

# Draft Saturated Fat and Energy Intake Programme

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# Draft Saturated Fat and Energy Intake Programme

## Executive Summary

1. The Food Standards Agency has developed a draft Programme to achieve the Agency's strategic objectives of reducing saturated fat intakes and helping consumers to achieve and maintain energy balance.

2. Current population average intakes of saturated fat exceed public health recommendations and the rising levels of obesity indicate that energy (calorie) intakes currently exceed energy requirements. Excess intakes raise serious health concerns, particularly in relation to cardiovascular disease (CVD), some cancers and type II diabetes.

3. The draft Programme comprises four prongs (listed below), or areas for focus, on which it is proposed that the Agency work in partnership with its stakeholders, including health departments, food industry and other non-government organisations. Each prong recognises that some of the work that is already underway and proposes further action.

- ∅ Promote consumer awareness and understanding of healthy eating, particularly the adverse effects of excess saturated fat intakes on cardiovascular health.
- ∅ Encourage increased availability of healthier reduced saturated fat and energy alternatives to mainstream products. Encourage the uptake of these healthier options by consumers.
- ∅ Encourage increased availability of smaller portion sizes for some products and encourage their uptake by consumers.
- ∅ Encourage the food industry to improve the nutrition profile of its mainstream products by reducing saturated fat levels and energy value through reformulation.

4. Appendix I provides examples of good practice within the food industry to demonstrate the progress already underway to tackle these issues.

5. Appendix II outlines the food categories to which the Agency believes focus on reformulation to improve the nutrition profile of products should be given (the fourth prong), and proposes issues for consideration and exploration with interested parties. The proposals are summarised in a table to Appendix II.

6. Your views are sought on the specific boxed questions given in the main body of this Programme document (repeated below) as well as the more detailed proposals relating to individual food categories outlined in Appendix II (summarised in the table to Appendix II). We also welcome any other comments relating to this Programme that you may feel relevant.

**Work with catering businesses**

**Q1: We invite views from stakeholders in the catering sector on the contribution that catering businesses could make to the delivery of this Programme and on any of the specific issues addressed in this paper. (Paras 18-20)**

**Consumer awareness and understanding**

**Q2: We propose that we work with health department colleagues and the new Drinkaware Trust to support their sensible drinking initiatives. Also, seek ways of extending this type of partnership approach. We welcome views on this approach. (Para 37)**

**Q3: Would energy value labelling on alcoholic drinks labels be helpful? (Para 37)**

**Q4: Do you consider that improved education about the need to reduce saturated fat intakes is needed? If so, how should this be done? (Para 39)**

**Q5: Please indicate your views on:**

- the preferred target audience(s),
- the type of messaging, and how it should be delivered,
- scope for partnership working between the Agency and stakeholders,
- how it might relate to existing information sources (such as labelling, leaflets on healthy eating, websites)? (Para 39)

**Healthier alternatives**

**Q6: We welcome views on the impact of 'healthier' versions of a food category or product on intakes and how uptake can be increased. (Paras 43-45)**

**Portion sizes**

**Q7: We welcome views on the accessibility of different portion sizes to the consumer and whether this influences quantity of food consumed. Please include any evidence to support your views. (Paras 47-51)**

**Reformulation**

**Q8: We propose that the Agency continue to work with food-industry organisations to encourage reformulation of food products to reduce saturated fat and energy (particularly through reductions in total sugars), where achievable. (Paras 55-58)**

**Q9: We propose that the Programme focuses its reformulation efforts on the food categories outlined in Appendix II but also encourages a broader approach by the food industry. We welcome your views on this approach. (Paras 59-61)**

**Q10: Appendix II outlines the range of food categories that play a key role in saturated fat and energy intakes in young people and adults and the potential for reformulation within these food categories. We welcome your views on the proposals outlined in Appendix II. (Paras 59-61)**

**Q11: Are there any foods for which reformulation should not be considered? Why is this? Please provide evidence to support your views. (Paras 59-61)**

**Q12: Are there any foods for which reformulation is not possible for technical, legislative and/or safety reasons? Why? Please provide evidence to support your views. (Paras 62-63)**

**Q13: What research do you believe is required to help overcome existing technical barriers to reformulation? (Para 64)**

**Q14: We welcome your views on the Agency's suggested approaches to reformulation with the food industry. (Paras 65-66)**

**Q15: Initially we propose a compilation of commitments. Would this encourage progress? Would a name and praise element be helpful? (Paras 65-66)**

**Q16: Are industry-led partnerships possible, and if so what might be done to encourage them? (Paras 65-66)**

**Q17: We welcome your views on whether the Agency should work with stakeholders to develop voluntary targets for saturated fat and/or energy (such as through voluntary targets for total sugars) in specific foods. (Paras 65-66)**

**Q18: If so, which specific food categories should such targets apply to and why? And what should the targets apply to: per 100 g of product or per portion or as a percentage of energy; should the targets be a range for the food category, a maximum or a minimum; should the targets relate to the product as sold or as consumed? And at what levels should such targets be set? (Paras 65-66)**

**Q19: How should changes in the nutrition profile of individual food categories be monitored? (Paras 67-68)**

**Q20: Should this information be made publicly available by the Agency? (Paras 67-68)**

**Trans fatty acids**

**Q21: Do you consider that providing information and advice on the fatty acid profiles of oils and fats intended for food manufacture, and their technical properties, would help to food manufacturers to reduce trans fatty acids (TFA) and saturated fat levels? (Paras 75-76)**

7. The comments and views received as part of this consultation and going forward will be used in the development of the final Programme.

## Why do we need a Programme?

1. The quality of the diet (both over- and under-consumption aspects) plays an important role in human health. The Food Standards Agency recognises the impact diet has on overall health, and works to reduce diet-related diseases by enabling consumers to achieve or maintain a healthier balanced diet. Achieving balance requires consideration of both macronutrients and micronutrients and the needs of specific population categories.
2. The Agency's nutrition programme encompasses three main elements: (1) changes in products to provide healthier choices, (2) influencing people by encouraging improved knowledge about healthier choices and raising awareness and motivation to make such choices, and (3) influencing the food purchasing and preparation environment to remove barriers to healthier choices. This work is underpinned by research-, survey- and evaluation-evidence. These elements are facilitated by a range of different work activities that the Agency leads on, namely:
  - Ø provision of advice to consumers on healthy eating,
  - Ø regulatory responsibilities for certain food and nutrition issues,
  - Ø programmes to improve consumer understanding about the foods they buy, such as improved labelling,
  - Ø engagement with industry on nutrition issues, such as salt reduction, and
  - Ø an extensive range of research programmes exploring diet and health, current dietary practices and barriers to healthy eating.
3. Further details on the Agency's work on nutrition is available on our website at [www.food.gov.uk](http://www.food.gov.uk)
4. Two of the major health issues for the UK, and for which diet is particularly influential, are cardiovascular disease (CVD) and obesity. The causes of both CVD and obesity are multifactorial and there are a range of other strategies in operation that aim to address different factors affecting these diseases, such as salt-intake reduction to help reduce blood pressure and CVD, initiatives to stop smoking and reduce its uptake and England's Health Department's Obesity Prevention Social Marketing Programme coordinating the drive to halt the rise in obesity in children under the age of 11 by 2010. This Saturated Fat and Energy Intake Programme focuses on reducing population average saturated fat intakes and addressing energy intakes helping consumers to achieve and maintain energy balance. It therefore complements other Government and non-government initiatives to reduce the incidence of CVD and obesity, and forms part of a much larger drive to improve the nation's health.

## ***Why focus on saturated fat?***

5. Cardiovascular disease (CVD), which describes diseases of the heart (heart disease) and circulatory system (including stroke), is the main cause of death in the UK. In 2004, it was reported that CVD accounted for over 216 000 deaths in the UK or about 37% of all deaths; of these, the majority (105 000) were from heart disease and more than a quarter (60 000) from stroke<sup>1</sup>. It is thought that there are around 2.68 million people living in the UK who have or have had (e.g. angina attack or heart attack) heart disease<sup>1</sup>. One of the most important of the multiple risk factors for CVD is diet, and poor diet has been estimated to be responsible for about a third of CVD<sup>2</sup>.
6. It has been estimated that a reduction in average saturated fat intakes from the current level of 13.3% to the recommended 11% of food energy would equate to approximately 3,500 annual UK deaths averted, or yield an aggregate potential benefit of more than £2.4 billion<sup>3</sup>
7. In its 1994 report on Nutritional Aspects of Cardiovascular Disease<sup>4</sup>, the Committee on Medical Aspects of Food Policy (COMA)<sup>a</sup> published its recommendations on diet and cardiovascular disease. This included a recommendation to reduce saturated fat intakes to no more than 11% of food energy (equivalent to no more than 10% of total dietary energy<sup>b</sup>). Saturated fat raises blood cholesterol levels, particularly low density lipoprotein ('LDL') cholesterol levels. Reducing high blood LDL cholesterol levels lowers heart disease risk. Therefore, controlling population average saturated fat intakes to within public health recommendations would be expected to help to reduce levels of CVD in the population. Current population average intakes of saturated fat exceed the public health recommendation at 13.4% of food energy for men and 13.2% of food energy for women<sup>5</sup>. In general terms, this represents about 5 gram/day over-intake of saturated fat<sup>c</sup>.

## ***Why focus on energy intake?***

8. Obesity and overweight conditions arise when an individual's energy (calorie) intake exceeds energy expenditure over a period of time. The rise

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<sup>a</sup> COMA comprised independent experts that were charged with providing nutrition and dietary advice to the Department of Health to inform the development of nutrition policy. In 2001, COMA was superseded by the Scientific Advisory Committee on Nutrition (SACN), which provides advice to the Food Standards Agency and Health Departments as well as other Government Agencies and Departments on matters related to nutrition and diet.

<sup>b</sup> Total dietary energy includes energy provided by food and alcohol in the diet.

<sup>c</sup> Assuming an average (weighted) energy intake for men and women of 1823 kcal/day and current average (weighted) intakes of 28 g saturated fat/day by men and women, a reduction to 11% food energy from saturated fat equates to just over 22 g saturated fat/day or a reduction of about 5 g/day (taking account of rounding).

in obesity levels in the UK has been widely reported with almost a quarter of the population in some UK countries classed as officially obese<sup>6</sup>. The Health Department for England has predicted an alarming rise in obesity should current trends continue with potentially around a third of the English population classified as obese by 2010<sup>7</sup>. Similar analysis for children shows an equally disturbing picture.

9. Obesity is an important risk factor for a number of illnesses, such as CVD, some cancers and type II diabetes and, is responsible for more than 9000 premature deaths per year in England alone<sup>8</sup>. Data<sup>5</sup> on energy intakes calculated from self-reported food consumption shows that current energy intakes do not exceed the estimated average requirements for energy<sup>9</sup>. Analysis of physical activity levels<sup>10</sup> shows that these have declined over time. That and the fact that the number of overweight and obese people is rising indicates that energy intakes exceed requirements for a proportion of the population. The discrepancy between reported intakes and the estimated average requirements may be partially due to mis-reporting of food consumption and of physical activity by survey respondents. In order to revisit the validity and application of the current estimated average requirements, SACN has been tasked with reviewing the public health recommendations, including estimated average requirements, for energy, which were published by its predecessor, COMA, in 1991<sup>9</sup>. SACN is not expected to report on its energy review before 2008 and, until its opinions are published, the COMA recommendations still apply.

10. Energy balance may be described by the following equation:

$$\begin{array}{l} \text{Energy} \\ \text{balance} \end{array} = \begin{array}{l} \text{Energy in} \\ \text{(as calories} \\ \text{consumed)} \end{array} - \begin{array}{l} \text{Energy expended} \\ \text{(through the functions of} \\ \text{the body, heat and physical} \\ \text{activity)} \end{array}$$

11. Consideration of the contribution some foods make to energy intakes would be expected to help contribute to other work underway to address energy balance. So, whilst the focus of this particular Programme is on the 'energy in' aspect of the equation, it will complement work going on within Government to address the prevention, management and treatment of obesity<sup>11</sup> and the energy expenditure aspect through physical activity<sup>10</sup>.

### ***The Agency's Strategic Objectives***

12. In light of public health recommendations, the Agency has made a commitment to work with health departments and other stakeholders to reduce the average intake of saturated fat from the current level of 13.4%<sup>d</sup> to below 11% of food energy by 2010<sup>12</sup>.

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<sup>d</sup> The Agency's Strategic Plan refers to the average intake of 13.4%. The National Diet and Nutrition Surveys show that population average intake is 13.3%.

13. In support of wider Government initiatives on obesity<sup>13</sup>, the Agency has also committed to 'work with health and other departments and stakeholders to develop and implement a programme for calorie intakes which contributes to achieving a balance between calorie intake and energy output by end 2008'. This second objective was agreed as part of the Agency's Board's review of delivery of the 2005/10 Strategic Plan in December 2006<sup>14</sup>. A revised Strategic Plan 2005/10, which will take account of progress achieved so far, is expected to be published in March 2007.
14. This second objective requires the Agency to consider the range of influences on energy intake, including issues around public awareness about a healthy, balanced diet, the energy value of foods and portion sizes. Issues relating to energy expenditure and physical activity remain with the relevant Government Departments who share responsibility for obesity initiatives.
15. These objectives link into the nutrition action plans<sup>15</sup> developed for each country within the UK, which recommend that the Government works to improve healthy eating.
16. This Programme builds on initiatives already in progress to achieve healthy, balanced diets through improved consumers' understanding of, and access to, foods that are lower in saturated fat and that are appropriate for their energy needs. It identifies areas for more work, including research, where a greater focus may need to be applied to ensure progress across a broad range of foods.
17. The Programme applies to foods intended for adults and children aged 5 and over. As similar key foods contribute to saturated fat and energy intakes by adults and young people, the Agency does not intend to classify children's foods separately. Foods intended for infants and young children that are controlled by specific compositional legislation are specifically excluded from the Programme.

### **Work with Catering Businesses**

18. A significant and increasing proportion of meals are eaten outside the home, and expenditure in this area is also increasing. Many consumers view eating out not just as an occasional treat, but as part of everyday life. Mintel reports that 96% of people have eaten out at least once in the last 12 months, concluding that 'everyone who is capable of eating out does so'<sup>16</sup>. Many people eat out once a week or more<sup>e</sup>, and even for those who eat out less frequently, foods eaten outside of the home may add up over the course of the year to a significant contribution to salt, saturated fat and energy intake. The foodservice industry can therefore play an important role in helping consumers to make healthier choices, and contribute to the

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<sup>e</sup> 22.3% of consumers eat out at a restaurant, fast food outlet or takeaway once a week or more. Mintel 2006, *Eating Out – Ten Year Trends – April 2006*.

delivery of the Saturated Fat and Energy Intake Programme as well as the Agency's ongoing work on salt reductions.

19. The Agency is currently meeting with trade representatives and individual companies from the catering sector to explore how businesses can contribute to the Programme in a way that takes account of the particular needs of the sector. The Agency recognises that the scope of activities that are possible across different sectors of the food industry (and indeed across different parts of the catering sector) will differ, and will need to be tailored to suit different circumstances. However, we are exploring with businesses what commitments may be possible in areas such as procurement policy, kitchen practice, menu planning and consumer information - leading to changes that take account of individual business needs and customer demands.
20. However this work will be separate from work being taken forward by health departments and the Agency to improve the nutritional standards of meals served in major institutions (i.e. publicly-funded premises, such as hospitals, care homes, prisons etc).

**Q1: We invite views from stakeholders in the catering sector on the contribution that catering businesses could make to the delivery of this Programme and on any of the specific issues addressed in this paper.**

## The Proposed Approach – a Four-Pronged Programme

21. The draft Programme comprises four prongs that interlink and complement each other to achieve the strategic objectives of reducing saturated fat intakes and helping consumers to achieve and maintain energy balance:
- ∅ Promote consumer awareness and understanding of healthy eating, particularly the adverse effects of excess saturated fat intakes on cardiovascular health.
  - ∅ Encourage increased availability of healthier reduced saturated fat and energy alternatives to mainstream products. Encourage the uptake of these healthier options by consumers.
  - ∅ Encourage increased availability of smaller portion sizes for some products and encourage their uptake by consumers.
  - ∅ Encourage the food industry to improve the nutrition profile of its mainstream products by reducing saturated fat levels and energy value through reformulation.
22. All four prongs require the Agency to continue to work in partnership with its stakeholders, including health departments, food industry (which encompasses the whole food chain including food producers, manufacturers, retailers and suppliers) and other non-government organisations.
23. Each prong is discussed in greater detail in the following pages.
24. Appendix I provides examples of good practice within the food industry to demonstrate the points discussed below.
25. In considering the foods to which we believe focus for reformulation should be given, we propose that potential should be explored for those key foods that contribute to saturated fat and energy intakes. The list of foods for such focus is considerable and therefore details of our proposals for this fourth prong are given in a separate Appendix (Appendix II). Appendix II outlines the food categories to which the Agency believes focus on reformulation to improve the nutrition profile of products should be given, and proposes issues for consideration and exploration with interested parties.
26. We are seeking your views on the questions posed in the boxes that are outlined in the main body of this Programme document as well as the more detailed points relating to individual food categories outlined in Appendix II. We also welcome any other comments relating to this Programme that you may feel relevant.

## 1. Consumer awareness and understanding

27. Awareness and understanding about how the nutrition composition of foods impacts on health, particularly with regard to saturated fat and CVD, and energy and obesity, plays an important part in motivating consumers to make healthier choices. With appropriate information and tools to enable informed choices, consumers can better control their dietary intakes of nutrients that are over-consumed. Increased consumer demand serves to encourage food reformulation and an increase in the availability of healthier options.
28. This aspect therefore forms a key part of the draft Programme and will complement other Government and non-government initiatives on health, including improved labelling (i.e. front-of-pack nutrition labelling), halting the rise in obesity<sup>13</sup> and reducing alcohol-related harm or misuse<sup>17</sup>.

### What is the Agency doing already?

29. The Agency continues to work to improve consumer awareness and understanding of the importance of healthy eating through the provision of healthy-eating advice, research into consumer behaviour and barriers to choosing a healthy diet, and improvements to nutrition information for consumers.

### Consumer advice on the types of foods and frequency of consumption that make a healthy, balanced diet



Figure 1: The Balance of Good Health. Note that the visual image is currently being updated.

30. The basis for the Agency's healthy eating advice is The Balance of Good Health, a pictorial representation of the recommended balance of foods in the diet, which aims to help people understand and enjoy healthy eating. It makes healthy eating easier to understand by showing the types and proportion of foods needed to make a well-balanced and healthy diet.

31. The key message of The Balance of Good Health is the balance of foods that should be consumed to achieve a healthy diet. This is shown by the different areas occupied by each of the food categories. Although aiming to achieve the balance every day is a sensible and practical approach, it is not necessary to achieve it at every meal. The balance could, however, be achieved over a period of time such as a week.

32. A healthy balanced diet should include:
- Ø plenty of fruit and vegetables – aim for at least five portions a day of a variety of different types
  - Ø meals based on starchy foods, such as bread, pasta, rice and potatoes (including high fibre varieties where possible)
  - Ø moderate amounts of milk and dairy products – choose low-fat options where possible
  - Ø moderate amounts of foods that are good sources of protein, such as meat, fish (aim to eat at least one portion of oily fish a week), eggs, beans and lentils
  - Ø low quantities of foods that contain large amounts of fat, sugar and salt.
33. The recommendations therefore recognise the place that foods containing fat (such as chocolate, crisps, biscuits etc) and foods/drinks containing sugar (such as soft drinks and confectionery) can have in a healthy, balanced diet provided they are consumed sparingly.
34. The Agency provides a wealth of information for consumers on healthy eating through various media based around the central messages of The Balance of Good Health. Many consumer/health-related and food-industry organisations also provide guidance for consumers on healthy-eating issues. Awareness of healthy eating is on the increase with a greater appreciation amongst consumers that they should eat certain types of foods considered to be healthy, such as fruit and vegetables, and more and more consumers aware that foods high in fat should be consumed less<sup>18</sup>. However, what is less clear is how this awareness translates into behaviour and what barriers exist to prevent or dissuade consumers from choosing a diet they know to be healthy.

### **The Agency's Food Acceptability and Choice, and Food Choice Inequalities Research Programmes**

35. The Agency's Food Acceptability and Choice and Food Choice Inequalities Research Programmes aim to better understand the major factors influencing consumers' food choices, particularly the barriers that they face in making healthier choices and testing interventions to overcome these. Further information on these programmes is available on the Agency's website at [www.food.gov.uk](http://www.food.gov.uk)

### **The Agency's work to improve nutrition labelling information**

36. The Agency is also working to encourage simplified front-of-pack nutrition labelling to help shoppers identify healthier options readily. More information is available at [www.food.gov.uk](http://www.food.gov.uk)

### **Alcoholic drinks**

37. Alcoholic drinks provide a contribution to energy intakes by adults<sup>5</sup>. In Scotland, the Updated Plan for Action on Alcohol Problems sets out a wide range of actions to tackling alcohol misuse. It was published in February alongside the Scottish Executive's partnership agreement with the alcohol industry, which aims to capture the knowledge and expertise of representatives from across the industry in the aim to reduce alcohol

misuse. In England, the Government's *Alcohol Harm Reduction Strategy for England* falls within the remit of the Department of Health, which is responsible for reducing alcohol-related harm and misuse. As part of the Strategy, a new independent charitable organisation, the 'Drinkaware Trust' has been established under its newly-appointed Chair, Debra Shipley. The Trust is charged with changing the drinking culture by working in partnership with the Government, alcohol industry, health and the voluntary sector. Work is also underway to develop a range of sensible drinking messages on alcoholic drinks labels to offer consumers information about the unit content, a unit message, a health/wellbeing message and a website address for further information on sensible drinking behaviour. The current website – [www.drinkaware.co.uk](http://www.drinkaware.co.uk) - contains limited information on the energy contribution alcoholic drinks make to overall intakes and there may be opportunities to expand on this. We will also be working with health department colleagues to engage the new Trust to explore means by which the energy value of alcoholic drinks can be better communicated to consumers to help with the sensible drinking messages. We will be looking, where appropriate, to extend this type of partnership throughout the UK, for example, through the Health Challenge Wales website, which contains advice on alcohol and substance misuse. We would welcome views on the value of energy labelling on labels of alcoholic drinks.

**Q2: We propose that we work with health department colleagues (and the new Drinkaware Trust in England) to support their sensible drinking initiatives. We welcome views on this approach.**

**Q3: Would energy value labelling on alcoholic drinks labels be helpful?**

### **Consumer research on fats**

38. Introduction of front-of-pack nutrition labelling seeks to make nutrition information more accessible to consumers. However, limited knowledge of the role different fats play in the diet may impact on a person's ability to translate healthy-eating advice and food composition information into healthy dietary choices. The Agency is therefore commissioning consumer research into awareness and understanding of fats and their role in the diet, and will explore how this impacts on food choice. The first phase of this research is expected to be published in April 2007.

### **What more could be done?**

39. The findings of the consumer research on consumer awareness and understanding of fats will identify areas for further advice. The Agency has also considered developing specific consumer advice on frequency of consumption and appropriate portion sizes of different foods. The Government already provides guidance on portion sizes and frequency for fruits and vegetables, and maximum consumption rates for alcoholic drinks (based on units of alcohol). However, we consider that a wide range of 'guidance' portion sizes or frequencies, which could not be justified on the available evidence, would be confusing. A greater impact on healthy eating

may be achieved through continuing to develop the central messages and tools already in place and encouraging their uptake and use by food-industry organisations and other non-government organisations.

**Q4: Do you consider that improved education about the need to reduce saturated fat intakes is needed? If so, how should this be done?**

**Q5: Please indicate your views on:**

- the preferred target audience(s),
- the type of messaging, and how it should be delivered,
- scope for partnership working between the Agency and stakeholders,
- how it might relate to existing information sources (such as labelling, leaflets on healthy eating, websites)?

### **The role of homemade foods**

40. Improvements in consumer awareness and understanding also need to extend to foods produced within the home as current food intake data shows that this is an important source of saturated fat<sup>5</sup>.

### **Monitoring the impact**

41. The Agency's Consumer Attitudes Survey and the National Diet and Nutrition Survey rolling programme offer means of monitoring the potential impact of the work to improve consumer awareness and understanding.

42. The Consumer Attitudes Survey is an annual survey, commissioned by the Agency, which looks at attitudes to food, including food safety, nutrition, diet and shopping. The National Diet and Nutrition Survey is a programme of surveys that gathers information about the dietary habits and nutritional status of the British population to help inform nutrition policy and the development of an evidence base for healthy-eating advice. These Surveys will therefore provide an insight into consumer awareness and their actual behaviour.

## **2. Healthier alternatives**

43. Most, if not all, of the major retailers offer a 'healthier' range of own-label food products that provide consumers with an additional lower saturated fat, total fat, sugars, energy and/or salt choice compared to the mainstream, economy and luxury ranges that are already on offer. Many manufacturers also offer 'healthier' versions of their mainstream products (see Appendix I). The different ranges available therefore offer consumers a wide choice. But the decision to buy a 'healthier' version will depend on, among other things, how much value each individual consumer places on health/nutrition and the reliance on label claims in their food choice priorities.

44. In some cases, 'healthier' versions account for an equal or almost equal proportion of the market to the mainstream product; but it is more often the case that the 'healthier' version takes a smaller market share. Therefore, the impact 'healthier' versions currently have on population nutrient intakes may be small.
45. Indications from the food industry<sup>19</sup> suggest that the 'better for you' category of biscuits and cakes show market growth; although, it is not clear whether this is at the expense of alternative products or standard biscuits and cakes. There may therefore be an opportunity to encourage greater focus on production, development and promotion of these types of products to encourage consumers to choose these as the norm.
46. For snack-type products, more are entering the market that are based on alternative processes to frying and use less fat, such as baked products. Whilst recognising the popularity of fried versions, the development and marketing of such products to the general population as an alternative to fried products should be encouraged.

**Q6: We welcome views on the impact of 'healthier' versions of a food category or product on intakes and how uptake can be increased.**

### **3. Portion sizes**

47. Consumers are offered a range of portion sizes to meet different occasions. Examples include crisps and soft drinks, which come in large packages for sharing, multipacks of smaller individual portion sizes for the bulk-buying occasion and larger individual portion sizes for impulse buying. The accessibility of the smaller portion size is often restricted to supermarkets as part of a multipack and may come with a price premium, thus restricting consumer choice of the smaller portion size in certain settings.
48. The crisps industry cite the most popular portion sizes sold are the smaller packet sizes, which are often sold as multipacks available through larger retailers; these individual packets are often smaller in size than individually sold packets available through smaller retail outlets. It is not clear whether such multipacks and individual pack sizes are standardised across the industry and, if not, it may be appropriate to reflect further on whether a standardisation exercise will impact on energy intakes.
49. For chocolate confectionery, we are aware of a move within industry to produce portion sizes less than 100 kcal as an alternative smaller portion size for consumers. This type of innovation in marketing should be encouraged. We welcome discussions with industry and other interested parties about how these smaller portions could become the more popular choice by consumers. We understand that 'Kingsize' bars are being phased out, if they haven't been removed already; however, the large 'sharing' bars

and tins are available and the actual amount of these consumed in one sitting by consumers is unclear.

50. For soft drinks, the industry has produced a wide variety of product sizes to cater for all consumer requirements. The most popular purchase is the 2L bottle available at larger retail outlets<sup>20</sup> but manufacturers are also looking into producing smaller individual portion sizes of 250ml (smaller than the current standard can of 330 ml and current standard bottle of 500 ml). Further work could look into how an appropriate single portion can be depicted on a 2L bottle to ensure consumers are aware what a portion is and on the accessibility of smaller portions in smaller retail outlets to catch the spontaneous purchase.
51. Finally, noting the advertising of bigger portion sizes, we will wish to work with industry to promote responsible attitudes to portion size control and its communication to the consumer.

**Q7: We welcome views on the accessibility of different portion sizes to the consumer and whether this influences quantity of food consumed. Please include any evidence to support your views.**

#### ***4. Reformulation of the nutrition profile of mainstream processed and prepared foods***

52. Raising consumer awareness and understanding about the diet, encouraging production and uptake of healthier alternatives, and encouraging the production and uptake of smaller portion sizes may go some way towards reaching the goals of this Programme. However, this fourth prong, which encourages reformulation of mainstream products to reduce saturated fat and energy (particularly through reductions in added sugars in some products), where appropriate, offers an immediate benefit to the consumer without requiring alterations in dietary habits and is therefore crucial to achieving the objectives set out above.

#### **Reformulation of the nutrition profile that is already underway**

53. Many food manufacturers and retailers are already engaged in a programme of existing-product reformulation or new-product development to improve the nutrition profile of the foods they make and/or sell. In many cases, this work is focused on producing 'healthier' alternatives to existing products (see section above on 'Healthier alternatives'); however, there are also examples where the recipe of a particular product line has been reviewed and reformulated to reduce saturated fat and/or energy. Such innovation to improve the nutrition profile of a product is welcomed and examples of successful reformulations are outlined in Appendix I.

54. We applaud the efforts some food-industry organisations are making to improve the nutrition profile of some products. We would like to explore how to achieve the maximum potential impact across food sectors by building on these best practices.

**Which foods and which nutrients should we consider for reformulation?**

55. For some foods there will be a greater opportunity to reformulate to improve the nutrition profile. We are aware of work within the food industry to reduce levels of fats and sugars and welcome these efforts.

56. The key nutrients for reformulation focus are saturated fat (because its intake is linked to blood cholesterol levels), total sugars and/or total fat (as reduction of these can help to reduce the energy value of foods).

57. All sugars have a similar energy value. However, **total sugars<sup>f</sup>** include sugars present in fruit and milk, and reformulation efforts should focus on **added sugars<sup>g</sup>** because it is important that this Programme considers the quality of the diet and recognises the additional benefits to the consumption of fruit, vegetables and milk.

58. We recognise that there is insufficient evidence to establish a link between sugars intake and obesity<sup>21</sup>, however in recent years the WHO<sup>22</sup> has suggested that a high intake of free sugars<sup>h</sup> from soft drinks possibly promotes weight gain. We will continue to monitor evidence in this area as it emerges. In the meantime, the levels of added sugars in some foods, such as soft drinks, and the impact of consumption of those foods on energy intakes suggest that a reduction of the added sugars content would prove beneficial to energy intakes.

**Q8: We propose that the Agency work with food-industry organisations to encourage reformulation of food products to reduce saturated fat and energy (particularly through reductions in total fat and added sugars), where achievable.**

59. Appendix II discusses the potential for reformulation of foods categories that contribute 2% or more to the intakes of saturated fat and energy by young people and adults. Whilst, in principle, reformulation of these foods offers the greatest opportunity to impact upon population intakes of saturated fat and energy, we recognise the cumulative effect reductions in a much wider range of foods can have, e.g. ready meals, sandwiches etc., which can make an impact on our daily diets. We welcome the achievements made by food-industry organisations for these and other foods.

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<sup>f</sup> Note that current recommendations on limiting intakes of sugars relate to dental health.

<sup>g</sup> Added sugars, for the purpose of this Programme, refers to sugars other than those present in fruit, vegetables and milk. Added sugars include, but is not limited to, sucrose, fructose, honey, fruit juices and syrups (including high fructose corn syrup) that are added to food for their sweetening properties.

<sup>h</sup> Free sugars include sugars added for sweetening purposes and sugar present in milk.

60. A more restricted approach which focused on a more limited range of foods would require a much greater degree of reformulation to have a significant impact on average population intakes. It is not likely that such reductions would be achievable in practice.

61. It will be necessary to monitor the impact of reformulation on intakes and adopt a flexible approach to ensure progress towards the public health objectives is maintained.

**Q9: We propose that the Programme focuses its reformulation efforts on the food categories outlined in Appendix II but also encourages a broader approach by the food industry. We welcome your views on this approach.**

**Q10: Appendix II outlines the range of food categories that play a key role in saturated fat and energy intakes in young people and adults and the potential for reformulation within these food categories. We welcome your views on the proposals outlined in Appendix II.**

**Q11: Are there any food categories for which reformulation should not be considered? Why is this? Please provide evidence to support your views.**

### **Food safety and legislative considerations**

62. Any reformulation would need to take account of the food safety implications of reducing fats and sugars in foods<sup>23</sup> and any existing legislation, which limits the amount of reformulation that may be achieved within legislative constraints. Such legislation includes rules controlling fat replacers in foods, and legislation on the composition of drinking milk, fat spreads and chocolate.

63. Legislation controlling the use of bulk and artificial sweeteners is currently under review at European level. We are aware of food industry concerns about the current requirements of this legislation, and these and other stakeholder views have been taken into consideration in the development of the UK's negotiating position. Further details concerning the legislation controlling the use of sweeteners are available on the Agency's website at [www.food.gov.uk](http://www.food.gov.uk)

**Q12: Are there any food categories for which reformulation is not possible for technical, legislative and/or safety reasons? Why? Please provide evidence to support your views.**

## **Other barriers**

64. There are technical barriers to reformulation, such as the importance of the amount and type of fat in pastry and chocolate production, and these will need to be taken into account<sup>24</sup>. Some individual food-organisations are working to overcome these barriers and research is ongoing to find solutions to these issues, including a programme on research opportunities for reducing saturated fat levels in foods as part of the Department for Environment, Food and Rural Affairs' (Defra) LINK research programme.

**Q13: What research do you believe is required to help overcome existing technical barriers to reformulation?**

## **Reformulation approaches**

65. The Agency's experience on salt reduction has enabled us to identify several approaches that might be employed to encourage product reformulation, with various levels of involvement from the Agency, these include:

- ∅ encouraging and publicising industry commitments on reformulation, with particular emphasis on welcoming good practice;
- ∅ collaboration with industry partners on specific projects to achieve reformulation for different categories of food. An industry partnership between manufacturers of soups and sauces, Project Neptune, achieved a 30% reduction in the salt content of soups and sauces over a 3 year period; and
- ∅ development of voluntary targets for relevant food categories, covering saturated fat and energy (such as through total sugars) for different food categories, akin to the approach taken to develop the Agency's salt reduction targets.

66. Experience on salt has shown that all three elements can work together to deliver industry-wide progress that has the potential to have an effect at the population level. Involvement across the foodchain, including primary producers, would be beneficial for any partnership approach. We are therefore seeking views on these and any other approaches that stakeholders consider would promote reformulation. Existing and future progress on salt reduction would need to be considered.

**Q14: We welcome your views on the Agency's suggested approaches to reformulation with the food industry.**

**Q15: Initially we propose a compilation of commitments. Would this encourage progress? Would a name and praise element be helpful?**

**Q16: Are industry-led partnerships possible, and if so what might be done to encourage them?**

**Q17: We welcome your views on whether the Agency should work with stakeholders to develop voluntary targets for saturated fat and/or energy (such as through voluntary targets for total sugars) in specific foods.**

**Q18: If so, which specific food categories should such targets apply to and why? And what should the targets apply to: per 100 g of product or per portion or as a percentage of energy; should the targets be a range for the food category, a maximum or a minimum; should the targets relate to the product as sold or as consumed? And a what levels should such targets be set?**

### **Monitoring of reformulation**

67. The progress individual food-industry organisations make in reformulating existing products to reduce saturated fat and energy (through total sugars) and their impact may be monitored through a variety of existing mechanisms, particularly the National Diet and Nutrition Survey.

68. The Agency also collates data on the composition and labelling of a wide range of foods through its Processed Food Databank based on food-label information, which will enable changes to nutrition composition to be tracked. There is of course an opportunity for tracking of saturated fat and energy levels to be monitored in line with the mechanism on salt levels in some foods that is currently under development: the 'Salt Self-Reporting Framework', which relies on co-operation between the Agency and food-industry organisations and their trade representatives in gathering and publishing the salt levels of 85 different food categories.

**Q19: How should changes in the nutrition profile of individual food categories be monitored?**

**Q20: Should this information be made publicly available by the Agency?**

### ***What about trans fatty acids?***

69. The health risks associated with consumption of trans fatty acids (TFA) have been widely reported; these relate primarily to heart disease.

70. TFA occur not only as a result of the chemical process of partial hydrogenation<sup>i</sup> by which man turns liquid oil into solid fat, but also naturally in cows and sheep, which means that TFAs occur in nature in their milk and

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<sup>i</sup> Fully hydrogenated fats do not contain TFA and are known as saturated fats.

meat products. The types of foods likely to include partially hydrogenated vegetable oils (HVOs) are often those that we should be eating less of, for example, biscuits and cakes, fast food, pastry etc. HVOs are often used in their production because a solid fat is needed to provide structure or texture to food, e.g. cakes and biscuits, and for frying because they are stable at high temperatures.

71. Food-industry organisations have responded to their customers' concerns about TFAs through a number of voluntary reduction/elimination initiatives, which span the retailer, manufacturer and the catering sector (including fast food chains). To achieve this companies have generally replaced HVO with alternative sources of solid or liquid oils with varying impacts on saturated fat levels.

### **How much trans fats is too much?**

72. The implications for health of TFAs have been the subject of a number of independent expert reviews<sup>4,22,25,26</sup> both within the UK and internationally in recent years. The recommended maximum dietary intake level which UK consumers are advised not to exceed has been set at 2% of energy, and is well above average dietary intakes which in 2000/01 were estimated to be 1.2% of energy<sup>5</sup>.
73. Most recently in 2004 the European Food Safety Authority concluded that 'Evidence from human intervention trials, strengthened by findings from epidemiological studies, support the idea that the effect of TFAs on heart health may be greater than that of saturated fats. However, given current intake levels of TFAs their potential to significantly increase cardiovascular risk is much lower than that of saturates which are currently consumed in excess of dietary recommendations in many European countries'.
74. Whilst there are differences in the approaches taken by different countries' Governments in managing the risks from TFAs, this is not surprising as risk management actions need to take into account the relative situation in each country, including population intakes and dietary habits.

### **Agency approach**

75. The Agency recognises consumer concern about the potential adverse health effects of TFAs and recommends that consumers limit/reduce their consumption of foods such as cakes, pastries, fast foods etc, which may contain these substances. We are also encouraging all food producers, many of whom are already taking voluntary action, to reduce levels of TFAs in their products provided this does not raise saturated fat levels. For consumers, labelling of TFAs on foods is needed to enable informed choice – at present only when a claim such as 'low in trans' is made is it necessary to provide information on the TFA content. We will therefore be pressing for TFA labelling as part of negotiations to update the EU nutrition labelling directive, which commence later this year.

76. As dietary intakes of saturated fats in the UK represent the greater heart health risk, it is appropriate, and in the best interests of consumer health, that the Agency's priority is to reduce saturated fat intakes. We are also concerned that voluntary industry action to reduce TFA levels in foods should not serve to further increase the saturated fat content of foods. For this reason we believe it may be helpful to work with the food industry and particularly oils and fats producers to develop information to help manufacturers make reformulation choices that will contribute both to saturated fat and TFA reductions in foods.

**Q21: Do you consider that providing information and advice on the fatty acid profiles of oils and fats intended for food manufacture, and their technical properties, would help to food manufacturers to reduce TFA and saturated fat levels?**

## **APPENDIX I: CASE STUDIES OF FOOD INDUSTRY SUCCESSES**

### **Dairy Crest – reduction of fat in cheddar cheese**

77. As one of the country's largest chilled dairy food business, Dairy Crest is a key player in the work to reduce saturated fat intakes from this food sector. In its cheese range, Dairy Crest produces mainly cheddar, hard cheeses and Stilton, and key brands include Cathedral City, Davidstow, Hartington, Over the Moon, Wexford and Wexford Mild & Creamy.
78. One area in which Dairy Crest is channelling its resources is the retention of flavours in lower fat cheeses. It recently (February 2007) launched a new product 'Cathedral City Lighter', which contains 30% less fat than the standard version. Importantly, this new product is intended to be marketed to consumers who are concerned about health but still want a tasty cheese rather than the 'slimmers' market. Dairy Crest continues to research this area for improvements to its products.

### **RHM – Mr Kipling's Delightfuls: a healthier alternative**

79. RHM is one the largest food manufacturers in the UK and Ireland, providing a wide variety of foods under well-known brands such as Hovis, Mr Kipling, Cadbury Cakes, Sharwood's, Bisto and McDougall's. RHM reports that in line with consumer needs it is constantly seeking to improve its products through the primary elements of nutrition, quality, taste and convenience. Reducing saturated fat is just one area where efforts have been focused, with the aim of helping consumers reduce their fat intake.
80. In addition to work to reformulate existing products, reductions in total fat and, proportionally, saturated fat are also being driven in the cake sector through the development of new lower fat and calorie cakes. In January 2006 Mr Kipling launched a range of lower fat and calorie cakes called 'Delightfuls'. Containing 10-30% lower fat than standard Mr Kipling cakes, the range has been welcomed by consumers and is now firmly established as an important and permanent part of the total Mr Kipling range. This is clearly an illustration of a change in consumer demand for healthier options within the cake sector and this range has resulted in consumers choosing lower-fat versions of their favourite cakes and therefore reducing the amount of saturated fat contributed to their diet. The 'Delightfuls' range was extended in January 2007 along with a range of Cadbury 'Highlights' cake bars, which also contain lower fat and calorie levels than standard cake bars.
81. The 'Delightfuls' range has been a long time in development because each recipe is considered to be relatively technically advanced. However, RHM sees this as an investment worth making, recognising the current change in consumer demand for healthier options.

82. RHM has committed to continue to work with the FSA and, where possible, deliver further reductions by overcoming the technical hurdles that exist with the ultimate aim of helping consumers choose a healthy, balanced diet.

### **Walkers Snack Foods – reduction of saturated fat**

83. Since 2003, Walkers has reduced saturated fat across almost all of its range by 80%, removing over 12,000 tonnes of saturates from the British diet. This change has been achieved without impacting product taste or quality.

84. Walkers achieved this by replacing standard cooking oil with a high oleic sunflower oil, Sunseed™, which contains only 10% saturates compared with 45% in standard cooking oil. Walkers took a phased approach to introducing Sunseed to ensure there was no taste compromise for consumers. As the amount of Sunseed was originally limited, Walkers also needed to invest in building its availability.

85. The first half of the reformulation project focused on the core Walkers Crisps range. Between 2004 and 2006 Walkers phased Sunseed into its core crisp range, achieving a 10% saturates reduction in the first year, a 30% reduction in the second and a total reduction of 80% by 2006 (versus 2003) with all of the Walkers Crisps range cooked in 100% Sunseed.

86. The second half of the work was completed in Spring 2007, as Walkers converted to cooking all remaining products in its portfolio to 100% Sunseed, starting with the snack ranges Quavers, Monster Munch, Squares and French Fries. Furthermore, for some years, Walkers has used Sunseed oil in smaller product lines, including 'Walkers Potato Heads' and 'Walkers Lights'.

87. The cumulative cost to Walkers of implementing these changes has been approximately £12 million, owing primarily to the higher cost of the oil – similar on-costs will continue to apply year on year.

88. By the end of 2007, this renovation programme will have taken a total of 20,000 tonnes of saturated fat out of people's diets. Their actions translate into approximately 45% of the UK savoury snacks market having an improved nutrition profile and reduced saturated fat levels.

### **McCain Foods (GB) – fat reduction in chips and potato specialities**

89. McCain Foods (GB) has achieved its position as one of the nation's major providers of frozen chips and potato products through innovation to provide products that are increasingly convenient to prepare and healthier too.

90. Over the past few years, McCain Foods (GB) has been making progress in the reduction of fat, particularly saturated fat, in its products.

91. Reformulation to improve the nutrition profile of its products began back in the 1980s with 5% Fat McCain Oven chips and, based on extensive consumer research conducted in 2005/6, McCain Foods (GB) has since made the decision to convert its entire potato products range to the lower saturated fat sunflower oil.
92. In addition to reformulation, McCain Foods (GB) has introduced new, more efficient production techniques, including dedicated oil recovery systems, which draw surface oil away from the product through specially designed equipment.
93. The result of such innovation is that McCain Foods (GB) has reduced the level of saturated fat throughout its potato product range by over 70% over the past five years. This work continues with the total planned reduction taking saturated fat levels to 0.8% (as an average across the McCain product range).
94. The cost of this initiative has been significant and involved detailed consumer research. The resultant changes stretch right across the McCain potato range, satisfying a broad range of consumer needs from healthier choices to taste and convenience.

### **Britvic Soft Drinks – reformulation to reduce sugars in soft drinks**

95. With a portfolio including big brand names such as Robinsons, Tango, Pepsi (for which Britvic bottles in the UK), and the Britvic brand, Britvic Soft Drinks is one of the two leading soft drink businesses in Great Britain producing 1.4bn litres per year.
96. Britvic has been engaged for some time in various 'health and wellbeing' initiatives, including developing an extensive array of 'no-added sugar varieties' and producing new ranges of fruit juices. Britvic has also embarked on a programme of existing-product reformulation to reduce sugar levels.
97. Reducing the sugar levels in some soft drinks is a particular challenge. Consumers often welcome the texture and taste sensation offered by sugar. Britvic has, however, successfully reduced the sugar content in a number of its products whilst maintaining or in some cases improving taste and consumer acceptability.
98. A good example of this is J20, Britvic's successful adult juice drink, which has been reformulated to achieve an average 11% reduction in total sugars. This has been achieved without adding sweeteners. In this instance Britvic has managed to reformulate the recipe by adjusting the pH, texture and flavour balance of the product - leading to positive consumer taste tests.
99. The recipe of one of Britvic's oldest products, R Whites lemonade, is another to have been reformulated. The sugar in the 'regular' variety has

been reduced by 60% to 2.5g per 100ml. This was achieved through the use of innovative reformulation and intense sweeteners. Britvic aspires to achieve similar results with the famous Tango brand over the next few years.

100. Britvic's new product development and marketing activity is almost entirely on waters, juices and no-added sugar drinks. Britvic is committed to fulfilling the consumer drive for 'healthier' products and will continue to adapt its portfolio.

## Retailers

101. Retailers are important because of the wide range of own-brand products they sell. Each of the major retailers offers a range of foods that are formulated to be healthier. This includes products that are developed to meet nutrition criteria for a number of nutrients including total fat, saturated fat, sugars, salt and sometimes energy levels. These ranges exist alongside the other retailer own-brand ranges (such as the standard/mainstream, economy and luxury ranges) to provide consumers with a choice of healthier alternatives should they wish to opt for that preference. In addition:
102. **ASDA** has developed a wide-reaching nutrition policy that sets specific parameters for fat, saturated fat, sugar and salt. These criteria are used in the development of new products, which must comply. ASDA already has in place a programme of reformulation tied to the relaunch of its products, which aims to reduce the levels of fat, saturated fat, sugars and salt in some of its own-brand products. Costs associated with reformulation have generally been absorbed by the retailer.
103. The **Co-operative Group's** commitment to improve the nutritional profile of its own-brand products includes a commitment to reduce the fat content in all products. To bring about reductions in fat, slightly different approaches are required for existing products and for new products. Where existing Co-op Brand products are labelled as high or medium in total fat or saturated fat, a 20% reduction will be sought for both when they are being reformulated or resourced.
104. Where new products are classified as high or medium in total fat or saturated fat (according to Food Standards Agency signposting criteria) then they must be at a minimum in line with the market. This will require assessment at the benchmarking stage to agree an appropriate fat content for development. A total fat reduction should not increase saturated fat or mean that other fats such as monounsaturated and polyunsaturated are reduced instead of reducing saturated fat.
105. An example of the type of reductions that have been made are those for the range of 5 Co-op Brand Quiches. These have all been reformulated to reduce levels of fat, saturated fat and salt. On average the reductions are 23% less fat and a 20% less saturated fat.

106. **Marks & Spencer** has developed an internal framework to reduce the total fat and saturated fat levels and improve the fat profile across a number of ranges. This includes a process for tracking progress on any reductions achieved. Examples of their achievements to date include:
- Ø Reducing the saturated fat content of selected crisps by at least 70%. This will be extended to all crisps by June 2007.
  - Ø In the last year, reducing the average fat content across sandwiches by 35% in terms of total fat and 22% in terms of saturated fat.
107. Future plans will include continuing to reduce the fat, prioritising saturated fat, across a wide range of foods that may contribute significantly to the fat content of the diet including ready meals and pizzas. Marks & Spencer is also exploring introducing more portion-controlled options e.g. chocolate as a way to help customers control their dietary intake of both fat and sugars.
108. **Sainsbury's** has developed its own in-house programme to improve product quality and health, which uses its multiple traffic light front-of-pack labelling scheme as a tool for the redevelopment of its products.
109. One example of a produce whose health profile has been changed is Sainsbury's Chicken and Bacon pasta bake. With the help of the supplier the ingredients were reviewed to introduce a new reduced-fat stock, increase the amount of chicken to rebalance the protein content and reduce the amount of sauce. This in turn reduced the amount of fat in the product and has resulted in an overall better health profile.
110. In June 2006, Sainsbury's launched its improved frozen breaded poultry range. In doing so Sainsbury's worked to ensure it made every product the best it could for health by assessing the ingredients used and the nutritional components, which included a switch to breast meat across the range to lower fat levels.
111. **Tesco** has a long term programme, which started in 2005, to improve the nutrition profile of its own-brand products, including a reduction in the levels of fat, saturates and sugars. The Tesco Product Improvement Programme requires Product Developers to look at the nutrients and additives in a product at the first stages of development to ensure the levels are as low as possible whilst still producing a safe and quality product. In 2005/06, Tesco reduced the fat in 125 products, saturated fat in 143 products and sugar in 53 products. Tesco's focus for 2007 in terms of product reformulation is on saturates and sugars.
112. **Waitrose** has committed to reducing fat, particularly saturated fat, which encompasses a wider programme of reformulation to improve the nutrition profile of its own-brand products.
113. For example, during 2005 Waitrose undertook a review of its chilled breaded fish range. As part of the review, Waitrose investigated the

development of an improved breadcrumb coating, which would offer better texture and eating quality and provide an improved nutritional profile. Following Waitrose's nutrition principles the replacement fat/oil required a more favourable ratio of unsaturated to saturated fat. The oil of choice was rapeseed, which offers a relatively low saturated fat value. This switch has enabled a 16% reduction in saturated fat across the chilled breaded fish range. The development of an improved breadcrumb is an important milestone in reducing saturated fat across a number of other categories, including poultry, meat and meat alternatives.

114. In 2007 Waitrose aims to reduce saturated fat levels in its standard crisp range by the preferential use of better cooking oils.

## **APPENDIX II: FOOD CATEGORIES FOR REFORMULATION FOCUS**

115. In considering which food categories that reformulation should be focused on, we looked at those food categories that contribute around 2% or more to saturated fat and/or energy intakes by adults and/or young people on the basis of National Diet and Nutrition Surveys<sup>5,27</sup>. In addition, we have also considered the potential for, and appropriateness of, reformulation.
116. The following food categories are not intended to form an exhaustive list of all food categories that contribute to saturated fat and/or energy intakes, but rather it highlights the areas we will be exploring further for the reformulation aspect of the Programme. So, for example, although bread is a contributor to energy intakes in both adults and young people<sup>5,27</sup>, its consumption, especially wholemeal, granary and brown bread is encouraged as part of a healthy, balanced diet and its contribution to energy intakes is more likely to stem from the frequency and quantity of consumption rather than the energy value of bread per se. Therefore benefit should be sought in encouraging consumers to opt for wholemeal and wholegrain varieties and to consider the health impact of the ingredients they use with bread, such as fat spreads, sandwich fillings etc as part of the consumer awareness and understanding work.
117. Although a 2% contribution to intakes, in isolation, does not appear at first glance to be a significant contribution to overall intakes, it is likely that the cumulative effect of smaller changes across a wide range of food categories will have greater impact than seeking to make major changes to a smaller number of larger contributors.
118. The opportunities for reformulation to reduce saturated fat or energy levels are dependent on the food category and its place within a healthy, balanced diet. The following outlines the areas in which we are proposing that efforts should be focused with the aim of achieving the greatest gains in achieving the population goals.
119. We welcome your views on the proposals relating to individual food categories outlined below.

### **Meat and meat products**

120. Meat and meat products provide a contribution to the saturated fat and energy intakes by adults and young people<sup>5,27</sup>. It is important to distinguish between the contribution that is made from meat and from meat products. Meat dishes made in the home, prepared shop-bought products and takeaway meals all contribute<sup>5</sup>. Addressing the contribution homemade meat dishes makes to the diet can take two forms: firstly, the nutrition

quality of the primary ingredients used, such as meat cuts, minced meat etc; and secondly, the methods by which the final dish is prepared in the home.

## **Meat**

### **Meat cuts**

121. There are three main types of fat in meat: inter and intra-muscular (usually seen as marbling) and subcutaneous (visible). The latter type is highest in saturated fat and the easiest to remove through trimming. Effective trimming of meat cuts can therefore play an important role in reducing saturated fat levels in meat. Improved butchery methods and closer trimming have reduced the levels of total fat present in meat cuts since the 1990s and this coupled with breeding and feed changes may explain the dramatic reduction in fat content since the 1970s. There is a limit to how much trimming can be carried out with the product still retaining the quality demanded by the consumer.

122. Further reductions in saturated fat levels may be achievable through improved breeding and feeding regimes. In addition, the cut of meat plays a role in the level of saturated fat consumed; a piece of lean pork leg may contain as little as 2% fat compared to the average fat content of pork cuts of 4% fat<sup>28,29</sup>. Awareness by the consumer of the lower fat options available could lead to a further reduction in saturated fat intakes.

### **Minced meat**

123. Similarly, for minced meat, lower-fat options are available on the market and therefore a greater awareness by the consumer to choose the lower fat varieties and how to prepare them could go some way in reducing saturated fat intakes.

124. In September 2004, the Food Standards Agency published a survey<sup>30</sup> on the fat levels in minced meat to review the descriptions and claims used to describe minced meat sold to the final consumer. The survey found that some of the descriptions and claims used could be misleading or inaccurate and the Agency committed to consider developing clear national guidance for consumers, producers and enforcement officers on the use of terms such as 'lean' and 'extra lean' when applied to minced meat.

125. Agency officials began discussions with interested parties on the development of such guidance. However, this discussion has been overtaken by developments in Europe, where the Commission has undertaken to review the existing compositional standards and labelling for minced meat laid down in Regulation (EC) No. 2076/2005. The Agency's focus has therefore moved to development of UK negotiating lines for the expected EU review.

## **Meat products**

126. **Sausages and meat pies** together provide a contribution to saturated fat intakes in adults and young people<sup>5,27</sup>. For sausages, the vast range

available on the market ensures a wide spread of fat and saturated fat contents (the latter ranging from 0.7% to 10.9% saturated fat)<sup>31</sup>.

127. Fat plays an important role in providing quality, texture and succulence to the final sausage; in fact, it is the 'premium' sausages that tend to have the highest level of total fat<sup>24</sup>. However, there are examples on the market of premium sausages containing higher end levels of total fat, but containing a lower level of saturated fat. This suggests that production of a succulent quality sausage with a lower level of saturated fat is possible and should be explored further.

128. For meat pies, the saturated fat can derive from both the meat and pastry components. Reductions in fat levels may affect the water activity and has the potential to increase the microbiological risk from these products. As meat cuts become more and more closely trimmed there is an argument that greater focus should be placed on the portion size of pies available and the composition of the pastry (discussed below).

**Proposal 1: Consider consumer awareness of cooking methods and meat choices to reduce saturated fat levels and ensure best practice in meat product preparation to encourage reductions in saturated fat levels.**

### **Milk and milk products**

129. Milk makes a contribution to saturated fat and energy intakes by adults and young people<sup>5,27</sup>. It is also a key source of protein, calcium and fat-soluble vitamins; and, for young children, whole milk provides an important source of energy.

130. Healthy-eating advice recommends reduced-fat versions of dairy products, such as semi-skimmed and skimmed milks, as good choices for those wishing to cut down on fat intakes. This recommendation does not apply to younger children, who should drink whole milk from one year of age until at least two years at which point semi-skimmed milk can be introduced if they are eating well. Skimmed milk should not be introduced to children's diets until they are at least five years old owing to its lower energy value compared to whole and semi-skimmed milks. It is important to reiterate at this point that the programme relates to foods for children from the age of 5 years upwards and adults; foods intended for children below this age bracket are not included.

### Drinking milk

131. Moving consumption from whole milk to either semi-skimmed or skimmed milk would reduce saturated fat and energy intakes. It has been estimated that, if all consumers of whole milk and semi-skimmed milk changed to skimmed milk, then the average daily energy intake derived from saturated fat would reduce by approximately 1%, which represents 40% of the reduction required to achieve recommended levels<sup>24</sup>. This

process may already be underway. Mintel<sup>32</sup> reports a clear market trend away from whole milk to its lower fat alternatives with a 19.1% reduction in retail sales of whole liquid milk compared to a 5.8% and 2.7% increase in semi-skimmed and skimmed milks, respectively, between 2001 and 2005. Semi-skimmed milk accounted for 60% of the liquid milk market in 2004-5 compared to whole milk which accounted for 30% and skimmed milk the remaining 10%<sup>33</sup>. The contribution liquid whole milk makes to saturated fat and energy intakes already appears to be on the decline and the trend to its lower-fat alternatives should be further encouraged.

132. The Drinking Milk Regulations 1998<sup>34</sup>, which implement Council Regulation (EC) No. 2597/97, lay down the rules for the marketing of milk for direct sale to consumers. Only those milks that fall within certain categories of fat content and sold under the corresponding descriptors 'whole milk', 'semi skimmed milk' and 'skimmed milk' are permitted for direct sale to the final consumer. The Department for Environment, Food and Rural Affairs (Defra) is the policy lead for the Council Regulation. Indications from Defra are that a review of the Council Regulation is about to take place which could liberalise the categories, enabling the marketing of milk with a greater range of fat contents. A public consultation on this issue is underway and available at [www.food.gov.uk](http://www.food.gov.uk) and [www.defra.gov.uk](http://www.defra.gov.uk).

**Proposal 2: To press for a relaxation of current categories for fat content for drinking milk during negotiations to revise Council Regulation (EC) No. 2597/97.**

#### Milk as an ingredient

133. Provisional data for 2005-6 shows that just under half of milk and cream used by UK dairies went into the manufacture of milk products such as butter, cheese, milk powders and products, cream and yogurt<sup>35</sup>.

134. Informal discussions with food-industry organisations indicate that there may be scope for the production of a 1% fat milk which would fall between a skimmed and semi-skimmed milk in terms of its fat content. This could be a potentially useful food ingredient to replace whole milks or skimmed and semi-skimmed milks.

**Proposal 3: To continue to explore with interested parties the scope and legality for the use of 1% fat milk as an ingredient.**

#### Cheddar cheese

135. Cheese is an important source of calcium in the diet and provides a contribution to saturated fat and energy intakes by adults and young people<sup>5,27</sup>. It is cheddar cheese that provides the bulk contribution to saturated fat intakes.

136. The composition of cheddar cheese is controlled by legislation, which requires that the minimum fat content be 29.3% fat<sup>j</sup>. Most cheddar cheese sold in the UK contains about 34% total fat<sup>31</sup>. Theoretically, therefore, there is scope for a total fat reduction of up to 13% in a product that would allow the product to retain the 'cheddar cheese' descriptor and would ultimately reduce the saturated fat contribution from cheddar cheese.
137. Production of cheeses containing less fat may be possible through a variety of means such as removal of some of the milk fat prior to cheese manufacture, fat removal after cheese-making by a combination of temperature and gravitational forces, and use of soft fractions of butterfat during production<sup>24</sup>. Reduced-fat cheeses containing at least 25% less fat than their standard varieties are available on the market already (see Appendix I).
138. Preliminary discussions with food-industry organisations about the effect a small reduction in total fat content would have on the quality of a cheddar cheese suggest that it is difficult to determine at this time as such reductions have not been widely examined (most effort has concentrated on larger fat reductions to allow a 'reduced fat' claim to be made)<sup>24</sup>.
139. There is therefore an opportunity for discussion with interested parties, including manufacturers and retailers, on the scope for smaller reductions in total fat levels of cheddar cheese and the promotion and use of such products in further food processing. Such discussions will need to take into account the potential impact on saturated fat intakes and possible increased costs of production and manufacture.

**Proposal 4: Work with industry to research further and encourage the production, use and sale of cheddar cheese containing a slightly reduced level of total fat within current legal constraints.**

140. ***Ice cream and dairy desserts*** make a contribution to saturated fat intakes by adults<sup>5</sup>. Saturated fat from ice cream is also a source of saturated fat intakes by young people<sup>27</sup>.
141. The total fat content of ***ice creams*** can reach up to as much as 20%<sup>31</sup>; with saturated fat comprising 45-90% of the total fat<sup>24</sup> depending on the type of fat used. Whilst the type of fat used is essential for the structure and melting properties of the ice cream, a minimum 5% total fat restriction also exists for products labelled 'ice cream' and 'dairy ice cream'<sup>36</sup> along with certain other legal requirements.
142. We are aware through discussions with food-industry organisations that research is underway to find new technologies to improve the nutrition

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<sup>j</sup> The Food Labelling Regulations 1996, as amended, stipulates that the amount of milk fat in the cheese expressed as a percentage of the dry matter of the cheese is not less than 48% and that the maximum percentage of water in cheddar cheese is 39%.

composition of ice cream products and that the findings could prove useful in the overall goal of reducing saturated fat intakes. The wide range of fat contents for this product category suggests that there is potential for reducing saturated fat levels in some products through the use of blends of vegetable oils and improved churning processes, which could be explored further. This, along with consideration of the fats used in ice cream coatings, could contribute to reductions to overall saturated fat intakes.

143. For other dairy desserts, such as mousses and cheesecakes, a review of the processing techniques (such as the aeration techniques in mousses) and ingredients used in the higher-saturated fat content products may be considered with interested parties. Work is already progressing by some companies to review the nutrition composition of products in this category with some success in fat reductions to mainstream products. There is therefore the potential for knowledge and best practices in product reformulation to be shared and expanded across the category.

**Proposal 5: Explore the potential to reduce saturated fat levels in ice creams and dairy desserts within legal constraints.**

#### **Fat spreads, including butter**

144. ***Fat spreads (including butter)*** are one of the contributors to saturated fat and energy intakes by adults and young people<sup>5,27</sup>. The composition of fat spreads is controlled by legislation<sup>37</sup>, which establishes standards for fat levels of different types of fat spreads. Due to such regulation, any potential reduction in saturated fat level in a non-butter type fat spread through a reduction in total fat would have the effect of simply reclassifying that spread into a different fat spread category.
145. For butter, there may be the potential to produce and market a lower-saturated fat softer butter, through fractionation. This may come at a cost through higher-production costs and expenses associated with producing a higher-saturated fat by-product. The potential for production within the current legal framework and the associated costs should be considered further.
146. Mintel<sup>38</sup> reported a decline in volume sales of yellow fats (butter, margarine and spreads) by 3% between 2000 and 2004, which it attributed to a general decline in home cooking and baking, as well as a greater reliance on foods prepared outside of the home. Butter is the one category of fat spread that appeared to be bucking this trend with a rise of 8% in volume sales between 2002 and 2004<sup>38</sup>. Latest figures from Defra<sup>39</sup> show a continuation of this trend with an 8.3% rise in household purchases of butter in 2005-6.
147. The apparent rise in butter sales follows several decades of declining purchases<sup>33</sup> and may reflect consumer concern over the 'processed' image

of some other fat spreads<sup>38</sup>. The introduction of the spreadable butter variety on to the market in recent years, which offers the 'buttery' taste with the convenience of easy spreading straight from the fridge, may also be fuelling this rise. Spreadable butters also have the added advantage of being lower in saturated fats than standard butters owing to the presence of vegetable oils to provide the 'spreadable' function. It is not clear exactly how the changing market has influenced purchases and whether the success of spreadable butters is at the expense of traditional higher-saturated fat butter or the lower saturated fat spreads. So while further consideration should be given to reducing the saturated fat content of butter, thought should also be given to ways of encouraging consumers to opt for spreads at the lower fat end of the range.

**Proposal 6: Explore with industry the potential for producing a softer butter containing lower levels of saturated fat through fractionation within current legislative controls, and ways of encouraging consumers to opt for lower-fat spreads.**

## Cereal and cereal products

148. ***Biscuits, buns, cakes, pastries and fruit pies*** are contributors to saturated fat, energy and non-milk extrinsic sugars<sup>k</sup> (NMES) intakes by adults and young people<sup>5,27</sup>. Fat and sugars are important ingredients of the pastry and dough used in fine bakeryware, and provide vital technical functions in the production of these products. Reducing either fat or sugars in these products usually means replacing it with the other, i.e. a fat/sugars seesaw, which limits the impact of reformulation.
149. For biscuits, a fat ingredient that is solid at room temperature is usually necessary in order to give the biscuit its texture – its snap. Replacement of the solid fat with liquid oil could result in technical problems affecting the biscuit's structure, texture and its mouthfeel. The use of lower-saturated fats in the dough could also impact on the stability of the dough in storage, the shelf life of the final product and interaction between the biscuit base and any chocolate coating.
150. There are however opportunities for further work in this area potentially involving lower-saturated fat in certain biscuit doughs and improvements to the fat profile of biscuit creams to reduce saturated fat levels. For the latter, there is an industry code of practice on butter cream and its composition, which could be considered for review in light of this work. Research is also being carried out on improvements to the processing techniques that may impact on the fat profile of the final product, which should also be explored further.

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<sup>k</sup> Non-milk extrinsic sugars include those sugars that are not intrinsic to the foodstuff or milk sugars. Essentially the term covers all sugars added by a food manufacturer or consumers to a product, including honey, fruit/vegetable juices and purees.

151. Reduced-fat cakes are already available on the market and one company, RHM, has had considerable success in introducing a new range of reduced-fat cake slices (see Appendix I). Such reductions tend to be large to enable a reduced-fat claim to be made in line with current labelling requirements.
152. Fat and sugars are important ingredients of the cake batter and changes to these could affect the structure of the final cake and potentially bring the water activity to within the region of microbiological growth, thereby raising the risks from microbiological poisoning or spoilage. Any reformulation to change the fat, sugars or moisture content of the product must therefore be assessed using HACCP<sup>1</sup> principles, and the shelf-life adjusted accordingly or alternative preservation methods used recognising the current work to reduce sodium levels in foods<sup>23</sup>.
153. It may be possible to reduce the fat content of cakes and pastries through temperature-controlled processing, which may allow a more unsaturated fat to be used at a lower temperature. However, production and implementation costs are indicated for such processing and further work is needed to assess its viability.
154. Careful consideration of the types and content of fillings and toppings used may also help in smaller reductions in total and hence saturated fats and these should be explored further with interested parties.
155. For pies and pastries, it is the pastry that is the key to the saturated fat content of these types of fine bakerywares. Reductions in saturated fat levels in pastry are considered below. However, there is also scope for reviewing the quantity of pastry used that may impact on the level of saturated fat present in the product; the use of alternative toppings for pies and pastries such as lattice tops or other non-pastry lids could be considered further.

**Proposal 7: Explore with industry the potential for reformulation and processing changes to reduce saturated fat levels in biscuits, cakes and the toppings and fillings of these and other fine bakerywares.**

156. **Pizza** is also a contributor to saturated fat intakes by adults and young people<sup>5,27</sup> and range from around 1.1% - 6.5% saturated fat<sup>31</sup>. The most popular pizzas consumed include cheese, pepperoni and ham toppings<sup>40</sup>, which means that progress on using lower-fat ingredients and/or small reductions in the quantity of these and other high-fat ingredients could impact on saturated fat levels. Any reformulation to reduce the cheese or meat component could increase the growth potential of microbiological

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<sup>1</sup> HACCP or Hazard Analysis Critical Control Point is a way of managing food safety. It is based on putting in place procedures to control hazards. Further information is available at [www.food.gov.uk](http://www.food.gov.uk)

organisms and must therefore be assessed under HACCP principles with accompanying changes to the shelf life or formulation changes<sup>23</sup>.

157. Such discussions will also need to recognise that the quantity of these particular ingredients may be considered by the consumer to be a sign of quality.

**Proposal 8: Encourage consideration of the ingredients and quantity of ingredients used to result in a reduction in saturated fat.**

158. ***Breakfast cereals***, particularly wholegrain breakfast cereals, provide a source of fibre in the diet. Breakfast cereals also provide a source of energy for adults and young people<sup>5,27</sup> and with the addition of milk or other liquid, may represent a whole meal to some consumers. The importance of a source of energy, particularly for children, is well established and wholegrain breakfast cereals are encouraged as part of a healthy, balanced diet, particularly in light of their contribution to intakes of other nutrients and fibre. However, the range of breakfast cereals on offer is vast and with it the range of total sugars (including sugars provided from fruit) levels present differs remarkably from about 1-49% (excluding milk or other liquid)<sup>31</sup>.

159. There is also a well reasoned argument presented by the industry comparing the energy and sugars content of some breakfast cereals (per serving) favourably against other breakfast choices, such as toast and jam. However, the vast array of breakfast cereals on offer shows that tasty lower-sugars options are possible to produce and we will be exploring with the producers of the higher-added-sugars breakfast cereals the potential for reductions to improve the overall nutrition profile of these products.

**Proposal 9: Explore the potential for reducing levels of added sugars in some high-added-sugars breakfast cereals.**

### **Potato crisps and savoury snack-type products**

160. ***Potato crisps and other savoury snack-type products*** are contributors to saturated fat intakes in adults, and saturated fat and energy intakes in young people<sup>5,27</sup>. Many savoury products are produced by frying and there have been some significant changes to the types of frying oil used at industrial level that could have a significant impact on the contribution this product category makes to saturated fat intakes (see Appendix I).

161. For technical reasons, partially hydrogenated vegetable oils have traditionally been used in the manufacture of savoury products; however, with the move away from hydrogenation processes alternative oils with similar stability properties have been introduced. One of the most welcome of these is the move to high-oleic sunflower oil, which offers stability with a concurrent reduction in saturated levels (see Appendix I).

162. Additional progress is being made to reduce the amount of oil absorbed by the product during frying, which would have the additional effect of reducing the overall energy value of the product. A widespread adoption of best practice in frying will contribute to reducing saturated fat and energy levels.

**Proposal 10: Encourage a widespread adoption of improved frying and processing practices.**

## **Confectionery**

163. **Chocolate confectionery** provides a source of saturated fat and energy (including NMES) intakes by adults and young people<sup>5,27</sup>. Saturated fats are present in both the chocolate component and often the fillings within chocolate confectionery and both carry the potential for reductions to saturated fat levels.

164. Chocolate per se is subject to legislative control<sup>41</sup>, which stipulates minimum fat contents. Milk chocolate must contain at least 25% total fat (which includes cocoa butter and milk fat). The high saturates content of these two ingredients ensure that typically the fat of milk chocolate is approximately 65% saturated. In addition, milk chocolate may contain certain additional vegetable fats up to 5% of the finished product and it is this type of milk chocolate that is most widely available in the UK. The fat ingredient used is vital to the texture and quality of the chocolate. Milk chocolate available in the UK typically contains about 30% total fat, which suggests minimum room for reduction to retain the qualities expected by the consumer and to remain within the legal framework; however, it may be possible to consider the production of milk chocolate with less than 5% vegetable fat. There may also be an opportunity to consider the type of vegetable fat used in the production of milk chocolate for the UK market and, more specifically, the use of lower-saturated fats.

165. Healthier option chocolate bars have been launched in recent years with mixed success and we will explore the successes with interested parties with a view to expanding good practices throughout the industry.

**Proposal 11: Work with industry to reduce the saturated fat levels of some chocolate and chocolate confectionery products through reformulation within the legal framework.**

## Drinks

166. **Soft drinks (not low calorie)** provide a contribution to overall energy (including NMES) intakes in adults and young people<sup>5,27</sup>. Key to this energy contribution is the level of sugars in many soft drinks and the frequency by which these products are consumed. Colas are the most popular soft drinks<sup>42</sup> and contain around 11% sugars<sup>31</sup>. Average consumption of carbonated soft drinks (not low calorie) by young people who drink these products is 1884 g per week<sup>m</sup>, which means that a small reduction in sugars by 5% could result in a calorie saving of over 2000 kcal over the course of the year (approximately equivalent to the estimated average requirement for energy per day by a teenager<sup>9</sup>) without any reduction in consumption levels<sup>n</sup>.
167. Market values show a gradual shift towards no-sugar-added/sugar free varieties at the expense of the sugary versions suggesting consumers are making a conscious decision to opt for the less calorific options<sup>42</sup>. Food-industry organisations point to their encouragement of this shift through a rise in advertising of no-sugar-added/sugar free varieties at the expense of their sugary counterparts, which should also have the effect of fuelling the trend towards the lower-calorie options. The potential also exists for reductions in overall energy intakes by consumers of the full sugars varieties through small changes in composition to be explored further (see Appendix I).

**Proposal 12: Explore the means by which the contribution soft drinks make to overall energy intakes can be reduced through reformulation.**

## Potato products

168. **Chips and other roasted/fried potatoes** are a source of saturated fat and energy in adults and young people<sup>5,27</sup>. Work is already underway by the industry to improve the nutrition profile of oven-ready chips through the replacement of the frying oil to higher-unsaturated fat oils, which will reduce the saturated fat levels of these products. Further work is also underway to reduce the amount of oil used in preparing these products through improved

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<sup>m</sup> Consumption of carbonated soft drinks (not low calorie) by males and females that consumed these products as an average where male consumption is 2626 g per week and female consumption is 1141 g per week equals 1883.5 g per week. Data from National Diet and Nutrition Survey for young people aged 4-18 years.

<sup>n</sup> Assuming sugars content of a carbonated soft drink (not low calorie) is purely sucrose and therefore the energy value of the product is equivalent to 4 kcal/g, then a 5% reduction in sugar content from 11% to 10.45% sugar means a reduction of energy from a carbonated drink from 829 kcal/week to 788 kcal/week, a saving of 41 kcal/week. Over the course of a year this would translate into a saving of 2155 kcal/year. EAR for 11-14 year old males is 2220 kcal/day; 15-18 year old males is 2755 kcal/day; 11-14 year old females is 1845 kcal/day and 15-18 year old males is 2110 kcal/day.

processing techniques, which should be explored in more detail with interested parties (see Appendix I).

169. The impact chips and other potato products available from foodservice outlets makes to energy and saturated fat intakes will be considered as part of our work to engage with caterers and foodservice providers (see paragraphs 18-20).

**Proposal 13: Encourage a widespread adoption of improved frying and processing practices for chips and roasted/fried potato products.**

### **Pastry**

170. The type of fat used in the making of pastry is crucial to the final characteristics. In general, industrially-produced pastry products are composed of a blend of vegetable oil and hydrogenated vegetable oil to ensure the right solidity of the final fat. Industry initiatives to remove hydrogenated vegetable oils from processed foods have resulted in a shift to trans-fat free products; however, unlike other processes this has also resulted in a small decrease in saturated fat levels<sup>24</sup>. Initial indications from industry are that any further reductions are beyond current abilities; however, we will continue to seek opportunities for reductions and encourage further research in this area.

**Proposal 14: Work with industry and research organisations to encourage research into methods of manufacturing pastry containing a lower level of saturated fat.**

## SUMMARY TABLE

		Contribution of food categories to daily intakes of:			
Food Category		Saturated Fat	Energy	NMES	Proposal
<b>Meat &amp; meat products</b>	Adults	22%	15%	N/A	Consider consumer awareness of cooking methods and meat choices to reduce saturated fat levels and ensure best practice in meat product preparation to encourage reductions in saturated fat levels.
	Young People	13-24%	10-16%	N/A	
<b>Milk</b> (whole, semi-skimmed milk)	Adults	9%	5%	N/A	Drinking Milk: To press for a relaxation of current categories for fat content for drinking milk during negotiations to revise Council Regulations (EC) No. 2597/97 Milk as an ingredient: To continue to explore with interested parties the scope and legality for use of 1% fat milk as an ingredient.
	Young People	7-18%	4-9%	N/A	
<b>Cheese</b>	Adults	10%	3%	N/A	Work with industry to research further and encourage the production, use and sale of cheddar cheese containing a slightly reduced level of total fat within current legal constraints.
	Young People	5-10%	2-3%	N/A	
<b>Ice cream, dairy desserts</b>	Adults	2%	N/A	N/A	Explore the potential to reduce saturated fat levels in ice creams and dairy desserts within legal constraints.
	Young People	1-3% (ice cream only)	N/A	N/A	
<b>Fat spreads, including butter</b>	Adults	11%	4%	N/A	Explore with industry the potential for producing a softer butter containing lower levels of saturated fat through fractionation within current legislative controls, and ways of encouraging consumers to opt for lower-fat spreads.
	Young People	7-9%	3-4%	N/A	
<b>Biscuits, buns, cakes, pastries and fruit pies</b>	Adults	5% (buns, cakes, pastries and fruit pies) 4% (biscuits)	3% (buns, cakes and pastries) 3% (biscuits)	6% (buns, cakes and pastries) 5% (biscuits)	Explore with industry the potential for reformulation and processing changes to reduce saturated fat levels in biscuits, cakes and the toppings and fillings of these and other fine bakerywares.
	Young People	4-6% (buns, cakes, pastries and fruit pies) 4-9% (biscuits)	7-12% (biscuits, buns, cakes and pastries)	5-9% (buns, cakes and pastries) 4-8% (biscuits)	
<b>Pizza</b>	Adults	2%	N/A	N/A	Encourage consideration of the ingredients and

	Young People	2-4%	N/A	N/A	quantity of ingredients used to result in a reduction in saturated fat.
<b>Breakfast cereals</b>	Adults	N/A	3%	3% (high fibre/wholegrain breakfast cereals) 2% (other breakfast cereals)	Explore the potential for reducing levels of added sugars in some high-added-sugars breakfast cereals.
	Young People	N/A	4-7%	1-2% (high fibre/wholegrain breakfast cereals) 3-7% (other breakfast cereals)	
<b>Potato crisps and snack type products</b>	Adults	3% (savory snacks)	N/A	N/A	Encourage a widespread adoption of improved frying and processing practices.
	Young People	6-9% (savory snacks)	4-6% (savory snacks)	N/A	
<b>Chocolate confectionery</b>	Adults	5%	2%	7%	Work with industry to reduce the saturated fat levels of chocolate and chocolate confectionery through reformulation within the legal framework.
	Young People	7-10%	4-6%	9-14%	
<b>Soft drinks</b> not low calorie (concentrated, carbonated, ready to drink)	Adults	N/A	2%	16%	Explore the means by which the contribution soft drinks make to overall energy intakes can be reduced through reformulation.
	Young People	N/A	3-5%	19-33%	
<b>Potato products</b>	Adults	3%	5%	N/A	Encourage a widespread adoption of improved frying and processing practices for chips and roasted/fried potato products.
	Young People	3-5%	4-7%	N/A	
<b>Pastry</b>	Adults	N/A	N/A	N/A	Work with industry and research organisations to encourage research into methods of manufacturing pastry containing a lower level of saturated fat.
	Young People	N/A	N/A	N/A	

N/A = Not a key source for reformulation

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<sup>3</sup> Partial Regulatory Impact Assessment: Saturated Fat and Energy Intake Programme – Enabling Consumers to reduce their intake of saturated fat, and to achieve and maintain energy balance. [www.food.gov.uk](http://www.food.gov.uk)

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People. Note that Health Scotland are also reviewing the NICE document and will comment shortly.

<sup>12</sup> Food Standards Agency, *Strategic Plan 2005-2010*, [www.food.gov.uk](http://www.food.gov.uk)

<sup>13</sup> England Department of Health's Public Service Agreement (PSA) target on obesity available at [www.dh.gov.uk](http://www.dh.gov.uk) PSA target in Northern Ireland's Department of Health, Social Services & Public Safety 2006, *Fit Futures, Focus on Food, Activity and Young People* [www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk) *Let's make Scotland more active*, 2003 [www.healthscotland.com](http://www.healthscotland.com)

<sup>14</sup> Food Standards Agency Board Paper, December 2006: *Review of Progress with Delivering the 2005/10 Strategic Plan*.  
<http://www.food.gov.uk/multimedia/pdfs/fsa061207.pdf>

<sup>15</sup> England's Department of Health White Paper 2004, *Choosing Health: Making healthier choices easier* and its 2005 *Choosing a Better Diet: a food and health action plan*; Scottish Executive's *Eating for Health: Meeting the Challenge 2004* and its 2003 *Improving Health in Scotland: the Challenge*; the Food Standards Agency and Welsh Assembly Government's 2003, *Food and Well Being: Reducing inequalities through a nutrition strategy for Wales*; there is currently no explicit nutrition strategy for Northern Ireland, rather this is a commitment in the Department of Health, Social Services & Public Safety 2006 Report *Fit Futures Focus on Food, Activity and Young People*.

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<sup>17</sup> Alcohol Harm Reduction Strategy for England, March 2004. [www.dh.gov.uk](http://www.dh.gov.uk)

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<sup>20</sup> Personal communication.

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- <sup>27</sup> Gregory, J, et al 2000, *National Diet and Nutrition Survey: young people aged 4 to 18 years. Volume 1: Report of the diet and nutrition survey*. London: The Stationery Office.
- <sup>28</sup> [www.meatmatters.com](http://www.meatmatters.com)
- <sup>29</sup> Food Standards Agency 2002, *McCance and Widdowson's The Composition of Foods. Sixth Summary Edition*. Cambridge: Royal Society of Chemistry.
- <sup>30</sup> Food Standards Agency 2004, *Survey on the Fat Content Minced Meat: Food Survey Information Sheet 66/04*.  
[www.food.gov.uk/science/surveillance/fsis2004branch/fsis6604](http://www.food.gov.uk/science/surveillance/fsis2004branch/fsis6604)
- <sup>31</sup> Food Standards Agency Processed Food Databank  
[www.food.gov.uk/science/surveillance/fsisbranch2006/fsis1306](http://www.food.gov.uk/science/surveillance/fsisbranch2006/fsis1306)
- <sup>32</sup> Mintel International Group 2006, *Milk and Cream UK, March 2006*. Mintel International Group Ltd: London.
- <sup>33</sup> Department for Environment, Food and Rural Affairs and National Statistics 2006, *Family Food in 2004-05*. London: TSO.
- <sup>34</sup> Drinking Milk Regulations 1998, similar but separate legislation exists in Scotland, Wales and Northern Ireland.
- <sup>35</sup> Department for Environment, Food and Rural Affairs and National Statistics, 18 December 2006, *Joint Announcement of the Department for Environment, Food and Rural Affairs, Scottish Executive Environment and Rural Affairs Department, Department of Agriculture and Rural Development (Northern Ireland) and National Assembly for Wales Agriculture Department: Milk Statistics*. [www.defra.gov.uk](http://www.defra.gov.uk)
- <sup>36</sup> Food Labelling Regulations 1996, as amended.
- <sup>37</sup> Spreadable Fats (Marketing Standards) (England) Regulations 1999, which implements Commission Regulations (EC) No. 2991/94 and No. 577/97.
- <sup>38</sup> Mintel International Group Ltd 2005, *Yellow Fats, UK – September 2005*. Mintel International Group Ltd: London.

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<sup>39</sup> Department for Environment, Food and Rural Affairs and National Statistics 2007, *UK Purchases and Expenditure on Food and Drink and derived Energy and Nutrient Intakes in 2005-06*. [www.defra.gov.uk](http://www.defra.gov.uk)

<sup>40</sup> Mintel International Group Ltd 2005, *Pizza – UK* [online]. Mintel International Group Ltd: London.

<sup>41</sup> The Cocoa and Chocolate Products (England) Regulations 2003, which implements Directive 2000/36/EC of the European Parliament and the Council. Similar but separate legislation exists in Scotland, Wales and Northern Ireland.

<sup>42</sup> Data commissioned from TNS by the Food Standards Agency.

**List of Interested Parties**

3663 First For Foodservice  
Aarhus United UK  
Aberdeen Buttery Co.Ltd  
Aberdeen City Council  
Aberdeen University  
Aberdeenshire Council  
Academy of Culinary Arts  
Age Concern  
Agri-Food Partnership  
All Wales Dietetic Advisory Committee  
Allied Bakeries  
Antrim Borough Council  
Aramark  
Ards Borough Council  
Arena  
Arla Foods  
Armagh City & District Council  
Asda  
Associated British Foods  
Association of Cereal Food Manufacturers  
Association of Public Analysts  
Autograph Foodservice  
Avana Bakeries limited  
Avenance  
Avondale Foods Ltd  
AVP Baker  
BakeMark UK  
Ballymena Borough Council  
Ballymoney Foods Ltd.  
Banbridge District Council  
Bearsden Academy  
Belfast City Council  
Bell Pottinger  
Bernard Matthews plc  
Billy Boy Frozen Foods Ltd  
Birds Eye  
Biscuit, Cake, Chocolate and Confectionery Association  
Blairgowrie High School  
Blood Pressure Association  
Bolton Metro Commercial Services  
Boots  
Boyne Valley Ltd  
Brace's Bakery Limited  
Brakes Ltd  
Brambles Foods Ltd  
British Baker  
British Bakeries  
British Beer and Pub Association  
British Cheese Board  
British Dietetic Association  
British Dietetic Association NI  
British Frozen Food Federation  
British Heart Foundation - Wales  
British Heart Foundation Health Promotion Research Group  
British Heart Foundation  
British Hospitality Association  
British Hypertension Society  
British Marine Finfish Association  
British Meat Processors Association  
British Medical Association  
British Nutrition Foundation  
British Retail Consortium  
British Sandwich Association  
British Seafood  
British Soft Drinks Association  
British Sugar  
Britvic  
Budgens Stores Ltd  
Burger King  
Cadbury Schweppes Plc  
Café Nero  
Caledonian Cheese Co;  
Campbell Grocery Products  
Campden & Chorleywood Food Research Association  
Cancer Research UK  
Cardiovascular Research Institute  
Caroline Walker Trust (The)  
Carrickfergus Borough Council  
Castlereagh Borough Council  
Castlewood Farm Products Ltd.  
Caterhouse Limited  
Cauldron Foods  
Center for Science in the Public Interest  
Central Foods Ltd  
Centre for Public Health Nutrition Research  
Centura Foods  
Cereal Europe, Quaker Oats  
Cereal Partners UK  
Charlton House  
Chartered Institute of Environmental Health  
Chartered Institute of Environmental Health, NI  
Cheese Company  
Chequer Foods Ltd  
Chest Heart & Stroke Association (NICHSA)  
Chilled Food Association  
Cholesterol UK  
City of Edinburgh Council  
Civic Catering Association  
Clark's Original Pies  
Cmi Plc  
Coca Cola  
COI  
Coldwater Seafood (UK) Ltd  
Coleraine Borough Council  
Comhairie Nan Eilean Siar  
Community Food Enterprise  
Community Nutrition Group (CNG)  
Compass Group

## Annex C

Convention of Scottish Local Authorities(COSLA)  
Cookstown District Council  
Cool Delight Desserts Ltd  
Co-operative Group  
Co-operative Group (NI)  
Coronary Prevention Group  
Costcutter  
Country Markets Ltd  
Country Range Group Limited (The)  
County Supplies  
Craigavon Borough Council  
Crossgar Foodservice and Crossgar Poultry  
Crown Foods  
Cumbria Contract Services  
Cygnet Foods Limited  
Dailycer  
Dairy Council (The)  
Dairy Council for Northern Ireland  
Dairy Crest Ltd  
Dairy Farmers of Britain  
Dairy UK  
Dairy UK Scotland  
Dale Farm  
Daloon Foods (UK) Ltd  
Daniels Sweet Herring Ltd  
Danone Ltd  
DBC Food service  
Deans of Huntly  
Department for Education and Skills  
Department for the Environment, Food and Rural Affairs  
Department of Health  
Department of Health, Social Services & Public Safety (DHSSPS)  
Dera Food Technology UK Ltd  
Derry City Council  
Direct Table Food Ltd  
Doherty & Gray  
Dominoes  
Down District Council  
Dr Oetkers  
Duchy Original  
Dundee City Council  
Dungannon & South Tyrone District Council  
East Ayrshire Council  
East Dunbartonshire Council  
Eastern Group Environmental Health Committee  
Eat  
Edinburgh Community Food Initiative  
Education Department  
Elliot's Tradition  
ESPO  
Essex Flour & Grain Co. Ltd  
Evron Foods  
F J Need (Foods) Ltd  
Faculty of Public Health  
Faculty of Public Health Medicine  
Falkirk Council Development Services  
Fane Valley Co-operative  
Farmlea Foods  
Farringford Foods  
Fat Consultant  
Federation of Bakers  
Fermanagh District Council  
Ferne Foods  
Fife Council  
Fife Council Environmental Services  
Five Star Fish Limited  
Focus on Food  
Food and Drink Federation  
Food and Market Development Division  
Food Commission  
Food Industry Foundation (F2i)  
Food Policy Update  
Food Safety Authority of Ireland  
Food Safety Promotion Board (FSPB)  
Food Safety Promotion Board Ireland (covers north and south)  
Foodaware  
Foodmatters  
Foodservice Options Limited  
Four S  
Fresh Fields  
Fresh Food Kitchen Ltd  
Fribo Foods Ltd  
Fuel PR  
Fusion Linking  
Galashiels Academy  
Geest PLC  
General Consumer Council, NI  
General Mills  
Genesis  
Gin and Vodka Association  
Glanbia Foods  
Glanbia Ltd.  
Glasgow College of Food Technology  
Glasgow Scientific Services  
Glaxo Smithkline Ltd  
Glenrothes College  
Glenryk  
Golden Wonder Ltd  
Grampian Foodservice  
Grampian Pig Producers  
Green Gourmet Ltd  
Green Isle Foods Ltd (Goodfellas)  
Greencore  
Greggs  
Greggs Scotland  
Guild of Food Writers  
Halal Food Authority  
Haldane Foods  
Hamker Foods Ltd  
Health & Social Services Committee  
Health Action Zone (HAZ) - Armagh and Dungannon

## Annex C

Health Action Zone (HAZ) - North and West Belfast  
Health Action Zone (HAZ) - Northern (Northern Neighbourhoods)  
Health Action Zone (HAZ) - Western  
Health Development Agency  
Health Minister  
Health Promoting Schools - Belfast  
Health Promotion - Armagh  
Health Promotion - Down / Lisburn Trust  
Health Promotion - Green Park Trust  
Health Promotion - Home First Community Trust  
Health Promotion - North & West Belfast  
Health Promotion (Dental) - NHSSB  
Health Promotion Agency (HPA)  
Health Protection Scotland  
HEART UK  
Heinz  
Henley Centre  
Henry Colbeck Ltd  
Henry Denny & Sons (NI) Ltd.  
Her Majesty's Prison Service (HMPS)  
Herefordshire Jarvis Services  
Hertfordshire Catering  
Highland Council  
Highland NHS Board  
Hilton Group Plc  
Holroydhowe  
Horizons for Success  
House of Commons  
House of Lords  
HP Foods Limited  
Humdinger Limited  
Hunky Dory's  
Hybu Cig Cymru  
Hygrade Foods  
Hylnefield Research Services Ltd  
Iceland Foods Plc  
Initial Catering Services  
Institute of Biology  
Institute of Grocery Distribution  
Intercollegiate Group on Nutrition  
Inverclyde Council  
Investing for Health Partnerships - Eastern  
Investing for Health Partnerships - Northern  
Investing for Health Partnerships - Southern  
Investing for Health Partnerships - Western  
Isabellas Preserves  
J & J Haslett Ltd  
James Finlay Ltd  
John Henderson Group  
John West  
Joseph Heler Cheese Limited  
Kavli Limited  
Keenan Seafood  
Kelloggs  
Kerry Foods  
Kerry Foodservice  
Kettle Foods /Chips  
Kettle Produce Ltd  
Kingdom Bakers Ltd  
Kitchen Range Foods Ltd  
Kraft Foods UK Ltd  
Krispy Kreme Doughnuts  
Kwik Save Group Ltd  
La Tasca  
Lakeland Dairy Sales Ltd  
Larne Borough Council  
Law Laboratories  
Le Pain Croustillant  
Leatherhead Food International  
Leckpatrick Foods  
Lees Of Scotland  
Lexington Catering  
Lightbody Celebration Cakes  
Limavady Borough Council  
Linwoods  
Lisburn City Council  
Livestock Meat Commission  
Local Authorities Coordinators of Regulatory Services  
Local Authority Caterers Association  
Local Government Association  
Lomond & Argyll Primary Care NHS Trust  
Lyons Vending (Group) Services Ltd  
M&D Catering  
Mackays Ltd  
Macs Quality Foods  
Macswen of Edinburgh  
Magherafelt District Council  
Marks and Spencer  
Martin Mathew & Co Ltd  
Masterfood  
McAusland Crawford  
McCain Foods (GB) Ltd  
McCormick Foodservice Ltd  
McDonalds  
McWhinneys Sausages  
Meat and Livestock Commission  
Medical Research Council – Human Nutrition Research  
Memory Lane Cakes Ltd  
Midlothian Council  
Mitchells and Butler  
Moray Seafood Ltd  
Morning Foods Ltd  
Morris Bakers  
Morrisons  
Moto Services  
Moy Park  
Moyle District Council  
Mrs Unis Spicy Foods  
Muller Dairy (UK) Ltd  
Munro and Forster  
Musgrave Supervalu Centra  
Mylnefield Research Services Ltd.

## Annex C

Nandos  
Napier University  
National Association of British and Irish Millers (NABIM)  
National Association of Care Catering  
National Association of Cider Makers  
National Association of Master Bakers  
National Consumer Council  
National Consumer Federation  
National Dairy Council  
National Farmers Union Scotland  
National Federation of Women's Institute  
National Heart Forum  
National Institute for Health and Clinical Excellence  
National Obesity Forum  
National Public Health Service For Wales  
Neogen Europe Ltd.  
Nestle UK Ltd  
Netto Foodstores Ltd  
Newry & Mourne District Council  
Newtownabbey Borough Council  
NHS Grampian Health Promotions  
NHS Health Scotland  
NHS PASA  
NHS Tayside  
Nichols Foods Ltd  
Nisa Today's  
North Atlantic Fisheries College  
North Down Borough Council  
Northern Foods Plc  
Northern Group Systems  
Northern Ireland Association of Chefs & Cooks  
Northern Ireland Local Government Association (NILGA)  
Nutrition and Dietetic Consultant  
Nutrition Society  
O'Kane Food Service  
Oasis Foods Ltd  
Ocean Gold Seafoods Limited  
Old El Paso  
Omagh District Council  
Opinion Leader Research  
Oriental Express  
Orkney Islands Council  
Out of Town Restaurant Group  
Padley  
Palatinit  
Pataks Food Ltd  
Paterson Arran Limited  
Peakhouse Foods Ltd  
Pelican Buying Co Ltd  
Pepsico International Ltd  
Pete & Johnny plc (PJ)  
Peters Food Service Ltd  
Pioneer Foods  
Pizza Hut  
Potato Processors Association (The)  
Premier Foods  
Pret a Manger  
Prime Minister's Office  
Primebake  
Princes Foodservice Division  
Pritchitt Foods  
Procter and Gamble  
Provision Trade Federation  
Pura  
Purac  
Pure Organics Ltd  
Qualifry Ltd  
Quality Meat Scotland  
Queens University Belfast (QUB) Centre for Clinical and Population Sciences  
Rachel's Dairy  
Reading Scientific Services  
Renshaw Scott Ltd.  
RHM Foodservice Ltd  
Rice Association  
Rich Sauces  
Robert Gordon University  
Robert Wisemans Dairies  
Rowett Research Institute  
Royal College of General Practicioners  
Royal College of Paediatricians  
Royal College of Pathologists  
Royal College of Physicians  
Royal Environmental Health Institute of Scotland  
Royal Institute of Public Health and Hygiene  
Royal Institution of Public Health  
Royal Society for the Promotion of Health SAC  
Sainsbury's  
Sandwich Company  
Sanquhar Academy  
Scandic Foods Ltd  
School Food Trust  
School of Clinical Medicine  
Schwan's Consumer Brands UK Limited (Chicago Town)  
Scolarest  
Scot Trout Ltd.  
Scotch Whisky Association  
Scottish Association of Master Bakers  
Scottish Chambers of Commerce  
Scottish Civic Forum  
Scottish Crop Research Institue  
Scottish Federation of Meat Traders  
Scottish Food & Drink Federation  
Scottish Foodservice Project  
Scottish Gourmet  
Scottish Health Food Retailers Association  
Scottish Midland Co-op Society  
Scottish Retail Consortium  
Scottish Women's Rural Institutes (SWRI)  
Sea Products International  
Seafish UK Limited  
Simply Organic

## Annex C

Small Business Service  
Snacks, Nuts and Crisps Manufacturers Association  
Society of Independent Brewers  
Sodexo Education Services Limited  
Soil Association  
Somerville Stores Ltd  
Southern Group Environmental Health Committee  
Spar UK Ltd  
Specialist Cheese Manufacturers Association  
Specialist Cheesemakers  
Spirit Group  
Spring Clear Ltd  
Starbucks  
Stirling Council  
Strabane District Council  
Strathmore Food  
Strathroy Dairy Ltd.  
Streamline Foods Ltd  
Stroke Association  
Subway  
Sugar Bureau  
Sustain – The Alliance for Better Food and Farming  
Sweet Earth Limited  
Tayto Ltd  
Tayto Ltd NI  
Tesco Stores Ltd  
Tilda  
Tillery Valley Foods Ltd  
Tilquhillie Puddings  
Tivall  
TMC Dairies (NI) Ltd.  
TOAST  
Tovali Ltd  
Tragus Holdings  
TS Foods  
Tulip Foodservice Ltd  
U.S.D.A.W.  
Udale Speciality Foods  
UK Public Health Association  
Ulster Curers Association  
Ulster Pork and Bacon Forum  
Unilever  
Unilever Foodsolutions UK  
United Biscuits  
United Central Bakeries Ltd  
Universe Foodservice  
University of Glasgow  
University of Strathclyde  
University of Ulster - Northern Ireland  
Centre for Food & Health (NICHE)  
Vegetarian Society (The)  
Vending  
Verner Wheelock Associates  
W Jordans (Cereal)  
W.Forrest & Son Ltd  
Waitrose  
Wales Council for Voluntary Action  
Walkers Shortbread Ltd  
WD Irwin & Sons Ltd.  
Weetabix Ltd  
Welsh Assembly Government - Health Promotion  
Welsh Consumer Council  
Welsh Food Alliance  
Welsh Lamb & Beef Promotions  
West Dunbartonshire Council  
West Lothian Council  
Western Group Environmental Health Committee  
Westler Foods Ltd  
Westmill Foods  
Which?  
Whitbred Group Plc  
Whitehouse Consultancy Ltd  
Whitworths Ltd  
Wicken Fen  
Wine & Spirits Trade Association  
WM Sprott (Portadown) Ltd  
Woodwin Catering (T/A Hungry House)  
World Health Organisation  
Wyke Farms Ltd  
Young's Bluecrest Seafood Ltd

## **PARTIAL REGULATORY IMPACT ASSESSMENT**

### **Saturated Fat and Energy Intake Programme – Enabling Consumers to reduce their intake of saturated fat, and to achieve and maintain energy balance**

#### **1. Purpose and Intended effect**

##### Objectives

- ∅ To reduce the national population average intake of saturated fat from the current level of 13.4%<sup>1</sup> to below 11% of food energy by 2010.
- ∅ To work with health and other departments and stakeholders to develop and implement a strategy for calorie intakes, which contributes to achieving a balance between calorie intake and energy output by end 2008. This second objective was agreed as part of the Agency's Board's review of delivery of the 2005/10 Strategic Plan in December 2006<sup>2</sup>.

1. These objectives are intended to contribute to wider Government initiatives to reduce the prevalence of diet-related diseases, including cardiovascular disease (CVD) and obesity. The Programme applies to the UK.

##### Background

2. Two of the major health issues for the UK, and for which diet is particularly influential, are CVD and obesity.

3. CVD (which describes diseases of the heart (heart disease) and circulatory system (such as stroke)) is the main cause of death in the UK. One of the most important of the multiple risk factors for CVD is diet; and poor diet has been estimated to be responsible for about a third of CVD. One of the key dietary influences in the development of CVD is the level of saturated fat in the diet – high intakes of saturated fat are associated with an increased risk of CVD. Current population average intakes of saturated fat exceed public health recommendations<sup>3</sup>. A reduction in the population average intake of saturated fat to within the recommended level of no more than 11% of food

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<sup>1</sup> The Agency's Strategic Plan refers to the average intake of 13.4%. The National Diet and Nutrition Survey shows that population average intake is 13.3%.

<sup>2</sup> Food Standards Agency Board Paper, December 2006: *Review of Progress with Delivering the 2005/10 Strategic Plan*. <http://www.food.gov.uk/multimedia/pdfs/fsa061207.pdf>

<sup>3</sup> The National Diet and Nutrition Surveys show that current population average intakes of saturated fat are 13.4% food energy for men and 13.2% food energy for women. The Committee on Medical Aspects of Food Policy (COMA) stipulates that saturated fat intakes should be no more than 11% food energy.

energy would be expected to help to reduce levels of CVD within the population.

4. Obesity is an important risk factor for a number of illnesses, including CVD, some cancers and type II diabetes. Obesity and overweight conditions arise when an individual's energy (calories) intake exceeds energy expenditure over a period of time. In response to the alarming rise in levels of obesity within the UK population, the administrations within each country of the UK have instigated a range of initiatives to address this current energy imbalance.

5. Energy balance may be described by the following equation:

$$\begin{array}{l} \text{Energy} \\ \text{balance} \end{array} = \begin{array}{l} \text{Energy 'in'} \\ \text{(as calories} \\ \text{consumed)} \end{array} - \begin{array}{l} \text{Energy expended} \\ \text{(through the} \\ \text{functions of the} \\ \text{body, heat and} \\ \text{physical activity)} \end{array}$$

6. The focus of the Saturated Fat and Energy Intake Programme is on the energy 'in' aspect of the equation; separate complementary initiatives by other Government departments are underway to address the energy 'expenditure' aspect.

7. This work links into the nutrition action plans<sup>4</sup> developed for each country within the UK, which recommend that the Government works to improve healthy eating.

### Rationale for Government intervention

8. The main cause of death in the UK is CVD. High intakes of saturated fat is associated with an increased risk of CVD and, as outlined above, current average intakes of saturated fat exceed public health recommendations. In 2004, CVD accounted for over 216 000 deaths in the UK, which equates to about 37% of all deaths<sup>5</sup>. It is estimated that there are around 2.68 million people living in the UK who have or have had coronary heart disease<sup>5</sup>.

9. Obesity is responsible for more than 9000 premature deaths in England alone<sup>6</sup>. Should current trends continue, the Health Department for

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<sup>4</sup> England's Department of Health White Paper 2004, *Choosing Health: Making healthier choices easier* and its 2005 *Choosing a Better Diet: a food and health action plan*; Scottish Executive's *Eating for Health: Meeting the Challenge 2004* and its 2003 *Improving Health in Scotland: the Challenge*; the Food Standards Agency and Welsh Assembly Government's 2003 *Food and Well Being: Reducing inequalities through a nutrition strategy for Wales*; there is currently no explicit nutrition strategy for Northern Ireland, rather this is a commitment in the Department of Health, Social Services and Public Safety *Fit Futures Focus on Food, Activity and Young People Report 2006*, to be taken forward.

<sup>5</sup> [www.heartstats.org](http://www.heartstats.org)

<sup>6</sup> [www.dh.gov.uk](http://www.dh.gov.uk)

England<sup>7</sup> has predicted an alarming rise in obesity levels to about a third of the English population by 2010.

10. The costs of obesity and wider-CVD to the UK economy are very high. Indeed, The House of Common's Health Committee's 2002 study<sup>8</sup>, updating earlier work by the National Audit Office, finds that obesity alone cost England £3.3-£3.7 billion in 2002 (comprising of direct NHS costs of £990-£1.2 million, lost output due to premature mortality of £1.05-£1.15 billion and lost output due to sickness absence of £1.3-£1.4 billion). Uplifting this annual estimate to the UK population level yields an annual cost of £4.0-4.5 billion. It should also be noted that this estimate does not take account of the pain, grief and suffering that can accompany this condition.

11. In terms of the costs associated with wider-CVD, for the NHS alone these have been estimated to be £8.4 billion in 2002<sup>9</sup>.

12. These costs begin to illustrate the monetised health effects at stake both in terms of possible informational and external cost rationales for Government intervention.

13. To the extent that consumers are not fully aware of the longer term potential health outcomes of diets high in saturated fat and/or higher in energy than their needs (or indeed that their current diets are in fact high in saturated fat and energy) providing them with further information in the form of consumer awareness activities has the potential to remedy this knowledge gap and thus to make the diets of these consumers more balanced.

14. Whilst there is a high wellbeing-burden of dietary-related illness that falls upon the individual in question, it is also the case that society as a whole may have to incur costs as a result of that consumer's dietary choices; for example, in terms of a higher tax burden to pay for NHS treatment. To the extent that the costs of dietary-related illnesses are not fully paid for by the patient themselves then external costs exist that must be covered by society. The existence of these external costs provides a further rationale for Government action: to reduce these costs. This is interlinked with the provision of consumer advice about healthy eating and provides a rationale for potential industry reformulations to reduce the levels of fats and sugars in some foods and to review portion sizes.

15. Reducing population average saturated fat intakes and helping consumers to achieve and maintain energy balance will benefit the nation's health, and there is already much progress being made in reducing saturated fat levels in foods, reviewing the energy value of foods and considering the portion sizes available by individual food-industry organisations.

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<sup>7</sup> Royal Free and University College Medical School 2006, *Forecasting Obesity to 2010*.  
www.dh.gov.uk

<sup>8</sup> House of Commons Health Committee. *Obesity. Third Report of Session 2003-04. Tackling Obesity in England: HC 220 Session 2000-2001: 15 February 2001*.

<sup>9</sup> Rayner. M, Scarborough. P, (2005) *The Burden Of Food Related Ill Health In The UK*; J. Epidemiol. Community Health 2005; 59; p1054-1057.

16. This Programme therefore aims to harness the progress already made, encourage a wider adoption of good practices across the food industry, and focus future initiatives to ensure the greatest positive impact on health. It is also intended to support such health innovation by the food industry by improving consumer awareness and understanding of the impact their food choices have on their health.

17. The Programme applies to foods intended for adults and children aged 5 years and over.

## **2. Consultation**

18. The development of this Programme has been subject to informal consultation both within and outside of Government. Colleagues within the Food Standards Agency, Health Departments, the Department for the Environment, Food and Rural Affairs (Defra) and Better Regulation Executive have been, and continue to be, consulted.

19. The Small Business Service is aware of our work in this area and we have consulted it for advice on engagement with small businesses.

20. Informal and formal discussions with external stakeholders about the development of this Programme have been carried out over the past 20 months. In June 2005, a stakeholder meeting was held to discuss the issues that the Agency's Strategic Plan objectives raise in relation to saturated fat and energy intakes. This was followed by a series of smaller stakeholder meetings to discuss the various idiosyncrasies for different food groups. We have also met with individual stakeholders on a one-to-one level, both in a meeting environment and as part of on-site food production visits. These informal discussions have proved invaluable in gaining an understanding of the work being done and the progress made within the food industry on the development of healthier alternatives to mainstream products, reformulations of mainstream products to improve the nutrition profile, and provision of smaller portion sizes of some products, as well as the feasibility for further work in these areas.

21. These fact-finding discussions have enabled us to develop the draft Programme taking account of some of the views of different stakeholders. It is now time that the draft Programme is submitted for more detailed scrutiny by a wider range of stakeholders and this is the first such formal public consultation. Views are sought from a wide range of stakeholders, including industry representatives across the key food industry sectors (manufacturers, suppliers, retailers and their trade associations), consumer groups and health associations as part of this 12-week formal consultation exercise.

22. There will be opportunity for us to continue to consult as wide a range of interested parties as possible both during the official consultation period and after to feed into the development and progress of this initiative.

### 3. Options

23. We have identified three potential options to meet the objectives outlined above:

Option 1: Do nothing

Option 2: Legislation

24. This option involves the Government legislating to require the food industry to comply with specified levels of saturated fat and/or energy in some foods, and to limit portion sizes to those stipulated. This could be coupled with a 'consumer awareness and understanding' drive; however, it could be argued that, the act of taking control of saturated fat and energy intakes away from the consumer makes raising consumer interest in such issues redundant.

Option 3: Voluntary industry action with Government co-ordination

25. This option requires co-ordinated Government and non-government action to encourage increased availability and uptake of healthier options, to reduce the levels of saturated fat in mainstream foods, and address energy intakes from such products through voluntary action on product formulation and portion size. This would be coupled with a drive by the Government to work with stakeholders to raise consumer awareness and understanding of the nutrient composition of the foods they choose to buy and the impacts they have on health.

**Option 1: Do nothing**

26. This option would mean no co-ordinated action between the Government and non-government organisations, including food-industry organisations, to reduce saturated fat intakes and help consumers to achieve and maintain energy balance. Changes to the formulation of food products and new product development would therefore occur where opportunities existed and would rely on the activity of individual food-industry organisations to follow such opportunities through and submit appropriate resources and time in their development and marketing. Such an approach could hamper the long term requirements of this initiative.

27. The Agency provides a wealth of healthy-eating information in a variety of media formats, and further diet and nutrition information is available from health-related and food-industry organisations. There are therefore plenty of opportunities for consumers to access healthy-eating advice; however, what is less clear is whether this advice is taken on board and if its provision brings about behavioural change. This 'do nothing' option does nothing additional to further our understanding in this area and overcome any barriers to change.

**Option 2: Legislation**

28. This option would require the Government to develop and implement legislation specifying levels of saturated and/or energy in a range of foods, and to stipulate portion sizes.

29. Such legislation would be enforced as for all food legislation through the action of enforcement authorities. It therefore carries with it administration costs associated with enforcing and monitoring the compliance with the legislation.

30. The European Union determines legislation on food composition and therefore unilateral action to legislate product composition in this manner by the UK alone would be a lengthy and difficult process.

31. The legislation option carries various risks to the food industry. UK-only legislation could have the effect of penalising UK-produced foods compared to imported products and any action to restrict the marketing of non-compliant imported products may be considered as a barrier to free trade. Legislation may also result in some products being removed from the market place should compliance with the legislation prove difficult or too costly to the manufacturer.

### **Option 3: Voluntary industry action with Government co-ordination**

32. This option covers a four-prong approach:

- Ø Promote consumer awareness and understanding of healthy eating, particularly the adverse effects of excess saturated fat intakes on cardiovascular health.
- Ø Encourage increased availability of healthier reduced saturated fat and/or energy alternatives to mainstream products, and encourage their uptake by consumers.
- Ø Encourage increased availability of smaller portion sizes for some products and encourage their uptake by consumers.
- Ø Encourage the food industry to improve the nutrition profile of its mainstream products, particularly to reduce saturated fat levels and energy value through reformulation.

33. The voluntary action would be co-ordinated and monitored by the Government to secure a long-term approach that ensures widespread action to deliver real, effective progress towards the public health objectives.

34. A voluntary approach would not be as far reaching as legislation and there is a risk that key players would choose not to co-operate. However, there appears to be a momentum on nutrition and health gathering, with a greater interest amongst consumers of the nutrition composition of the foods they buy and, with this, an appreciation within the food industry of the need to provide products that meet consumer expectations. Voluntary action within the industry, with associated drivers from Government and other organisations, should help to ensure that recruitment on this initiative is high.

35. Individual food-industry organisations are already working to improve the nutrition profile of many of their products as demonstrated by the appearance of nutrition and health within the corporate social responsibility commitments of some of the larger organisations. The two largest representatives of the UK food and drink industry - the Food and Drink Federation and the British Retail Consortium – have outlined their members’ commitments to work to encourage healthy eating by improving the nutrition profile of the foods they produce and sell, and the availability and access of healthier alternatives to mainstream products.

36. A monitoring framework would be required to enable the impact of progress different food-industry organisations are making has on overall population average intakes of saturated fat and energy. Initial views are that such a monitoring framework could be based on, or even amalgamated with, the salt-reduction-monitoring framework (the so-called ‘salt self-reporting framework’).

37. In support of such voluntary initiatives, this option would include continuing Government work to raise consumer awareness and understanding of the impact their food choices make on health, particularly in relation to saturated fat and energy.

## **4. Costs and Benefits**

### Sectors and groups affected

#### **Option 1: Do nothing**

38. This option would not affect food-industry organisations, consumers, voluntary organisations and charities or the public sector as this option would not pose any additional costs or benefits.

#### **Option 2: Legislation**

##### *Costs related to Option 2*

39. This option would affect the food-industry organisations that produce and sell the products covered by the regulations. Without fully defining the nutrition criteria that would be legally allowable under this option, or the timescales within which companies must comply, it is not possible to estimate the number of UK-processed food product lines that would be affected. Although there is the scope for this to run into thousands with the associated costs (outlined below) that such legal requirements would bring, even allowing for cyclical commercial reformulations.

40. Drawing a parallel with the costs of product-line reformulations that have been obtained as part of past Agency consultations, figures upwards from £35,000 per line have been suggested. These estimates considered the variety of cost inputs into the reformulation process, including technological research, pilot manufacture, consumer testing, packaging, product disposal and management time (some also included labelling costs).

41. In addition to these reformulation costs, it is possible that saturated-fat ingredients, such as animal fats, may constitute a relatively cheap ingredient in the production of many product lines. As such the replacement of these ingredients with potentially more expensive fats will tend to make the cost of manufacturing food products increase.

42. As well as the policy costs outlined above, there is the potential for significant administrative costs and burdens to fall on industry as they would be required to: understand the new legislation setting out levels for saturated fats and energy in food, and portion size limits; they may be required to report progress in their necessary reformulations to the Agency; and at the end of the process to demonstrate compliance on an ongoing basis.

43. The introduction of legal limits for saturated fat and energy and/or portion size will also impact on public bodies charged with implementing and enforcing these new regulations, namely the Food Standards Agency, enforcement authorities and public analysts.

44. It is possible that consumers may consider that their reduced ability to purchase foods containing higher levels of saturated fat and energy (through, for example, higher levels of sugars) by law is acting to reduce their consumer choice in a welfare-reducing (at least in the short term) manner.

#### *Benefits related to Option 2*

45. This option would yield benefits as it affects consumers through a change in the availability of lower saturated fat and energy products, and also improved availability of smaller portion sizes, which should subsequently have a positive impact on their health. Again, the legal scope of this option would inform the potential health benefits that may accrue.

#### **Option 3: Voluntary industry action with Government co-ordination**

46. This option would affect the food-industry organisations that produce and sell the products covered by the proposal. We are not aware of any specific charities or other voluntary organisations that may be affected by this option; however, we welcome further information on this.

47. As for the legislation option, it would also have a positive impact on consumers' health through improved availability of foods lower in saturated fat and energy, and/or of smaller portion size, together with an improved understanding of diet and how food choices impact on health.

#### **Costs**

48. The Agency is of the view that there are no policy costs that affect industry attributable to option 3; any actions that industry wishes to take are voluntary. Whilst the Agency will act to co-ordinate industry's voluntary reformulation and healthier option provision efforts, it will not apply sanctions to food-industry organisations that do not reformulate products.

49. It is for industry to voluntarily make the commercial decision to reformulate with its associated costs discussed above.

### Administrative Costs

50. Whilst there are no policy-driven incremental manufacturing costs associated with option 3, there are some potential administrative burdens that it would be appropriate to categorise as resulting from this policy option. These burdens are those related to the familiarisation and understanding of any target levels that may develop out of this partnership process and reporting saturated fat and energy reduction progress data to the Agency.

51. The Agency considers that the first of these two administrative cost categories would be negligible. If food-industry organisations are seeking to voluntarily reduce their saturated fat and energy levels in their products then they will obviously need to consider how much of each to remove. Reference to any partnership targets would not involve more than a few hours of reading/search costs.

52. In terms of the second category, the Agency is seeking to minimise such administrative burdens by considering allowing food-industry organisations to report this progress alongside their existing entries into the new salt self-reporting reporting framework. As such, the self-reporting of saturated fat and energy progress may be seen as incremental to the salt reporting and should, in the Agency's view, not require a significant resource input.

53. As with salt self-reporting, the Agency does acknowledge the potential for some food-industry organisations to undertake measurement and conduct analysis that they would not necessarily do commercially to provide data in a compatible format to others in the industry, although the Agency does not consider that in the majority of cases the time and resource requirements to provide this data will be significant.

54. Although option 3 does not provide targets for saturated fat and energy reduction, there will be some Agency (public) administrative costs associated with the monitoring of industry progress. However, this resource cost is not likely to be too burdensome.

### Public Costs: Consumer Awareness and Understanding

55. The Agency already provides a wealth of healthy-eating advice through a variety of media. Many consumer-related, health-related and food-industry organisations also provide guidance for consumers on healthy-eating issues. The Agency has research programmes in place that aim to better understand the major factors influencing consumers' food choices, particularly the barriers that they face in making healthier choices and testing interventions to overcome these. Such research, plus Agency work to introduce front-of-pack labelling to make information on the nutritional value of foods more accessible to consumers, will go some way in improving the consumer awareness and

understanding of the foods they buy. The Agency is proposing to continue its commitment to developing the central messages and tools already in place and to encourage their uptake and use by food-industry organisations and other non-government organisations.

## Benefits

56. In order to estimate the potential health benefits in terms of mortality and morbidity that may accrue from the option of voluntary industry action and Government co-ordination, it is necessary to estimate both: the attributable links between reduced population intakes of saturated fat and energy levels and CVD/obesity health outcomes; and the likely effectiveness of this option at reducing these dietary intakes<sup>10</sup>.

57. Whilst the Agency has recently published its (and the Department of Health's) understanding of the attributable links between saturated fat and sugar intakes and health outcomes (in the health benefit analysis salient to Ofcom's current considerations regarding broadcast advertising to children<sup>11</sup>), it is not yet in a position to estimate the likely effectiveness of this policy option in reducing these dietary intakes. The extent of the benefits will emerge as the potential for percentage reductions in saturated fat and energy levels that industry will be able to/plan to achieve in their foods under the influence of this policy option become clear.

58. Whilst one quantification of the monetary effects of obesity is already noted above, for illustration we here note (from the health benefit analysis regarding broadcast advertising to children) the potential health benefits that could accrue to the UK if the recommended maximum intake per person of saturated fat as a percentage of food energy intake were achieved.

59. As noted above (Footnote 1), the NDNS shows a population average intake of 13.3%, whereas the recommended maximum level of saturated fat intake is 11%. The Agency estimates that the achievement of such a 2.3% reduction would equate to approximately 3,500 annual UK deaths averted<sup>10</sup>, or an equivalent mortality (and morbidity) benefit of over 33,000 Quality Adjusted Life Years (QALYs) annually. Maintaining consistency with the health benefit analysis regarding broadcast advertising to children and thus monetising QALYs at £30k each yields an annual benefit of £1billion. Indeed, the inclusion of a Value of Living (per se) element into this calculation would be likely to have the effect of more than doubling the potential monetised health benefit. Using a Value of Living (per se) figure of £400k<sup>12</sup>, yields an aggregate potential annual benefit of more than £2.4 billion.

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<sup>10</sup> Rayner. M, Scarborough. P, (2005) *The Burden Of Food Related Ill Health In The UK*; J. Epidemiol. Community Health 2005; 59; p1054-1057.

<sup>11</sup> [www.ofcom.org.uk/consult/condocs/foodads\\_new/ia.pdf](http://www.ofcom.org.uk/consult/condocs/foodads_new/ia.pdf), p65.

<sup>12</sup> [http://pcpoh.bham.ac.uk/publichealth/nccrm/PDFs%20and%20documents/RM03\\_JH31\\_Final\\_Report.pdf](http://pcpoh.bham.ac.uk/publichealth/nccrm/PDFs%20and%20documents/RM03_JH31_Final_Report.pdf)

### **Race equality**

60. Incidence of CVD and obesity varies by ethnic group. The prevalence of angina and heart attack is highest in Pakistani men and Indian men and women. Obesity prevalence in excess of the general population average is highest in Black African, Black Caribbean, Irish and Pakistani sections of the community. Options 2 and 3 could therefore have a positive impact on addressing health inequalities.

### **Effect on different income groups**

61. The Agency's Consumer Attitudes Survey reports that respondents of social grade AB were more likely to report eating more healthily than were DEs. Work to raise awareness and understanding of healthy eating will continue to address any inconsistencies with regard to income groups. With regard to work by food-industry organisations to improve the accessibility of healthier options, smaller portion sizes and reformulation of mainstream products to reduce saturated fat and energy, the impact of which may depend to a large extent on which foods are considered.

### **Other sustainability considerations**

62. We have considered the impact of the three options and believe that they will have no impact on levels of crime, skills and education, gender equality, disability equality, rural communities and the environment. However, we welcome views on this.

## **5. Small Firms Impact Test**

63. We have sought advice from the Small Business Service (SBS) on engagement with small- and medium-sized businesses on the impact our three options may have on their businesses. With the help of SBS we have sought contact with over 190 small- and medium-sized businesses who have expressed an interest in food and drink matters. Of these, three contacted the Agency with a wish to take part in future consultations on this issue. Two of the three businesses were foodservice providers rather than retailers and/or manufacturers, per se, and therefore their input will be sought as part of separate work the Agency is taking forward with catering organisations to explore how they can contribute to the Programme, as well as the wider healthy-eating agenda, in a way that takes account of the particular needs of this sector.

64. We recognise that any Government-driven effort to improve the accessibility and availability of healthier foods may impact on small- and medium-sized businesses and therefore will continue to seek the specific views of this group, which will feed into the development of the Programme and its accompanying RIA.

## 6. Competition Assessment

65. The Agency has not applied the competition filter but instead considered the underlying competition issues that may exist with respect to the provision of Government co-ordination of voluntary industry action to reduce saturated fat and energy levels in foods.

66. Individual food-industry organisations may be concerned that (in response to public health recommendations) unilaterally reducing the levels of saturated fat and energy in their foods may place them at a commercial disadvantage. In supporting such reductions by acting in a co-ordinating role and through its consumer awareness work the Government can be seen as helping to facilitate multilateral action by food-industry organisations to reduce saturated fat and energy levels.

67. For option 1, to do nothing, there would be no effect on competition. For option 3, to act as a proponent of more balanced diets and to play a co-ordinating role for the industry, there will be no threat to competition or product innovation as long as any actions undertaken by food-industry organisations are truly on a voluntary basis. For option 2, the legislative route, all manufacturers would need to comply although it is likely that some may be affected more than others, e.g. non-cyclical reformulation costs are likely to be higher for food-industry organisations whose product lines currently contain more saturated fat and energy than the average.

68. If it is the case that some food-industry organisations seek to differentiate their products through the inclusion of “high” levels of saturated fat, such as dairy ingredients, or the energy content, such as the presence of high levels of sugar, then legislation making these product attributes non-compliant (option 2) may act to reduce consumer choice and force some food-industry organisations to remove or reposition a proportion of their existing ranges.

69. The Agency has a remit to undertake work for the UK only. However, we are aware that there are a number of categories where imported foods make a considerable contribution to the number and variety of products currently on sale in the UK; and that UK food-industry organisations that choose to invest in the production of lower saturated fat and energy products could be put at a commercial disadvantage if existing high saturated-fat and/or energy products, equivalent to those produced in the UK, continue to be imported from abroad.

70. Non-regulatory, partnership-based approaches to working with food-industry organisations, of the type exemplified by the Agency’s reformulation work, are increasingly being seen as important tool in policy making within the UK and internationally, and the Agency is taking a number of steps to encourage international debate in this area.

71. The European Commission (DG SANCO) launched its Platform for Action on Diet, Physical Activity and Health in March 2005, as a non-regulatory, partnership-based approach to tackling obesity. Platform members, including European representatives of the food industry; advertisers; consumer and public health non-government organisations, have submitted Action Plans detailing commitments they have made in the relevant areas. There are plans for the establishment of a similar platform as part of the Commission's alcohol strategy. Meanwhile, the World Health Organization (WHO) Regional Office for Europe has recently secured agreement from its Member States for a European Charter on Counteracting Obesity. The Charter also places a strong emphasis on public/private partnerships as a tool for delivering change, and identifies an important role for the private sector in working to promote healthier choices. Within the context of this partnership working, both the European Commission and the WHO have identified product reformulation as an area in which food-industry organisations should be encouraged to take further action.

72. A number of individual food-industry organisations and representative trade associations have indeed made use of the Platform to make commitments of this nature. These can be viewed at the Platform's on-line database. The Commission will publish its obesity White Paper later this year, and it is expected that this too will call for greater commitment to reformulation by food-industry organisations.

## **7. Enforcement, Sanctions and Monitoring**

### Enforcement

#### **Options 1 and 3: Do nothing and Voluntary industry action with Government co-ordination**

73. These two options carry no enforcement requirement or costs as any action by the food industry would be voluntary.

74. In relation to a similar initiative to reduce salt levels in processed and prepared foods, the Agency publishes commitments made by individual food-industry organisations to reduce the salt content of their foods. These commitments are currently published on our website and are updated on a regular basis. Following the publication of the Agency's voluntary salt targets, which establish voluntary levels for salt in a wide range of foods to be achieved by 2010, the continuation of the commitments publication is under review.

#### **Option 2: Legislation**

75. The introduction of new legislation controlling the saturated fat, energy and portion size of some foods will mean that compliance with such legislation will need to be enforced. As for most food legislation, enforcement would most likely be the responsibility of local authorities, usually through their trading standards or environmental health offices with some input from public analysts. Such enforcement comes with associated costs.

## Sanctions

### **Options 1 and 3: Do nothing and Voluntary industry action with Government support**

76. As for enforcement, options 1 and 3 involve voluntary action by food-industry organisations and therefore would require no sanctions.

### **Option 2: Legislation**

77. This option would carry the sanctions associated with contravening food safety legislation.

## Monitoring

### **All options**

78. The National Diet and Nutrition Survey programme carries out regular monitoring of changes to population nutrient intakes. Additional data on consumption patterns is available through the National Food Survey Annual Report on Food Expenditure, Consumption and Nutrient Intakes, produced by Defra. These mechanisms would be available regardless of which option is chosen.

### **Options 2 and 3: Legislation and Voluntary industry action with Government co-ordination**

79. As outlined above, the Agency currently publishes commitments made by individual food-industry organisations to reduce the salt content of their foods in line with the Agency's work to reduce population average salt intakes. The publication of these commitments acts as a kind of monitoring and enforcement framework and could be adapted to include commitments to reduce saturated fat and energy levels.

80. Note however that the salt commitment publication is under review following the publication of the Agency's voluntary salt targets. Instead, the Agency is working with its stakeholders to develop a 'salt self-reporting framework', which essentially involves the provision of data on the salt levels for a range of foods by individual food-organisations and/or their trade representatives. There is therefore an opportunity for this framework, once agreed, to be adapted for use to allow monitoring of saturated fat and energy.