge and understanding of imported food risks to controls at ports</li> <li>• Monitoring of imports at retail &amp; food services</li> </ul>	<ul style="list-style-type: none"> <li>• Continued reduction in foodborne disease: tackling campylobacter &amp; salmonella in poultry as a priority</li> <li>• Develop our knowledge of what interventions work; and take a risk-based approach to increase compliance</li> <li>• Delivering more risk-based, proportionate meat controls</li> <li>• Tackling contamination in the supply and traceability</li> <li>• Improved scanning and knowledge about the use of new technologies in food production</li> </ul>	<ul style="list-style-type: none"> <li>• Continued reduction in foodborne disease</li> <li>• Develop our knowledge of what interventions work in raising hygiene standards in foodservice outlets</li> <li>• Implement a single Scores on the Doors scheme</li> </ul>	<ul style="list-style-type: none"> <li>• Delivering an effective, risk-based inspection and enforcement regime</li> <li>• Better, more proportionate regulation</li> <li>• Stronger EU presence for negotiation and collaboration</li> </ul>	<ul style="list-style-type: none"> <li>• Continued reductions in saturated fat, salt and sugar in mainstream products</li> <li>• Greater availability of healthier options in retail and food services</li> <li>• Increase the pace of change in eating out settings</li> <li>• Understanding dietary habits and nutritional status of the UK population; modelling the effect of changes to consumer habits and products</li> </ul>	<ul style="list-style-type: none"> <li>• A single, simple and effective front of pack labelling approach adopted by the whole food industry</li> <li>• Increased provision of nutrition information in a wide range of catering outlets</li> </ul>	<ul style="list-style-type: none"> <li>• All food businesses to deliver a single set of key healthy eating messages</li> <li>• Increased consumption of healthier foods, especially fruit &amp; veg</li> <li>• Promote FSA as a trusted source of information</li> <li>• Develop integrated Government advice for consumers on food issues</li> <li>• Stimulate demand for lower salt and saturated fat products</li> </ul>	
<p><b>Priorities across food safety and to improve the balance of the diet:</b></p> <ul style="list-style-type: none"> <li>• Analysis of food safety risks in whole food chain; analysis of nutrient risks and opportunities to support healthy eating strategies <ul style="list-style-type: none"> <li>• Targeted risk-based research and surveillance</li> </ul> </li> <li>• Work out where we can have most influence and impact; then determine and implement policy for partnerships across the food chain <ul style="list-style-type: none"> <li>• Increase understanding of how to change behaviour</li> </ul> </li> </ul>							

## **UK dimension**

32. This strategy should be seen in the context of wider government activity across the UK on food policy and health targets. Within Westminster, government recently published a new future strategic framework 'Food Matters: Towards a Strategy for the 21<sup>st</sup> Century'. In Scotland, food policy has been brought together under 'The future: A food and drink policy for Scotland'. The Welsh Assembly Government will shortly be consulting on its food policy priorities in 'Quality of Food' for Wales; and in Northern Ireland, the Department of Health Social Services and Public Safety (DHSSPS) Strategy 'Fit Futures, Focus on Food, Activity and Young People' outlines the commitment to improving nutrition of people living in Northern Ireland.
33. The Agency plays a lead role on behalf of the UK government in the area of food safety. We share our remit for improving the dietary health of the nation with health departments and will work closely across the four Governments to deliver our part in a government-wide approach. Where our remit and responsibilities cut across other aspects of food policy (such as sustainability, procurement, access, food security and economic growth) we will maintain close links to ensure a coherent approach to delivering public policy on food (see sustainability below as an example of this).
34. As a regulator the FSA works within the UK regulatory environment, implementing the principles of better regulation to reduce unnecessary administrative burdens on businesses.
35. In delivering and implementing this strategy, the FSA will be working closely with UK Governments to ensure that our work complements and adds value to wider initiatives around food, healthy eating, sustainability and better regulation.

## **EU and international dimension**

36. Over 90% of UK legislation relating to food originates in the European Union. The international Codex Alimentarius Commission also sets safety and other standards for food which are used across the world to ensure fair trade.
37. Our influencing ability within the EU and internationally is therefore a priority for improvement as we have proposed some challenging priorities which to be achieved will require changes to EU legislation. To strengthen the UK's presence in the EU in relation to food, we will have someone from the Agency working within the UK's Permanent Representation in Brussels from September 2009.

## **Sustainability**

38. The government is committed to integrating sustainable development principles into all of its activities and policies, and we are committed to taking sustainable development into account in all of our activities and policy decisions. In practice this means running our business sustainably and taking forward our remit in a sustainable way.
39. The biggest challenge we face is embedding sustainability considerations fully into policy making. We adopted a new approach in 2008, which commits the Agency to sustainable policies. Key aspects of the new approach are that:
  - In deciding what policy option to take, we will consider the full range of potential impacts – environmental, social and economic.
  - In deciding between policy options where there are environmental, economic and social impacts, we will attach greater significance to the social impacts on food safety and nutrition, whilst working to minimise negative impacts in all areas of sustainability.
  - We will take greater responsibility for any remaining negative impacts of our policy.

40. Underpinning this is the recognition that we need to work with other government departments and other organisations to deliver sustainable policies. Find out more about our plans on our website (see [www.food.gov.uk/aboutus/how\\_we\\_work/sustainability](http://www.food.gov.uk/aboutus/how_we_work/sustainability)).

## SCIENCE, EVIDENCE AND ANALYSIS NEEDS

41. We are developing our new Science and Evidence Strategy alongside the FSA Strategy process.
42. The Science and Evidence Strategy 2010-15 will set out the science, evidence and analysis<sup>3</sup> we will need to underpin and support delivery of our strategy, and to inform development of our future strategy beyond this. It will also describe how we will obtain and use the science and evidence we need. It will replace the Agency's Science Strategy 2005-2010<sup>4</sup> and incorporate our strategy for developing social sciences.<sup>5</sup>
43. The Science and Evidence Strategy 2010-15 will need to address these main questions:
- What are the major gaps in the science, evidence and analysis which need to be addressed in order to deliver our objectives?
  - 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?
44. In addressing these issues, we will need to consider the timescales for the actions we need to take. In other words, what science, evidence and analysis will we need to support delivery of the proposed strategy to 2015, and what will we need to help us to develop our future strategy beyond this?
45. Views on these questions are sought in this consultation (Q3, below). Your input will inform a detailed analysis and prioritisation of our science and evidence needs, activities and objectives. This will form the core of the Science and Evidence Strategy 2010-15. We will invite comments on the outcome of this process later in 2009 (please note this may be for a shorter period than the 12 weeks normally allowed for formal consultations). We will continue to engage with our science stakeholders throughout the development of the Science and Evidence Strategy, including with the General Advisory Committee and the Science and Social Science Research Committee.
46. In developing the Science and Evidence Strategy, we will take into account inputs to reviews and workshops on specific Agency research areas, including the Nutrition Research Review and the associated consultation. If you have made specific inputs to these, it is not necessary to repeat them in response to this consultation.

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<sup>3</sup> The Agency defines its science and evidence needs as covering all relevant disciplines, including the natural, physical and social sciences and other analytical disciplines.

<sup>4</sup> You can read our current Science Strategy 2005-2010 at:

<http://www.food.gov.uk/science/researchpolicy/scistrat>

<sup>5</sup> See <http://www.food.gov.uk/multimedia/pdfs/committee/ssrcstrat.pdf>

## CONSULTATION PROCESS

47. We have set out our planned direction of travel for 2010-2015 and we would like to hear your views on this. In particular we would welcome comments in response to the following questions.

### Questions asked in this consultation:

- Q1. We intend to concentrate our efforts where we can have the most impact on public health. Do you agree that this should be our overall strategic approach (our purpose, objectives and outcomes)? If not, please explain briefly your reasoning.
- 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.
- 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. Have we missed any key issues?

48. During the consultation period we will also be hosting a series of feedback events so that we can hear from a range of our stakeholders and discuss our proposals in more detail.
49. Once the consultation has closed, stakeholder views will be collated and considered by the FSA. A consultation response summary will be published within 3 months of the closing date showing what changes have been made as a result of the responses.
50. Alongside this, we will be starting to map out what we can achieve with our resources, which will lead to the setting of targets. Final proposals will be developed to be discussed and agreed at the open Board meeting in February 2010.
51. Engagement activities with key stakeholders and our delivery partners will continue through 2009 and we aim to publish the new Strategic Plan by April 2010, with an aligned Science and Evidence Strategy.
52. Please send comments to the contact on page 2. We cannot be successful without the help of many other people. Please let us know what you think of our proposed strategy.

### Other relevant documents

53. The current and previous FSA strategy documents are available from [www.food.gov.uk/aboutus/publications/busreps/strategicplan/](http://www.food.gov.uk/aboutus/publications/busreps/strategicplan/)

### Responses

54. **Responses are required by close Friday 5 June 2009.** Please state, in your response, whether you are responding as a private individual or on behalf of an organisation/company (including details of any stakeholders your organisation represents).

Thank you on behalf of the Food Standards Agency for participating in this public consultation.

**Deirdre Hutton**  
Chair

**Tim J Smith**  
Chief Executive

**Enclosed**

**Annex A: Standard Consultation Information**

**Annex B: Evidence base for proposed priorities**

**Annex C: Impact Assessment**

**Annex D: List of interested parties**

## Queries

55. If you have any queries relating to this consultation please contact the person named on page 2, who will be able to respond to your questions.

## Publication of personal data and confidentiality of responses

56. In accordance with the FSA principle of openness our Information Centre at Aviation House will hold a copy of the completed consultation. Responses will be open to public access upon request. The FSA will also publish a summary of responses, which may include personal data, such as your full name and contact address details. If you do not want this information to be released, please complete and return the Publication of Personal Data form, which is on the website at <http://www.food.gov.uk/multimedia/pdfs/dataprotection.pdf>. Return of this form does not mean that we will treat your response to the consultation as confidential, just your personal data.
57. In accordance with the provisions of Freedom of Information Act 2000/Environmental Information Regulations 2004, all information contained in your response may be subject to publication or disclosure. If you consider that some of the information provided in your response should not be disclosed, you should indicate the information concerned, request that it is not disclosed and explain what harm you consider would result from disclosure. The final decision on whether the information should be withheld rests with the FSA. However, we will take into account your views when making this decision.
58. Any automatic confidentiality disclaimer generated by your IT system will not be considered as such a request unless you specifically include a request, with an explanation, in the main text of your response.

## Further information

59. A list of interested parties to whom this letter is being sent appears in Annex D. Please feel free to pass this document to any other interested parties, or send us their full contact details and we will arrange for a copy to be sent to them direct.
60. A Welsh version of the consultation package can be found at [www.food.gov.uk/consultations](http://www.food.gov.uk/consultations)
61. Please contact us if you require the consultation documents in an alternative format – such as audio, large print, Braille – or other languages.
62. Please let us know if you need paper copies of the consultation documents or of anything specified under '**Other relevant documents**'.
63. This consultation has been prepared in accordance with HM Government Code of Practice on Consultation, available at: <http://www.berr.gov.uk/files/file47158.pdf>. The Consultation Criteria are available at <http://www.berr.gov.uk/whatwedo/bre/consultation-guidance/page44458.html>
64. The Code of Practice states that an Impact Assessment should normally be published alongside a formal consultation. Please see the Impact Assessment at Annex C.
65. For details about the consultation process (not about the content of this consultation) please contact: Food Standards Agency Consultation Co-ordinator, Room 2C, Aviation House, 125 Kingsway, London, WC2B 6NH. Tel: 0207 276 8630.

**Comments on the consultation process itself**

66. We are interested in what you thought of this consultation and would therefore welcome your general feedback on both the consultation package and overall consultation process. If you would like to help us improve the quality of future consultations, please feel free to share your thoughts with us by using the Consultation Feedback Questionnaire at <http://www.food.gov.uk/multimedia/worddocs/consultfeedback.doc>
67. If you would like to be included on future Food Standards Agency consultations on other topics, please advise us of those subject areas that you might be specifically interested in by using the Consultation Feedback Questionnaire at <http://www.food.gov.uk/multimedia/worddocs/consultfeedback.doc> The questionnaire can also be used to update us about your existing contact details.

## Food safety

A project to develop a food safety analysis of the whole food chain commenced in 2008. Some interesting findings have already been identified, and we anticipate that this ongoing work will significantly contribute to a robust evidence-based strategic plan.

**Table 1: Estimates of the main public health risks**

	Death pa.	Number Cases pa.	Number of incidents pa. (2007)	FSA Consumer tracker - % concerned Dec 2008
Foodborne Disease (FBD)	450 <sup>1</sup>	950,000 <sup>1</sup>	270	53%
Allergens/intolerance	~5-10	4,800 <sup>2</sup>	90	22%
Chemical contamination	Not Known	Not Known	660	32% <sup>3</sup>
TSEs-vCJD	5 <sup>4</sup>	0 new cases <sup>4</sup>	10	24%
Radiological contamination	less than 10 <sup>5</sup>	less than 35 <sup>5</sup>	40	15% <sup>6</sup>

<sup>1</sup> England and Wales for 2006, Health Protection Agency

<sup>2</sup> Estimated new cases with peanut allergy for 2005 taken from 'Primary care epidemiology of allergic disorders' applied to UK population ([http://www.qresearch.org/Public\\_Documents/HSCIC%20allergies%20report%20from%20QRESEARCH%20.pdf](http://www.qresearch.org/Public_Documents/HSCIC%20allergies%20report%20from%20QRESEARCH%20.pdf))

<sup>3</sup> Figure is for consumer concern about pesticides, as a proxy

<sup>4</sup> 2007 figures taken from 'Incidence of variant Creutzfeldt-Jakob disease diagnoses and deaths in the UK January 1994 – December 2007' (<http://www.cjd.ed.ac.uk/cjdq56.pdf>)

<sup>5</sup> FSA estimates for UK population based on data on exposure from radiological discharges into the environment

<sup>6</sup> June 2006 figure for consumer concern about irradiated food, used as a proxy. Irradiated food is no longer tracked in the consumer survey.

### Trends, forecasts and uncertainties

- The proportion of food consumed in the UK that is sourced from imports has increased over recent years and now reaches just over 50% of food consumed. Globalisation of the supply chain is identified as a key driver for increasing numbers of imported food and feed ingredients.
- Cases of BSE in cattle and vCJD in humans have decreased to very low levels with no new cases of vCJD reported in 2007.
- Overall cases of foodborne disease have also decreased in recent years, from 1.3 million to 765,000 between 2000 and 2005. However, in 2006 there were signs that numbers may be back on the increase with overall cases estimated at 950,000.
- A significant upward trend has been seen in Listeria cases, accounting for 68 deaths in 2000 to 131 deaths in 2006.
- In the longer term, climate change could impact foodborne disease prevalence. Department of Health analysis indicates a 1°C rise would increase all FBD by ~5%; and Salmonella in the UK by ~12%. And an ageing population will be more susceptible to foodborne illness.

- Known chemical hazards are well controlled; main unknown here is cocktail effect and work is underway on this.
- A key uncertainty is from new or re-emerging zoonoses.
- Further advances in science and technology are likely to impact on food production. The main opportunity drivers will be increasing yield and production efficiencies, making food healthier and more environmentally sustainable. New technologies could bring new public health risks.

**The following section details the preliminary findings of our risk analysis and describes in more detail the proposed strategic priorities (see Figure 2 of the strategy consultation).**

<b>OUTCOME FS1: Imported food entering the UK market is safe to eat</b>
<b>Risk analysis</b>
<p><b>Nature and scale of public health risk</b></p> <ul style="list-style-type: none"> <li>• Imported food ingredients continue to be a major source of incidents, with poor traceability a key underlying factor, in particular, the import and distribution of low-cost, high turnover products.</li> <li>• Foods imported from outside the EU are regarded as an area of high risk (though the number of food alerts is relatively small compared with overall numbers of imports).</li> <li>• No estimates for public health risks from chemicals are available, but about 50% of incidents are related to chemical contamination and 20% of all incidents relate to chemicals in imports.</li> </ul> <p><b>Food chain analysis: Imports</b></p> <ul style="list-style-type: none"> <li>• Known chemical hazards appear to be well controlled but we need to monitor for emerging risks, especially in imported foods</li> <li>• Limited information on levels of microbiological contamination in imported foods. Relatively high levels of contamination in non-UK eggs, although EU targets for reducing contamination should reduce this hazard.</li> </ul> <p><b>Conclusions for Strategic Planning</b></p> <ul style="list-style-type: none"> <li>• Need to build and maintain effective delivery partnerships across the food chain</li> <li>• Need for structured surveys of imported food, including for microbiological contamination</li> <li>• A complex and lengthening global supply chain makes traceability a key challenge.</li> </ul>
<b>Priorities in the new Strategic Plan</b>
<ul style="list-style-type: none"> <li>• Horizon scanning &amp; intelligence gathering through collaboration (EU and globally) on new and re-emerging risks and how to respond to minimise impact.</li> <li>• Increase our forensic knowledge and intelligence of the global food chain.</li> <li>• Ongoing analysis of incidents (including past incidents) to establish root causes and highest risk countries, to improve our understanding of tackling the key risks and for improved/enhanced sampling programmes at ports.</li> <li>• Apply enhanced knowledge and understanding of imported food risks to controls at ports</li> <li>• Monitoring of imports at retail &amp; food services</li> </ul>

**OUTCOME FS2: Food produced or sold in the UK is safe to eat****Risk analysis****Nature and scale of public health risk**

- Foodborne Diseases are by far the largest known food safety risk, compared to risks from TSEs in food, chemical and radiological contamination, and allergens (see Table 1).
- The 5 main foodborne disease pathogens contributing to public health risk are Campylobacter, Salmonella, verocytotoxin-producing E.coli (VTEC), Listeria, Clostridium perfringens. Campylobacter accounts for most foodborne disease cases; deaths from Listeria are relatively high; Salmonella has both relatively high deaths & high numbers of cases associated with it. Deaths and cases are lower from VTEC compared to Salmonella and Campylobacter, but the severity of illness tends to be greater.
- Foodborne disease cases could be on the increase after a period of steady decline; BSE in cattle and vCJD in humans are now at very low levels; and levels of other contaminants in the supply chain are generally well controlled but we need to remain vigilant (good traceability is key here).

**Food chain analysis: from primary production to retail**

- The greatest risk of Campylobacter contamination is from poultry meat, and hazards arise across the food chain that allow the introduction of Campylobacter into food.
- Data indicates that the greatest risk of Salmonella contamination is from poultry and eggs. The number of pigs at slaughter with Salmonella is relatively high, but overall risk to consumers are considered low because outbreaks are rare and this is probably because pork is generally well cooked in the UK.
- Listeria is associated with specific types of ready to eat foods (cold cooked meats, soft cheese, etc). Greatest risks from Listeria arise during the latter points in the supply chain from processing through to storage.
- A relatively high proportion of cattle entering the abattoir have campylobacter and VTEC in the gut. But, the proportion of raw products contaminated at retail are low, indicating that controls are mitigating to some extent the potential risks. On the other hand the volumes of contaminated beef servings (prior to cooking) at retail are very high, and this is because volumes of food consumed are high. This represents a cross contamination hazard. Volumes of beef at retail contaminated with Campylobacter are much lower than for poultry and hence poultry represents the greatest risk.
- For BSE in cattle, the prevalence is declining to very low levels from the feed ban. Remaining food business operator (FBO) controls at slaughter then reduce the risk to consumers to negligible levels.

**Conclusions for Strategic Planning**Effective delivery of food safety through collaboration and partnerships with others

- Need to build and maintain effective delivery partnerships across the food chain

Foodborne disease

- Priority areas should include Campylobacter and Salmonella in poultry.
- The high priority currently given to reducing Salmonella in pigs seems disproportionate in comparison to other higher risk areas

BSE and TSEs

- With negligible and declining BSE infectivity in cattle and high levels of FBO controls, we should model the impact of reducing less critical controls in abattoirs.

#### Other contaminants

- Known chemical and radiological hazards and allergens are generally well controlled but we need to remain vigilant to the risk of contaminants introduced within the UK supply chain. Particularly, given the increasing complexity of the supply chain and ongoing traceability challenges (recent incidents have illustrated the wide range of products some ingredients are used in).

#### Official controls

- Currently, there is little evidence available to directly assess the impact of regulatory interventions across the food supply chain, either in terms of compliance or public health impact. Making it impossible at present to know the optimal level of controls in the food chain needed to deliver effective consumer protection.
- However, analysis of the relative intensity of official controls across the food chain to levels of risk has started to highlight some misalignment.

#### Food technologies

- There will be a need for continued scrutiny of regulatory frameworks to ensure they adequately assess the risks associated with new technologies or new applications of existing technologies. Added to this, could be the further challenge of how to regulate risks arising along complex global supply chains when rules vary among regions.

### **Priorities for the new Strategic Plan**

- Reducing microbiological contamination in order to secure reductions in overall cases of foodborne disease. In particular:
  - by tackling the key foodborne pathogens. Campylobacter and Salmonella in poultry is a priority for public health protection.
  - by developing our knowledge of what interventions work (controls, incentives and sanctions). Using knowledge gained, take a risk-based approach across the food chain to increase compliance.
- Reducing non-microbiological contamination in the food supply. Horizon scanning and intelligence-led surveillance for traceability of key ingredients used in a wide range of products. Apply knowledge to controls, including at ports (links to previous outcome FS1).
- Implementing strategies to tackle microbial and other contamination risks across the food supply requires intelligence gathering and effective delivery partnerships in order to identify and implement best approaches to maintain and improve current levels of food safety in UK food. Work out where to have most influence and impact; then develop and implement policy for partnerships with industry and enforcement partners across the UK supply chain.
- Food chain analysis suggests that several official controls are misaligned to public health risks. Next steps would be to establish options for change and model impact of change on levels of risk; work on this is underway for some areas (e.g. official controls for BSE in cattle).
- Using these findings (and drawing on research and best global practice), move towards more risk-based, proportionate controls across the food supply chain, with meat controls a priority.
- Maintain effective surveillance to detect any adverse change in risk alongside changes to official controls.

#### Underpinning science and evidence needs

- A comprehensive, targeted, risk-based research and surveillance programme must be in place

to ensure we are aware of relative sources of food safety risks, and are able to respond appropriately.

- Need for improved horizon scanning and knowledge about the use of technologies in food production.

### **OUTCOME FS3: Consumers make informed choices about food safety when eating outside the home, prepare and cook food safely at home**

#### **Risk analysis**

##### **Nature and scale of public health risk**

- Foodborne Diseases are by far the largest known food safety risk (see Table 1). Numbers of cases appear to be on the rise again after a 5-year period of steady decline. Listeria rates have risen significantly over the past few years. The public health risk is most acute in the elderly and very young.
- Allergic responses to food can, in extreme cases, be life-threatening. The risk to public health is controlled through food labelling and information provision to help people who need to avoid certain ingredients.

##### **Food chain analysis: Foodservice outlets and the home**

- A high proportion of raw chicken purchased by consumers is contaminated with Campylobacter and over 5% with Salmonella. This hazard equates to tens of millions of contaminated servings in the home per week prior to cooking, and represents a significant risk if good hygiene practice is not followed.
- There is limited information on levels of microbiological contamination in catering establishments and other out-of-home settings.
- Listeria is a hazard at this point of the food chain. Listeria can grow at low temperatures and contamination increases the longer food is kept.
- When preparing food, cross-contamination between raw meat and ready to eat foods or their handling surfaces is a key risk. Undercooking food is also a risk factor.
- On average around 50% of catering businesses are inspected (primary inspection) per year and the average length of inspection is approximately an hour.

##### **Conclusions for strategic planning**

- Microbiological contamination rates at this point in the food chain highlight the need to mitigate foodborne disease risks when preparing food.

#### **Priorities for the new Strategic Plan**

- Reducing microbiological contamination in order to secure reductions in overall cases of foodborne disease. In particular
  - Develop our knowledge of what interventions work in terms of raising hygiene standards in foodservice outlets (including controls, incentives and sanctions)
- Implement a single Scores on the Doors scheme for businesses

##### Underpinning science and evidence needs

- Increase understanding of consumer attitudes and behaviour to support aim of reducing food poisoning in the home

### **Cross-cutting outcome supporting both food safety and dietary health objectives**

**OUTCOME: A proportionate, risk-based regulatory regime relating to food, which is clear about the responsibilities of food businesses and others, and which generates public confidence in food**

### **Risk Analysis**

#### **Nature and scale of risk**

- Food law, both at national and EU level, is in place to safeguard consumer health from all known food risks. It also establishes the rights of consumers to accurate and honest information.
- It is an important role of the FSA to ensure that new and existing regulation is proportionate so that we can continue to push for better results in areas where we can achieve the most impact.
- In addition to the regulations that contribute to our food safety and dietary health objectives, food law also includes measures around compositional standards, labelling (e.g. country of origin) etc which also contribute to public confidence.

### **Priorities for the new Strategic Plan**

- Delivering an effective, risk-based inspection and enforcement regime
- Better, more proportionate regulation
- Increasing FSA presence and influence in the EU for negotiating a more risk-based regulatory regime; and for collaboration with international bodies, non-EU countries

## Dietary Health

We are currently developing an approach for diet-related illness, which we hope will provide a similar input to the strategic plan as the food safety analysis. We will be looking at risks across the diet; risks across life stages; and possible solutions across the food chain.

**Table 2: Estimates of the main public health risks<sup>1</sup>**

Poor Dietary Health Contributes to: (all cases – provides upper limit on food related cases)	UK Deaths <sup>2</sup>	Estimated Prevalence	Intermediate Risks– Estimated Prevalence		FSA Consumer tracker % concerned Dec 2008	
All Cancers	155k	2,000k (2008)	Hypertension	14.5m (2007)	Salt	43%
Coronary heart disease	95k	2,600k (2007)	Obesity	11.7m (2007)	Fat	40%
Stroke	55k	1,100k (2007)	High Cholesterol	29m (2006)	Sat Fat	36%
Diagnosed Type 2 diabetes	6k	1,852k (2007)			Sugar	41%

<sup>1</sup> Cancer prevalence estimated by Cancer Research UK

<http://info.cancerresearchuk.org/cancerstats/incidence/prevalence/?a=5441>, other prevalence estimates calculated from 'Health Survey for England' applied to UK population

<sup>2</sup> UK Registered deaths in 2006 by cause taken from ONS, Annual Abstract of Statistics, no. 144 2008 Edition [http://www.statistics.gov.uk/downloads/theme\\_compendia/AA2008/AA2008.pdf](http://www.statistics.gov.uk/downloads/theme_compendia/AA2008/AA2008.pdf)

- Analysis of consumption patterns indicates there are a number of important dietary imbalances in the UK across a wide range of nutrients, and these are common across population groups and through the life stages.
- Key imbalances which have significant health consequences are eating too much salt, saturated fat and Non Milk Extrinsic Sugars (NMES), failing to maintain an appropriate calorie balance and not eating enough fruit and vegetables or oily fish.
- Low micronutrient intakes are, in general, found in those individuals not achieving overall guidelines for a healthy balanced diet.

## Trends & forecasts

- The population is ageing, with the number of people 65 years-old and over forecast to increase modestly by 2015 but substantially by 2035, which will increase diet related disease burden (including CHD, some cancers, stroke and type 2 diabetes)
- Healthcare costs are rising because of developments in science and technology and population trends
- Average daily salt intake reduced from 9.5g in 2001 to 8.6g in early 2008
- Obesity is expected to increase by 1/3 for males and 1/5 for females by 2015 (drivers for obesity are complex and many)
- Growing obesity rates are leading to increases in disease burden from associated illnesses. The prevalence of type II diabetes, for example was 66 percent higher in 2005 than in 1996.

Note: the information for dietary health will be reviewed and updated in light of the further analysis that is being undertaken. This section is initial thinking.

**The following section describes in more detail the proposed strategic priorities (see Figure 2 of the strategy consultation) and the relationship to UK Government strategies.**

<b>OUTCOME HE1: Retail products and catering meals are healthier</b>
<b>Risk analysis</b>
See Table 2 and associated information. The information for dietary health will be reviewed and updated in light of the further analysis that is being undertaken.
<b>Priorities for the new Strategic Plan</b>
<ul style="list-style-type: none"> <li>Continued reductions in saturated fat, salt and sugar levels in mainstream products, and;</li> <li>Greater availability of healthier options in retail and food services:             <ul style="list-style-type: none"> <li>by working in partnership with the food industry (retailers, manufacturers and caterers) and through the setting of targets. In doing so, prioritising attention on those parts of the diet, and those sectors of the industry that will deliver the greatest consumer benefit.</li> </ul> </li> <li>Increase the level and pace of change in eating out settings</li> <li>Monitoring changes in the dietary habits and nutritional status of the UK population, and modelling the effect of changes to consumer habits and products</li> </ul> <p><b>These activities are coordinated with priorities across the four Governments and we will need to work closely with them to determine where we are best placed to take work forward.</b></p>
<b>Government strategies</b>
<p>Dept. Health’s Healthy Weight Healthy Lives – Healthy Food Code of Good Practice:</p> <ul style="list-style-type: none"> <li>Smaller portion sizes for energy-dense and salty foods</li> <li>Reductions in saturated fat and sugar, along the lines of the continuing action on salt</li> <li>Moving towards healthier provision in the catering sector</li> </ul> <p>Food Matters: Towards a Strategy for the 21<sup>st</sup> Century:</p> <ul style="list-style-type: none"> <li>Improving the nutritional standard of the food on offer when eating out of the home</li> <li>Healthier food mark in the public sector</li> </ul> <p>The Future: A Food and Drink Policy for Scotland:</p> <ul style="list-style-type: none"> <li>Scottish Grocers Federation (SGF) Healthy Living Programme</li> <li>Healthy Living Award</li> </ul> <p>Welsh Assembly Government’s draft Quality of Food Action Plan:</p> <ul style="list-style-type: none"> <li>Building on work at the UK level by encouraging the food industry in Wales to provide healthier choices - both at the retail level and in the catering sector - and to improve labelling</li> </ul> <p>Northern Ireland Department of Health Social Services and Public Safety (DHSSPS) Strategy –</p>

Fit Futures, Focus on Food, Activity and Young People:

- Development of a single front of pack nutrition labelling system
- Quality nutrition education for those working in the food and hospitality sector

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

### Risk analysis

See Table 2 and associated information. The information for dietary health will be reviewed and updated in light of the further analysis that is being undertaken.

### Priorities for the new Strategic Plan

- All sections of the food industry to follow Government recommendations for an effective front of pack labelling which helps consumers make healthier choices at a glance.
- Increased provision of nutrition information in a wide range of catering outlets.

**These activities are coordinated with priorities across the four Governments and we will need to work closely with them to determine where we are best placed to take work forward.**

### Government strategies

Dept. Health's Healthy Weight Healthy Lives – Healthy Food Code of Good Practice:

- A single, simple and effective approach to food labelling used by the whole food industry
- Rebalance marketing, promotion, advertising and point of sale placement, so that we reduce the exposure of children to the promotion of foods that are high in fat, salt or sugar, and increase their exposure to the promotion of healthy options
- Information on the nutritional content of food in a wide range of settings to be clear, effective and simple to understand

Food Matters: Towards a Strategy for the 21<sup>st</sup> Century:

- Information provision when eating out of the home

The Future: A Food and Drink Policy for Scotland:

- Healthy Living Award

Welsh Assembly Government's draft Quality of Food Action Plan:

- Encouraging the food industry in Wales to provide healthier choices - both at the retail level and in the catering sector - and to improve labelling

Northern Ireland Department of Health Social Services and Public Safety (DHSSPS) Strategy – Fit Futures, Focus on Food, Activity and Young People:

- Development of a single front of pack nutrition labelling system
- Quality nutrition education for those working in the food and hospitality sector

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

### Risk analysis

See Table 2 and associated information. The information for dietary health will be reviewed and updated in light of the further analysis that is being undertaken.

### Priorities for the new Strategic Plan

- All food businesses to deliver a single set of key healthy eating messages
- Increased consumption of healthier foods, especially fruit & vegetables
- Promote the FSA as the trusted source of information on food, and support on healthy eating through a wide range of media (including web based, leaflets and other innovative opportunities).
- Integration of Government advice for consumers on nutrition, food and sustainability, and food safety with other Government Departments (this is a recommendation from the Food Matters report and is currently under discussion across Government)
- Stimulate demand for lower salt and saturated fat products, and encourage behavioural change which reduces intake of these nutrients, using public awareness campaigns.

Underpinning science and evidence needs

- Evaluate the impact of public health interventions on diet and nutrition.
- Understand the basis upon which specific groups of the population make food choices and determine how barriers may be overcome for those groups.

**These activities are coordinated with priorities across the four Governments and we will need to work closely with them to determine where we are best placed to take work forward.**

### Government strategies

Dept. Health's Healthy Weight Healthy Lives – Healthy Food Code of Good Practice:

- All food businesses to deliver a single set of key healthy eating messages
- Increased consumption of healthier foods, especially fruit & veg
- 'Change4Life' campaign

Food Matters: Towards a Strategy for the 21<sup>st</sup> Century:

- Making it easier for consumers to access information on a healthy, low-environmental-impact diet
- A joint research strategy for food
- Aligning marketing and communications campaigns about food
- GM dialogue

The Future: A Food and Drink Policy for Scotland:

- Healthy Eating, Active Living (HEAL) - An action plan to improve diet, increase physical activity and tackle obesity (2008-2011)
- Take Life On Campaign
- The Schools Health Promotion and Nutrition (Scotland) Act 2007, including input to the food and health part of the new curriculum for excellence

Welsh Assembly Government's draft Quality of Food Action Plan:

- developing resources specifically to help BME groups to adopt healthy diets
- to ensure UK campaigns are appropriately disseminated in Wales (this also links to provision of consumer information in the medium of Welsh);
- better integration of the food agendas in Wales and ensuring advice to consumers brings together healthy eating, safety and sustainability issues

Northern Ireland Department of Health Social Services and Public Safety (DHSSPS) Strategy – Fit Futures, Focus on Food, Activity and Young People:

- Communicate the importance of a balanced diet and lifestyle when promoting specific nutrition messages
- A holistic policy on food in schools addressing food provision, nutrition education and cooking skills
- Develop capacity in disadvantaged communities to tackle barriers to accessing healthy food

<b>Summary: Intervention &amp; Options</b>		
<b>Department /Agency:</b> Food Standards Agency	<b>Title:</b> Impact Assessment of proposed FSA Strategy for 2010-2015	
<b>Stage:</b> Consultation	<b>Version:</b> 1	<b>Date:</b> 9 March 2009
<b>Related Publications:</b> Strategic Plan to 2010 - Putting Consumers First; FSA Strategic Plan 2005-2010 Putting Consumers First		

Available to view or download at: <http://www.food.gov.uk/consultations>

Contact for enquiries: Bethan Campbell

Telephone: 020 7276 8635

**What is the problem under consideration? Why is government intervention necessary?**

Failures in food safety and the impact of poor dietary health (for example) have costs for society as well as individuals, as a result of market failure in the food system, such as information asymmetry, lack of information and externalities. As a result, government intervention is deemed necessary in the shape of the Agency (subject to the costs and benefits) to address the market failures in food. The Food Standards Agency was set up under the Food Standards Act 1999 with a main purpose 'To protect public health from risks which may arise in connection with the consumption of food, and otherwise to protect the interests of consumers in relation to food'. As there are a range of market failures that the Agency could address and there are limited resources, there is a need to prioritise issues through the creation of a strategic plan. The Agency operates within a framework of EU law and also has to ensure that the UK complies with its EU obligations, including as the central competent authority, in the area of food law.

**What are the policy objectives and the intended effects?**

A strategic plan is a management tool to ensure that we are clear about our direction in relation to our environment. We can then allocate resources to pursue this strategy and be in a better position to respond to the changing environment. The intended impact of the strategic plan is to focus the Agency's resources on the most pertinent issues and deliver value for money.

**What policy options have been considered? Please justify any preferred option.**

We have looked across at all current FSA activities as well as discussing possible new areas of work. The policy option preferred is to base FSA strategy on public health impact - which supports our existing purpose of 'Safe Food and Healthy Eating for All'.

At this stage we have taken into account risk analysis, along with consideration of other factors, to develop a framework of high level outcomes, which we think is the most effective and efficient way to achieve the greatest public health impact, within our remit. Detailed targets and actions plans will be developed later.

**When will the policy be reviewed to establish the actual costs and benefits and the achievement of the desired effects?** The FSA performance management system will monitor progress quarterly; a full review of the strategy will be completed by April 2015 at the latest.

**Ministerial/CEO Sign-off** For consultation stage Impact Assessments:

*I have read the Impact Assessment and I am satisfied that (a) it represents a fair and reasonable view of the expected costs, benefits and impact of the policy, and (b) the benefits justify the costs.*

Signed by the Food Standards Agency Chair and Chief Executive:

..... Date: 9/3/09

## Summary: Analysis & Evidence

<b>Policy Option:</b>	<b>Description:</b>
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COSTS	<b>ANNUAL COSTS</b>	Description and scale of <b>key monetised costs</b> by 'main affected groups'  Monetised costs not yet available as this will depend largely on the targets set and the action plans which have not yet been developed.				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 2px;"><b>One-off</b> (Transition)</td> <td style="width: 30%; text-align: center; padding: 2px;"><b>Yrs</b></td> </tr> <tr> <td style="padding: 2px;">£</td> <td style="padding: 2px;"></td> </tr> </table>		<b>One-off</b> (Transition)	<b>Yrs</b>	£	
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<b>Average Annual Cost</b> (excluding one-off)						
£						
<b>Total Cost (PV)</b>						
£						
Other <b>key non-monetised costs</b> by 'main affected groups'						

BENEFITS	<b>ANNUAL BENEFITS</b>	Description and scale of <b>key monetised benefits</b> by 'main affected groups'  Monetised benefits not yet available as this will depend largely on the targets set and the action plans which have not yet been developed.				
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<b>Average Annual Benefit</b> (excluding one-off)						
£						
<b>Total Benefit (PV)</b>						
£						
Other <b>key non-monetised benefits</b> by 'main affected groups'						

Key Assumptions/Sensitivities/Risks

Price Base Year	Time Period Years	<b>Net Benefit Range (NPV)</b> £	<b>NET BENEFIT (NPV Best estimate)</b> £
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What is the geographic coverage of the policy/option?	UK								
On what date will the policy be implemented?	April 2010								
Which organisation(s) will enforce the policy?	N/A								
What is the total annual cost of enforcement for these organisations?	£ N/A								
Does enforcement comply with Hampton principles?	N/A								
Will implementation go beyond minimum EU requirements?	N/A								
What is the value of the proposed offsetting measure per year?	£ N/A								
What is the value of changes in greenhouse gas emissions?	£ Unknown								
Will the proposal have a significant impact on competition?	Unknown								
Annual cost (£-£) per organisation (excluding one-off)	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 25%;">Micro</td> <td style="width: 25%;">Small</td> <td style="width: 25%;">Medium</td> <td style="width: 25%;">Large</td> </tr> <tr> <td style="background-color: #ffffcc;">£</td> <td style="background-color: #ffffcc;">£</td> <td style="background-color: #ffffcc;">£</td> <td style="background-color: #ffffcc;">£</td> </tr> </table>	Micro	Small	Medium	Large	£	£	£	£
Micro	Small	Medium	Large						
£	£	£	£						
Are any of these organisations exempt?	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 25%;">Micro</td> <td style="width: 25%;">Small</td> <td style="width: 25%;">Medium</td> <td style="width: 25%;">Large</td> </tr> <tr> <td style="background-color: #ffffcc;">N/A</td> <td style="background-color: #ffffcc;">N/A</td> <td style="background-color: #ffffcc;">N/A</td> <td style="background-color: #ffffcc;">N/A</td> </tr> </table>	Micro	Small	Medium	Large	N/A	N/A	N/A	N/A
Micro	Small	Medium	Large						
N/A	N/A	N/A	N/A						

<b>Impact on Admin Burdens Baseline</b> (2005 Prices)		(Increase - Decrease)
Increase of £	Decrease of £	<b>Net Impact</b> £

Key: Annual costs and benefits: Constant Prices (Net) Present Value

## Evidence Base (for summary sheets)

This template is designed for assessing policies, rather than programmes or strategies, and doesn't immediately lend itself to assessing a whole strategy. For more evidence on the proposed priorities see Annex B.

Detailed options for any proposed changes in specific policies will be part of the Impact Assessment process for new or revised policies arising from the new strategy.

### **Costs and benefits of options**

The FSA Strategy is not currently at a stage where analysis of costs and benefits can be assessed.

### **Administrative Burden Costs**

The FSA Strategy is not a policy that is to be directly implemented by the food industry. As policies are introduced as a result of the new strategy these will be subject to separate Impact Assessments.

### **Enforcement**

The FSA Strategy is not a policy that is to be directly implemented by our enforcement partners. As policies are introduced as a result of the new strategy these will be subject to separate Impact Assessments.

### **Simplification**

The FSA has a rolling programme of regulatory simplification. This programme is about making regulations easier for business, the public sector and the third sector (such as charity and voluntary organisations), to understand and comply with, without compromising public protection or consumer's other interests. All the initiatives in the FSA Strategic Plan will be implemented by placing the minimum burden on all our stakeholders.

### **Implementation and Review**

The final strategy will be implemented within the FSA in April 2010, with organisational business plans reflecting the strategy from this date. The FSA will monitor achievement against the strategy on a quarterly basis within its performance management framework, along with annual review and refresh to ensure the strategy remains relevant.

There is a strong desire to improve evaluation at the FSA and this will help us maximise our impact and obtain value for money from resources. There is also a cross government impetus to invest in smaller numbers but higher quality evaluation studies. We are currently developing an evaluation programme for 2010 to 2015 to dovetail with the new FSA strategy.

A review of the strategy will be started by 2014 at the latest in order to develop a refreshed strategy for 2015.

Specific policies introduced or revised as a result of the new strategy will be developed and implemented separately.

## Specific Impact Tests: Checklist

Use the table below to demonstrate how broadly you have considered the potential impacts of your policy options.

**Ensure that the results of any tests that impact on the cost-benefit analysis are contained within the main evidence base; other results may be annexed.**

Type of testing undertaken	<i>Results in Evidence Base?</i>	<i>Results annexed?</i>
Competition Assessment	No	No
Small Firms Impact Test	No	No
Legal Aid	No	No
Sustainable Development	No	No
Carbon Assessment	No	No
Other Environment	No	No
Health Impact Assessment	Yes (see Annex B)	No
Race Equality	No	No
Disability Equality	No	No
Gender Equality	No	No
Human Rights	No	No
Rural Proofing	No	No

## Annexes

Use the space below to indicate your consideration of at least the following specific impact tests.

### **Competition Assessment**

The FSA Strategy is not a policy that is to be directly implemented by the food industry. As policies are introduced as a result of the new strategy these will be subject to separate Impact Assessments.

### **Small Firms Impact Test**

The FSA Strategy is not a policy that is to be directly implemented by the food industry. As policies are introduced as a result of the new strategy these will be subject to separate Impact Assessments.

### **Sustainable development**

Due to the nature of the FSA Strategy, the impact cannot be assessed. However, individual policies that result from the FSA Strategy will be subject to an impact assessment of this kind.

### **Race, gender and disability equality issues**

Due to the nature of the FSA Strategy, the impact on race, gender and disability equality issues cannot be assessed. However, individual policies that result from the FSA Strategy will be subject to an impact assessment of this kind.

## INTERESTED PARTIES LIST

## ANNEX D

Academy of Culinary Arts  
Academy of Medical Sciences  
ADAS UK Ltd  
Advertising Association  
Age Concern  
Agricultural Industries Confederation (AIC)  
Agriculture and Horticulture Development Board  
Agri-Food and Biosciences Institute  
ALDI Store's Ltd  
Allergy UK  
Anaphylaxis Campaign  
Animal Health  
Aquaculture Initiative  
Aramark Ltd  
Arla Foods UK  
ASDA Stores Limited  
Associated British Foods plc  
Association for Spina Bifida and Hydrocephalus  
Association of British Abattoir Owners  
Association of Catering Excellence  
Association of Cereal Food Manufacturers  
Association of Convenience Stores  
Association of Independent Meat Suppliers  
Association of Meat Inspectors (UK) Ltd  
Association of Medical Research Charities  
Association of Port Health Authorities  
Association of Professors of Human Nutrition  
Association of Public Analysts  
Association of Scottish Shellfish Growers  
Assured British Meat  
Assured British Pigs  
Assured Chicken Production  
Assured Combinable Crops  
Assured Food Standards  
Assured Produce  
Asthma UK  
Biotechnology and Biological Sciences Research Council (BBSRC)  
Birds Eye Iglo Group  
Blood Pressure Association  
Board of Deputies of British Jews  
Booker Group plc  
Boots  
Brakes Group  
British Beer and Pub Association  
British Cheese Board (BCB)  
British Dietetic Association  
British Egg Industry Council (Lion Quality Scheme -Eggs)  
British Food Importers' Association  
British Frozen Food Federation  
British Heart Foundation  
British Hospitality Association  
British Meat Processors Association  
British Medical Association  
British Nutrition Foundation  
British Poultry Council  
British Retail Consortium  
British Sandwich Association  
British Soft Drinks Association Ltd  
British Veterinary Association  
Budgens Stores Limited  
Burger King  
Cabinet Office  
Cadbury plc  
Campaign for the protection of Shechita  
Campden and Chorleywood Food Research Association  
Campden BRI  
Cancer Research UK  
Centre for Environment, Fisheries and Aquaculture Science  
Central Science Laboratory (CSL)  
Cereal Partners UK  
Chartered Institute of Environmental Health  
Chilled Food Association  
Coca-Cola Great Britain & Ireland  
Coeliac UK  
Communities and Local Government  
Compass Group UK & Ireland Limited  
Confederation of British Industry  
Consensus Action on Salt & Health  
Consumer Council for Northern Ireland  
Consumer Focus  
Costcutter Supermarket Group Ltd  
Council for Responsible Nutrition  
Council of Ethnic Minority Voluntary Sector Organisations  
Council of Food Policy Advisors  
Country Land & Business Association  
Countryside Alliance  
Dairy Council for Northern Ireland  
Dairy Crest Group PLC  
Dairy UK Ltd  
Department for Children, Schools and Families  
Department for Energy and Climate Change  
Department for Environment, Food and Rural Affairs  
Department for Business Enterprise & Regulatory Reform  
Department for Innovation, Universities & Skills  
Department of Agriculture and Rural

## INTERESTED PARTIES LIST

## ANNEX D

Development (N. Ireland)  
Department of Culture, Media and Sport  
Department of Health  
Department of Health, Social Services and  
Public Safety (N. Ireland)  
Departmental Chief Scientists  
Diabetes UK  
Directors of Public Protection Wales  
Economic and Social Research Council  
Egg Marketing Inspectorate (EMI)  
Engineering and Physical Sciences Research  
Council  
Environment Agency  
European Commission  
European Food Safety Authority  
European Research into Consumer Affairs  
(ERICA)  
Farmers' Union of Wales  
Federation of Bakers  
Federation of Oils, Seeds and Fats  
Associations (FOSFA)  
Federation of Small Business  
Federation of Wholesale Distributors  
First for Foodservice  
Focus on Food  
Food Additives and Ingredients Association  
Food and Drink Federation  
Food Industry Centre UWIC  
Food Safety Authority of Ireland  
Food Solutions Publishing Ltd  
Forum of Private Business  
Fresh Produce Consortium  
Friends of the Earth  
Gondola Group Limited  
Government Chief Economic Advisor  
Government Office for Science  
Government Social Research Service  
Green & Black's Ltd  
Greencore  
Greene King plc  
Greenpeace  
Greggs Plc  
H J Heinz Company Ltd  
Halal Food Authority  
Haemolytic Uraemic Syndrome Help  
Health and Safety Executive  
Health Food Manufacturers Association  
Health Promotion Agency for Northern Ireland  
Health Protection Agency  
Health Protection Scotland  
H.E.A.R.T UK  
Hindu Forum of Britain  
Hybu Cig Cymru (Meat Promotion Wales)  
Iceland Foods Limited  
Imperial College  
Improvement and Development Agency  
(IDeA)  
Infant and Dietetic Foods Association  
Institute of Food Research  
Institute of Food Science and Technology  
Institute of Grocery Distribution  
Institute of Hospitality  
International Meat Trade Association  
Invest Northern Ireland  
J Sainsbury Plc  
Kellogg Company (GB) Limited  
Kenko Commodities Plc  
Kentucky Fried Chicken (UK and Ireland)  
Kerry Food Ltd  
Kraft Foods UK Ltd  
Laboratory of the Government Chemist (LGC)  
LEAF Marque - Linking Environment and  
Farming  
Leatherhead Food International  
Licensed Animal Slaughterers & Salvage  
Association  
Lidl UK  
Livestock & Meat Commission for Northern  
Ireland  
Local Authorities Co-ordinators of Regulatory  
Services  
Local Authority Caterers Association  
Local Better Regulation Office  
Local Government Association  
London School of Hygiene & Tropical  
Medicine  
Marks and Spencer Group plc  
Mars UK Limited  
Masterfoods UK  
McCain Food (GB) Ltd  
Medical Research Council  
Medicines and Healthcare products  
Regulatory Agency  
Mitchells & Butlers plc  
MRC Human Nutrition Research  
Muller Dairy (UK) Limited  
Musgrave Retail Partners GB  
Muslim Council of Britain  
National Association of British and Irish  
Millers  
National Association of British Market  
Authorities  
National Beef Association  
National Consumer Federation  
National Council of Women of Great Britain

## INTERESTED PARTIES LIST

## ANNEX D

National Family and Parenting Institute  
National Farmers Union  
National Federation of Consumer Groups  
National Federation of Meat & Food Traders  
National Federation of Women's Institutes  
National Heart Forum  
National Obesity Forum  
National Public Health Service  
National Sheep Association  
Natural England  
Natural Environment Research Council  
Nestle UK Limited  
NHS Health Scotland  
Nisa-Today's (Holdings) Ltd  
Northern Foods plc  
Northern Ireland Grain Trade Association  
Northern Ireland Fish Producers Association  
Northern Ireland Food and Drink Association  
Northern Ireland Food Liaison Group  
Northern Ireland Meat Exporters Association  
Office of Fair Trading  
Office of Government Chemist  
Office of the Children's Commissioner  
PepsiCo UK  
Pesticide Safety Directorate  
Pizza Hut (UK) Limited  
Potato Council  
Premier Foods Ltd  
Pret a Manger  
Proprietary Association of Great Britain  
Provision Trade Federation  
Quality Meat Scotland (QMS)  
Research Councils UK  
Robert Wiseman Dairies plc  
Rowett Research Institute  
Royal Academy of Engineering  
Royal Agricultural Society of England  
Royal College of General Practitioners  
Royal College of Paediatrics and Child Health  
Royal College of Physicians  
Royal College of Veterinarians  
Royal Environmental Health Institute for Scotland  
Royal Institute of Public Health and Hygiene  
Royal Society for Public Health  
Royal Society of Chemistry  
Royal Society of the Promotion of Health  
Royal Veterinary College  
Safefood  
SALSA - Safe Local Supplier Approval  
Salt Manufacturers' Association  
School Food Trust  
Scotland Food and Drink  
Scottish Agricultural College  
Scottish Association of Master Bakers  
Scottish Association of Meat Wholesalers  
Scottish Federation of Meat Traders Association  
Scottish Fishermen's Organisation  
Scottish Game Dealers/Processors' Association  
Scottish Grocers Federation  
Scottish Association of Master Bakers Seafish  
Seed Crushers and Oil Processors Association  
Small Abattoirs Federation  
Snack, Nut & Crisps Manufacturers Association  
Sodexo UK & Ireland  
Soil Association  
Somerfield Group  
Spar  
Spirit Group Limited  
Stroke Association  
Sustain Ltd  
Sustainable Development Commission  
Tate & Lyle Plc  
Technology Strategy Board  
Tenant Farmers Association  
Tesco plc  
The Association of Directors of Public Health  
The Co-operative Group  
The European Consumers' Organisation  
The Food Commission  
The Food Ethics Council  
The National Childbirth Trust  
The Nutrition Society  
The Royal College of Midwives  
The Royal Institution of Great Britain  
The Royal Society  
The Sugar Bureau  
The UK Accreditation Service  
Trading Standards Institute  
Trade Union Congress  
Ulster Farmers Union  
UK Halal Association  
UK Public Health Association  
Unilever UK  
United Biscuits (UK) Ltd  
VEGA  
Veterinary Laboratories Agency  
Veterinary Medicines Directorate  
Waitrose Limited  
Wellcome Trust  
Welsh Consumer Council

## **INTERESTED PARTIES LIST**

**ANNEX D**

Welsh Council For Voluntary Action  
Which?  
Whitbread Group plc  
Wine and Spirit Trade Association  
Wm Morrison Supermarkets Plc