

DIET AND NUTRITION: RECOMMENDATIONS FOR AN OUT OF HOME STRATEGY FOR SCOTLAND

1 Purpose of the paper

- 1.1 Food Standards Scotland (FSS) is Scotland's Food Body with a statutory duty to improve the extent to which the Scottish population have diets conducive to good health.
- 1.2 The Scottish Government (SG) developed its paper: *A Healthier Future – Scotland's Diet and Healthy Weight Delivery Plan*¹ taking evidence and recommendations from FSS into account.² In particular, this included actions to change the Out of Home (OOH) environment. SG agreed that FSS should consult on and develop an OOH strategy for Scotland with the aim of improving public health through reduced calorie intake and progress towards Scottish Dietary Goals (SDG).
- 1.3 Subsequent to the consultation process (outlined in section 3), this paper sets out the principles to underpin an OOH strategy, and proposes recommendations for FSS advice to Scottish Ministers.
- 1.4 The Board is asked to:
 - **Discuss and agree** the recommendations and actions set out in this paper and summarised in Annexe A.
 - **Note** there will be a further paper on the implementation of mandatory OOH calorie labelling in 2020, if Ministers are minded in principle to pursue this.
 - **Note** the importance of collaborative working with SG, partner organisations and the food and drink industry in taking forward an OOH strategy for Scotland.

2 Summary

- 2.1 Our eating habits and food options are changing in response to the OOH industry. Eating OOH extends beyond the sit down meal, and more commonly includes eating 'on the go'. With an estimated 25% of the calories we consume coming from food eaten OOH³, there is no avoiding the fact that it is right that the spotlight is now also on the OOH sector.
- 2.2 Eating out is no longer simply an occasional treat. It is common place, with convenience stores topping the league table of visits; and lunch and snack times being the most typical occasions when food is purchased OOH⁴. Online delivery platforms are increasing easy access to fast foods. The recent rapid

¹ The Scottish Government. *A Healthier Future : Scotland's Diet and Healthy Weight Delivery Plan*. 2018; Available at: <https://www.gov.scot/publications/healthier-future-scotlands-diet-healthy-weight-delivery-plan/>.

² Food Standards Scotland. *Diet and Nutrition Board Paper: Setting the Direction for the Scottish Diet One Year On*. 2017; Available at: <https://www.foodstandards.gov.scot/publications-and-research/publications/board-meeting-8-march-2017>.

³ Public Health England. *Sugar Reduction: Achieving the 20% A technical report outlining progress to date, guidelines for industry, 2015 baseline levels in key foods and next steps*. 2017; Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/604336/Sugar_reduction_achieving_the_20_.pdf

⁴ Kantar Worldpanel (2019). *The Out of Home environment in Scotland, 2015-18*. Food Standards Scotland: <https://www.foodstandards.gov.scot/publications-and-research/publications/the-out-of-home-environment-in-scotland-june-2015-june-2018>

growth of these businesses serves as an example of emerging market interventions driving changes to what and how we eat.⁵

- 2.3 The OOH sector lags behind the retail food sector in the provision of nutrition information to help consumers make informed choices. However, given the amount we now eat out, we believe that consumers have a right to know about the calories that are in the foods they purchase OOH.
- 2.4 Government will need to be prepared to take strong action: voluntary actions to date have had insufficient impact. However, we know that there is no one solution to address this complex and diverse landscape. Government alone cannot solve all the issues and cannot always regulate to solve the problems we face, but there are opportunities for stronger leadership and greater coherence across SG policy areas. An OOH strategy must encompass a range of complementary short, medium and long-term actions and a strong coherent approach across Government, industry and partners, including mandatory measures where necessary.
- 2.5 In line with the commitments within the Healthier Futures Delivery Plan,⁶ the actions proposed will impact on all sectors of the population, but those from the most deprived areas are likely to have the most to gain. Monitoring and evaluation must be firmly incorporated within the strategy to assess the impact on industry, public health and to ensure that the health inequalities gap is addressed.
- 2.6 The challenge is now firmly in the court of all parts of the OOH food sector, including delivery services, to make the necessary changes to OOH food provision and provide clear information for consumers to support healthier choices when eating OOH.
- 2.7 The background and detail underpinning our conclusions are set out in the following sections:
 - Section 3: Background to our approach and a description of the OOH landscape in Scotland
 - Section 4: Strategic principles for improving the OOH food environment
 - Section 5: Recommended actions
 - Section 6: Risks and mitigations
 - Section 7: Conclusions

3 Background

3.1 How these proposals were developed

- 3.1.1 This paper is the result of analysis and scrutiny of a wide range and type of evidence. This included analysis of FSS commissioned data on the OOH environment in Scotland 2015-18.⁷ Rapid evidence reviews and desk based

⁵ NPD. The unstoppable rise of the takeaway delivery phenomenon means the market is now worth £4.2 billion, up 73% in a decade. 2018; Available at: <https://www.npdgroup.co.uk/wps/portal/npd/uk/news/press-releases/the-unstoppable-rise-of-the-takeaway-delivery-phenomenon-means-the-market-is-now-worth-4-2-billion-up-73-in-a-decade/>.

⁶ The Scottish Government. A Healthier Future : Scotland's Diet and Healthy Weight Delivery Plan. 2018; Available at: <https://www.gov.scot/publications/healthier-future-scotlands-diet-and-healthy-weight-delivery-plan/>.

⁷ Kantar Worldpanel (2019). The Out of Home environment in Scotland, 2015-18. Food Standards Scotland: <https://www.foodstandards.gov.scot/publications-and-research/publications/the-out-of-home-environment-in-scotland-june-2015-june-2018>

research have also been undertaken by FSS officials in order to provide additional evidence.

3.1.2 Following on from the commitment in SGs Healthier Futures Delivery Plan, FSS undertook a public consultation between November 2018 and February 2019 to seek views on how the OOH food environment can be improved. FSS also commissioned consumer engagement with predominantly lower socio-economic groups, to seek their views directly. Additional engagement also took place with local authority environmental health, food and drink industry representatives and groups representing public health professionals. As a result, a suite of documents is published alongside this paper. The documents are:

- An independent analysis of the FSS OOH consultation responses⁸
- An analysis of the OOH landscape in Scotland (2015-2018)⁹
- A report on the consumer engagement¹⁰

The above sources of evidence are referred widely throughout the document and other sources are referenced within the text.

3.2 Putting the Out of Home Environment in context

3.2.1 More than two thirds of the Scottish population is either overweight or obese. Poor diet and obesity are known risk factors for the development of serious and very common diseases including type 2 diabetes, certain cancers and cardiovascular disease, all of which reduce quality of life and life expectancy.¹¹ People living in the most deprived areas of Scotland have the lowest life expectancies¹², poorest diets¹³ and potentially have the most to gain from measures to improve dietary health.

3.2.2 Body weight is predominately determined by the types and amounts of food we eat, together with our levels of physical activity. However, there are factors in the food environment that exploit our biological, physiological, social and economic vulnerabilities that can result in overconsumption of unhealthy foods. Relying solely on education and individual action to address over consumption

⁸ Jump/Red Tree/SMG Research Consortium (2019). Analysis of Consultation on 'Proposals to Improve the Out of Home Food Environment in Scotland'. Food Standards Scotland: <https://www.foodstandards.gov.scot/publications-and-research/publications/analysis-of-a-food-standards-scotland-public-consultation-on-improving-the->

⁹ Kantar Worldpanel (2019). The Out of Home environment in Scotland, 2015-18. Food Standards Scotland: <https://www.foodstandards.gov.scot/publications-and-research/publications/the-out-of-home-environment-in-scotland-june-2015-june-2018>

¹⁰ Jump/Red Tree/SMG Research Consortium (2019). Qualitative consumer research on eating outside the home. Food Standards Scotland: <https://www.foodstandards.gov.scot/publications-and-research/publications/qualitative-consumer-research-on-eating-outside-the-home>

¹¹ Bardsley D, Dean L, Dougall I, Feng Q, Gray L, Karikoski M, et al. Scottish Health Survey 2017 2018; Available at: <https://www.gov.scot/publications/scottish-health-survey-2017-volume-1-main-report/>.

¹² National Records of Scotland (NRS). Life Expectancy in Scottish Council areas split by deprivation, 2011-2015. 2017; Available at: <https://www.nrscotland.gov.uk/files/statistics/life-expectancy-scottish-areas/Dep/le-council-area-deprivation-2011-15.pdf>.

¹³ Food Standards Scotland. The Scottish Diet - It needs to change 2018 update. 2018; Available at:

<https://www.foodstandards.gov.scot/publications-and-research/publications/the-scottish-diet-it-needs-to-change-2018-update>

is insufficient and, as a result, transformation of the food environment is one of the five key outcomes included within the SG vision for a healthier future.¹⁴

3.2.3 Living with the burden of poor diet and overweight/obesity is not free of consequence, either for individuals or the state. There is an increasing draw on public funds required to treat the consequences of a poor diet and obesity. If the current trend continues, and action isn't taken to reverse overweight and obesity, we will have to accept more expenditure on health and less on other publically funded activities. Alternatively, additional taxes will have to be raised to pay for increasing health costs. This means the societal consequences of poor diet become increasingly a macro-economic issue, not just a health issue.

3.3 Describing the Out of Home environment in Scotland

3.3.1 FSS has defined the OOH sector as:

- Cafes, all types of restaurants, takeaways, pubs/bars, vending machines, workplace canteens, hotels, leisure and entertainment venues.
- Supermarkets and convenience stores who provide "food on the go"
- Places where we purchase food when commuting or travelling.
- Manufacturers and suppliers of food and drink to the OOH sector
- Food delivery services, including online.
- OOH businesses in the public sector, including food provided for staff and visitors in health care settings.

3.3.2 We estimate that there are around 39,000 businesses in Scotland that fall within our OOH definition.¹⁵

3.3.3 It is estimated that on average 25% of the calories we consume comes from food eaten OOH.¹⁶ We know that the most popular food purchased from this sector are often less healthy options (see section 3.5 for further information).¹⁷

3.3.4 The wholesale/supply market, thought to be worth £2.9 billion¹⁸, is a significant contributor to Scotland's OOH environment. Therefore, it too has an integral part to play in improving the food available OOH.

3.3.5 We have identified the public sector as an important part of the OOH sector. Around 21% of the Scottish workforce is employed by the public sector¹⁹, some

¹⁴ The Scottish Government. A Healthier Future : Scotland's Diet and Healthy Weight Delivery Plan. 2018; Available at: <https://www.gov.scot/publications/healthier-future-scotlands-diet-healthy-weight-delivery-plan/>.

¹⁵ Data extracted from Food Hygiene Information Scheme: <https://www.foodstandards.gov.scot/consumers/food-safety/buyingfood-eating-out/food-hygiene-information-scheme/about-the-food-hygiene-information-scheme>

¹⁶ Public Health England. Sugar Reduction: Achieving the 20% A technical report outlining progress to date, guidelines for industry, 2015 baseline levels in key foods and next steps. 2017; Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/604336/Sugar_reduction_achieving_the_20_.pdf

¹⁷ Kantar Worldpanel (2019). The Out of Home environment in Scotland, 2015-18. Food Standards Scotland: <https://www.foodstandards.gov.scot/publications-and-research/publications/the-out-of-home-environment-in-scotland-june-2015-june-2018>

¹⁸ Scottish Wholesalers Association. Scottish Wholesalers Association response to consultation on Proposals to Improve the Out of Home environment in Scotland. 2019; Available at: https://consult.foodstandards.gov.scot/nutrition-science-and-policy/proposals-to-improve-the-out-of-home-environment-consultation/view_respondent?show_all_questions=0&sort=submitted&order=ascending&q_text=swa&uuld=110541416.

¹⁹ Scottish Government (2019). Public Sector Employment in Scotland. Statistics for 4th Quarter 2018: <https://www.gov.scot/publications/public-sector-employment-scotland-statistics-4th-quarter-2018/pages/3/>

of which will have access to staff canteens. Many public sector sites also have outlets providing food and drink to large numbers of the public. This provides the opportunity for the public sector to act as the exemplar with respect to healthy food provision.

3.3.6 Takeaways are an important component of the OOH sector in Scotland, accounting for £710 million spend and 9% of visits in 2018.²⁰ Data shows growth in purchases from takeaways in Scotland and a rapid increase in the proportion of food ordered using intermediary delivery platforms such as *Just Eat*, *UberEats* or *Deliveroo*. For example, between 2017 and 2018 the proportion of takeaways ordered in this way increased by 41% across Great Britain.²¹ It has also been reported that 60% of adults in the UK used an online delivery platform in a six month period in 2018.²² Furthermore, this sector of the OOH industry is growing, and with expansion of the types of foods accessible through delivery services, it is set to change the way many of us eat.²³

3.3.7 The following areas are excluded from the FSS OOH definition and, as a consequence, consideration in this paper because policies are already in place, or in development, with respect to diet and health.

- *School food*. SG has recently published its response to a consultation on school food and will be taking forward revisions to school food regulations.²⁴
- *Early years/ Nursery food*. A review of the existing food based standards within 'Setting the Table – Nutritional guidance and food standards for early years childcare providers in Scotland has recently been completed.²⁵ It is anticipated that the updated guidance will be published in 2020.
- *Food provided for hospital patients*. Standards for food, fluid and nutritional care are already in place for provision of food for patients.²⁶
- *Prison food*. NHS Health Scotland is working with the Scottish Prison Service to develop menus which meet the Nutrient and Food Standards for the Scottish Prison Service.

3.4 Visits Out of Home

3.4.1 The need for a strategy for the OOH sector cannot be ignored given that almost everybody in Scotland now eats out. In 2018, 98% of the population ate OOH at some point, accounting for an estimated spend of £4.5 billion.²⁰ With traditionally non-food retail environments such as pharmacies, cosmetic and

²⁰ Kantar Worldpanel (2019). The Out of Home environment in Scotland, 2015-18. Food Standards Scotland: <https://www.foodstandards.gov.scot/publications-and-research/publications/the-out-of-home-environment-in-scotland-june-2015-june-2018>

²¹ Data from Kantar Worldpanel.

²² Scottish Parliament Information Centre, 2019. Fast food booming – a cause for concern? Available at: <https://spice-spotlight.scot/2019/08/07/fast-food-booming-a-cause-for-concern/>

²³ MCA Food Service Delivery Report 2018. Available at: <https://www.mca-insight.com/market-reports/uk-foodservice-delivery-market-report-2018/574612.article>

²⁴ The Scottish Government. Nutritional requirements for food and drink in schools: consultation. 2019; Available at: <https://consult.gov.scot/support-and-wellbeing/food-and-drink-in-schools/>

²⁵ NHS Health Scotland. Setting the table. 2018; Available at: <http://www.healthscotland.com/documents/30341.aspx>.

²⁶ Healthcare Improvement Scotland. Standards for food, fluid and nutritional care. 2014; Available at: http://www.healthcareimprovementscotland.org/our_work/standards_and_guidelines/stnds/nutritional_care_standards.aspx.

gift stores now commonly selling products such as sweets and confectionery²⁷, it has never been easier to purchase and eat food away from home.

3.4.2 We made around 960 million visits OOH in 2018, equating to each person, on average, visiting 4 times and spending £20 each week: in other words, every other day. The majority (76%) of these visits were to informal venues, including 'on the go' purchases from convenience stores, bakery and sandwich shops, supermarkets, fast food restaurants and coffee shops and cafes. Only a small proportion of OOH visits were made to more formal full service restaurants. Lower income groups eat out as often as most other income groups; therefore, they have just as much to gain from improvement to the OOH environment.²⁸

3.4.3 On average, children up to 16 years account for 13% of all visits to OOH (either by themselves or accompanied by an adult) which accounts for a spend of around £850 million per year.²⁸

3.5 Types of food and drink consumed outside the home

3.5.1 Overall, the most popular foods and drinks consumed OOH in Scotland are quick, convenient options which are often consumed 'on the go'. The types of foods eaten OOH are skewed towards those high in fat, sugar and/or salt (HFSS). In 2018, the top OOH food and drink purchased were coffee, carbonated drinks including sugary drinks, sandwiches, confectionery, tea, cakes, biscuits and pastries, chips, water, juice and juice drinks, crisps, snacks, nuts and popcorn. Among the most popular types of main meals were burger meals, fish meals and breakfast meals, including cooked breakfasts. Top takeaways included burgers, Chinese and Thai meals, fish, pizza, chicken, Indian meals, and sausages/hot dogs.²⁸

3.5.2 Discretionary products such as sugary drinks, confectionery, savoury snacks, cakes, biscuits and pastries, which provide few, if any, essential nutrients, were included in 38% of all OOH visits in 2018 (equates to 360 million visits).²⁸

3.5.3 Most restaurants in the UK provide specific menus for younger children.²⁹ Evidence shows that children up to 12 years tend to have less healthy food and drink choices compared to the adults they are accompanied by.³⁰ Children's choices typically include burgers, fried chicken, chips and sugary drinks.²⁸

3.5.4 Food choices made by older children who eat out by themselves are also skewed towards less healthy options and include sugary drinks, sausage and hot dog meals, chips, confectionery, pizza and ice-cream.²⁸

²⁷ Food Active and UK Health Forum. Availability, placement, marketing & promotions of HFSS content foods in traditional non-food retail environments. 2019; Available at: <http://www.foodactive.org.uk/new-research-from-food-active-and-the-uk-health-forum-shows-unhealthy-food-and-drink-options-dominate-choices-at-non-food-retail-environments/>.

²⁸ Kantar Worldpanel (2019). The Out of Home environment in Scotland, 2015-18. Food Standards Scotland: <https://www.foodstandards.gov.scot/publications-and-research/publications/the-out-of-home-environment-in-scotland-june-2015-june-2018>

²⁹ Young M, Coppinger T, Reeves S. The Nutritional Value of Children's Menus in Chain Restaurants in the United Kingdom and Ireland. Journal of Nutrition Education and Behavior. 2019; Available online 22 May 2019.

³⁰ NPD Group. An assessment of the out of home food and drink landscape in Scotland (2015). 2015; Available at: <https://www.foodstandards.gov.scot/publications-and-research/publications/an-assessment-of-the-out-of-home-food-and-drink-landscape-in-scotland>.

3.5.5 Many restaurants have made healthier options such as fruit, vegetables, milk and water available within children's menus.³¹ However, when set against an abundance of less healthy options, often packaged together as attractively priced meal deals, it can be challenging for adults and children to make the best choices.

3.6 Calorie content of Out of Home foods

3.6.1 Eating OOH has been associated with obesity³² and there is evidence that food obtained from fast-food outlets or takeaways is associated with higher calorie intakes.³³ Available data show that the food we eat OOH is more energy dense (i.e. contains more calories per 100g) than the food we eat within the home (205 kcals/100g vs 169 kcal/100g).³⁴

3.6.2 Many OOH food options contribute disproportionately to recommended daily intakes of 2500 and 2000 calories for men and women respectively. Also, as it is common to order more than one course, it is possible that the calorie content of one entire meal can exceed daily calorie limits. Increased choice, in turn, can also lead to increased calorie intake,³⁵ for example multiple small plates or sharing plates can cause us to eat more than we realise.

3.6.3 The table below shows the wide range of calorie contents of some common foods and drinks available OOH demonstrates that there is scope to reduce calories in popular foods.

Table 1 – Approximate calorie ranges of common menu items*

Food Type	Approximate calorie ranges
Cooked Breakfasts	500 - 1570
Fish and Chips	650 - 1900
Burger and Chips	470 - 1900
Pizzas	380 - 1600
Starters and Small Plates	140 - 1730
Sandwiches and wraps	160 - 700
Paninis and Baguettes	220 - 1000
Chips/Fries	220 - 1440
Sides (excl. regular chips/fries)	70 - 910
Desserts	150 - 1420
Cinema popcorn	210 - 1180
Cakes and pastries	60 - 760
Specialty Coffee (excl. black coffee)	50 - 420
Milkshakes	200 - 1030
Food on the go meal deals	200 - 1500

* Source: consumer information, available online or on printed materials.

³¹ Setterfield L, Eunson J, Murray L. Marketing strategies used within premises by out of home businesses. 2017; Available at: https://www.foodstandards.gov.scot/downloads/Ipsos_Mori_-_marketing_strategies.pdf.

³² Nago ES, Lachat CK, Dossa RAM, Kolsteren PW. Association of Out-of-Home Eating with Anthropometric Changes: A Systematic Review of Prospective Studies. *Crit Rev Food Sci Nutr*. 2014. 01/01;54(9):1103-1116.

³³ Goffe L, Rushton S, White M, Adamson A, Adams J. Relationship between mean daily energy intake and frequency of consumption of out-of-home meals in the UK National Diet and Nutrition Survey. *International Journal of Behavioral Nutrition and Physical Activity*. 2017;14(1):1-11.

³⁴ Wrieden, WL. and Barton, KL. The Scottish Diet: Estimations of energy density and expenditure 2011; Available at: https://www.foodstandards.gov.scot/downloads/Energy_Density_Report.pdf.

³⁵ Raynor, HA, Epstein, LH. Dietary variety, energy regulation, and obesity. *Psychological bulletin*. 200

3.7 Policy levers designed to improve diet in the UK

3.7.1 Both mandatory and voluntary approaches need to be used to effect change. The appetite of the food industry to act and lead in addressing the need to improve diet in the UK was tested by HM Government's Responsibility Deal (RD). In 2011, the RD replaced the existing, and well recognised Food Standards Agency population level salt reduction programme, established in 2003. However, it has recently been shown that the RD approach of industry taking the lead significantly slowed progress in salt reduction with negative consequences for public health.³⁶

3.7.2 More recently, Public Health England (PHE) is leading on structured and closely monitored voluntary programmes for sugar and calorie reduction designed to drive change in all sectors of the food industry including OOH.³⁷ Although in the early stages, positive progress towards sugar reduction has been reported.³⁸ However, evidence from the OOH industry is much more difficult to establish.

3.7.3 Evidence shows that a mandatory approach can be very effective. For example, the Soft Drinks Industry Levy has had impact with the majority of the soft drink industry reducing the sugar content of their products even before the Levy came into force on 6th April 2018.³⁹ Furthermore, unpublished FSS analysis of data from Kantar Worldpanel indicates a significant decline in overall sugar purchased from retail between 2014 and 2018.⁴⁰

4 Strategic principles for transforming the Out of Home environment

4.1 Changing dietary patterns including those associated with the consumption of high volumes of HFSS foods is clear evidence that the OOH sector cannot be ignored if we are to tackle the obesogenic environment. To be successful, an OOH strategy will have to encompass a range of short, medium and long-term actions and a strong coherent approach across Government, partners and individuals. We have expanded and developed the principles laid out in earlier advice to SG on setting the direction for dietary improvement⁴¹ and believe the following principles are key to underpinning actions within an OOH strategy.

4.2 Principle 1 - Consumers have the right to information

4.2.1 Consumers have the right to accurate information about the food they buy and consume, regardless of where they purchase their food. In the retail environment consumers have easy access to accurate calorie and nutrient information on the labels of pre-packaged food and, should they wish, they can

³⁶ Laverty AA, Kyridemos C, Seferidi P, et al Quantifying the impact of the Public Health Responsibility Deal on salt intake, cardiovascular disease and gastric cancer burdens: interrupted time series and microsimulation study J Epidemiology Community Health Published Online First: 18 July 2019. doi: 10.1136/jech-2018-211749

³⁷ Public Health England. Sugar reduction and wider reformulation. 2017; Available at: <https://www.gov.uk/government/collections/sugar-reduction>.

³⁸ Public Health England. Sugar reduction and wider reformulation programme: Report on progress towards the first 5% reduction and next steps. 2018; Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/709008/Sugar_reduction_progress_report.pdf.

³⁹ HM Treasury. Soft Drinks Industry Levy comes into effect. 2018; Available at: <https://www.gov.uk/government/news/soft-drinks-industry-levy-comes-into-effect>.

⁴⁰ Report in preparation

⁴¹ Food Standards Scotland. Diet and Nutrition: Update on setting the direction for the Scottish Diet. 2016; Available at: https://www.foodstandards.gov.scot/downloads/FSS_Diet_and_Nutrition_Paper_161005.pdf.

make informed choices based on this information. This information is required by law, and businesses are required to comply with it.

4.2.2 By contrast, as the majority of foods sold OOH are non pre-packaged, there is no specific legal requirement for calorie and nutrition labelling. Therefore, there is currently insufficient information provided OOH to allow consumers to ascertain the calorie content and nutritional value of the food on offer.

4.2.3 In the limited number of cases where calorie labelling is available **at the point of choice** it has been shown to reduce the amount of calories purchased when eating OOH.⁴² This is due to the simplicity of the approach which is understood by consumers, enabling them to make informed choices, and this demonstrates that calorie labelling is feasible for OOH businesses to implement. Calorie labelling is an essential first step in the provision of information for consumers eating OOH.

4.3 Principle 2 – OOH businesses need to know, and act upon, the calorie content of the food they provide.

4.3.1 OOH businesses, including manufacturers and wholesalers, need to know the calorie content of their food in order to make improvements to the food they provide. Business knowledge of calorie content is a key step to adapting recipes, reducing portions sizes and changing the balance of menus; all steps that are needed to transform the OOH food environment in a way that contributes to meeting our dietary goals and the SG's ambition to halve childhood obesity. However, many businesses are unaware of the calorie content of the food on their menus, making them less likely to make the necessary changes.

4.3.2 Once armed with calorie information, we expect businesses to act responsibly and improve their offerings, particularly where calories are very high.

4.4 Principle 3 – Children are able to eat healthily when eating out.

4.4.1 Young children are dependent on parents/carers and the OOH sector for their food choices when eating out. Children's menus are typified by unimaginative food, often provided at low cost (or free) to attract their accompanying adults to the premises. Children's menus also, in effect, segregate children and adults eating experiences. We know that consumers want better but that low cost and convenience, currently offered by children's menus, locks us into the status quo and hampers change. However, as eating out is now commonplace, and not just for special occasions, we must consider and debate what value we place on children's health.

4.4.2 The importance of a healthy diet is reflected in the school curriculum and regulations for food and drink provided in schools⁴³ are in place to ensure healthy food provision. However, when children and young people are exposed to the food environment beyond the school gate, the same regard for health is

⁴² Crockett RA, King SE, Marteau TM, Prevost AT, Bignardi G, Roberts NW, et al. Nutritional labelling for healthier food or non-alcoholic drink purchasing and consumption. Cochrane Database of Systematic Reviews 2018

⁴³ The Scottish Government. THE NUTRITIONAL REQUIREMENTS FOR FOOD AND DRINK IN SCHOOLS (SCOTLAND) REGULATIONS 2008. 2008; Available at: <https://www.legislation.gov.uk/sdsi/2008/9780110816456/introduction>.

not apparent; offers of cheap deals of poor nutritional quality are easily accessible and commonly targeted at children and young people.⁴⁴

4.4.3 Our view is that children and young people deserve better. The experience of eating out should be one where healthy options are commonplace and available for all.

4.5 Principle 4 – The public sector should be tasked to become the exemplar for OOH food provision.

4.5.1 Public sector buildings with staff and visitor cafes and restaurants should provide a positive example and set the standard for healthy eating, even when catering services are contracted out. This includes cafes and restaurants within government, local government, hospitals and health care settings, colleges and universities, sport and leisure facilities and publically funded Scottish visitor attractions.

4.6 Principle 5 - Collaborative working

4.6.1 Transforming the OOH food environment can only be achieved through a coherent national response to the challenge, including across SG's own policies, if we are to achieve our dietary goals and aspirations to become a Good Food Nation.⁴⁵ Commitment to action by SG, FSS and partners, at national and local level, including through the development and application of whole-systems approaches will be required to facilitate change.

4.6.2 OOH businesses are obviously key players and therefore effective engagement and development of a shared understanding of the need to transform the food environment is critical. While there will be differences of opinion and intention, we should not shy away from these but instead engage with the OOH sector to agree actions to deliver the change necessary.

4.7 Principle 6 - All options for change should be considered – including voluntary and mandatory measures

4.7.1 There is compelling evidence that simply relying the food industry alone to 'do the right thing' is not an option if we want to improve diet related health. All of the food Industry, not just elements of it, must be prepared to work with Government and to accept that meaningful progress must be made. Government in turn must be able monitor change and be prepared to intervene and mandate where voluntary actions are shown to be inadequate. Businesses should not wait for legislation or Government targets before taking action but instead should take responsibility for improving the food they provide.

4.8 Principle 7 – Addressing health inequalities must be a priority

4.8.1 SG's ambition to reduce diet-related health inequalities is acknowledged and reflected throughout our actions. There is increasing evidence that population wide measures to improve the food environment, such as those proposed

⁴⁴ Wills, W.; Danesi, G.; Kapetanaki, A.B.; Hamilton, L. Socio-Economic Factors, the Food Environment and Lunchtime Food Purchasing by Young People at Secondary School. *Int. J. Environ. Res. Public Health* 2019, 16, 1605.

⁴⁵ The Scottish Government. Good Food Nation policy. 2019; Available at: <https://www.gov.scot/policies/food-and-drink/good-food-nation/>.

within this document are more likely to be equally or more effective among disadvantaged groups.⁴⁶ We are committed to ensuring this is a priority and will consider this, alongside statutory obligations to address and promote equality and diversity, in all of our work to improve the OOH food environment going forward.

5 Actions

5.1 The following actions, outlined below, and detailed in sections 5.2-5.9, are proposed as means to take forward the above principles for an OOH strategy for Scotland:

- Introduction of mandatory calorie labelling at the point of choice
- Adoption of an agreed voluntary standard for the provision of full nutrition information
- Reducing calories in the OOH sector
- Improving menus for younger children
- Improving food in communities
- Introduction of a mandatory standard for healthier food in the public sector
- Coherence across Scottish Government policy areas
- Promotions and marketing

5.2 Introduction of mandatory calorie labelling at the point of choice

5.2.1 Consumers have a right to know what they are eating OOH and thus require easily accessible and legible information at the point of choice about the calorie content of the food available to them. This extends to choosing food from online delivery platforms. Consumers cannot make informed choices without knowledge.

5.2.2 Calorie labelling has been shown to reduce the amount of calories purchased when eating OOH. Recent systematic reviews and meta analyses were reviewed by FSS to explore the effects of calorie labelling. All of the reviews considered found a reduction in calories purchased after calorie labelling. Evidence from the most recently published systematic review shows an estimated reduction of up to 47 kcal per eating occasion in real life settings as a result of calorie labelling.⁴⁷

5.2.3 OOH businesses need to know the calorie content of the food they provide in order to alter business practices to help make the food they offer healthier. Industry case studies demonstrate that front of pack labelling, present on the packs of many manufactured products, can drive reformulation and new product development towards healthier options.⁴⁸ Within OOH settings, a FSS pilot study of calorie labelling, showed that some of the businesses who participated went on to reduce portions sizes and reformulate recipes in

⁴⁶ NHS Health Scotland. Health inequalities: What are they? How do we reduce them? 2016; Available at: <http://www.healthscotland.scot/media/1086/health-inequalities-what-are-they-how-do-we-reduce-them-mar16.pdf>.

⁴⁷ Crockett RA, King SE, Marteau TM, Prevost AT, Bignardi G, Roberts NW, et al. Nutritional labelling for healthier food or non-alcoholic drink purchasing and consumption. Cochrane Database of Systematic Reviews 2018

⁴⁸ IGD. Tesco: reducing 'reds' in Food-To-Go. 2017; Available at: <https://www.igd.com/charitable-impact/healthy-eating/articles/article-viewer/t/tesco-reducing-reds-in-food-to-go/i/16174>.

response.⁴⁹ A recent review of OOH outlets in the USA estimated that, on average, reformulation, as a result of calorie labelling, led to a reduction of 15 calories per meal.⁵⁰ Therefore, calorie labelling has been shown to reduce calories both through consumer choice and reformulation.

5.2.4 Voluntary calorie labelling for the OOH sector has been in place since 2011 when it was introduced as part of the UK Government's Responsibility Deal. So far as few as a quarter of OOH businesses in the UK provide calorie labelling.⁵¹ Industry has had plenty of time to adapt, and it hasn't. Therefore, we now need stronger action to ensure that providing calorie information OOH is the norm. For this reason, we believe **mandatory** calorie labelling is now necessary.

5.2.5 Calorie labelling is likely to result in positive society wide changes in attitude and behaviour to high calorie food when eating out. FSS Food in Scotland consumer tracking survey⁵² shows consumer demand for calorie labelling in Scotland. The majority of respondents (68%) to the FSS OOH consultation were also in favour of mandatory calorie labelling at the point of choice.⁵³ FSS consumer engagement⁵⁴ revealed a strong view that calorie information should be made available to help consumers make personal choices. Calories were well understood by the participants who were of the view that "*calories would be easy enough to explain to people currently unfamiliar with them*". Furthermore, consumer-facing communications could be developed to support understanding of calories and calorie requirements.

5.2.6 In autumn 2018, UK Government consulted on the implementation of mandatory calorie labelling in England only.⁵⁵ No further details of the calorie labelling proposals have been made available, but the recently published UK Government's green paper⁵⁶ committed to responding to their consultation shortly. Depending on the outcome, there is the possibility for alignment of this policy across the UK which would maximise impact. Elsewhere, mandatory OOH calorie labelling was introduced in the USA in May 2018, in several states in Australia from February 2012 onwards, in Ontario, Canada since 2017, and comparable regulations are planned for Ireland.

⁴⁹ Food Standards Scotland. An Evaluation of a Pilot on the Use of MenuCal within Small and Medium Scottish Food Businesses. 2018; Available at: <https://www.foodstandards.gov.scot/publications-and-research/publications/an-evaluation-of-a-pilot-on-the-use-of-menu-cal-within-small-and-medium-scot>.

⁵⁰ Zlatevska N, Neumann N, Dubelaar C. Mandatory Calorie Disclosure: A Comprehensive Analysis of Its Effect on Consumers and Retailers. Journal of Retailing. 2018 Mar 1;94(1):89-101

⁵¹ Department of Health and Social Care. Mandating energy labelling of food and drink in out-of-home settings: Impact Assessment. 2018; Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/751532/impact-assessment-for-consultation-on-calorie-labelling-outside-of-the-home.pdf

⁵² Food Standards Scotland. Food in Scotland Consumer Tracking Survey Wave 6. 2018; Available at: <https://www.foodstandards.gov.scot/publications-and-research/publications/food-in-scotland-consumer-tracking-survey-wave-6>.

⁵³ Jump/Red Tree/SMG Research Consortium (2019). Analysis of Consultation on 'Proposals to Improve the Out of Home Food Environment in Scotland'. Food Standards Scotland: <https://www.foodstandards.gov.scot/publications-and-research/publications/analysis-of-a-food-standards-scotland-public-consultation-on-improving-the->

⁵⁴ Jump/Red Tree/SMG Research Consortium (2019). Qualitative consumer research on eating outside the home. Food Standards Scotland: <https://www.foodstandards.gov.scot/publications-and-research/publications/qualitative-consumer-research-on-eating-outside-the-home>

⁵⁵ Department of Health and Social Care. Consultation on mandating calorie labelling in the out-of home sector. 2018; Available at: <https://www.gov.uk/government/consultations/calorie-labelling-for-food-and-drink-served-outside-of-the-home>.

⁵⁶ Department of Health and Social Care. Advancing our Health: Prevention in the 2020s. Consultation paper available at: <https://www.gov.uk/government/consultations/advancing-our-health-prevention-in-the-2020s>

5.2.7 Recognising the difficulties smaller businesses may have to calorie label their menus, FSS provides a free to access online tool for calculating calories. MenuCal has the added advantage of providing a means of identifying allergens in products, thus helping businesses fulfil their legal obligation to provide allergen information for consumers.⁵⁷

5.2.8 We are aware there will be costs to businesses and enforcing authorities in implementing mandatory calorie labelling, for example, time to calculate calories and reprint menus. This will need to be estimated in further policy development and off-set against cost savings to health and the wider economy. UK Government has already undertaken an assessment of the costs and benefits of introducing calorie labelling in England and estimates significant net benefits to the Government.⁵⁸

5.2.9 We recommend that Ministers make calorie labelling mandatory for OOH food businesses in Scotland and that the means to achieve this are explored immediately.

5.2.10 Should Ministers agree, in principle, to pursue mandatory calorie labelling, we recommend that further work be undertaken by FSS in partnership with stakeholders to agree:

- **The process and timing of implementation**
- **How calorie labelling should be presented and displayed**
- **Formal business regulatory and health inequalities impact assessments**
- **A strategy for monitoring and evaluating the impact**

5.3 Adoption of an agreed voluntary standard for the provision of full nutrition information

5.3.1 Nutrition information, in addition to calories, is provided online or on printed materials by a number of larger OOH providers.⁵⁹ This can include information about protein, fats, carbohydrates, fibre, vitamins and minerals. However, this information is often incomplete, and can be misleading in the way it is presented, for example:

- When ordering a pizza, information may be presented per slice with no indication of the number of slices in the whole pizza.
- Where a main meal is served with a side of chips, calorie information may only be presented for the main meal component
- Portion size information (in grams), necessary for monitoring reformulation, is frequently missing

This lack of consistency can lead to confusion for consumers.

⁵⁷ Food Standards Scotland. MenuCal. Available at: <https://menucal.fss.scot/Account/LogOn?ReturnUrl=%2f>.

⁵⁸ Department of Health and Social Care. Mandating energy labelling of food and drink in out-of-home settings: Impact Assessment. 2018; Available at:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/751532/impact-assessment-for-consultation-on-calorie-labelling-outside-of-the-home.pdf

⁵⁹ Ormston R, McAteer G, Hope S. Informed decisions? Availability of nutritional information for a sample of out-of-home food outlets in Scotland. 2018; Available at: <https://www.foodstandards.gov.scot/publications-and-research/publications/availability-of-nutritional-information-for-a-sample-of-out-of-home-food-ou>.

5.3.2 Respondents to the FSS consultation were strongly in favour (81%) of nutrition information being standardised, with many highlighting that this would make it easier for consumers to compare products across locations.⁶⁰

5.3.3 FSS recognises that full nutritional labelling is more complex to provide than basic calorie labelling. However, we believe it is important that the industry agrees to an acceptable voluntary standard for the presentation of full nutrition information for businesses that provide this level of information. FSS proposes that industry adopts a voluntary standard for displaying nutritional information (beyond calorie labelling) for use online and on printed material. An example of such a standard is provided in Annexe B.

5.3.4 FSS officials should engage with the OOH industry to develop an agreed voluntary standard for the provision of full nutritional information for use online and on printed materials.

5.4 Reducing calories in the OOH sector

5.4.1 The food and drink we eat OOH tends to be more calorific than the equivalent food we buy from shops and supermarkets to eat at home.⁶¹ We know too that portion sizes are often larger OOH than portions purchased in retail. Many studies have also identified the wide variation and high calorie content of OOH food^{62, 63, 64, 65} as well as the availability of large portion sizes which drives increased calorie consumption.^{66, 67, 68}

5.4.2 Given that two thirds of the Scottish population are either overweight or obese⁶⁹, the need to reduce calories and rebalance the OOH food offering is central to transforming the OOH environment. The need to support SMEs in actions to improve the Scottish diet has been recognised by SG⁷⁰ by the recently appointed Reformulation Connector, who's role is to engage with

⁶⁰ Jump/Red Tree/SMG Research Consortium (2019). Analysis of Consultation on 'Proposals to Improve the Out of Home Food Environment in Scotland'. Food Standards Scotland: <https://www.foodstandards.gov.scot/publications-and-research/publications/analysis-of-a-food-standards-scotland-public-consultation-on-improving-the->

⁶¹ Wrieden, W.L. and Barton, K.L. The Scottish Diet: Estimations of energy density and expenditure 2011; Available at: https://www.foodstandards.gov.scot/downloads/Energy_Density_Report.pdf.

⁶² Ormston R, McAteer G, Hope S. Informed decisions? Availability of nutritional information for a sample of out-of-home food outlets in Scotland. 2018; Available at: <https://www.foodstandards.gov.scot/publications-and-research/publications/availability-of-nutritional-information-for-a-sample-of-out-of-home-food-ou>.

⁶³ Jaworowska A, Blackham TM, Long R, Taylor C, Ashton M, Stevenson L, et al. Nutritional composition of takeaway food in the UK. *Nutr Food Sci* 2014;44(5):414-430.

⁶⁴ Obesity Action Scotland. Chips to go. 2018; Available at: <http://www.obesityactionsotland.org/media/1203/chips-factsheet2.pdf>.

⁶⁵ Gateshead Council. Hot food takeaway supplementary planning document 2015; Available at: <http://www.refworks.com/refworks2/default.aspx?r=references|MainLayout::init>.

⁶⁶ Rolls B, Roe L, Meengs J. The Effect of Large Portion Sizes on Energy Intake Is Sustained for 11 Days*. *Obesity* 2007;15(6):1535-43.

⁶⁷ Zlatevska N, Dubelaar C, Holden SS. Sizing up the Effect of Portion Size on Consumption: A Meta-Analytic Review. *J Market* 2014 05/01; 2019/06;78(3):140-154.

⁶⁸ Hollands GJ, Shemilt I, Marteau TM, Jebb SA, Lewis HB, Wei Y, et al. Portion, package or tableware size for changing selection and consumption of food, alcohol and tobacco. *Cochrane Database of Systematic Reviews* 2015(9).

⁶⁹ Bardsley D, Dean L, Dougall I, Feng Q, Gray L, Karikoski M, et al. Scottish Health Survey 2017 2018; Available at: <https://www.gov.scot/publications/scottish-health-survey-2017-volume-1-main-report/>.

⁷⁰ The Scottish Government. A Healthier Future : Scotland's Diet and Healthy Weight Delivery Plan. 2018; Available at: <https://www.gov.scot/publications/healthier-future-scotlands-diet-healthy-weight-delivery-plan/>.

industry to reformulate every day products to reduce calories, fat, sugar and/or salt.

5.4.3 Approaches to calorie reduction were at the heart of the FSS OOH consultation. As such we asked respondents to consider a number of possible actions. Most were in favour of the following initiatives; changing recipes (79%), reducing portion sizes (73%) and ensuring the availability of single serve pack sizes (70%). Another very popular measure supporting calorie reduction was for businesses to make smaller or half portions of standard menu items widely available. This was supported by almost all respondents (95%).⁷¹

5.4.4 The FSS OOH consultation responses were broadly mirrored by the findings of our consumer engagement research. However, this revealed that where calorie reduction initiatives are being considered, these should only be taken forward on a voluntary basis. With respect to less popular measures such as removing high calorie choices or setting calorie caps, consumers were uncomfortable with the idea that their choices might be limited by legislation.⁷²

5.4.5 Given the views obtained from the FSS consultation and consumer engagement, the OOH industry should act immediately to reduce calories through measures such as:

- improving recipe formulation;
- portion size reduction;
- increasing the availability of small portions for all;
- and any other means at their disposal.

5.4.6 The OOH industry should provide FSS with evidence on progress towards achieving calorie reduction for monitoring and evaluation purposes.

5.4.7 Should the OOH industry fail to reduce calories and provide evidence of progress voluntarily, FSS will recommend to Ministers that they seek further powers and/or alternative levers to ensure these outcomes are achieved.

5.5 Improving menus for younger children

5.5.1 Separate menus are commonly provided for young children (up to 11 or 12 years) in many OOH settings.⁷³ Evidence shows that, when eating out, food consumed by children under 12 is less healthy than the food consumed by the

⁷¹ Jump/Red Tree/SMG Research Consortium (2019). Analysis of Consultation on 'Proposals to Improve the Out of Home Food Environment in Scotland'. Food Standards Scotland: <https://www.foodstandards.gov.scot/publications-and-research/publications/analysis-of-a-food-standards-scotland-public-consultation-on-improving-the->

⁷² Jump/Red Tree/SMG Research Consortium (2019). Qualitative consumer research on eating outside the home. Food Standards Scotland: <https://www.foodstandards.gov.scot/publications-and-research/publications/qualitative-consumer-research-on-eating-outside-the-home>

⁷³ Young M, Coppinger T, Reeves S. The Nutritional Value of Children's Menus in Chain Restaurants in the United Kingdom and Ireland. Journal of Nutrition Education and Behavior 2019 Available online 22 May 2019.

adults they are accompanied by.⁷⁴ This contributes to setting our children on a course to poor diet and, as a consequence, poorer health outcomes.

5.5.2 Information on children's menus is not widely available, particularly from smaller and/or independent outlets. However, what information is available from larger branded businesses provides some insight into the current nature of children's menus. FSS analysed online information on children's menus from 40 outlets. These outlets were a subset of OOH businesses previously identified by FSS in a study of online nutrition information.⁷⁵ This analysis showed that children's meal deals, which included desserts and sugary drinks were common. Whilst vegetables were included as an option with main courses, less than half served vegetables as standard. Further information on this analysis can be found in Annexe C.

5.5.3 There is broad consensus from responses to the FSS OOH consultation, FSS consumer engagement and the FSS Food in Scotland Consumer Tracking Survey⁷⁶ that children's menus should be improved. Most respondents (between 78-88%) to the FSS consultation agreed with a wide range of proposed improvements to children's menus.

5.5.4 FSS consumer engagement also revealed that consumers were in favour of a wide range of improvements to children's menus, with reasonably strong support for improvements to even be made mandatory. However, consumers also valued the low cost and convenience these menus offered and therefore there was little support for removing children's menus altogether. Nevertheless, there is clear agreement that the children's menus must be improved.

5.5.5 In South Australia, the Government has worked with industry to develop a code of practice for children's menus to give guidance and encourage all OOH sectors to improve their offerings towards healthier choices. Whilst in an early stage of implementation, it has already been shown to positively influence business practices.

5.5.6 We expect the OOH sector to act immediately to improve menus targeted at children.

5.5.7 FSS, in partnership with SG and NHS Health Scotland, should lead the development of a code of practice for OOH children's menus, against which improvements may be evaluated and monitored.

⁷⁴ NPD Group. An assessment of the out of home food and drink landscape in Scotland (2015). 2015; Available at: <https://www.foodstandards.gov.scot/publications-and-research/publications/an-assessment-of-the-out-of-home-food-and-drink-landscape-in-scotland>.

⁷⁵ Ormston R, McAteer G, Hope S. Informed decisions? Availability of nutritional information for a sample of out-of-home food outlets in Scotland. 2018; Available at: <https://www.foodstandards.gov.scot/publications-and-research/publications/availability-of-nutritional-information-for-a-sample-of-out-of-home-food-ou>.

⁷⁶ Food Standards Scotland. Food in Scotland Consumer Tracking Survey Wave 6. 2018; Available at: <https://www.foodstandards.gov.scot/publications-and-research/publications/food-in-scotland-consumer-tracking-survey-wave-6>.

5.6 Improving food in communities

5.6.1 Planning has long been identified as one of a raft of measures for changing the OOH food environment and reducing overweight and obesity⁷⁷. Research by The Food Foundation in 2016 found that the number of eating-out establishments has increased by 53% in the last 10 years, and there are now more places to eat out than there are shops to buy food in.⁷⁸ There is also evidence to suggest that there is a higher concentration of fast food outlets in deprived areas and that an increase in density of fast food outlets has been shown to be associated with higher BMI.^{79, 80}

5.6.2 In nearly every constituency in Scotland (70 out of 73) the number of takeaways increased by 28% between 2010 and 2018, with Glasgow and Edinburgh have some of the highest takeaway densities across the UK. Data also suggests that local authorities in Scotland with relatively high number of deprived areas are likely to have an over-representative share of takeaways.⁸¹

5.6.3 Many young people access food outside school, on their way to and from school and at break or lunch times. Evidence shows that the most commonly purchased foods by secondary school children out of school at lunch time included chips, hot or cold sandwiches, filled rolls or baguettes, sweets, chocolate and crisps or similar snacks and sugary drinks.⁸² A more recent analysis also found that savoury items purchased by school children around their secondary school to be high in calories, fat and salt.⁸³

5.6.4 We recognise that the purchasing habits of young people in secondary school are changing and likely to be influenced by new technologies such as apps for delivery. This is an area that warrants further research and understanding.

5.6.5 Respondents to the FSS OOH consultation raised concerns about the promotion of unhealthy food to children and young people. They also raised the potential for local authority planning guidelines to be used to restrict the number of outlets selling unhealthy food in the vicinity of schools. Consumer engagement revealed that, to a large degree, parents felt they had lost control of what their children ate outside the home. They were particularly concerned about the choices available outside school. They admitted that as parents they hand money over knowing that their children are likely to eat poorly at lunchtimes. Consumer engagement also reported that, “businesses around

⁷⁷ Foresight, Tackling Obesity: Future Choices

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/287937/07-1184x-tacklingobesity-future-choices-report.pdf

⁷⁸ The Food Foundation. Force-Fed. 2016; Available at: <https://foodfoundation.org.uk/wp-content/uploads/2016/07/The-Food-Foundation-64pp-A4-Landscape-Brochure-AW-V32.pdf>.

⁷⁹ Macdonald L, Olsen J, Shortt N, Ellaway A. Do 'environmental bads' such as alcohol, fast food, tobacco, and gambling outlets cluster and co-locate in more deprived areas in Glasgow City, Scotland? Health Place 2018;51:224.

⁸⁰ Mason KE, Pearce N, Cummins S. Associations between fast food and physical activity environments and adiposity in mid-life: cross-sectional, observational evidence from UK Biobank. The Lancet Public Health; The Lancet Public Health 2018;3(1):e24-e33.

⁸¹ Scottish Parliament Information Centre, 2019. Fast food booming – a cause for concern? Available at: <https://spice-spotlight.scot/2019/08/07/fast-food-booming-a-cause-for-concern/>

⁸² Wills WJ, Kapetanaki A, Rennie K, Danesi G, Martin A, Hamilton, et al. The Influence of Deprivation and the Food Environment on Food and Drink Purchased by Secondary School Pupils Beyond the School Gate 2015; Available at: https://www.foodstandards.gov.scot/downloads/Beyond_The_School_Gate_-_Report.pdf.

⁸³ Crawford F, Mackison D, Mooney JD, Ellaway A. Observation and assessment of the nutritional quality of 'out of school' foods popular with secondary school pupils at lunchtime.(Report). BMC Public Health 2017;17(1).

schools were often seen as cynically tailoring unhealthy food to young people and providing easy access to sugary drinks and crisps in the knowledge they have a profitable market in school age teens.” We expect the OOH sector to take action to act responsibly to ensure that food choices specifically targeted and marketed at school children are made healthier.

5.6.6 Research published by SG has found that “current planning policy has no interaction with the food environment in so far as seeking to address obesity is concerned”. There is no direct reference to tackling obesity or opportunities to influence the food environment in health terms. In contrast, in certain Planning Authorities in England, there is a drive to control the local food environment around schools and other areas such as leisure centres, community centres and parks, through Development Plans and Supplementary Planning Documents.⁸⁴

5.6.7 The SG is commencing a review of the National Planning Framework in Scotland, and we believe this affords the Government an opportunity to remedy the omissions in planning policy which currently exist in relation to public health. Specifically, planning policies in Scotland should aim to achieve healthy, inclusive and safe places which enable and support healthy lifestyles, and which enforce greater access to healthier food and take account of the location and density of food outlets. We are of the view that there needs to be greater empowerment through the planning system for local authorities to change their OOH environments. To support public health, planning regulation must play a much bigger part in reducing health inequalities particularly for those living in deprived areas through improving access to healthier food and reducing the density of food outlets selling food which is high calorie and nutrient poor.

5.6.8 We recommend that Ministers revise the National Planning Framework in Scotland to provide, inter alia, planning policies that address the impact of the OOH food environment on public health, including the ability to enforce access to healthier food and take account of the location and density of food outlets in local areas.

5.6.9 Given the predicted continued increase in food eaten OOH, including delivery services and the prolific increase in the number of establishments, additional approaches to influence businesses and industry to increase healthier choices need to be explored. We are aware of developments in other parts of the UK, for example the London Food Strategy,⁸⁵ and recognise the potential benefits of developing strategic alliances with such initiatives.

5.6.10 We recommend that Ministers explore other potential levers, including fiscal measures, to drive improvements in food provided by the OOH sector.

⁸⁴ The Scottish Government. Relationship between food environment and planning system: research summary. 2018; Available at: <https://www.gov.scot/publications/research-project-explore-relationship-between-food-environment-planning-system/>

⁸⁵ Greater London Authority. The London Food Strategy: Healthy and Sustainable Food for London. 2018. Available at: https://www.london.gov.uk/sites/default/files/final_london_food_strategy.pdf

5.7 Introduction of a mandatory standard for healthier food in the public sector

- 5.7.1 The public sector employs 21% of the workforce in Scotland and has a responsibility for the health and wellbeing of those people.⁸⁶ As such, the food provided within public sector buildings in cafes, restaurants and vending machines should predominantly favour and support healthy eating. This should apply even when food services are contracted out.
- 5.7.2 Many public sector cafes and restaurants also serve the general public and therefore, the Scottish public sector has the opportunity and a responsibility to become the exemplar for transforming OOH food.
- 5.7.3 Many cafes, restaurants and food outlets in public sector buildings and tourist attractions already showcase Scottish produce and iconic Scottish products with a view to supporting local food. However, action is needed to ensure that the OOH food provided is more closely aligned with the Scottish dietary goals.
- 5.7.4 81% of respondents to the FSS OOH consultation agreed that calorie labelling, portion size reductions, provision of small or half portions, changes to recipes (reformulation) and changes to children's menus should be adopted by the public sector. The most prominent reason cited by respondents for supporting these changes was that the public sector should serve as an example of best practice.⁸⁷
- 5.7.5 Currently, progress in public sector is being made through the healthy living award (HLA)⁸⁸ and by the SG's Healthcare Retail Standard⁸⁹, for example, where food 'on the go' is available for visitors and staff.
- 5.7.6 However more action is needed to ensure that the public sector is the exemplar for healthy food provision. In order to drive change quickly and ensure an even playing field we recommend that a **mandatory** standard for healthier food is introduced in the public sector. The inclusion of calorie labelling, reformulation, calorie reduction and improvements to the food served to children, should be encompassed within this standard.
- 5.7.7 Once the mandatory standard for healthier food is developed for the public sector, the merits of recognition schemes such as the HLA, within the public sector, should be considered as part of the implementation and delivery phases of these actions. Further consideration of recognition schemes for non-public sector establishments is also warranted.

⁸⁶ Scottish Government (2019). Public Sector Employment in Scotland. Statistics for 4th Quarter 2018:

<https://www.gov.scot/publications/public-sector-employment-scotland-statistics-4th-quarter-2018/pages/3/>

⁸⁷ Jump/Red Tree/SMG Research Consortium (2019). Analysis of Consultation on 'Proposals to Improve the Out of Home Food Environment in Scotland'. Food Standards Scotland: <https://www.foodstandards.gov.scot/publications-and-research/publications/analysis-of-a-food-standards-scotland-public-consultation-on-improving-the->

[need-to-d](https://www.foodstandards.gov.scot/publications-and-research/publications/analysis-of-a-food-standards-scotland-public-consultation-on-improving-the-need-to-d)

⁸⁸ Healthy Living Award. What do I need to do? 2018; Available at: [http://www.healthylivingaward.co.uk/caterers/what-do-i-](http://www.healthylivingaward.co.uk/caterers/what-do-i-need-to-d)

[need-to-d](http://www.healthylivingaward.co.uk/caterers/what-do-i-need-to-d)

⁸⁹ The Scottish Government. Criteria for the Healthcare Retail Standard. 2015; Available at: <https://www.gov.scot/publications/criteria-healthcare-retail-standard/pages/1/>.

5.7.8 We recommend that Ministers introduce a mandatory standard for healthier food in the public sector.

5.7.9 The Board notes that, if agreed, FSS officials will work in partnership with SG, NHS Health Scotland and the public sector to lead the development of the standard and a transparent framework for monitoring and evaluating progress.

5.8 Coherence across Scottish Government policy areas

5.8.1 SG has provided support to convenience stores to grow their 'food on the go' offering.⁹⁰ These stores are the most frequently visited part of the OOH sector accounting for 20% of visits. Whilst the funding requirement for expanding food to go offerings includes the need to support healthier options, the criteria for this are poorly aligned with the Scottish Dietary Goals. In other areas where SG provide financial support to the food and drink industry no criteria are specified to deliver dietary health outcomes.⁹¹ SG and others responsible for allocation of public funds should use their funding and purchasing power to leverage positive change in the OOH food environment. This could allow maximisation of public funds to support dietary improvement and progress towards Scottish dietary goals in the short and longer term. Greater coherence across government policies is required to ensure that SG commitments to halving childhood obesity by 2030 and reducing diet-related health inequalities are achieved.

5.8.2 We recommend Ministers ensure greater policy coherence across portfolios and to use their funding and purchasing power to leverage the change needed to support alignment with the Scottish dietary goals.

5.9 Promotion and marketing

5.9.1 Respondents to the FSS OOH consultation were in favour of three main measures in relation to changing promotion and marketing practices to support healthier eating OOH. These were:

- businesses positively marketing and promoting healthier choices
- businesses dropping practices which encourage overconsumption
- raising awareness through the use of social marketing.

5.9.2 The SG has recently gathered views on restricting the promotion and marketing of targeted food and drink high in fat, sugar or salt (HFSS), where they are sold to the public in their Reducing Health Harms of HFSS consultation.⁹² Whilst the full scope of proposed SG restrictions on promotion of HFSS foods is still to be defined, industry should begin to take action to reduce these types of promotions OOH. Once the full scope of the restrictions has been determined,

⁹⁰ Scottish Grocers' Federation. Food to Go: Retailer Food To Go Grant. 2019; Available at: <https://www.scottishshop.org.uk/food-to-go>.

⁹¹ The Scotland Food and Drink Partnerships. Ambition 2030, 2018. Available at: <https://foodanddrink.scot/resources/publications/ambition-2030-industry-strategy-for-growth/>

⁹² The Scottish Government. Reducing Health Harms of Foods High in Fat, Sugar or Salt: Consultation Paper. 2018; Available at: https://consult.gov.scot/health-and-social-care/reducing-health-harms-of-foods/user_uploads/reducing-health-harms-of-foods-high-in-fat-sugar-or-salt-final-version-...pdf

FSS will consider whether further measures to restrict OOH promotions are required.

5.9.3 The OOH industry should not wait for legislation to positively promote healthier options containing more fruit and vegetables, fewer calories, less fat, sugar and salt.

5.9.4 Furthermore, FSS will develop complementary consumer engagement and social marketing to influence behaviour change to support the actions in this paper.

6 Risks and mitigation

6.1 **Risk:** Change in political direction and/or priorities.

6.1.1 Whilst this is a fully devolved area, the food industry operates across the UK. There is a risk that the change in leadership in the UK Government will slow or even halt policies to tackle poor diet and obesity in England. This could have knock-on impacts across the rest of the UK, slowing or halting action by the food industry.

6.1.2 **Mitigation:** In Scotland, Government has clearly recognised the need to transform the food environment and there is strong consensus for the need to address diet.

6.2 **Risk:** The actions proposed in this paper will be viewed as State interference in private choice (nannying) and that Government does not need to intervene in this area.

6.2.1 **Mitigation:** A balanced and proportionate approach, including the use of mandatory and voluntary approaches, will be adopted to ensure consumers have increased access to healthier food OOH and are better enabled to make informed choices.

6.3 **Risk:** There is risk around the diversity of the OOH sector in terms of size and purpose for example, food 'on the go', cafes, restaurants, take aways and delivery services and suppliers to the catering industry, so 'one size will not fit all'.

6.3.1 **Mitigation:** With 39,000 businesses making up the OOH food sector we will take this into account and develop flexible fit for purpose approaches to ensure all parts of the sector contribute towards transforming the OOH environment.

6.4 **Risk:** Inequalities will be widened.

6.4.1 **Mitigation:** Recommendations within the OOH strategy will be subject to health inequalities impact assessments, in an open and transparent manner, to identify mitigating actions and ensure these are sufficiently addressed. In addition, monitoring and evaluation of the interventions proposed will include consideration of impacts on inequality.

7 EU implications

- 7.1 We anticipate no direct EU involvement in relation to the actions proposed in this paper as no EU legislation is involved in mandating calorie labelling OOH.

8 Conclusion

- 8.1 With over 39,000 businesses making up the OOH sector in Scotland, we have to recognise the scale of the task to transform this environment. Success will depend on collaborative and coherent approaches across Government and industry, as well as public support for change. We are aware of strong support for taking forward mandatory calorie labelling, changing children's menus and for the public sector to be the best example for healthier food. However, we are aware that this support should not be taken for granted. There is a need, at a societal level, to challenge and debate current norms around eating out. For example children's menus clearly need to be addressed whilst considering the value that parents and carers place on the convenience and low cost nature of these types of deals.
- 8.2 The OOH sector lags well behind retail with respect to the availability and transparency of nutrition information. Given that eating out is an everyday occurrence there is a very strong argument for the principle that consumers have a right to know about the calories in food they buy and consume OOH. Although our preference is for voluntary measures to tackle diet and obesity, this has failed to achieve sufficient reach with respect to calorie labelling and therefore Government action to legislate in this area is now warranted. Without changing the food environment, including by providing calorie information, it is very difficult for individuals to choose healthier options and make informed choices.
- 8.3 The current culture of eating out encompasses all socio-economic groups in Scotland. We know that those living in the most deprived areas have the poorest diets and have the most to gain from improvements to the food they consume. We also know that eating out has been associated with obesity, particularly for those living in the more deprived areas. Therefore, we will carefully consider and monitor health inequalities as part of the strategy development.
- 8.4 There is no doubt that changing the OOH food environment will be extremely challenging due to the many factors including the diversity of the sector, the rapid impact of innovation, such as the rise of delivery services, and consumer demand for variety, value and convenience. We cannot shy away from the need to transform the OOH food environment if we are to become a genuinely good food nation.

9 Next steps

- 9.1 The purpose of this paper is to set out measures to transform the OOH food environment in Scotland. If accepted, the executive will take a further paper to the Board on options for the implementation of mandatory calorie labelling in Scotland in by the end of 2020. Commensurate with resources, the executive will commence with related programs of work as soon as possible.

10 Recommendations

10.1 The Board is asked to:

- Discuss and agree the recommendations and actions set out in this paper and summarised in Annexe A.
- Note there will be a further paper on the implementation of mandatory calorie labelling in 2020
- Note the importance of collaborative working with SG, partner organisations and the food and drink industry in taking forward an OOH strategy for Scotland

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Annexe A – Table of recommendations

Recommendations	The Board is asked to agree	Section in paper
1 – General	<p>1. That an OOH Strategy for Scotland should include short, medium and longer term actions.</p> <p>2. That monitoring and evaluation should be at the heart of ongoing Strategy development.</p>	
2 – Mandatory calorie labelling	<p>1. We recommend that Ministers make calorie labelling mandatory for OOH food businesses in Scotland and that the means to achieve this are explored immediately.</p>	5.2.9
	<p>2. Should Ministers agree, in principle, to pursue mandatory calorie labelling, we recommend that further work be undertaken by FSS in partnership with stakeholders to agree:</p> <p>a) The process and timing of implementation b) How calorie labelling should be presented and displayed c) Formal business regulatory and health inequalities impact assessments c) A strategy for monitoring and evaluating the impact</p>	5.2.10
3 – Voluntary standard for full nutrition information	<p>1. FSS officials should engage with the OOH industry to develop an agreed voluntary standard for the provision of full nutritional information for use online and on printed materials.</p>	5.3.4
4 – Calorie reduction	<p>1. Should the OOH industry fail to reduce calories and provide evidence of progress voluntarily, FSS will recommend to Ministers that they seek further powers and/or alternative levers to ensure these outcomes are achieved.</p>	5.4.7
5 – Children’s menus	<p>1. FSS, in partnership with SG and NHS Health Scotland, should lead the development of a code of practice for OOH children’s menus, against which improvements may be evaluated and monitored.</p>	5.5.7
6 - Improving food in communities	<p>1. We recommend that Ministers revise the National Planning Framework in Scotland to provide, inter alia, planning policies that address the impact of the OOH food environment on public health, including the ability to enforce access to healthier food and take account of the location and density of food outlets in local areas.</p>	5.6.8

	2. We recommend that Ministers explore other potential levers, including fiscal measures, to drive improvements in food provided by the OOH sector.	5.6.10
7 – The public sector	1. We recommend that Ministers introduce a mandatory standard for healthier food in the public sector. 2. The Board notes that, if agreed, FSS officials will work in partnership with SG, NHS Health Scotland and the public sector to lead the development of the standard and a transparent framework for monitoring and evaluating progress.	5.7.8 5.7.9
8 - Coherence across SG policy areas	1. We recommend that Ministers ensure greater policy coherence across portfolios and to use their funding and purchasing power to leverage the change needed to support alignment with the Scottish dietary goals.	5.8.2

Annexe B

Example of standard for the provision of calorie and nutrition information OOH

Clear description of menu items corresponding to the nutritional information provided	<i>e.g. Chicken burger, bun and salad</i>	
Portion size (g/ml)*		
	Per portion	Per 100g/100ml
Energy (kcal)		
Energy (kj)		
Fat (g)		
Saturated fat (g)		
Total carbohydrate (g)		
Sugars (g)		
Protein (g)		
Salt (g)		
<p><i>* Where a menu item could reasonably be consumed by more than one individual (e.g. pizza) then the number of portions contained in the item should also be stated (e.g. one portion is ½ a 10 inch pizza).</i></p>		

Annexe C - Children's menus

A previous Food Standards Scotland report on the availability of nutrition information in OOH businesses in Scotland⁹³ was used to identify a sample of small and major brand outlets operating in Scotland. The outlets included in the sample had a specific menu for children, offered main meals, and was available online. Forty outlets were identified and accessed between 24 June and 9 July 2019. The types of outlet ranged from fast food outlets to full service restaurants. Only information provided online was assessed. Key characteristics of the children's menu design and provision were extracted and analysed. The key findings were as follows:

Nutrition Information

- Nutrition information for children's menus was provided online by 28 outlets (70%).

Meal Deals

- Meal deals are common place as the basis for children's menus⁹⁴. Provision of meal deals for children differs hugely from provision for adults; on adult menus, meal items are most often marketed and purchased individually.
 - Three quarters of outlets had a children's menu offering a meal deal.
 - Less than half of outlets (43%) offered an opportunity to purchase a children's main meal only.
 - A drink could be included in 83% of the outlets that offered a meal deal
 - Just under half (47%) of outlets that offered a meal deal included a dessert as standard, and 43% included a drink **and** a dessert.

Drinks

- Almost three quarters of outlets (70%) offered a sugary drink as a choice on the children's menu.⁹⁵ 63% offered plain milk as a choice.

Main meal components

- Two thirds of outlets (68%) offered vegetables with main courses.
 - However, less than half of outlets (43%) served vegetables with all main courses by default.
 - Seven outlets (18%) asked children to choose between vegetables or a carbohydrate accompaniment with the main meal.
- Chips or fries are available with at least one main meal item in 80% of outlets.
 - Three quarters (78%) of these outlets offered an alternative starchy food to chips or fries, such as rice or mashed potato.

Desserts

- Of the 31 outlets offering dessert on their children's menu, 2/3rds had fruit as a choice.
 - Almost all of these outlets (97%) offered ice-cream as a choice.
 - From the nutrition information provided online, the total sugar content of desserts ranged from 0g (sugar free jelly) to 56.2g (ice-cream sundae). The calorie content of desserts ranged from 5kcal to 518kcal. 39% of dessert choices identified were over 200kcal, and 14% were over 300kcal.

Portion size

- A third of outlets offered different portion sizes for older and younger children.

⁹³ Informed decisions? Availability of nutritional information online for sample of out of home food outlets in Scotland. Food Standards Scotland, 2017. https://www.foodstandards.gov.scot/downloads/FSS_Research_-_Ipsos_MORI_-_Informed_decisions_-_Report_-_Final_for_Publication.pdf

⁹⁴ A meal deal is defined as anything that was provided in addition to a main meal, for example, a main meal and a drink, or a main meal, drink and dessert.

⁹⁵ If fruit juice or fruit juice drinks were provided, these were classed as a sugar drink as they contain free sugar.

Glossary

Term	
Branded businesses	These are well known businesses with multiple outlets across the UK and/or Scotland.
Calories	The amount of energy in a food or drink. Shortened expression of kilocalories (kcal).
Discretionary foods	Discretionary foods, as defined by FSS, are a subset of HFSS foods, comprising confectionery, sweet biscuits, crisps, savoury snacks, cakes, sweet pastries, puddings and sugar containing soft drinks. For more information on discretionary foods, refer to the FSS Briefing paper.
Energy density	Energy density, also known as calorie density, is the amount of calories in a specific weight of food, e.g. kcals per gram or per 100g.
Fast Food	Food obtained from Quick Service Restaurants e.g. burger, pizza, chicken, ethnic, fish and chips.
Food	For the purpose of this paper, this includes food and drink.
Food on the go	Food and drink bought from supermarkets, convenience stores and other OOH businesses, which is taken away and eaten elsewhere (other than home). Does not include takeaways.
High fat salt and/or sugar foods (HFSS)	HFSS are food and soft drink products that are high in fat, salt or sugar, which have been defined using the UK Department of Health nutrient profiling model (NPM) The NPM takes account of energy, saturated fats, total sugars and sodium together with fruit, vegetables and nut content, fibre and protein to provide a single nutrient profiling score.
OOH (OOH) food environment	The OOH sector covers all the food and drink we eat outside the home, and from takeaways consumed inside and outside of the home.
Point of choice	Includes calorie labelling on menus, labels on shelves or display cases, and on web pages where consumers select the food items they wish to purchase for delivery or collection.