

Analysis of a Food Standards Scotland Public Consultation on Improving the Out of Home Food Environment in Scotland

Final Report
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Executive Summary

Background

Proposals to improve the Out of Home (OoH) food environment in Scotland has been the focus of a national public consultation by Food Standards Scotland (FSS). The consultation was carried out between November 2018 and February 2019. The Social Marketing Gateway (SMG) has analysed and reported on the responses received. The consultation sought views on a range of measures to improve the OoH environment in Scotland.

Method

A semi-structured questionnaire comprising 17 questions (the majority containing both open and closed components) was open to the public to access and respond to on the Citizen Space platform. A total of 127 responses (64 individual responses and 63 from organisations) have been analysed. Third sector (13) and local government (11) were the most common types of organisations responding, with small caterers (2) and manufacturers (2) least common.

Results

Top-line findings are set out below:

Businesses for inclusion in an Out of Home strategy

Most respondents agreed that the following types of businesses (all of which were listed in the consultation) should be included: *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 Out of Home sector food delivery services, including online.*

Measures to reduce excessive calorie contents

Of a range of possible measures listed in the consultation to reduce excessive calorie contents of food and drinks eaten outside the home, the most frequently selected were: changing recipes by reducing fats/sugars and increasing fruit/vegetables/pulses/fibre; reducing portion sizes; and ensuring single serve packs are available.

Access to small or half portions

Almost all respondents agreed that consumers should be able to access small or half portions. This would support informed choice and encourage healthier eating, while not restricting consumer choice. It was also seen to be a way of reducing food wastage.

Calorie labelling

Most respondents supported calorie labelling at the point of choice (including on menus, shelf labels, display cases, web pages). Again, this highlighted a general support around informed choice. However, a minority were concerned about possible negative impacts of calorie labelling on small and medium-sized enterprises (SMEs).

MenuCal

Food businesses were asked if they felt that MenuCal (a calorie labelling and allergen management tool) would help them to provide calorie labelling. The majority felt that it would, mainly because it would be easy to use. However, a sizeable minority were again concerned about SMEs and the burden using MenuCal might put on them.

Support to provide calorie labelling

Food businesses were asked what additional support they would require to provide calorie labelling. Training and support, financial aid or incentives, and expert assistance to support implementation were the main types of support called for.

Mandatory calorie labelling

The majority were in favour of calorie labelling at the point of choice being made mandatory, with some of the main reasons being: helping consumers to make an informed choice; creating a 'level playing field' for food businesses; and ensuring wide-scale uptake. A minority of organisations, however, were concerned that mandatory calorie labelling would have a disproportionate negative effect on SMEs.

Exemption from calorie labelling

The majority were not in favour of exempting any business from mandatory calorie labelling at the point of choice. The remainder felt that some should be exempt, particularly SMEs, mainly because of the costs and resource associated with calculating and displaying calorie information.

Standardising the provision of additional nutrition information

The majority supported providing full nutrition information online and on printed materials in a standardised way as it would ensure that all businesses adhere to the same standards. It would also make it easy for consumers to compare products across locations. Indeed, most respondents agreed that standardisation of this information should be mandatory.

Promotion and marketing practices

With respect to possible changes to promotion and marketing practices to support healthier eating outside the home, the three measures listed in the consultation attracted broad support: businesses positively marketing and promoting healthier

choices; businesses dropping practices that encourage overconsumption; and raising consumer awareness through the use of social marketing campaigns.

Actions in the vicinity of schools

Respondents were asked what types of actions could be taken to improve the food provided in the vicinity of schools. This was an open question in the consultation. The most common theme, mentioned by a minority of respondents, was that some type of restriction should be implemented to prevent school children from accessing or buying unhealthy food.

Improving food provided for children

The consultation then set out a list of things that would improve food provided for children. Strong support was shown for all the actions listed, particularly: increasing the fruit/vegetable content of children's meals; providing children's portions from adult menus; offering water or milk as standard; and reducing drinks with added sugar.

Recognition schemes

A majority of respondents agreed that recognition schemes are an effective means of supporting healthier eating in the OoH sector. Opinion on what the key components of a recognition scheme should be was mixed. Support was strongest for: comprehensive assistance for businesses; high visibility to the public; robust monitoring and evaluation; and for any new scheme to incorporate learnings from previous schemes.

Role of the public sector

Most respondents agreed that a range of actions should be adopted by the public sector to support healthy eating OoH, principally on the grounds that the public sector needed to stand as an example of good practice.

Impact on specific groups and minorities

Respondents were asked if they felt that the proposals outlined in the consultation would impact the people of Scotland with respect to: *age, disability, gender reassignment, pregnancy/maternity, ethnicity, religion/belief, sexual orientation, and socio-economic disadvantage*. The main issue that emerged was the potential impact on people living in socio-economically disadvantaged communities. Some respondents were concerned that certain aspects of the proposals would negatively impact by widening existing inequalities.

Key themes

A number of key themes emerged from the consultation:

- Policies which support informed consumer choice were popular
- Policies which would reduce or restrict consumer choice were less popular
- It was felt that some of the proposals could negatively impact businesses
- SMEs may require support if new measures are implemented
- Some measures could possibly widen inequalities.

Introduction

The following report presents the findings of a public consultation carried out by Food Standards Scotland (FSS) on the Out of Home (OoH) food environment in Scotland. Social Marketing Gateway (SMG) was commissioned to analyse the responses to this consultation, where consent was given, and report on its findings. The report follows the structure of the survey tool, Citizen Space, used for the consultation.

Background

The consultation reflects a recognition by the FSS Board¹ that a broad range of action and collaborative working was required to begin to bring about the changes required to improve diet in Scotland.

Action is required to improve the food and drink environment outside the home. FSS agreed as part of the Scottish Government's 'A Healthier Future – Scotland's Diet and Healthy Weight Delivery Plan'² to consult on proposals to improve the OoH environment in Autumn 2018. It is intended that the findings of the consultation will be used to support the development of an Out of Home Strategy.

The public consultation ran from November 2018 to February 2019. It sought views on ways to encourage calorie reduction and measures to encourage food outlets to provide better information to customers, including calorie information on menus. It also included the role the public sector can play as an exemplar in healthier food provision and views on children's food.

Method

FSS designed a semi-structured questionnaire comprising 17 questions (see Appendix 1); the majority of the questions containing both open and closed components. The survey was open to the public to access and respond to on the Citizen Space platform. The consultation was promoted through FSS's partner and stakeholder networks, supplemented by social media activity.

A total of 131 responses were received; with most being made directly online onto Citizen Space. Some 21 responses were submitted by email in either Word or PDF formats, thus requiring the research team to add them manually to Citizen Space.

¹http://www.foodstandards.gov.scot/downloads/Diet_and_Nutrition_Proposals_for_setting_the_direction_for_the_Scottish_Diet_1.pdf

²<https://www.gov.scot/Resource/0053/00537708.pdf>

These respondents did not always give explicit answers to the quantitative questions, meaning that the quantitative components of these questions were left blank for these respondents.

Four respondents did not give consent for their responses to be analysed and therefore these responses were removed from the dataset by FSS before analysis by SMG. The following report is, therefore, based on an analysis of 127 responses.

At conclusion of the survey period, data from Citizen Space was exported to a secure Excel sheet for data coding and analysis by the research team. Once common themes in the response data had been identified, each individual theme was assigned a code. A coding frame was developed to facilitate a frequency analysis of these themes.

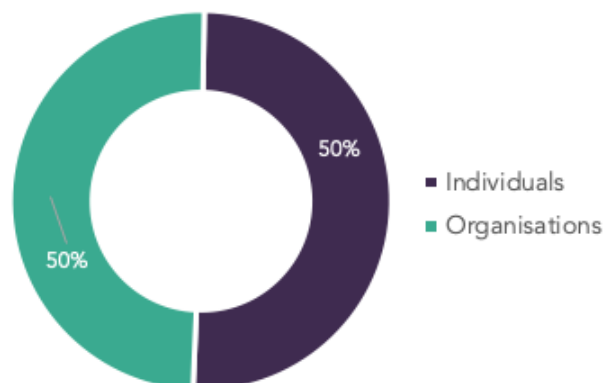
There were some instances where, due to the lack of routing in the survey, individual respondents answered questions which were specifically directed towards organisations. After discussion with FSS, it was decided to include these responses in the analysis.

To ensure consistency in the quantification terminology used, the terms defined in the table below are used when describing figures relative to the total sample:

Quantification term	Defined as
All	100%
Almost all	91% - 99%
Most	75% - 90%
Majority	50% - 74%
Minority	15% - 49%
Few	<15%

Sample profile











The sample of 127 was split evenly between individual responses (64) and those submitted on behalf of an



Base: 127

organisation (63).³ Organisations were asked to identify which type of organisation they were responding for. Third sector (13) and local government (11) were the most common types of organisation, with small caterers (2) and manufacturers (2) least common.

Types of organisations

3 rd sector organisation	 21% (13)
Local government	 17% (11)
Food/Drink industry representative bodies	 16% (10)
Health board	 11% (7)
Public sector organisation	 8% (5)
Caterer	 5% (3)
Retailer	 5% (3)
Manufacturer	 3% (2)
Small caterer (<10 employees)	 3% (2)
Other (including 2 joint responses)	 22% (14)
Total responses	63

³ Taking account of 2 joint submissions, a total of 66 organisations responded to the consultation. For the purposes of analysis, these have been counted as single organisations, therefore 63 organisations are referred to in the analysis.

A base figure has been given for each infographic in the report. The numbers reported in the infographic may not always total to the base for two reasons: i) some respondents may give more than one answer; and ii) infographics show only the five most recurring themes mentioned.

It is important to note that for some of the cross-tab analysis of individual themes, the sub groups being compared were very often small samples. Therefore, any comparisons/conclusions drawn should be treated accordingly.

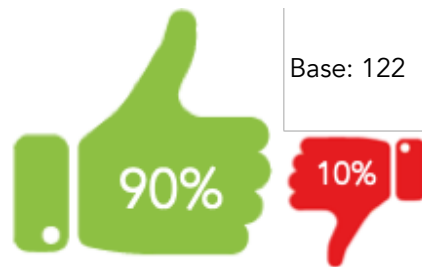
Results

Question 1 – Scope of Out of Home strategy

Do you agree that the businesses listed above should be included within an Out of Home strategy for Scotland?

(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 Out of Home sector food delivery services, including online.)

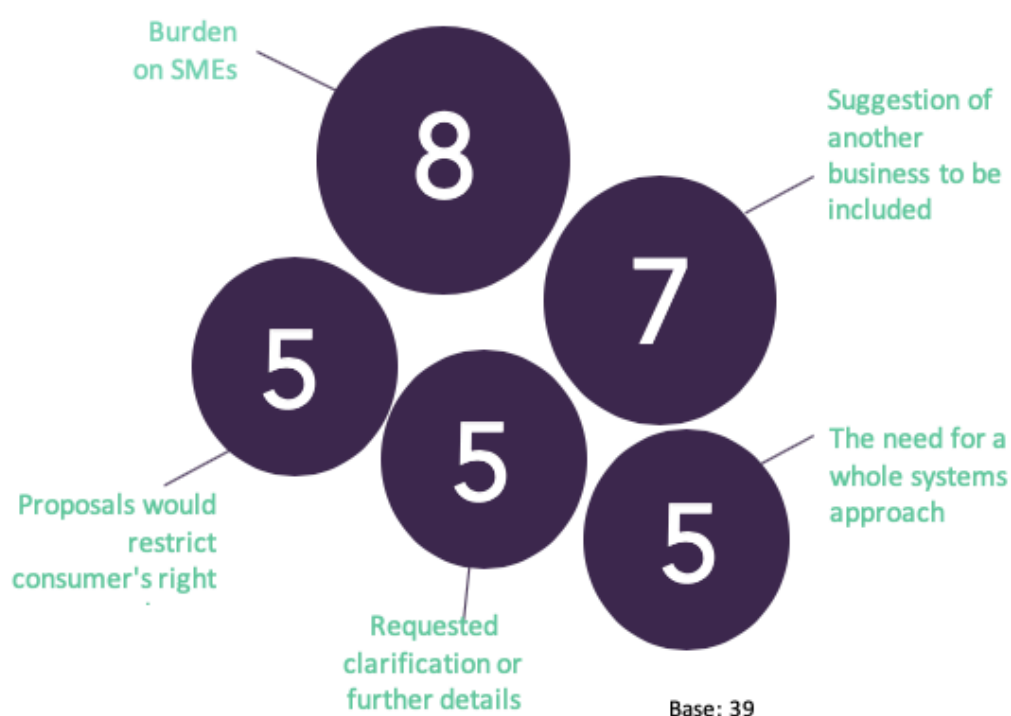
Most respondents (110, 90%) agreed that the businesses listed should be included in an Out of Home Strategy, while few respondents (12, 10%) disagreed. Of the 12 respondents who disagreed, 9 were individuals and 3 were organisations. Two of these 3 organisations were food and drink industry representative bodies.



A minority (39, 32%) of respondents expanded on their answer. A wide range of points were raised. The most commonly mentioned topics related to either the scope of the proposed strategy, or its impact on businesses in the OoH sector.

Responses to "Please explain your answer"

Top 5 themes by frequency:



A concern about imposing a burden on small/medium enterprises was the most frequent point raised. A minority (8, 20%) of respondents were concerned that imposing new responsibilities or regulations on the OoH sector would negatively impact smaller food businesses. This was primarily a concern for organisations, which made up 7 of the 8 responses, with 5 being from food and drink industry representative bodies. Reasons given were a lack of staff resource required to implement changes to recipes or labelling; or a lack of the required technical skills or knowledge to produce more in-depth nutritional information on menu items. Some respondents called for additional support to be made available to smaller outlets to help them comply with any new requirements.

"...we would caution that within these categories there are large variations in capacity to accommodate further regulatory changes. For example, it will be much easier for a large, national chain to adapt menus, or calculate and display calorie counts at the point of choice, than for a small independent business with few staff members. As such, [we] would urge that consideration is given to introducing any new regulations proportionately and that exemptions for the very smallest businesses are actively considered."

Organisation

A minority (7, 18%) of respondents (all organisations) **suggested other business types for inclusion** within the scope of the Out of Home Strategy. All of the respondents who suggested other business types were organisations, 2 of which

were food and drink industry representative bodies. Mobile outlets (such as snack vans) were mentioned by 3 and were the most commonly suggested business type for inclusion. Other suggestions were independent schools, wholesalers, fundraising events and free product sample giveaways. There was one suggestion to include hospitals, despite their being out of scope for this consultation.

A few (5, 13%) respondents (all individuals) were resistant to the idea of government intervening in the OoH sector in any way that would **restrict their personal freedom** of choice as consumers (all of these answered 'no' to Q1).

“People have a right to autonomy. Other people’s poor choices should not affect those who choose to eat and live well with the occasional indulgence.”

Individual

A few (5, 13%) respondents (all organisations) requested **clarification or further detail on aspects of the proposed Out of Home strategy**. Most requests centred around the scope of the strategy, enquiring whether certain outlets or sectors not mentioned in the question (e.g. ready meals, food delivery services, in-store bakeries and deli counters) would be included. Further clarity was requested by one respondent on whether premises owners or vending machine companies would be responsible for ensuring that vending machines complied with new measures. Another highlighted the lack of an existing legal definition of an 'out-of-home business' and asked for further detail on how the Scottish Government intends to define what would be within scope.

The need for collective responsibility/a whole systems approach was raised by a few (5, 13%) respondents, 4 of which were organisations. They argued that obesity or unhealthy eating habits are a considerable problem with far-reaching effects, and suggested that responsibility for addressing the issue should apply to all businesses or organisations with a stake in the sector, as well as to the government. Three of these respondents argued that the obesity problem required a wide-ranging or whole systems approach to changing the OoH food environment. One noted that while 25% of Scottish consumers' calories came from OoH purchases, the remaining 75% were sourced elsewhere, indicating that changes to the OoH sector alone is not enough.

“The scale of overweight and obesity in Scotland is such that it requires comprehensive action rolled out at scale. Based on current evidence, in order to tackle overweight and obesity in Scotland, action is necessary to change systems and environments in which people live.”

Organisation

Imposing a general burden on food businesses was mentioned by a few (4, 10%) respondents. Three of these respondents were individuals who had answered 'no' to Q1. These 3 respondents felt that placing additional requirements on the OoH sector would result in reduced sales or increased costs, adding financial pressure

on businesses. One respondent highlighted the importance of Scotland's tourism sector to the national economy and suggested that restrictions, such as calorie caps, would be detrimental to the visitor experience and thus harmful to industry.








Establishing a level playing field, where all businesses are subject to the same set of requirements was mentioned by a few (4, 10%) respondents. All 4 were organisations; 2 being from food and drink industry representative bodies. It was argued that the proposed Out of Home strategy should cover the widest possible range of outlets, due to the fact that any outlets which were exempt from new measures would have a commercial advantage over their competitors who had to comply. One organisation called for any new OoH measures to be applied to the wider food retail sector due to the fact that the two sectors are often in competition.

A few (3, 7%) of the respondents (2 organisations and 1 individual) put forward **areas they felt should be excluded from the scope of the proposed Out of Home strategy**. One argued that convenience retailers should be exempt as they stated that food-to-go only constitutes a small proportion of their total sales. Another suggested that supermarkets should be exempt as the majority of food purchased from these outlets would be consumed at home. The third suggested that community meals services ('meals on wheels') for elderly or vulnerable people should not be included.

Question 2 – Measures to Reduce Excessive Calorie Consumption

Which of the following measures should be taken to reduce excessive calorie contents of food and drinks eaten outside the home?

(reducing portion sizes, changing recipes by reducing fats/sugars and increasing fruit/vegetable/pulse/fibre, applying max calorie limits, applying max energy densities, ensuring single serve packs are available, excluding high calorie menu items)

Changing recipes	 Most 79% (91)
Reducing portion sizes	 Most 73% (84)
Ensuring single serve packs available	 Most 70% (81)
Applying max calorie limits	 Minority 30% (35)
Excluding high calorie menu items	 Minority 24% (27)
Applying max energy densities	 Minority 24% (28)
Other	 Minority 22% (25)
Total responses	115



There were 115 responses to the quantitative component of this question, and 87 responses to the qualitative section.

Changing recipes was the most popular of the measures listed, with most (91, 79%) respondents in favour, including 42 individuals and 49 organisations. There were 8 individual and 16 organisational respondents who disagreed with changing recipes. Of the organisational respondents who did not agree, 12 were directly connected to the food industry (such as food and drink industry

representative bodies (4), trade associations (2), or caterers (1)).

Reducing portion sizes was supported by a majority (84, 73%) of respondents, including 40 individuals and 44 organisations. A minority (31, 26%) of respondents disagreed with reducing portion sizes; 21 were organisations; 15 of these food industry organisations. All 3 retailers who responded to the consultation opposed reducing portion sizes.

A majority (81, 70%) of respondents were in favour of **ensuring that single serve packs were available**. There were 38 individual respondents and 43 organisations who supported this measure. A minority (34, 29%) of respondents were not in favour; 22 were organisations; 14 of these were from the food industry. All of the manufacturers (2) and small caterers (2) responding were against this measure.

A minority (35, 30%) of respondents supported **applying maximum calorie limits**. There were 21 organisations and 14 individuals who supported this measure. Of the majority (80, 70%) who were not in favour, there were 45 organisations and 35 individuals. This suggestion was rejected by all of the retailers (3) and public sector organisations (5) who responded, as well as 9 of the 11 local government respondents and 8 of the 10 food and drink industry representative bodies.

Applying maximum energy densities was supported by a minority (28, 24%) of respondents. Respondents in favour of applying maximum energy densities were split evenly, with 14 organisations and 14 individual respondents. Of the majority (87, 76%) who did not prefer this measure, 52 were organisations. All of the caterers (3) and retailers (3) were not in favour of applying maximum energy densities, as were 8 of the 10 food and drink industry representative bodies, 9 of the 11 local government respondents, 4 of the 5 public sector organisations, and 9 of the 13 third sector organisations.

Excluding high calorie menu items was the least popular suggestion, with a minority (27, 24%) of respondents in favour and most respondents (88, 76%) indicating disagreement. There were 11 individuals and 16 organisations who agreed with this measure. Respondents who disagreed with excluding high calorie menu items included 47 individuals and 41 organisations. Excluding high calorie menu items was rejected by all of the retailers (3) and small caterers (2) to respond to this consultation, as well as by 10 of the 11 local government respondents, 8 of the 10 food and drink industry representative bodies, and 9 of the 13 third sector organisations.

Responses to “If other, please specify”

While a minority of respondents (25, 22%) selected ‘Other’ in the quantitative question, a total of 36 respondents made additional suggestions. Of these, 10 (27%) suggested **changes to food labelling**; e.g. in the way nutritional information is presented on food labels, menus or shelves. Of these 10, some 8 pointed to calorie content or energy density as the information which should be displayed, with fat, sugar and carbohydrate content also mentioned. One respondent also called for nutritional information to be made bigger and more prominent on packaging, and another respondent suggested using “traffic light” style colour coded labelling on retail shelves to highlight healthier options. Eight of the 10 respondents to suggest changes to food labelling were individuals.

Increased promotion of healthier options was suggested by a minority of respondents (5, 14%): 2 individuals and 3 organisations. Suggestions included using price promotions, including more healthy options in ‘meal deal’ promotions, and promoting fresh food over processed options. One respondent argued for this instead of trying to change consumer behaviour through more direct means.

The need for consumers to be able to make informed choices was raised by a few (4, 11%) respondents; 3 of whom made this point in conjunction with a suggestion to change food labelling, as they considered empowering consumers to make an informed decision to be a key part of improving OoH eating habits. The remaining response linked informed choices with a call for consumer education to improve the public’s knowledge of nutrition and calorie control. Two individual respondents mentioned this theme, along with two organisations.

Increasing the availability of small portions was suggested by a few (4, 11%) respondents; 2 mentioning the link between larger packaging/tableware and overconsumption. The chain Wetherspoon’s was given as an example of an outlet

that was believed to offer clearly labelled small portions at a reduced price⁴: it was suggested that this could help to change the norm around what is perceived to be a 'normal' portion. This suggestion was put forward by 2 individuals and 2 organisations.

Consumer education was suggested by a few (4, 11%) respondents (2 organisations and 2 individuals): 3 stated that consumer education with a focus on nutrition was necessary to improve public understanding of healthy eating choices.

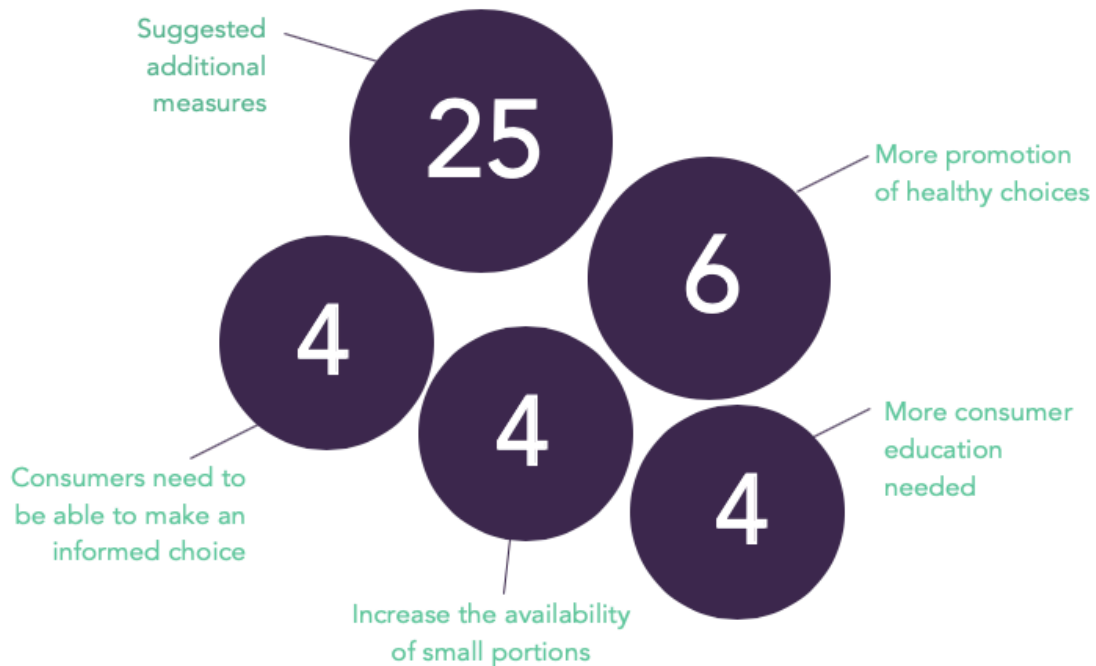
Other measures, put forward by 1 or 2 respondents, included: using tax to discourage the OoH sector from offering unhealthy food; changing how discretionary foods are merchandised (such as placing them behind shutters); changing how food is prepared to reduce the calorie content (such as by baking instead of frying); promoting uptake of the Healthy Living Award; and mandating that outlets must offer one healthy option.

"None of the above" was the response given by a few (3, 8%) respondents (all individuals) who did not agree with any of the measures discussed in Q2.

⁴Wetherspoons Standard Food Menu (2019) <https://d1i2hi5dlrpq5n.cloudfront.net/~media/files/pdf-documents/menus/spring-2019/wetherspoon-standard-food-menu--subject-to-availability.pdf?vs=1&d=20190329T165259Z>

Responses to "Please explain your answer"

Top 5 themes by frequency:



Base: 87

A total of 87 respondents (36 individuals and 51 organisations) expanded on their answer to Q2. They raised a wide variety of points, with issues relating to portion sizes, changes to recipes or reformulation, and the importance of informed consumer choices mentioned by 20 or more respondents. Points relating to the three calorie-limiting policies (applying maximum calorie limits, applying maximum energy densities, and excluding very high calorie menu items) were made by 15 respondents. Some 13 expressed a view on the proposals' impact on consumer freedom of choice.

A minority (30, 34%) of respondents (7 individuals and 23 organisations) called for **changes to portion sizes of food served Out of Home**. Organisations included 5 of the 7 health boards and all 5 of the public sector organisations who responded. Support was based on: the excessive size of many portions currently presented as normal by food outlets; reducing the amount of food wasted due to excessive portions; and the relative ease with which industry could implement smaller portions compared to other measures outlined in Q2.

"I think portion sizing is one of our biggest problems as people have no concept of what an appropriate portion of food looks like - restaurants etc. can help to change this."

Individual

"This is a straightforward measure that will also advantage the business with cost savings. This measure will be easy for business to implement which will not require resource from business or local authority."

Organisation

A minority (30, 34%) of respondents raised **changing recipes or reformulating products**; considered to be both an effective way to encourage healthier eating and an achievable goal for food businesses. This point was made primarily by organisations, with 26 organisational respondents mentioning changes to recipes or reformulation, including 5 of the 13 third sector respondents and 4 of the 11 local government respondents.

"This measure is gentle pressure on business to make easy and straightforward changes to reduce excessive calories. Working with food businesses to change recipes will encourage and raise awareness about healthier choices that the food business can make."

Organisation

The most commonly suggested recipe or formula changes were increasing the vegetable, fibre or legume content of food items to reduce calories and increase nutritional value, and reducing the fat, salt or sugar content. Some respondents added that in order to be effective, changes to recipes would have to result in an overall reduction in calorie content.

"It is important to ensure recipes/meal options/meal deals offer a decrease in calories so that the overall energy density of the item/s are decreased. Simply adding a piece of fruit or portion of veg to an existing meal will add increasing calories."

Individual

A minority (21, 24%) of respondents referred to **the importance of allowing consumers to make an informed choice**. Fourteen organisational respondents mentioned this theme, including 2 health boards, 2 public sector organisations, 2 local government respondents, 2 third sector organisations, and 2 food and drink industry representative bodies. Most who raised this issue argued against measures that **restricted consumer choice**, such as excluding high calorie menu items or applying maximum calorie limits. Their preference tended to be for healthier options and smaller portions to be made widely available, and for clear nutritional information at the point of sale to support informed consumer decisions.

"It is vital that the public can make informed choices about food. Improved informative labelling should be given more emphasis so that the consumer is aware of how many calories and adverse food sources are in out of home foods."

Organisation

"Applying some of the other measures, such as calorie limits, energy density limits etc., smacks of the nanny state. If I have a celebration, I may want to eat some delicious but unhealthy dessert. Give people information so they can choose."

Individual

Points relating to **mandatory calorie controls** (including maximum energy density limits, maximum calorie limits and excluding high calorie menu items) were raised by a minority (15, 17%) of respondents, all of whom were organisations. Three were in favour of applying some form of calorie control, with 2 of these respondents (both health boards) citing a calorie capping initiative by Public Health England as an example which could be followed. The remaining 12 (including 2 food and drink industry representatives, 2 health boards, 3 local government respondents, and 1 retailer) disagreed. They felt that these measures would limit consumer choice, would be challenging to implement for businesses, would be resource-intensive to monitor/enforce, and may result in some high calorie but nutritious foods (such as avocado, oily fish or almonds) being consumed less frequently.

"[We are] concerned that a focus on calories and calorie densities may be restrictive to specific food categories. For example, nutritious products which are high in protein often have a relatively high calorie density compared to food in other categories, but is an essential nutrient to positive health and healthy living."

Organisation

"Applying maximum levels or excluding items will limit business and consumer choice and will be resource intensive, particularly for small businesses. Furthermore, should these measures be mandatory, enforcement will require additional local authority resource for staff and sampling budgets."

Organisation

A few (9, 10%) respondents were **concerned about the cost of single serve products**, pointing out that while increased availability of single portions could help address overconsumption, perceived value for money remains a key motivator for consumers to purchase packs containing multiple servings. All but one of the respondents were organisations, including 3 health boards and 2 local government respondents.

"The option for availability of single serve packs needs to be backed up with financial incentive to promote purchase (i.e. careful pricing that ensures smaller portions are not more costly weight for weight)."

Organisation

A few (8, 9%) respondents (6 of whom were organisations) referred to **the need to change current norms which promote overconsumption**. Most made a connection with reducing portion sizes or wider availability of single serve packs. Some also argued that simply offering smaller portions or healthier menu options would not be sufficient without also addressing the norms which create consumer demand for unhealthier options.

"Social and personal norms for what constitutes a suitable amount to consume are shaped by food portions we routinely encounter in supermarkets, restaurants, or the home, including images used in marketing. As exposure to larger portions has

become more common, these sizes have come to be viewed as appropriate, with consumption correspondingly increasing. This suggests that reductions in portion size might, over time, recalibrate consumption norms, even if there were some initial resistance from consumers and industry.”

Organisation

A few (7, 8%) respondents expressed **concern that some of the proposed measures would have a negative impact on small/medium enterprises** in the OoH sector. All were organisations; 5 from organisations linked to the food industry (3 food and drink industry representative bodies, 1 caterer, and 1 retailer). It was argued that smaller food businesses often lack the staff resource necessary to calculate calorie content or energy density if required. Some respondents suggested that smaller OoH food businesses would be able to comply with calorie limits or energy density limits, but only with additional support.

“It must be remembered that there is no ‘one size fits all’ and recognition needs to be given to small independent operators that need great flexibility to operate and comply with any regulations.”

Organisation

A few (7, 8%) respondents called for **nutritional education for consumers to combat unhealthy eating habits**. Three were individuals. Of the 4 organisations, 2 were food and drink industry representative bodies. Some respondents disagreed with the measures proposed in Q2, and were concerned that policies focusing on limiting or restricting options at the point of sale were not addressing the root cause of the problem. Other respondents who raised this point favoured some of the proposed measures but felt that educating the public would be important to supplement and support other policies to encourage healthier food consumption out of the home.

“More emphasis is required to address education, self-control and habits of diners, rather than putting the onus on government and food producers to dictate what is consumed. This should not be a ‘nanny state’ but an educated state.”

Individual

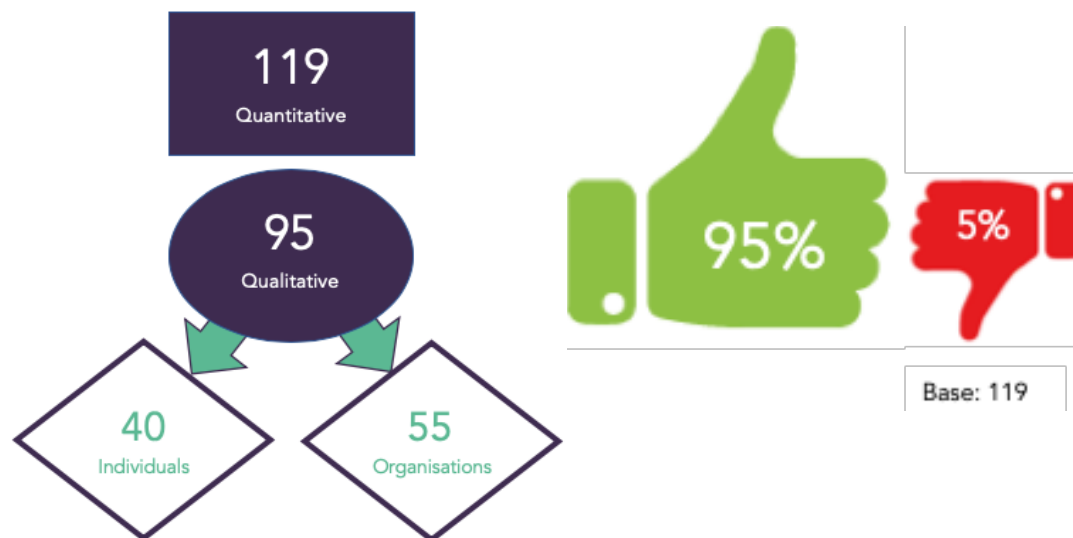
A few (6, 7%) respondents (2 individuals and 4 organisations linked to the food industry) raised concerns about **the potential negative impact of the measures outlined on food businesses**. The organisations argued that some of the proposed measures, particularly mandatory calorie limits, energy density limits or the removal of high calorie menu items, would prove difficult and time consuming for businesses to implement due to the accurate nutritional information required. It was also suggested that the OoH sector was too diverse for a mandatory approach to be practical, and that participation in the proposed measures should be voluntary.

Other points (raised by 5 or fewer respondents) included the need to educate some business owners or staff in order to support them in complying with new measures, the potential for some terms and concepts (such as energy density) to be confusing

to the public or to business owners, the possible negative impact on socio-economically disadvantaged groups who may wish to purchase a larger portion and split it between one or more people to save money, and the potential increase in disposable packaging waste caused by single serve packaging.

Question 3 – Access to Small or Half Portions

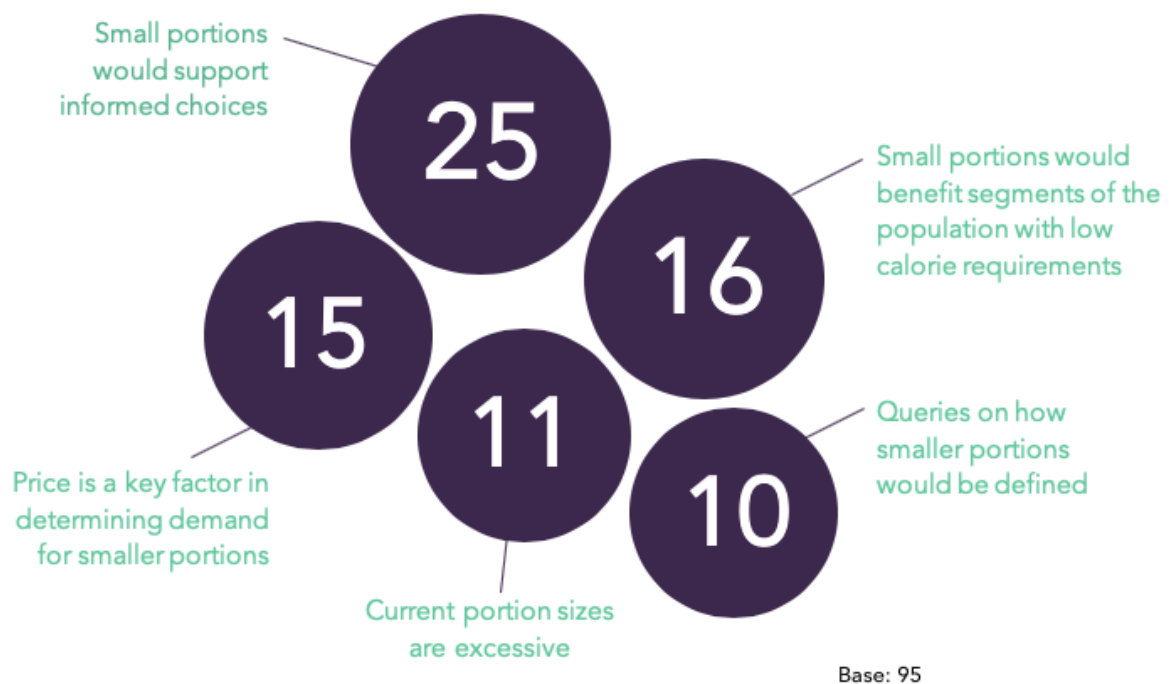
Do you agree that consumers should routinely have access to small or half portions?



Increasing the availability of small or half portions was supported by almost all (113, 95%) of the 119 respondents who answered this question. Of the few (6, 5%) who disagreed with this measure, all were individual respondents.

Ninety-five respondents explained their choice; mainly highlighting the perceived benefits of this policy, with some drawing attention to areas of potential difficulty.

Top 5 themes by frequency:



A minority (25, 26%) of respondents indicated that **having regular access to small or half portions outside the home would support consumers to make an informed choice**. This was seen as a positive development to encourage healthier choices, while not restricting consumer choice. Organisations accounted for 21 of the 25 responses which mentioned this theme, including 7 local government respondents, 4 health boards and 4 third sector organisations.

“It is our view that consumers should be given a wide choice to enable them to make the best choices about what they eat and drink.”

Organisation

A minority (20, 21%) of respondents (8 individuals and 12 organisations) argued that **an additional benefit of small or half portions was the potential to reduce food wastage**; suggesting that enabling consumers to buy a smaller amount of food would help to cut down on the amount of food that is thrown away uneaten, thus reducing the negative environmental impacts. Organisational respondents who mentioned this theme included 6 from local government and 2 from health boards.

Points relating to **the impact of price on consumer demand for small or half portions** were raised by a minority (15, 16%) of respondents. Eleven were organisations, including 3 health boards. There was concern that if the price of a small or half portion was not perceived as good value for money, consumers would be unlikely to choose them over larger portions. Some respondents from the food industry suggested that the manufacture and packaging costs of providing small or half portions of some products may force them to be offered at over half the cost of a full-size portion, reducing their appeal. Others argued that the lower price of small or half portions might be price-attractive to customers with smaller appetites who may be frustrated at having to purchase a full portion without intending to finish it. One respondent suggested that the small cost of ‘upsizing’ to larger portions offered by some outlets should be made more proportionate in order to reduce its appeal.

“We agree that consumers should be able to routinely access smaller or half portions, where possible. This will enable them to consume a quantity of food that is appropriate for them, without fear that uneaten food is being wasted and/or they are not making the most of the money that they paid.”

Organisation

“[We] highly recommend that pricing is considered, so as to ensure small and half portions are appropriately priced to make their choice appealing.”

Organisation

A minority (16, 17%) of respondents suggested that making small or half portions more widely available would benefit segments of the population with lower calorie requirements, e.g. older people for whom easier access to smaller quantities of food would make them feel more included. Ten were individuals and 6 were

organisations (including 2 health boards, a local government representative and a small caterer). Six respondents (all individuals) also expressed the view that smaller portions would enable children to eat more 'adult' food instead of relying on (often perceived as unhealthy) children's menus. A further 3 respondents (2 organisations, 1 individual) expressed the more general view that having small or half portions available allowed more flexibility to cater for different consumer needs.

"Yes - offering smaller portions would not only suit children it would also offer those with smaller appetites (elderly people) or those watching their weight with a wider variety of choices."

Organisation

The excessive size of current portions offered by Out of Home outlets was raised by a few (13, 14%) respondents (8 organisations, including 2 from local respondents and 2 from the third sector). Respondents who mentioned this theme argued that the prevalence of excessive portions has normalised overeating outside the home and created a false sense of what a 'normal' portion looks like. The lack of portion guidance provided by some outlets (such as takeaways), which could lead consumers to unknowingly consume multiple portions, was also highlighted.

"Definitely, there are many places where the portions are unnecessarily huge and the body doesn't have time to send the 'fullness' signal to the brain before the plate is clean, leading to overeating massively."

Individual

A few (10, 11%) respondents (9 of whom were organisations) queried **how 'small or half portions' would be defined**. Some were concerned about how to enforce small or half portion sizes if they became a mandatory requirement. It was suggested that due to the excessive size of the portions currently offered by many outlets, some form of guidance for food businesses would be required in order to set a benchmark for what should be considered a 'small' or 'half' portion.

"In principle we do believe that consumers should have access to smaller portion sizes and we would be supportive of industry guidelines around appropriate portion sizes which are currently not available."

Organisation

"This is a manageable measure for most businesses. However, would need to consider some degree of definition as terms such as small are subjective, and half portions may still have issues depending on the normal size on offer."

Organisation

The potential for **portion control to change current norms which promote overconsumption** was highlighted by a few (9, 9%) respondents: 8 being organisations, including 3 from local government and 2 from the third sector. Some believed that the large portions currently presented as 'normal' have contributed

to overeating, and widespread availability of reduced portions could help to address this issue. It was also pointed out that people may experience pressure to finish food which has been paid for, even if they feel full, to avoid wasting money and food. Again, offering small or half portions could reduce this pressure to overconsume.

“I believe there is a cultural rule for many people to eat everything on their plate so smaller portions will help.”

Organisation

“We believe portion size is very important, especially in this setting. Numerous studies have indicated that people will consume more food, and therefore more energy, when they are presented with a larger portion size.”

Organisation

A few (8, 8%) respondents (6 individuals) argued that **consumer demand for small or half portions already exists** and that many consumers would welcome it for a range of reasons, including lower cost, avoiding food waste, personal preference for a lighter meal, or wanting to control how much they ate.

“People of all ages want smaller portions sometimes. It is good customer service, as well as healthier.”

Individual

A few (6, 6%) respondents (1 individual and 5 organisations from the food industry) suggested that **mandating the availability of small or half portions could be problematic for businesses**. Organisations favour a voluntary approach, arguing that some foods (such as steak or burgers) could prove difficult to adapt to half or small portions, or that any prescribed definition of ‘half’ or ‘small’ would be challenging to apply across the wide range of cuisines offered by sector.

“It is, however, important that this should not be mandated. It would be difficult to precisely define a small or half portion, for example, and to ensure that any such definitions are fair across the huge range of cuisines available. The progress made thus far has been on a voluntary basis, with takeaways responding to customer demand.”

Organisation

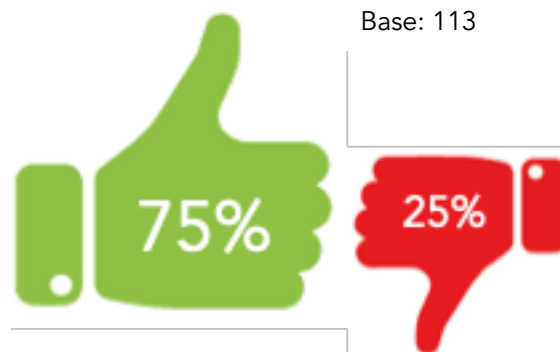
The 6 respondents who disagreed with increased access to small or half portions all expanded on their answers. Their reasons included concerns that offering small portions of unhealthy foods without changing recipes would be ineffective, a preference for reducing the fat, sugar and salt content of menu items instead of reducing their overall size, and the suggestion that small/half portions of some dishes would be impractical to create.

Question 4 – Calorie Labelling at Point of Choice

Should calorie labelling at the point of choice apply in Scotland?

(includes menus, shelf labels, display cases, web pages)

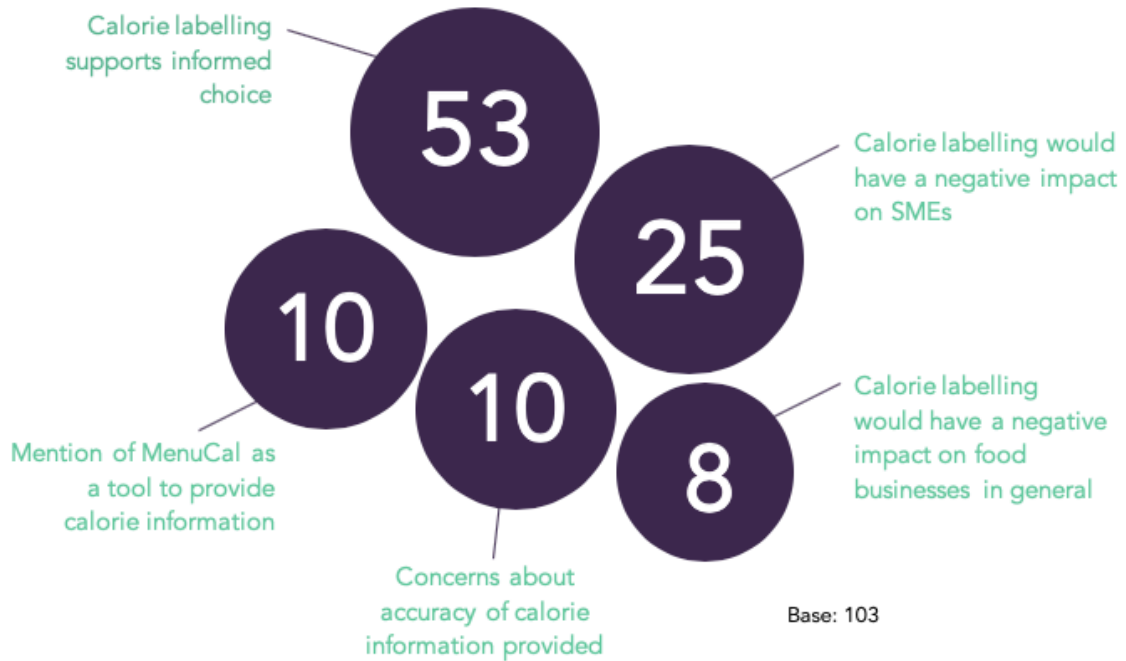
Most respondents (75%) indicated support, while a minority (25%) opposed this suggestion. Of the 28 respondents who did not agree with calorie labelling at the point of choice, 16 were individuals. The 12 organisational respondents who disagreed included 3 food and drink industry representative bodies and 2 caterers.



Some 103 respondents left comments explaining their answer – 14 of which had not answered ‘yes’ or ‘no’.

For those in support of calorie labelling, there was a general consensus that this would be a positive for consumers making a choice, with many adding that it is important to ensure labelling is simple and easy to understand. Many of those who answered ‘no’ could see some positives, but their concerns outweighed them. Those not answering ‘yes’ or ‘no’ offered mixed responses, but generally recognised both the positives and challenges of calorie labelling.

Top 5 themes by frequency:



The most prevalent theme was the suggestion that calorie labelling would **allow consumers to make an informed choice**. This was put forward by a majority (53, 51%) of respondents: 21 individuals and 32 organisations (including 8 of the 11 local government respondents, 5 of the 7 health boards, 3 of the 5 public sector organisations, and 6 of the 13 third sector organisations). Enabling informed consumer choice was perceived very positively: e.g. anything that educates consumers is beneficial. A number of respondents also cited evidence that calorie labelling has been found to change consumer behaviour:

“Emerging evidence shows that calorie information on menus reduces calorie intakes. This is a fundamental measure to changing the out of home food environment as it informs the consumer about the foods they are going to purchase and eat.”

Organisation

Many of these respondents elaborated their support for this measure by pointing to evidence that suggests that calorie labelling on menus drives suppliers to produce lower calorie meals, in order to be perceived more positively by consumers looking to make informed choices.

The second most frequently mentioned theme was the **impact this would have on small to medium businesses**, with a minority (25, 24%) pointing out that this would be onerous on smaller businesses and impractical. There were 13 individuals and 12 organisations who mentioned this theme, including 3 third sector organisations, 2 food and drink industry representatives and 2 local government respondents. Some 9 of the respondents who mentioned this theme also answered “No” to the quantitative section of Q4.

“This would be very difficult for many small businesses to achieve, and is not practical. Cost, time, availability, regular changing menus are all barriers to this.”

Individual

Some argued that, although they support the principle of calorie labelling, small and medium enterprises should be exempt as they do not have the time or resources to provide this. Others acknowledged the extra challenges faced by SMEs, and suggested ways to overcome them, feeling that if calorie labelling is implemented then it should be across the board to ensure a level playing field.

Suggestions included:

- A longer time scale to implement changes
- A ‘tolerance’ within which businesses can provide calorie counts, owing to the frequency of SMEs providing seasonal/local/‘homecooked’ food – i.e. ‘typical’ figures should be acceptable
- Additional support/resource to carry this task out.

Less frequently cited, but linked to the above, was a **burden on food businesses generally** (i.e. not just SMEs). A few (8, 8%) respondents raised this concern, suggesting that calorie labelling at the point of choice would be challenging for all sizes of business. Five of the respondents who mentioned this theme also indicated disagreement with calorie labelling at the point of choice.

MenuCal was mentioned by 10 (10%) respondents, 8 of whom believed it is a resource that is beneficial and would be able to help businesses achieve calorie labelling. It was praised for being free and easily accessible. However, 2 respondents expressed concerns about how much the tool would benefit, suggesting that some businesses do not have the access nor the skills to use it, thus limiting its value.

Concerns about accuracy were raised by 10 (10%) respondents. In 5 of these cases this was linked with SMEs and the difficulty they would have in accurately labelling batch-cooked food or food cooked from scratch. Some 7 of the 10 respondents that discussed this theme also disagreed with calorie labelling at the point of choice. One respondent added that in establishments with multiple chefs it would be a challenge to ensure that all chefs cook food exactly the same way and achieve the same calorie count.

Respondents also highlighted issues with verifying calorie labelling, suggesting if this was implemented it would be difficult to mandate:

“I would be interested in how this would be regulated/checked to ensure all businesses are displaying accurate calorie information and how independent/small businesses would cope with the additional administration of calculating and displaying such information.”

Individual

Three (3%) respondents raised **concerns about enforcement**, and how FSS would propose to ensure that all food businesses comply with calorie labelling. One added that there are challenges in defining point of choice, and any definition would have to be wide-ranging as this could vary from business to business.

One practical suggestion about how to make calorie labelling more effective was to **include colour coding** to make it easier for consumers to understand at a glance. Colour coding was suggested by 5 (5%) respondents, including 2 third sector organisations and 1 health board. The inclusion of colour coding was felt to be particularly important for those with literacy issues: making it as clear and simple as possible to get the information across.

In some cases, this was also linked with a suggestion that calorie counts alone are not enough to change behaviour. Instead, it was suggested that more contextual information about the healthiness of food, the amount of fat, salt or sugar, or how the calories compare with male and female requirements, is of more value.

“This system could use a green-amber-red symbol, which would summarise the overall healthfulness of a food item or menu option, taking into account added sugars, fibre, unhealthy fats, and micronutrients.”

Organisation

It was also suggested by 7 (7%) respondents that a focus purely on calories would send the wrong message to consumers. This was raised by 4 individuals and 3 organisations. It was felt that calorie labelling could encourage consumers to become calorie-focused without considering the nutritional value of food and how it fits into a balanced diet

“I think we should instead seek to educate about healthy choices and how products fit into food groups.”

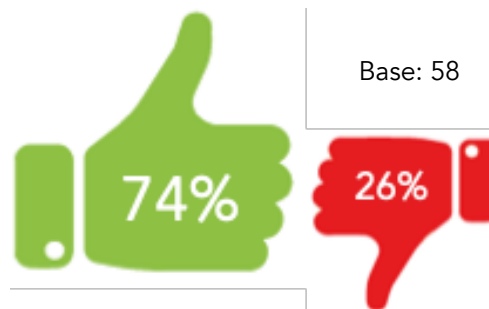
Individual

Other less frequently mentioned suggestions were: rather than focusing on calorie labelling, businesses could be encouraged to offer smaller portions; the potential for inaccuracies in calorie labelling to encourage legal action against food businesses; concerns about how calorie labelling might impact those with eating disorders; and that calorie labelling may discourage food businesses from being innovative (e.g. encouraging them to switch to pre-prepared products that are easier to label).

Question 5 - MenuCal

As a food business, would MenuCal help you to provide calorie labelling?

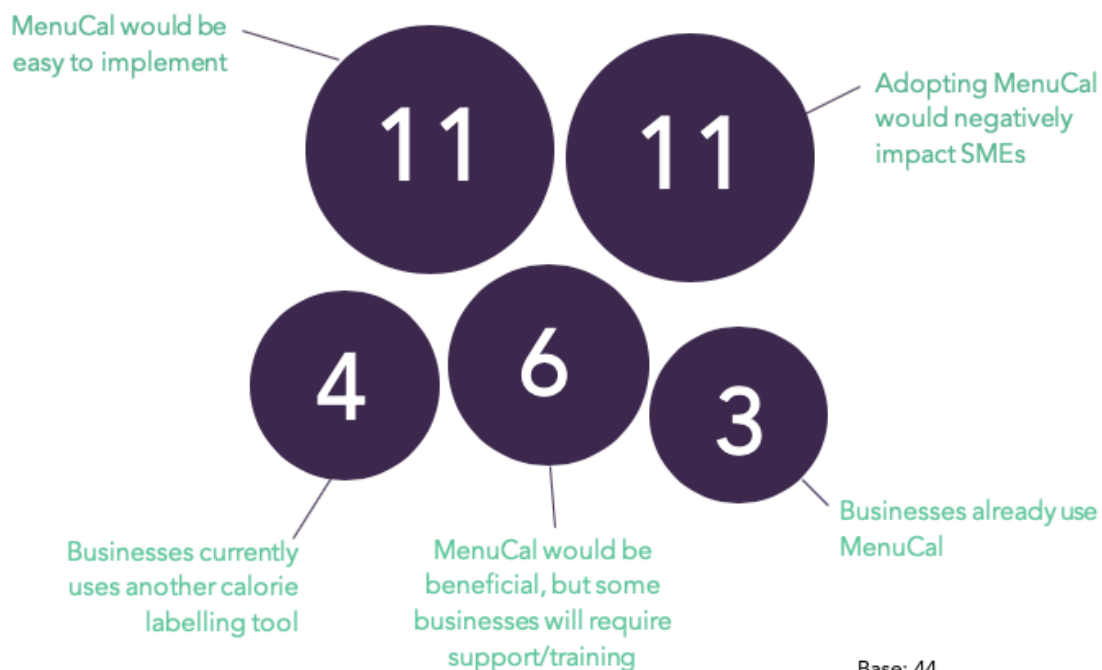
Of the 58 respondents who answered 'yes' or 'no', a majority (43, 74%) indicated that MenuCal would help them provide calorie labelling: a minority of 15 (26%) indicated that it would not.



While this question was directed at food business, 5 respondents who were not food businesses chose to answer. On the basis that these respondents have knowledge of food businesses (e.g. Enforcement Officer) their feedback has been included in the following analysis.

Of the 44 respondents who gave a qualitative response, the majority (28, 63%) were organisations. Some 7 of the 10 food and drink industry representative bodies and all 7 of the health boards who responded to this question expanded on their answer.

Top 5 themes by frequency:



The most frequently cited reason in support of MenuCal was that respondents felt it would be **easy to use**: generally, based on experience of using the tool or from its reputation. This point was made by a minority (11, 25%) of the respondents who replied to the qualitative portion of Q5. Ten of the respondents who believed MenuCal would be easy to use were organisations, including 4 health boards and 2 food and drink industry representative bodies.

However, a minority of the same size (11, 25%) were concerned about the **burden using MenuCal to provide calorie labelling would put on small to medium businesses**. Of the 11 respondents concerned here, 9 were organisations, including 4 food and drink industry representatives.

"After looking at this I think it would help but still think this is a huge task with huge expenses for small businesses."

Organisation

Generally, in keeping with answers to previous questions, concern relates to how calorie labelling in general will impact SMEs, not specifically about MenuCal. Although ease of use was acknowledged by some, it is still felt that SMEs would find it difficult to allocate time, resource and money to using calorie labelling tools.

A few (6, 14%) respondents felt that MenuCal would be a beneficial tool, but they would like to see **ongoing training and support** to assist businesses to use it, particularly those which may struggle with resource to provide calorie labelling, or who may require assistance in ensuring accuracy due to their menus including ingredients or dishes not covered by MenuCal. All respondents who made this

suggestion were organisations, including 2 food and drink industry representative bodies and 2 NHS organisations (1 health board and 1 other NHS).

Some 4 (9%) respondents indicated they are **using an alternative calorie labelling tool** (e.g. Nutmeg); and 3 (7%) reported that they believe MenuCal is beneficial as they **are already using/have already used it**:

"I already have used similar packages and will be using MenuCal in my own business."

Organisation

Additionally, 4 (9%) non-food business respondents (3 individuals and 1 health board) **expressed their positive feeling** that MenuCal would help businesses.

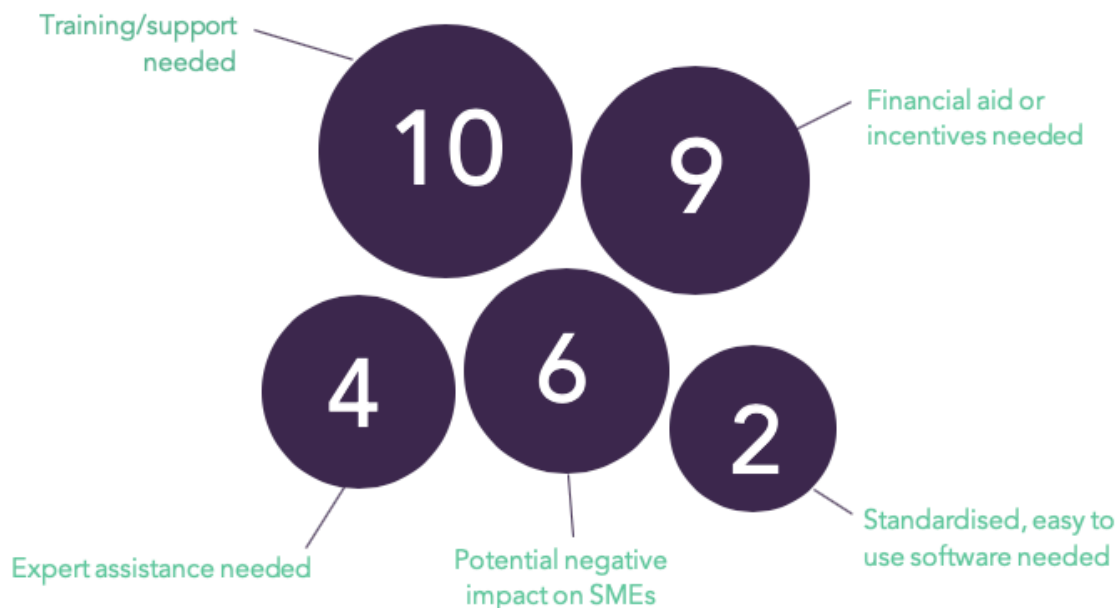
Other responses appearing less frequently were: MenuCal would be of limited benefit (1); the respondent would require trying it out before commenting (1); and calorie labelling should not be required as consumers should learn themselves (1).

Question 6 – Support Required to Provide Calorie Labelling

As a food business, what additional support would you require to provide calorie labelling? – Please explain your answer.

This was an open question, answered by a minority (43, 33%) of the 127 who responded to this consultation. There were 16 individuals who answered this question, and 27 organisations (including 6 food and drink industry representative bodies, 5 health boards and 3 local government respondents).

Top 5 themes by frequency:



Base: 43

The most recurrent point, raised by a minority (10, 23%) was that **training and support would need to be provided** in order to enable businesses to provide accurate calorie labelling at the point of choice. This point was put forward by 2 individuals and 8 organisations (including 3 health boards).

A minority (9, 21%) of respondents suggested that **financial aid or incentives** would be required to help businesses with the costs of this extra work. Of the respondents making this suggestion, 7 were organisations: including 2 health boards and 3 respondents connected to the food industry (1 food and drink industry representative body, 1 manufacturer, 1 small caterer).

A few (4, 9%) respondents reported that they would **require expert assistance** to implement calorie labelling. Individuals made up 3 of the 4 respondents suggesting this, with one public sector organisation also suggesting expert help would be needed.

Again, concerns were raised by a few (6, 14%) about **the impact of calorie labelling on SMEs**. All of these respondents were organisations, including 3 food and drink industry representative bodies.

“We strongly believe additional tools will be required to support micro and small businesses. The Government should have available funding and constant resources to support these businesses.”

Organisation

Some of these respondents also suggested training or financial aid would be required to overcome challenges to SMEs. One felt that FSS and the Scottish Government should work directly with SMEs to identify what specific support they desire.

2 (5%) respondents (1 individual and 1 food and drink industry representative body) expressed further concerns about the impact of calorie labelling. They felt that implementation would be **difficult for food businesses that have daily changing menus**; and that the time, staff and monetary investment involved in implementing calorie labelling would result in **less choice for customers**.

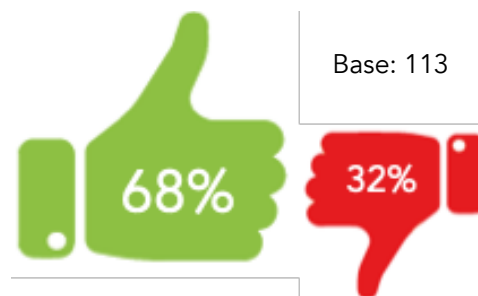
Other responses called for:

- Standardised, easy to navigate software
- Introduction of a tolerance range
- Local health champions who could be contacted for advice and tips
- Allowing sufficient time for businesses to adapt
- Making it a voluntary (opt-in) scheme
- Using colour coding for quick and easy visuals

Question 7 – Mandatory Calorie Labelling at Point of Choice

Should calorie labelling at the point of choice be made mandatory in Scotland?

A total of 113 quantitative responses were received. The majority (77, 68%) were in favour of mandatory calorie labelling at the point of choice: 37 individuals and 40 organisations agreed. Organisations who were in favour included 9 of the 11 local government respondents, 5 of the 7 health boards, and 4 of the 5 public sector organisations.

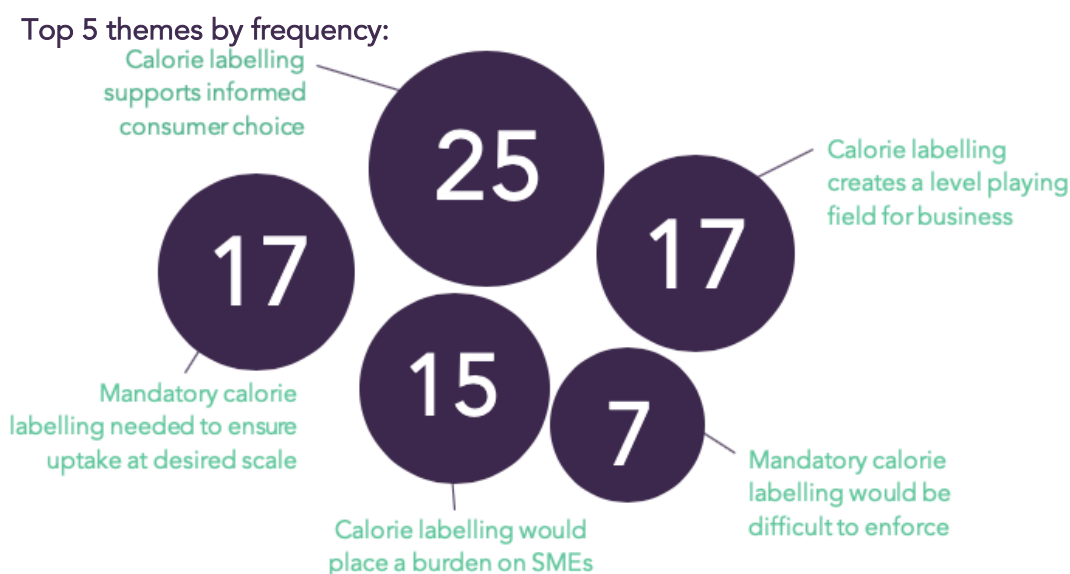


Of the respondents who answered “no” to Q7, 20 were individuals and 16 were organisations. Organisations included 5 food and drink industry representative bodies, and 2 of the 3 caterers that responded to the consultation.

Some 92 qualitative responses expressed a wide range of arguments for and against. Some 35 individuals and 57 organisations (including 11 third sector organisations, 10 local

government respondents, 8 food and drink industry bodies, 7 health boards and 5 public sector organisations) answered the qualitative section of Q7.

Responses to "Please explain your answer"



Base: 92

A minority (25, 27%) argued that **mandatory calorie labelling would help consumers to make an informed choice** when eating outside the home. Some 8 individuals made this point, along with 17 organisations, including 3 from local government and 2 from third sector organisations. This was particularly favourable due to its emphasis on offering transparency without restricting choice. Some who made this point claimed that academic evidence suggests that calorie labelling can impact consumer behaviour and encourage healthier eating.

"A whole population approach is more likely to have a positive impact. Mandatory calorie labelling would be one step closer to achieving the Scottish Government target to create food environments which support healthy choices."

Organisation

The importance of **mandatory calorie labelling in creating a 'level playing field' for food businesses** (i.e. all businesses are treated equally and held to the same standards) was mentioned by a minority (17, 18%). All of the respondents who raised this issue were organisations, including 4 from local government, 3 from the third sector, 2 food and drink industry representative bodies and 2 public sector organisations. Some believed that adopting a voluntary approach to calorie labelling could result in reduced sales for businesses who choose to label their products, thus discouraging further uptake. Others pointed out that other sectors of the food industry (such as pre-packaged food) are already required to provide calorie labelling, and often compete with the OoH sector. Requiring calorie labelling for OoH food businesses was thought to help create a level playing field on labelling.

A minority (17, 18%) of respondents argued that **a mandatory approach to calorie labelling would be necessary to ensure wide-scale uptake**. Some 15 organisations

mentioned this theme, including 5 local government representatives, 4 health boards and 3 third sector organisations. This point was linked to the discussion of the need for a level commercial playing field, as it was felt that an 'opt-in' approach would put businesses who chose to apply calorie labelling at a disadvantage and result in low uptake. Others believed that without a mandatory requirement there would be little to motivate businesses to adopt a policy which could harm sales.

"If it is not mandatory there will be little or no uptake from businesses. There would be no value in having a voluntary system as the competition in the sector is very fierce and with over provision in many areas, it is believed that consumers would simply choose the business which they perceived as giving best value (large portions). This would put some businesses at a competitive disadvantage."

Organisation

A minority (15, 16%) were concerned that **mandatory calorie labelling would have a disproportionate negative effect on small or medium food businesses**. Six of these were individuals, with the 9 organisations including 2 food and drink representative bodies and 2 retailers. Some who made this point highlighted the limited staff resource available to smaller businesses which would make calculating and displaying calorie information challenging. Others pointed out that some small food businesses (such as cafes) change their menu on a daily basis, requiring them to calculate calorie content much more frequently than larger businesses with standardised menus.

"Even with the MenuCal tool I think this may be too time consuming/ daunting for some food businesses. It may also inhibit some smaller businesses from varying their menus/offers as frequently due to the additional work involved."

Individual

For a few (7, 8%) respondents, **mandatory calorie labelling across all Out of Home businesses may prove challenging to enforce**. Potential issues with enforcement were identified by 5 organisations (3 of whom were from local government), and 2 individuals (1 of whom had a background in food enforcement). They expressed concern that local authorities would require additional resource, both to support businesses in meeting the required standards of accuracy and to conduct enforcement work to ensure the policy was followed.

"Again, as an enforcement officer this would be hard to police and enforce when dealing with these SME businesses as some are still struggling with basic hygiene, labelling, allergen information etc."

Individual

General concerns about the potential negative impact of mandatory calorie labelling on the Out of Home sector was raised by 6 (6%) who felt that the policy would be harmful to the sector in general due to the time and cost involved in calculating and displaying the required information. These concerns were raised by

2 individuals and 4 organisations (including 2 food and drink industry representative bodies).

A **voluntary approach to calorie labelling** instead of a mandatory policy was suggested by 5 (5%) respondents. All 5 were organisations; 4 food and drink industry bodies and 1 public sector organisation. While these respondents recognised that calorie labelling could benefit consumers, they indicated a preference for a more gradual, voluntary approach as a way of mitigating the potential cost to businesses. This was often linked to discussion of the pressures faced by smaller food businesses and the suggestion that they would be disproportionately affected by a mandatory approach.

Some 5 (5%) respondents argued that **whilst there are challenges to be overcome in adopting mandatory calorie labelling, the benefits to the health of the population outweighed these concerns**. This argument was made by 4 organisations (including 2 third sector organisations) and 1 individual. This view was often linked to perceived drawbacks such as enforcement costs, but it was felt that a mandatory approach across the sector was justified due to the potential for calorie labelling to provide an informed choice and encourage healthier eating behaviour.

“Having been provided with evidence that allergens can cause adverse reactions, including potentially fatal anaphylactic shock in some people, the Out of Home sector responded very well to providing allergen information on labelling. However, despite the evidence that excessive calories in a vast array of products is causing death and disability in huge numbers of people due to Type 2 diabetes and other obesity related health conditions, the same sector has been very slow to act so – as for allergens - mandatory labelling for nutrition is required. ”

Organisation

There were 5 (5%) respondents who also mentioned that **mandatory calorie labelling may discourage culinary innovation or the use of seasonal ingredients** by chefs. Respondents raising this point were 2 individuals and 3 organisations (including 1 food and drink industry body and 1 caterer). This theme reflects concerns that if calorie information had to be calculated for each new dish, food outlets might be less likely to innovate or use unusual or seasonal ingredients in their food, thus stifling the creativity of Scotland’s restaurants. One respondent suggested a solution:




“We consider any item which is offered as a standard item on a menu should be labelled. Consideration should be given to items which are genuinely novel items, for example a daily special made to use leftover foods and cut down on food waste. We understand that in previous UK government pilots of calorie labelling and in examples internationally this has been considered by setting a minimum number of days on a menu within a month or a year, below which an item is exempt.”

Organisation

Other suggestions made by 3 or fewer respondents included: the focus of labelling measures should not be calories (preferring fat, sugar etc.); and educating consumers on healthy food choices would be preferable to a legislative approach.

Comparing responses across Q4 (“Should calorie labelling at the point of choice apply in Scotland?”) and Q7

It is of value to consider answers to both Questions 4 and 7 due to the similarity of the topics covered. The table below presents a combined quantitative overview of these two questions.

Agree with both calorie labelling at the point of choice in general (Q4) and on a mandatory basis (Q7)		Majority 71% (77)
Disagree with both calorie labelling at the point of choice in general (Q4) and on a mandatory basis (Q7)		Minority 26% (28)
Agree with calorie labelling at the point of choice in general (Q4), but disagree with mandatory calorie labelling (Q7)		Few 4% (4)
Total responses	109	

A total of 109 respondents answered both questions. Comparing the responses to Q4, which asked about calorie labelling in a more general sense, with Q7, which specified **mandatory** calorie labelling, respondents fell into 3 groups. First, the majority (77, 71%) were in favour of both calorie labelling at the point of choice generally (Q4) and on a mandatory basis (Q7). The second group comprised a minority (28, 26%) who disagreed with calorie labelling, at point of choice, both in general and as a mandatory requirement. The final group were a few (4, 4%), who answered “yes” to Q4 and “no” to Q7, so were therefore in favour of calorie labelling but not for making it mandatory.

Among those respondents who answered “yes” to both questions, there were 37 individuals and 40 organisations. The organisations who were in favour of both measures included 10 of the 13 third sector organisations, 9 of the 11 local government respondents, 5 of the 7 health boards, and 4 of the 5 public sector organisations.

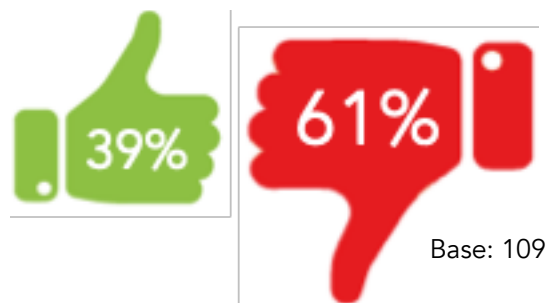
Respondents who disagreed with calorie labelling at the point of choice both in general and as a mandatory requirement included 19 individuals and 9 organisations. Of the organisations who answered “no” to both Q4 and Q7, 5 were connected to the food and drink industry. This included 3 food and drink industry representative bodies, 1 caterer and 1 Other food and drink organisation.

The 4 respondents who agreed with calorie labelling at the point of choice (Q4) but disagreed with requiring businesses to provide this (Q7) comprised of 3 individuals and 1 food and drink industry representative body.

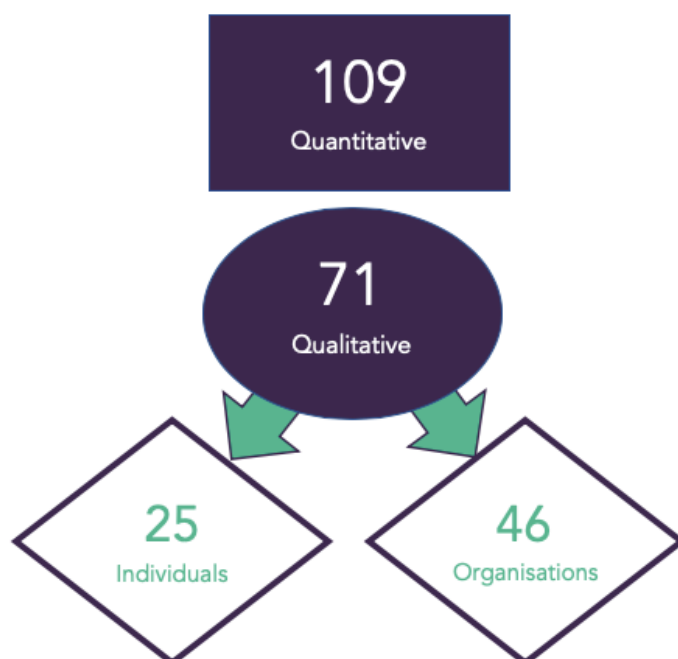
Question 8 – Businesses Exempt

Should any business be exempt from mandatory calorie labelling at the point of choice?

The majority (67, 61%) of respondents believed that no businesses should be exempt from mandatory calorie labelling at the point of choice. The remaining 42 (39%) were of the view that at least one type of OoH food business should be exempt.

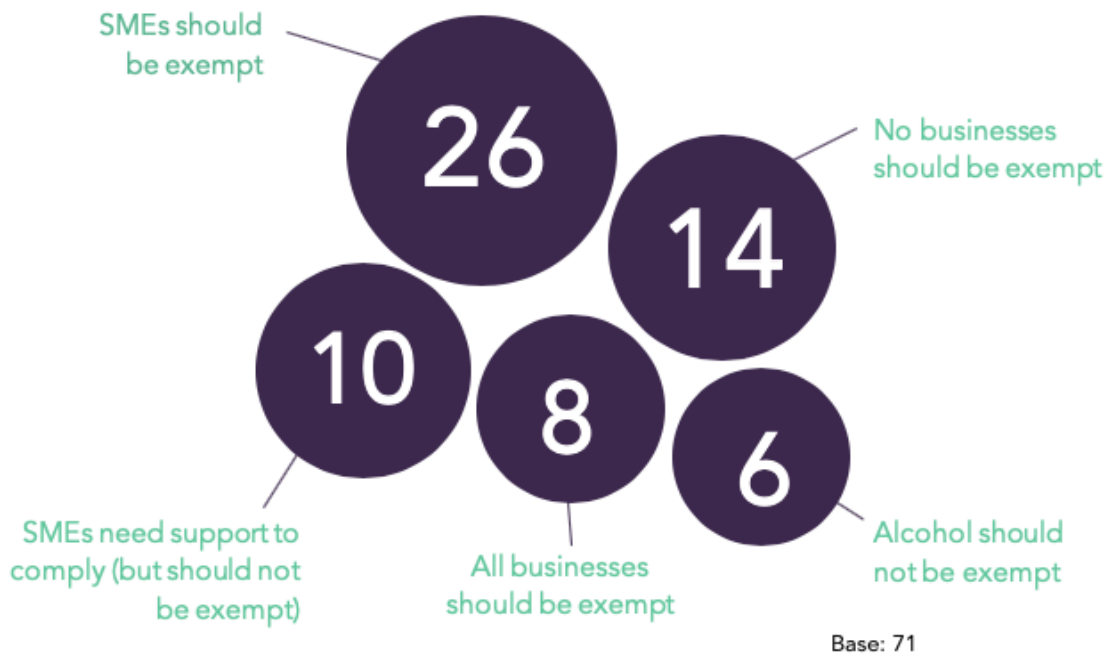


Those in support of no exemptions to mandatory calorie labelling at the point of choice comprised 33 individuals and 34 organisations (including 9 of the 13 third sector organisations, 6 of the 9 local government organisations, 5 of the 7 health boards and 4 of the 5 public sector organisations). Those who felt that some exemptions were necessary comprised 24 individuals and 18 organisations. Organisations who answered “yes” to Q8 included 6 of the 10 food and drink industry representative bodies, as well as 4 local government respondents, 2 caterers, and 2 health boards.



When asked which type of businesses should be exempt, 71 respondents made comments. Some, who either answered ‘no’ or did not provide an answer, used the free text box to express a view. In addition to suggested exemptions, some respondents argued for a no-exemptions policy, and others outlined areas where additional support may be required in order to help businesses to comply with labelling requirements.

Top 5 themes by frequency:



An exemption for small to medium enterprises was proposed by a minority (26, 37%). There were 15 individuals and 11 organisations (including 3 food and drink industry representative bodies) who made this suggestion. They felt that the costs and resource associated with calculating and displaying calorie information would present more of an issue for smaller outlets than larger businesses. Some also highlighted that menus in smaller food premises change often, meaning that new labelling would have to be produced frequently. Among respondents who raised this point, opinion on how to define ‘small to medium’ food businesses was split: 4 suggested setting a threshold for annual turnover (one suggested £70,000 and two £1,000,000); 4 felt that the exemption should apply to businesses that could prove they lacked the capacity to comply in terms of staff resource; and 3 suggested that ‘micro-businesses’ with fewer than 10 employees should be exempt.

“[We] believe that mandatory calorie labelling could be challenging to implement for a wide range of smaller businesses. We would be particularly concerned that this requirement be applied to restaurants and other businesses which regularly change their offering to provide local and seasonal produce, with the nutritional value of available meals changing as a result.”

Organisation

A minority (14, 20%) of those **who answered ‘no’ to the question** expanded upon their response. All of these respondents were organisations, including 4 third sector organisations and 2 public sector organisations. Some argued that allowing exemptions would lessen the impact of calorie labelling on consumer behaviour. This was also linked by some to the importance of applying the same rules across the sector to avoid giving some food businesses an unfair commercial advantage. Some who held this opinion acknowledged that some businesses may require

additional support to comply with mandatory calorie labelling. Two of these respondents **mentioned the availability of tools such as MenuCal** which could be used to support compliance.

A few (10, 14%) respondents argued that small or medium OoH food businesses may require **additional support** to implement calorie labelling at the point of choice. Eight of these were **not in favour of any exemptions to calorie labelling**. Calls for additional support for smaller food businesses were made by 1 individual and 9 organisations (including 4 from the third sector and 2 food and drink industry representative bodies).

While these respondents believed that the potential benefit of mandatory changes to labelling across sector outweighed potential negative impact on business, they acknowledged that some businesses would not have the necessary funds or staff resource to adopt calorie labelling without some degree of outside assistance. Some suggested that smaller outlets could be allowed more time to comply with the new requirements, while others suggested that free information or training could be provided in order to ensure smaller businesses have the capacity to provide accurate calorie information.

“We believe this can only be mandatory if adequate training and support provided. Small business owners would be unlikely to have enough nutritional knowledge/resources to do this alone.”

Organisation

Some 3 (4%) respondents mentioned **a general need for businesses to be supported in making any mandatory changes to labelling**, making similar points to those in favour of support for smaller businesses, but without specific mention of any particular type of food outlet.

There were 8 (11%) respondents who disagreed with the idea of mandatory calorie labelling entirely, stating that **all businesses should be exempt**. Some 6 of the respondents who made this point were individuals. Only 1 respondent expanded further:

“All businesses should be exempt, as per response to question 7, which does not support the introduction of mandatory calorie labelling. Even well-intentioned businesses would find it extremely difficult to produce their own food for direct sale with any consistency and uniformity to ensure calorie declarations are met every time.”

Organisation

Rather than suggesting a potential exemption to mandatory calorie labelling, 6 (8%) respondents argued that **alcohol should also be subject to mandatory calorie labelling at the point of choice**. All respondents who suggested this were organisations, including 2 third sector organisations and 1 health board. These

respondents pointed out the high calorific value of many alcoholic drinks and highlighted the potential for additional public health benefits if calorie labelling led to reduced alcohol consumption. Three believed that failing to include alcohol in the proposed calorie labelling requirement could deepen socio-economic inequalities, as outlets selling alcohol are more prevalent in deprived areas.

Some 6 (8%) respondents, all of whom either answered 'no' or did not provide a response, argued that **mandatory calorie labelling should have no exemptions to provide a level commercial playing field**. They believed that the costs associated with adopting calorie labelling would mean that any business granted an exemption would have an unfair advantage over competitors required to comply. All of the respondents who made this point were organisations.

There were 3 (4%) respondents who felt that **some one-off events should be exempt**: e.g. private catered events (as they would not be open to the public); or charity fundraising events where limited resources would be available to comply with labelling requirements. All 3 of these respondents were organisations.

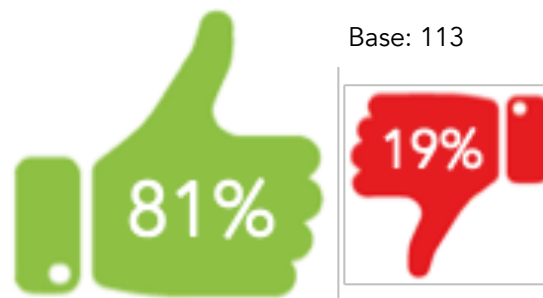
Other suggested exemptions (raised by 3 or fewer respondents) were: **hotels**; or **outlets which already offered healthy food**. **Premises linked to the care sector** (such as nursing homes) and **hospitals** were also mentioned, despite being outwith the scope of the consultation.

Additional observations (by fewer than 3 respondents) included: potential difficulties in enforcing mandatory calorie labelling; issues relating to food outlets which provide non-standard portion sizes; and concern that applying exemptions based on a maximum number of employees could dissuade some food businesses from hiring additional staff.

Question 9 – Standardisation of Additional Nutrition Information

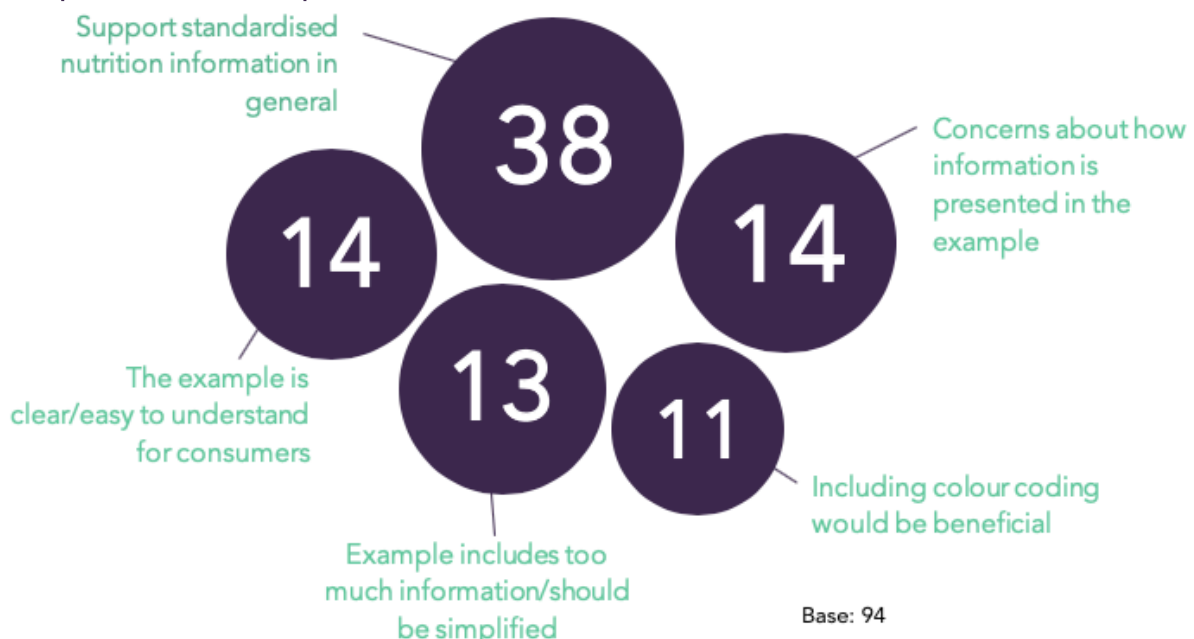
Where nutrition information is provided online and on printed materials should it be standardised in the way set out in the table above?

Of the 113 who answered the question, the majority (92, 81%) supported nutritional information being standardised in the way suggested. A minority (21, 19%) did not agree.



Some 53 individuals and 39 organisations agreed with the example of standardised nutrition information given in Q9. Organisations answering “yes” included: 8 local government respondents; 7 third sector organisations; 6 health boards; and 3 public sector organisations. There were 10 individuals and 11 organisations not in favour. The organisations included 3 food and drink industry representative bodies, 2 third sector organisations and 2 local government respondents. Some 94 respondents expanded on their answer, including 14 who had not explicitly answered ‘yes’ or ‘no’.

Top 5 themes by frequency:



The most recurring theme was a **support for consistent standardised nutritional information**, as this makes it easy for consumers to compare products across locations. This was brought up by a minority (38, 40%) of respondents, with most of these (30, 79%) being in support of the standard set out in Q9. Some 6 individuals and 32 organisations mentioned this theme. Organisations included 8 of the 9 local government respondents, 5 of the 7 health boards, and 5 third sector organisations. Among them there was a feeling that a standardised approach like this would be informative and helpful for the consumer:

“It is important to compare ‘apples with apples’, having businesses all using the same standard will make it easier for consumers to understand and make comparisons.”

Individual

Concerns about the way in which portion sizes were presented in the exemplar were mentioned by a minority (14, 15%) of respondents, including 4 individuals and 10 organisations. There were 6 respondents who answered “no” to Q9 and made this point. Mainly, there was a feeling that per 100g/100ml would be worthless for consumers as this is not how most OoH products are sold. As such, it would be better to simply have ‘per portion’ which is simpler and of more value:

“However, the nutritional information should be focused on being provided as per portion as the consumer needs to relate the information to what they are eating and per 100g/100ml will be irrelevant to consumer.”

Organisation

Among those who expressed concern over how portion sizes were represented in the example given, were 3 respondents who agreed with providing information per 100g/100ml, but who suggested that this should be accompanied by a per portion or per pack figure to provide context.

The same number (14, 15%) praised the exemplar table for **presenting relevant information in an easy to understand way**: 11 individuals and 3 organisations (including 1 small caterer). The way information was presented in the example was seen to be clear, simple and easy to interpret:

“The information in the proposed table is set out in a clear manner, with both summary and more detailed data available for those who require it.”

Organisation

A few (13, 14%) respondents (8 of whom answered “no” to Q9) suggested that the **volume of information given in the table was too much**. There were 12 organisations (including 3 from local government) who raised this point. It was felt that having too much information could potentially discourage consumers from reading any of the information. Some suggested that calories would be sufficient, and 5 said that they

would like **kilojoules to be dropped** from the label as it means very little to most and can confuse:

"We do not think that kilojoules should be displayed alongside calories. Our research has showed that the general public has a very limited understanding of kilojoules as a measure of energy and many people find the inclusion of two different figures for energy (kcal and kjoules) confusing."

Organisation

Among the 8 respondents who did not think that the information should be standardised as suggested, there was agreement with the general principle of standardised nutrition information. However, they expressed a feeling that less information is needed than set out in the example, or that it could be simplified.

Another suggestion on how to improve information on the label was to include some form of **colour coding**. This was mentioned by a few (11, 12%) respondents, including 3 who answered "no" to Q9. Of the 11 respondents who made this suggestion, 2 were individuals and 9 were organisations (including 3 third sector organisations and 2 local government respondents). The traffic light system currently used on some food packaging was popular, and seen as simple and already familiar to consumers.

"I'd also like to see the 'traffic light' colours used in such a table as those are a really helpful visual aid."

Individual

A few (9, 10%) respondents had more suggestions for **alternative ways for the information in the exemplar to be presented**. These mainly favoured less information, with suggestions that only calories, salt and sugar, or calories, fat and carbohydrates, should be presented. One respondent suggested presenting information converting the calories into how long it takes to 'work off' – e.g. '100 calories take x minutes of walking to burn off'.

Eight (9%) respondents used the comment box to express their support for labelling such as in the exemplar as it ensures that **consumers have the information to make an informed choice**. However, 7 did express concerns about the potential **burden on small and medium enterprises**:

"Such a proposal is unrealistic for OOH eateries and again particularly for small operators in the independent bar and pub sector."

Organisation

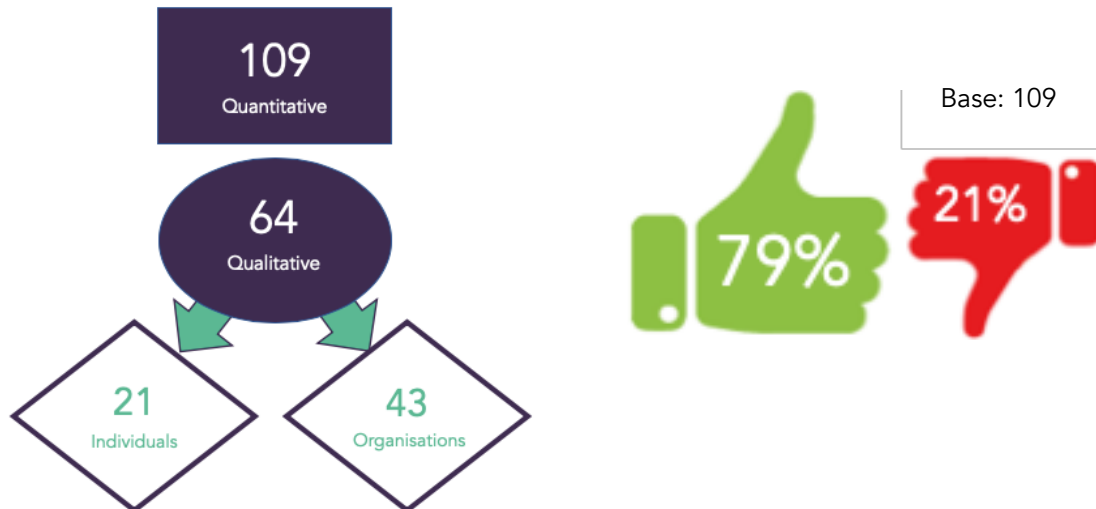
Four (4%) respondents felt that **consumer research should be conducted** to determine what the easiest format is for consumers before a standardised format is decided.

Three (3%) suggested that the information presented in the exemplar is too complex, and that many consumers **would not have sufficient nutritional knowledge for this to be of value to them.**

Other less frequently occurring responses included: respondents emphasising their disagreement with the proposed changes, saying it is not important/appropriate (2); and providing a template for businesses to use, which will ensure that the standard format is followed (1).

Question 10 – Mandatory Standardisation of Additional Nutrition Information

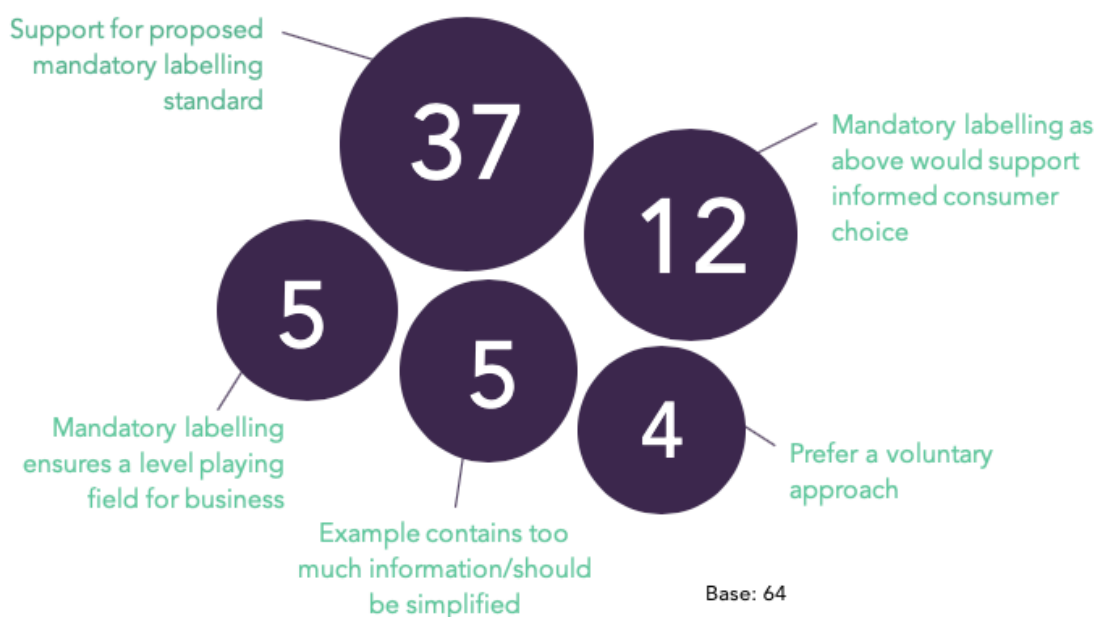
Where nutrition information is provided online or on printed materials, should it be mandatory that it is standardised in the way set out in the table above?



Of the 109 respondents who answered the question, most (86, 79%) agreed. A minority (23, 21%) did not agree.

A number of respondents indicated that their answer to the previous question (Q9) was also justification for their answer to this question (Q10), which could perhaps explain why only 64 respondents commented further.

Top 5 themes by frequency:



The most common response, mentioned by a majority (37, 58%), was **support for mandatory standardisation**. There were 5 individuals and 32 organisations

(including 8 third sector organisations, 5 local government respondents, 4 food and drink industry representative bodies, and 4 health boards) who made this point. These respondents felt that the exemplar is easy for consumers to understand and interpret, it ensures consistency across the sector, and making this mandatory avoids some establishments opting out. One respondent also suggested that this mandatory standardisation could also help avoid businesses marketing products as being healthier than they really are:

“By making the table mandatory there will be a greater chance that consistency across the whole Out of Home landscape is maintained. If all sectors used a common approach, then consumers would be able to make comparisons between brands. Interventions which transcend sector boundaries are more likely to be acceptable to the industry and to have more of an overall impact.”

Organisation

Twelve respondents, who supported mandatory standardisation as shown, were in favour as they believe it **supported consumers in making an informed choice** by enabling quick and easy comparison between products. These included 5 individuals, and 7 organisations.

A few (5, 7%) respondents suggested that making this a mandatory standardisation, rather than voluntary, ensures a **level playing field** (i.e. holding all businesses to the same standards) across the sector. This point was made by 4 organisations (1 health board, 1 public sector organisation, and 1 third sector organisation).

“If standardisation is going to be implemented it should be mandatory to make a level playing field for businesses. They should all have the same requirements, and all have to play by the same rules.”

Individual

Five (7%) respondents expressed concern over the information being presented, and suggested that the standardised format **should not contain all of the information presented in the exemplar**. Instead, they felt that information should be simplified as some of the exemplar information (e.g. saturated fat) is too complex and overwhelming for consumers to understand. Some suggested that only calories and sugar need to be displayed. This theme was mentioned by 2 individuals and 3 organisations (including 1 retailer and 1 food and drink industry representative body).

A total of 4 (6%) respondents, who disagreed with information being standardised in the way set out in the table, commented that this could be **recommended and voluntary, not mandatory**, as there may be other ways to present information, which would suit some establishments better, and businesses can identify themselves. Respondents who expressed this view included 2 individuals and 3 organisations (1 public sector organisation and 2 food and drink industry representative bodies)





In keeping with the answers to question (Q9) - although appearing in only two responses - was a reference to the **traffic light system**. Both participants were keen to see colour coding used as a visual aid for consumers: useful and easy to understand at a glance. Using the traffic light system was suggested by 1 third sector organisation and 1 individual.

Less frequent responses were: concerns about how the accuracy of nutritional information would be ensured (2); allowing a lead-in period to give businesses time to comply with the standardised format (2); conducting consumer research to see if this is how consumers would like their information presented (1); disagreement with the suggestion as it would be impractical to present such a level of information on every product (1); concern about the level of literacy required for consumers to interpret the information (1); concern that this level of information would diminish the experience of eating out (1); and favour for the suggestion, but only if adequate support and training is provided to assist businesses with carrying out the nutritional labelling (1).

Question 11 – Promotion and Marketing Practices

Which actions would change promotion and marketing practices to support healthier eating outside the home?

(Businesses dropping practices that encourage overconsumption, businesses positively marketing and promoting healthier choices, raising consumer awareness through the use of social marketing campaigns, other)

Businesses positively marketing and promoting healthier choices	 Most 85% (96)
Businesses dropping practices that encourage overconsumption	 Most 81% (92)
Raising consumer awareness through the use of social marketing campaigns	 Most 80% (90)
Other	 Minority 15% (17)
Total responses	113

The three measures outlined were all very popular. Most agreed with each, with **businesses positively marketing and promoting healthier choices** (96, 85%) being the most popular.

Businesses positively marketing and promoting healthier choices was favoured by 47 individuals and 49 organisations. Organisations who supported this measure included 10 local government respondents, 10 third sector organisations, 6 health boards and 5 food and drink industry representative bodies.

Businesses dropping practices which encourage overconsumption was supported by 46 individuals and 46 organisations. Organisations who were in favour of this measure included 10 local government respondents, 10 third sector organisations, 6 health boards and 5 food and drink industry representative bodies.

Raising consumer awareness through the use of social marketing campaigns was supported by 45 individuals and 45 organisations. Organisations who agreed with this suggestion included 9 local government respondents, 9 third sector organisations, 6 health boards and 5 food and drink industry representative bodies.

Responses to “If other, please specify”

While 17 respondents selected “Other” in the quantitative section of Q11, 21 commented further. Among these 21 respondents, the most common proposals

related to: limiting industry sales tactics used to promote discretionary foods, and ensuring that healthier options were competitively priced.

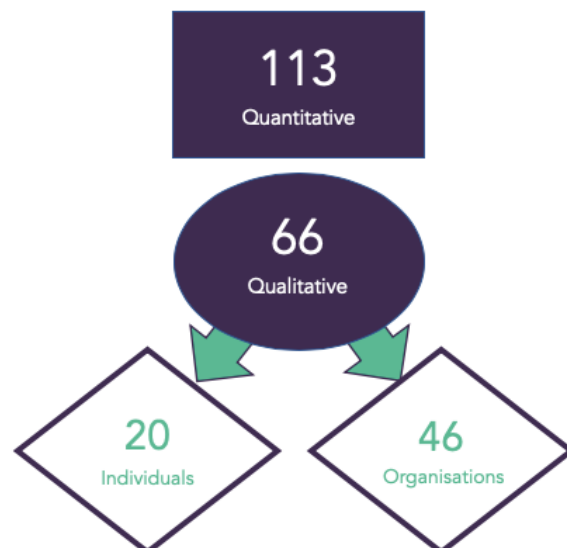
A minority (8, 38%) of respondents suggested that **healthy options should be priced competitively in comparison to less healthy choices**. This was due to the perception that value for money was a key factor in consumer decision making, and therefore healthy options would have to be seen to offer good value to be considered. Some suggested this could be achieved through subsidising healthy food, while others favoured restricting price promotions on discretionary foods or other less healthy menu items. This suggestion was made by 3 individuals and 5 organisations (including 3 local government respondents and 1 public sector organisation).

Restricting sales and marketing tactics used to promote unhealthy food was proposed by a minority (7, 33%) of respondents, all of whom were organisations (including 4 local government respondents). Some respondents provided specific examples of tactics they felt should not be used to promote unhealthy options, such as sports sponsorships, misleading 'healthy' claims on products (e.g. a product high in sugar being promoted as '0% fat'), upselling or upsizing tactics at the point of sale which encourage overconsumption, and the use of multibuy, free refills or 'all you can eat' promotions to drive sales of unhealthy foods.

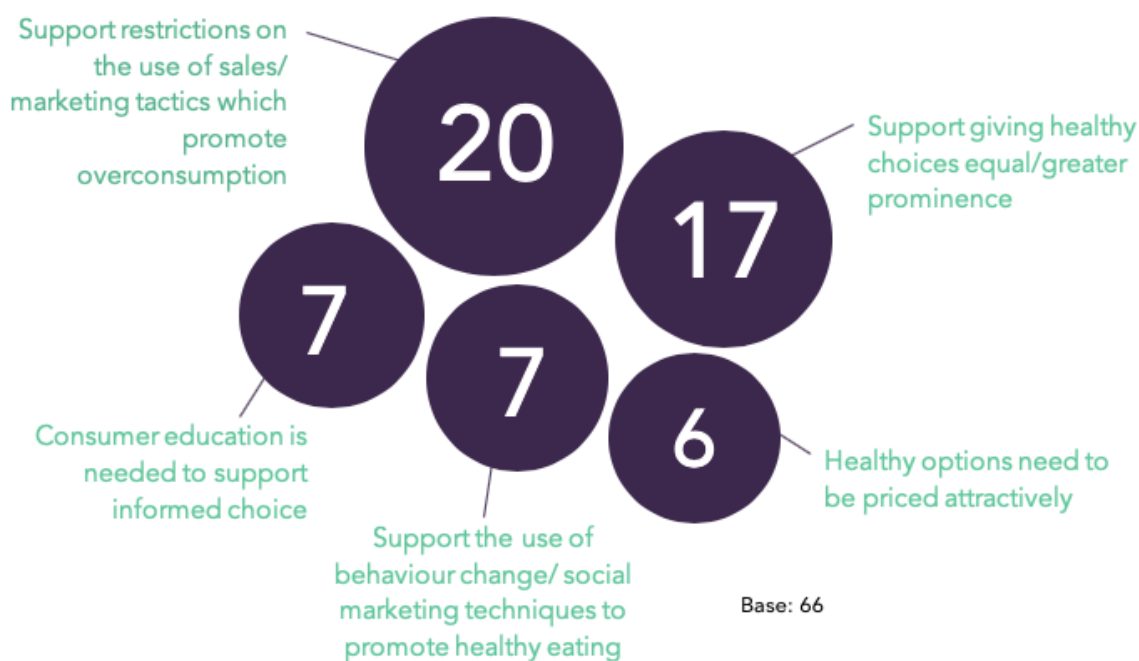
Other suggestions included restricting unhealthy options offered on children's menus; ensuring wider availability of healthy choices at the point of sale; and implementing portion control.

Responses to "Please explain your answer"

Sixty-six expanded on their response. The most prevalent themes raised were: placing limitations on the sales and marketing tactics used by OoH food businesses to promote less healthy options; and suggestions of ways to positively promote healthier choices.



Top 5 themes by frequency:



A minority (20, 30%) of respondents argued that **there is a need to limit or restrict the use of sales or marketing tactics which promote overconsumption**. Some 19 of these respondents were organisations, including 4 local government respondents, 3 third sector organisations, and 3 food and drink industry representatives. Specific examples of tactics which should not be used to encourage sales of unhealthy food were given. These included upsizing or upselling, ‘impulse purchase’ merchandising of items near tills, multibuy offers, and meal deals. Some highlighted that they were only in favour of limiting tactics which led to excessive overconsumption, rather than a blanket restriction on practices which promoted food considered unhealthy.

“Placing restrictions on promotions and marketing on energy dense foods has the potential to support individuals in making healthier choices.” Organisation

A minority (17, 26%) called for **actions which give healthy choices equal or greater prominence than less healthy options**. Some 15 of the respondents who suggested this were organisations, including 5 health boards. This theme was often linked to restrictions on tactics used to promote unhealthy food and the use of the same tactics to increase the appeal of healthier food. Examples included: making healthy options more widely available in meal deals; celebrity endorsements of healthy food; tie-ins with existing campaigns (such as VegPowerUK); ‘impulse purchase’ merchandising at point of sale; and price promotions.

“We know that in Scotland most frequently used marketing strategies were price promotions (82% of outlets use this technique), the prominent placement of items near the tills (68% of outlets), and meal deals (64% of outlets). Importantly, most of these strategies are used to sell less healthy products. Using these strategies to promote healthier options is likely to support healthier eating outside the home.” Organisation

The role of education in supporting healthier consumer choice was highlighted by a few (7, 11%) who felt that increasing the general public's knowledge and understanding of healthy eating would help to combat some of the marketing and sales tactics used to promote less healthy food, as well as creating demand for healthier options. This was often linked to the use of social marketing campaigns as mentioned in responses to Q11. One respondent referred to cooking skills as an area where education could help the public to be more nutritionally aware and mindful of their food choices both inside and outside the home. This suggestion was made by 3 individuals and 4 organisations, 2 of which were from the third sector.

Seven (11%) respondents referred to **the potential for behaviour change techniques to be used in the promotion of healthy eating**. This theme was mentioned by 3 individuals and 4 organisations who suggested that changes to consumer behaviour could be affected through a range of 'nudges' (including, but not limited to, the actions described in Q11) designed to make healthy choices easier, more accessible and more appealing to consumers.

"... the act of shifting customers towards healthier baskets is a continuum. We need to explore ways to nudge people towards 'better for you' choices even within discretionary food choices, with portion control and mindful eating playing an important role too."

Organisation

Some 6 (9%) respondents referred to **the need for healthy options to be priced attractively**, indicating that price and value for money are factors with a strong influence on consumer behaviour, and therefore could present an effective way to increase the appeal of healthy food choices to the consumer. Suggestions for how to implement this included simply reducing the price of healthier options as well as making them available as part of meal deals and other promotions often used to sell less healthy food. This point was made by 4 organisations (2 of which were health boards) and 2 individuals.

There were 6 (9%) respondents who raised **concerns that the actions outlined in Q11 would have a negative impact on Out of Home food businesses if made mandatory**. The primary reason was the potential loss of sales, but there were also suggestions that mandatory restrictions on sales and marketing tactics could result in more unsold out of date food being wasted, and that any mandatory policy would be resource-intensive to enforce and regulate. All 6 of the respondents who raised these concerns were organisations: 3 being food and drink industry representative bodies.

There were 6 (9%) respondents who referred to their earlier responses to the Scottish Government's **Reducing Health Harms of Foods High in Fat, Sugar or Salt**⁵ consultation, which concluded in January 2019. All 6 were organisations, including 2 food and drink industry representative bodies.

Other points (raised by 3 or fewer) included: the need to maintain consumers' right to choose (2): the potential for social marketing campaigns to widen social inequality if improperly targeted (2): and the need for UK-wide consistency if any new measures on promotion and marketing were introduced (1).

⁵ Scottish Government (2018) <https://consult.gov.scot/health-and-social-care/reducing-health-harms-of-foods/>

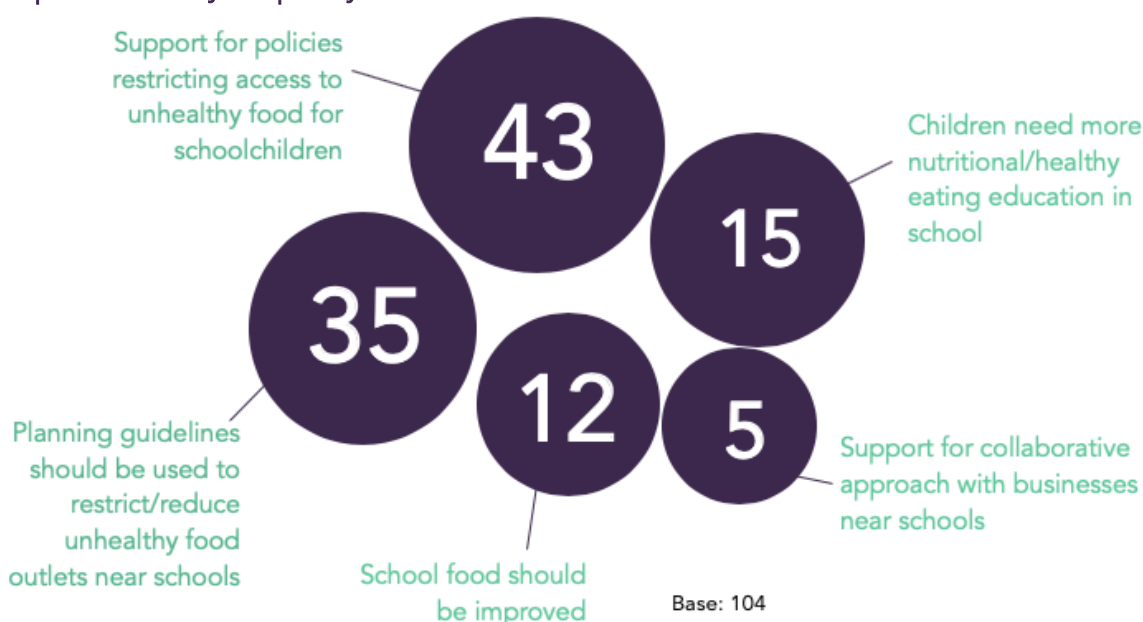
Question 12 – Food in the School Vicinity

What types of actions could be taken to improve the food provided Out of Home in the vicinity of schools?

This was an open question that 104 (82%) of the 127 respondents answered.



Top 5 themes by frequency:



The most prevalent theme, mentioned by a minority (43, 41%) of respondents, was that **some type of restriction should be implemented** to prevent schoolchildren from accessing or buying unhealthy food. Generally, these suggestions were based on the notion that children are less able to make healthy food choices, and/or are more susceptible to the promotional tactics used to sell unhealthy food. Therefore, the best way to change their behaviour would be to reduce their access to less healthy choices. Similarly, **restriction on the promotion of unhealthy items** (e.g. sugary drinks) was mentioned in 12 of these responses, as this would make these foods attractive to children. Using restrictions to limit children's access to unhealthy food choices was mentioned by 17 individuals and 26 organisations, including 9 local government respondents and 8 third sector organisations.

Using local authority planning guidelines to restrict the number of unhealthy OoH food outlets within a certain distance of schools was suggested by a minority (35,

34%) of respondents. Ten individuals and 25 organisations mentioned this: the organisations included 8 local government respondents, 7 third sector organisations and 4 health boards. Notably, this means that the majority of local government respondents to this consultation (8 of the 11 – 73%) support this measure. Respondents in favour of this measure felt that preventing new fast food outlets from opening near schools would be an effective way to reduce the number of unhealthy options available to children in the school vicinity.

“The planning department has a key role to play in the health agenda. Planning consultations should have a “Public Health” section, and environmental health departments should be able to give comment on the public health impact of any new development.”

Organisation

Some 11 (10%) respondents specifically highlighted **mobile food outlets (e.g. snack vans) which they felt should be stopped from parking in school vicinities**. Some 3 individuals and 8 organisations (including 3 from local government) suggested this.

Other suggestions, focusing on some form of restriction, included **schools not allowing pupils to go out at lunchtimes, a ban on allowing under 16s to purchase energy drinks, not allowing younger schools pupils (e.g. S1-4) to leave the premises during lunchtime, and mandatory school meals**. The use of regulatory measures (rather than voluntary ones) was felt to be needed to drive change in this environment.

A few respondents expressed some concerns. One noted that implementing exclusion zones around schools forces these food outlets to concentrate in other areas, and there is also a potential impact on the economy of towns if these businesses are put under too many restrictions:

“We would be concerned that artificially restricting competition and forcing takeaways – or other OOH businesses – to clump together in areas outside any exclusion area would cause long term distortion to local high streets. It should also be borne in mind that takeaways have often played an important role in regenerating high streets, and are mainly small businesses and local employers.”

Organisation

Other responses commented that a unilateral ban on food outlets would not result in real behaviour change: it would be ineffective at achieving long-term results.

A few (15, 14%) respondents favoured **educating children in school** on how to make better nutritional choices. One highlighted that consumer preference and demand will change the industry, therefore it is important to educate pupils on healthy choices. Respondents here included 7 individuals and 8 organisations.

Despite being out of scope of the consultation, **improving school meals** was suggested by a few (12, 11%) respondents: if school meals were more appealing, of better quality and more affordable, schoolchildren are less likely to go out and buy unhealthy food.

To increase uptake of healthier options and make these more attractive, 5 (5%) respondents (including 4 individuals and 1 organisation) suggested **making healthier food choices free or subsidised**:

“Make fruit cheaper - include fruit and healthier options in promotional activity.”

Individual

There were 5 (5%) respondents that suggested **a collaborative approach with businesses** in the school vicinity: 2 individuals and 3 organisations. They favoured authorities and OoH outlets working together to ensure that healthy options are on offer and on promotion during school times to encourage pupils to purchase them. This might help overcome some issues with exclusion zones, whilst simultaneously tackling the challenges presented by pupils buying unhealthy food outside of school:

“Work with food businesses around schools to offer healthier options to pupils and include these in meal deals.”

Individual












Three respondents suggested **engaging with pupils directly** to better understand why they make the food choices they do, and allowing them to be part of the design of interventions, in order to achieve a long-term shift in food culture. In doing this, the young people are engaged with the idea of healthy eating, whilst also assisting in the design of an environment which supports this.

One respondent suggested a reward scheme could be used to encourage pupils to adopt healthy behaviours, and suggested pupils bringing in a refillable water bottle as an example of a behaviour to encourage. In a similar vein, 4 suggested **improvements to canteen areas** in schools to make it more appealing to stay within the building during lunch and break times.

Two respondents suggested that **nothing should be done** to improve OoH food provided in the school vicinity. One argued that forcing children to eat certain types of foods could encourage eating disorders; the other that restrictions risk unfairly targeting businesses near schools.

Question 13 – Improvements to Food Provided for Children

Which of the following should be changed to improve food provided for children? (Less reliance on menus specifically for children, provision of children's portions from adult menu items, increased use of vegetables and fruit in dishes, sides and desserts, reduced reliance on breaded/fried products, reduced reliance on chips, plain water and milk offered as standard options, reduction of drinks with added sugar, reduction of high sugar dessert options, reduction of confectionery and crisps, no changes are required, other)

Proposed change	Respondents in favour
Increased use of vegetables/fruits in dishes/sides/desserts	 Most 88% (98)
Reduction of drinks with added sugar	 Most 86% (96)
Plain water/milk offered as standard options	 Most 83% (93)
Provision of children's portions from adult menus	 Most 82% (92)
Reduction of high sugar dessert options	 Most 80% (89)
Reduced reliance on chips	 Most 79% (88)
Reduced reliance on breaded/fried products	 Most 78% (87)
Reduction of confectionery and crisps	 Majority 74% (83)
Less reliance on menus specifically for children	 Majority 67% (75)
Other	 Few 9% (10)
No changes required	 Few 5% (6)
Total responses	112

All of the suggested changes to improve the food provided for children Out of Home were supported by the majority. The least popular option, 'less reliance on menus specifically for children', was still supported by 67% of respondents, and only a few (5%) respondents felt that no change was required. Proposals to increase the fruit/vegetable content of dishes (88%), reduce drinks with added sugar (86%), offer water or milk as standard (83%), and provide children's portions from adult menus (82%) were all supported by most. Increasing the fruit/vegetable content of children's meals was the most popular option overall.

Responses to "if other, please specify"

Four (3 individuals and 1 organisation) of the 10 respondents who added a response under "other" suggested **educating parents to support them in making healthy choices for their children out of the home**. Two of these underlined the importance of parental responsibility and felt that education was preferable to measures which would restrict the availability of certain foods. One believed that educating parents about nutrition should take place alongside other measures as part of a wide-ranging approach to changing children's eating habits.

Two respondents suggested **substituting certain less healthy choices with healthier equivalents**. One suggested allowing fizzy drinks on the condition that they were sugar-free, while the other favoured substituting chips for healthier sides in order to position healthy food as the default side dish option.

Other suggestions (mentioned by 1 respondent each) were offered: challenging current norms (such as desserts as a default) which promote overconsumption, making healthy children's food more affordable to consumers, and limiting sales tactics used to promote unhealthy food to children.

Responses to "please explain your answer"

Sixty-eight respondents expanded their answer, presenting a wide range of opinions, with the most common themes relating to: making adult menu items more accessible to children; the perceived poor quality of food offered for children; and concerns relating to the promotion of unhealthy food to children.



Top 5 themes by frequency:



A minority (19, 28%) of respondents supported **offering smaller portions of adult menu items as an alternative to the less healthy options typically offered for children**. This point was mentioned by 7 individuals and 12 organisations, including 4 health boards. Reasons included: the perception that the food offered on adult menus tended to be healthier than food offered on children's menus; and the need to encourage children to try a wide range of food from an early age rather than relying on a small range of less healthy foods typically associated with children's menus.

"Children's menus often never reflect the "adult" menu in the UK. If we want our children to make better food choices, we need to give them the opportunity to at a young age."

Individual

The poor quality of much of the food offered on children's menus was mentioned by a few (9, 13%). Respondents raising these concerns included 3 individuals and 6 organisations, frequently linking it with calls to offer small portions of adult menu items. It was suggested that many children's menus contain more HFSS (high fat, sugar and/or salt) foods (such as chips or breaded and fried products) and fewer vegetables and fruits than adult menus. It was also suggested that children's menu food is less likely to be cooked from scratch and is often of inferior quality compared to the adult menu items offered within the same establishment.

"Often children's menus focus on only one or two food groups with little or no fruit or vegetables. [We endorse] the recommendations to have less reliance on menus for children, preferring instead the provision of smaller or half portions for children from the normal menu"

Organisation

Eight (12%) respondents, all organisations, mentioned **the use of promotional or sales tactics to promote food aimed at children** (respondents included 3 third sector organisations, 2 health boards, and 2 from local government). The range of tactics mentioned included: merchandising items at a low height to match children's eye level; the use of cartoon characters as promotional tools; and free toy or collectible giveaways. It was felt that the current use of these techniques was potentially harmful; some argued that they could be used to promote healthier options to children.

"Positive approaches rather than coercive types are generally better received by children and young people, for example, increasing the range of healthy affordable food in the out of home sector. Also using techniques which currently promote unhealthy food to children and young people to become techniques to promote healthier food choices, such as visual appeal, presentation of packaging, tokens/toys to collect etc."

Organisation

Replacing high-sugar drinks with sugar-free equivalents when catering to children was mentioned by 7 (10%), including 2 individuals and 5 organisations. Respondents suggesting this measure believed it would be an effective way to reduce the amount of sugar in meals offered to children while still maintaining some level of consumer appeal.

"Regarding high-sugar drinks, we propose that out-of-home businesses should commit not to introduce any new high-sugar drinks to their portfolios. Additionally, out-of-home businesses should ensure that consumers are able to choose "diet" or low-sugar versions of the drinks on offer."

Organisation

The need for the menu items offered as part of children's menus to appeal to children was a point raised by 6 (9%) (3 individuals and 3 organisations). They pointed out that children are often very particular about which foods they prefer, and that simply switching existing unhealthy options for alternatives without taking account of this could prove challenging for parents. Two respondents suggested some form of consultation or taste testing initiative to advise food businesses on healthy options which would appeal to children.

"Children do require a high calorie intake, and this is expressed in their taste buds. If food is not appealing an outing could be disastrous. However, many children are getting used to better diets and this does need to be matched in some restaurants which are lagging behind the trend."

Organisation

The importance of price as a factor in influencing consumer decisions about children's food was highlighted by 6 (9%) respondents: 2 individuals and 4 organisations. They argued that the low cost of food offered on many children's

menus was a strong motivator to purchase for many parents, and that for any changes to the food offered for children to see significant uptake they should be priced attractively. Two respondents suggested offering free healthier drinks options (such as milk) as part of children's menus to make the healthy choice more price-attractive.

The need for education on healthy eating, either for children or their parents, was mentioned by 6 (9%): 4 individuals and 2 organisations. Education for parents was mentioned by 3 who felt that parents should take more responsibility for ensuring their children eat well, particularly at a young age. One suggested offering more cooking skills education to children as a way of helping them to understand nutrition and introducing them to healthy foods.

The fact that **children's menus are currently very popular with parents** was raised by 3 (4%) respondents. All 3 were organisations, with 2 being food and drink industry representative bodies. They argued that while some changes to the food offered as part of children's menus may be necessary, children's menus themselves should not be removed: they remain in high demand and are an important part of the commercial offering of many OoH food businesses.

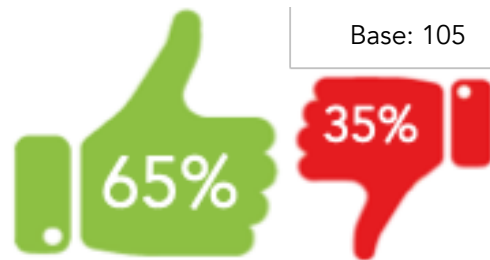
Three (4%) respondents, including 2 individuals and 1 organisation, highlighted **current norms relating to children's food which they felt promote overconsumption.** The 3 norms mentioned were: the expectation of a 3-course meal when purchasing from a children's menu; the trend of families eating OoH with increased frequency; and chips being the standard side dish offered with children's food. Respondents who mentioned these norms felt that they helped to establish excessive eating habits in children, and that steps should be taken to change norms to promote healthy choices.

Other responses (mentioned by 2 or fewer respondents) included: the need for healthy options to be offered as standard with less healthy options offered at additional cost; the use of crisps as a "filler" in children's food leading to increased food waste; that more children's food should be seasonal and cooked from scratch; and that guidance for the food industry on suitable portions for children was needed.

Question 14 – Recognition schemes

Do you agree that recognition schemes are an effective means of supporting healthier eating in the Out of Home sector?

There were 105 responses to the quantitative section of Q14. A majority (68, 65%) agreed that recognition schemes could be an effective way to support healthier eating choices outside the home. Some 32 individuals and 36 organisations answered “yes” to Q14; organisations included 8 local government respondents, 6 third sector organisations, 5 health boards and 5 food and drink industry representatives. Of the 37 (35%) who did not agree, 27 were individuals and 10 were organisations (including 3 third sector bodies).



There were 87 qualitative responses to Q14. These were split into 58 responses to “If yes, please outline your views on the key components required for a flexible recognition scheme” and 29 responses to “If no, what other approaches would enable businesses to make the changes needed?”. The two qualitative questions are discussed in further detail below.

Due to the lack of routing in this question, 4 respondents who answered “no” to Q14 also gave a qualitative response to “If yes, please outline your views on the key components required for a flexible recognition scheme”. Similarly, 2 respondents who answered “yes” to Q14 also submitted a response to “If no, what other approaches would enable businesses to make the changes needed?”. These responses are included in the analysis.

Answers to “If yes, please outline your views on the key components required for a flexible recognition scheme”

There were 58 extended responses to this part of Q14. Opinion on the key components of a recognition scheme was mixed. The strongest support was for comprehensive assistance for businesses, high visibility to the public, robust monitoring and evaluation, and for any new scheme to incorporate learnings from previous schemes (such as the HealthyLiving Award).



Top 5 themes by frequency:



The need for a recognition scheme to guarantee visibility for businesses who achieve the desired standard was highlighted by a minority (15, 26%). Some 3 individuals and 12 organisations (including 3 local government respondents) mentioned this theme. Respondents believed that in order to appeal to OoH businesses, a successful recognition scheme would need to offer increased visibility to outlets in order to provide a commercial incentive for uptake. Some suggested specific tactics to offer visibility: free promotional materials (such as posters) to help outlets to publicise their accreditation; an annual presentation of awards for outlets who show outstanding commitment to improving their healthy offering; social media promotion of accredited outlets; or a 'champions' system where accredited businesses are given training and support to encourage others to take up the scheme.

A minority (12, 21%) mentioned the **HealthyLiving Award** as an example of a **successful recognition scheme that could be emulated**. Two individuals and 10 organisations held this view. Aspects of the award seen as examples of good practice included: the flexibility in allowing businesses to maintain much of their original menu while introducing healthier choices; the use of frequent reviews and audits to ensure the standard is maintained; and clear and easy to implement guidance offered to businesses to support them achieve the award.

"The healthy living award provides clear guidance to the business about providing the same types of foods in a healthier way... I think the ethos of the award works because it is not about providing 'just salad'. It is about balance and choice for customers."

Individual

The importance of regular, robust monitoring of food outlets to ensure standards match those set out in the criteria of the recognition scheme was mentioned by a minority (10, 17%) of respondents, including 1 individual and 9 organisations. Effective monitoring and evaluation were considered important to ensure credibility for the recognition scheme's brand. Outlets that kept their accreditation while not adhering to the agreed standard could devalue a scheme's reputation.

"The key to such recognition schemes/awards is setting the initial criteria, sticking to it, scrutinising those that achieve the scheme accreditation and reviewing them on a regular basis. Much like your Food Hygiene Ratings. Only by doing this will credibility be recognised, and acceptance be given to it."

Organisation

The need for a successful healthy food recognition scheme to offer comprehensive support to food businesses was pointed out by 10 (17%) respondents. This was suggested as an important way to encourage uptake from businesses who may be less well-equipped to make the changes needed to achieve an accreditation. Three of these respondents specifically mentioned staff training as a way to support businesses who might otherwise struggle to meet award criteria: a suggestion put forward by 1 individual and 9 organisations.

A set of clear guidelines which are easy to understand for both consumers and food businesses was suggested as a key component of an effective recognition scheme by a few (6, 10%) respondents: 3 individuals and 3 organisations (2 from the third sector). This theme was often linked to the idea that comprehensive support would be essential to any recognition scheme as another way of reducing the potential barriers to uptake for food businesses.

"[It] Must cover all sectors of the industry and be applicable from sole traders to multi nationals, therefore easy to apply, clear standards that are achievable with minimum of paperwork to be completed."

Individual

Some 6 (10%) respondents pointed to **issues or areas needing improvement with the HealthyLiving Award**. All of these were organisations, with 3 being from local government. These were discussed as potential lessons to be learned when developing any new recognition schemes. Areas where the HealthyLiving Award was felt to be lacking included: the current scope of the scheme not being broad enough to offer a route to change for all types of food outlet; a lack of evaluation/monitoring of the success of the scheme itself (rather than monitoring of outlets to ensure compliance); and a website which one respondent felt was out of date and required redesign.

"There is clear potential for recognition schemes to assist movement towards healthier options. However, it is not clear how far the HealthyLiving Award has

contributed to improving healthier options and decreasing less healthy options. An evaluation of this system is long overdue.”

Organisation

The NHS Healthcare Retail Standard was mentioned by a few (5, 9%): 3 praising the scheme as an example of good practice which could be transferred to the OoH sector, while 2 were more critical, pointing to issues with monitoring, reporting and general leadership. Of these 5 respondents, 4 were organisations and 1 an individual.

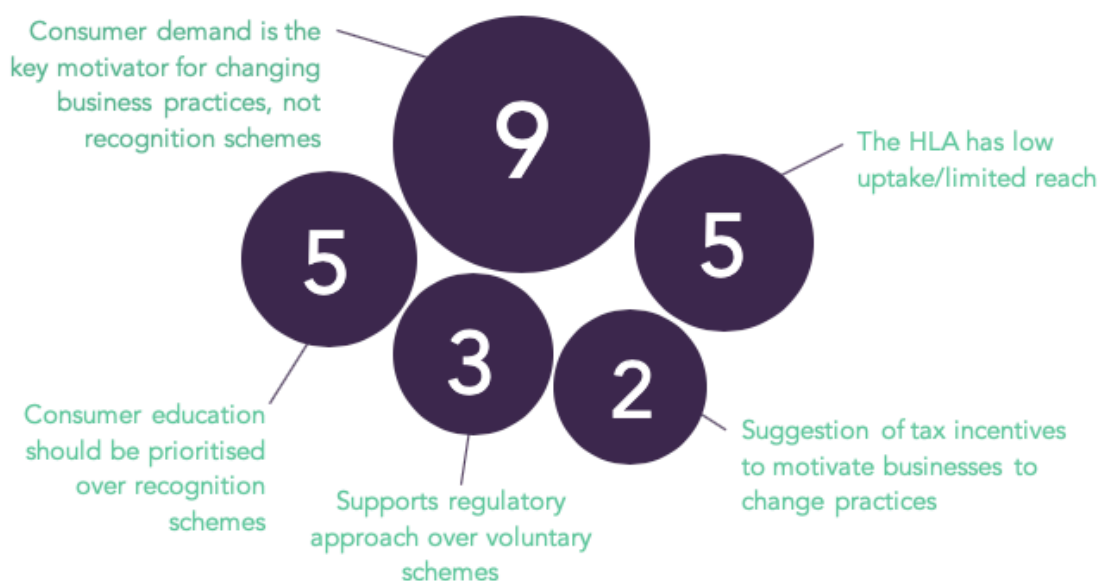
A range of other awards or recognition schemes which presented potential examples to inform the development of a new recognition scheme were also cited by a few respondents. The Glasgow Food Pledge was mentioned by 3 as a more achievable alternative to the HealthyLiving Award for takeaways and other less health-focused businesses. Other examples included The Soil Association’s Food For Life scheme (5), the Irish Heart Foundation Healthy Eating Award (3), a pilot nutrition award scheme from the Northern Irish Food Standards Agency (3), Peas Please (1), the SGF (Scottish Grocers Federation) Healthy Living Programme (1) and Taste Our Best (1).

Responses to “If no, what other approaches would enable businesses to make the changes needed?”



There were 29 responses covering a wide variation of opinion, with many suggestions only appearing once. The most common themes to emerge related to: the importance of consumer demand as a driver for change; issues with the HealthyLiving Award; and the need for consumer education.

Top 5 themes by frequency:



Base: 29

A minority (9, 23%) pointed to **the importance of consumer demand as a motivator for changing business practices**. Five individuals and 4 organisations made this point. Sustained high demand for less healthy food outside the home was seen as a major barrier to uptake for recognition schemes such as the HealthyLiving Award, as business owners are more likely to prioritise products which sell best. It was felt that without taking steps to reduce consumer demand for unhealthy food, most outlets would be unlikely to voluntarily change their practices. One respondent highlighted the bakery chain Greggs as an example of a business adapting to changing consumer demands:

“Using Greggs as an example, traditionally they sold pies and pasties. Over the last few years they have evolved, quite a lot and pies and pasties are probably only a small part of their trade now. What drove that change? I am guessing consumer demand.”

Individual

A few (5, 13%) respondents mentioned **low uptake of the HealthyLiving Award as an example of the limitations of voluntary recognition schemes**. Respondents included 1 individual and 4 organisations, 2 of which were from the third sector. They argued that uptake has been generally low, particularly among smaller businesses and businesses whose primary food products were less healthy (such as chip shops).

The suggestion that **consumer education should be prioritised over recognition schemes** was mentioned by 5 (17%): 2 linked this to the importance of consumer demand in driving change, with the suggestion that consumer education could be a way to create the demand for healthy choices needed to encourage OoH businesses to change their practices. All 5 of these respondents were individuals.

The suggestion that **voluntary recognition schemes would not be sufficient to effect change at the required scale** was made by 3 (10%) respondents, who favoured a regulatory approach. They believed that voluntary schemes lack a sufficient incentive for large-scale uptake from businesses to be realistic, and instead called for targeted measures to enforce change. Of the respondents, 1 was an individual and 2 were organisations.

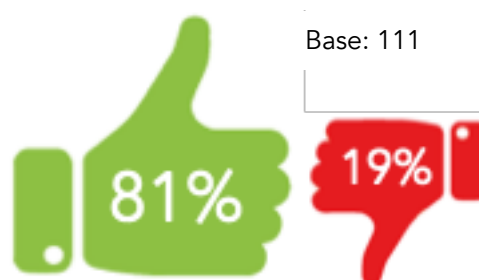
Other points (raised by 2 or fewer respondents) included: calls for tax incentives to encourage businesses to offer healthier food (2); the suggestion that making market insights available to smaller businesses could help to drive change towards healthier options (2); and the potential for voluntary schemes to widen inequalities due to lower uptake in deprived areas (1).

Question 15 - Changes to food provision in the public sector

Do you agree that the following actions should be adopted by the public sector?

(Calorie labelling, reducing portion sizes, provision of small/half portions, changing recipes to reduce fat/sugar and increasing veg/fruit/fibre/pulses, redesigning menus to exclude high calorie options, improvements to food for children where served, no promotion/marketing of HFSS foods, including no upselling/upsizing)

This question attracted 111 responses. Most respondents (90, 81%) answered 'yes' to Q15, with a minority (21, 19%) answering 'no'. Due to the structure of Q15 presenting a list of 7 policy options as a binary choice, some respondents used the qualitative section of Q15 to indicate partial agreement with the proposed actions. Six who answered 'yes' to Q15 indicated that they disagreed with at least one of the actions listed. Four respondents who answered 'no' also indicated in their qualitative response that they were in favour of at least one of the actions listed.



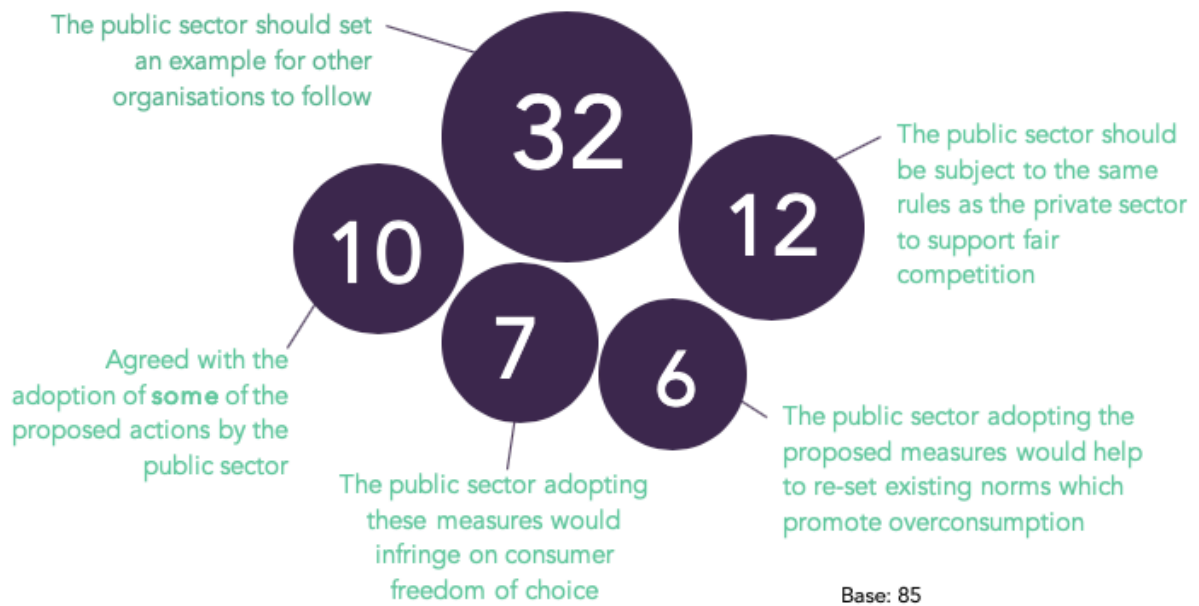
Among the respondents who agreed that the actions listed should be adopted, there were 47 individuals and 43 organisations. Organisations who agreed included 9 local government respondents, 9 third sector organisations and 6 health boards. Three of the 5 public sector organisations who responded to the consultation answered "yes" to Q15.

Respondents who did not agree that the measures suggested in Q15 should be adopted by the public sector included 17 individuals and 4 organisations (1

retailer, 1 third sector organisation, 1 public sector organisation and 1 local government respondent).

When asked to explain their answer, a total of 85 respondents provided a response. Among the range of opinions offered, **the need for the public sector to serve as an example of good practice** was most prominent.

Top 5 themes by frequency:



The role of the public sector in setting an example was mentioned by a minority (32, 38%). Respondents who made this point included 7 individuals and 25 organisations. The organisations included 8 local government representatives, 4 health boards and 4 third sector organisations. It was felt that as the public sector is a large employer, as well as providing food to the public, adopting measures which encourage healthier food choices in public sector premises had the potential to reach a large number of people. An additional point was the suggestion that practice in public sector premises should reflect the priorities of the Scottish Government, and therefore adopting the measures proposed could send a strong message of commitment to tackling issues relating to unhealthy eating.

“Public sector premises should be exemplars and early adopters. They are more likely to participate in schemes such as Healthy Working Lives and Healthy Living Award and should be well aware of the importance of promoting health, safety and welfare issues to their employees.”

Organisation

A few (12, 14%) respondents expressed the opinion that **as publicly owned food outlets directly compete with the private Out of Home sector, any measures which private businesses were obliged to comply with should also apply to the public sector.** This point was made by 3 individuals and 9 organisations (including 4 food and drink industry representative bodies). It was felt that without applying all requirements across both sectors, private food businesses may be put at a commercial disadvantage.

“If the Scottish Government is going to set restrictions on other businesses and stakeholders in the out of home sector it must lead by example by improving the

healthy food and drink offering available in public sector locations. By not doing so it could create an unfair advantage against those regulated to be compliant.”

Organisation

Some 10 (11%) respondents indicated **partial agreement with the list of actions proposed**. Of these, 8 specifically mentioned calorie labelling as an area they disagreed with, due to a preference for other indicators to be prioritised, or the perception that focusing on calories may lead consumers to fixate on calorie counting at the expense of a balanced diet. Two respondents felt that reducing portion sizes was unnecessary: one suggested making small portions available, but maintaining a full range of sizes, while another questioned how reduced portion sizes would be defined and enforced. Respondents who partially agreed with the proposals listed in Q15 included 4 individuals and 6 organisations; 3 being from the third sector.

The suggestion that the public sector adopting the proposed actions would infringe on consumers’ rights to choose was mentioned by a few (7, 8%), all of whom answered “no” to Q15. These respondents felt that while healthy options could be made available, measures which restricted consumer choice would not be well received by the public and may motivate people to seek unhealthy options elsewhere. Six of these respondents were individuals, with the remaining organisational respondent being from local government.

The role of the public sector in setting and shifting norms was highlighted by 6 (7%) respondents, who noted that public sector catering, both in a workplace context and in the context of leisure centres and other public services, has a very wide reach. This presents the opportunity to work towards resetting norms which currently promote overconsumption. A total of 3 individuals and 3 organisations made points relating to the public sector’s influence on food norms. This theme was linked to the wider theme of the public sector as an exemplar by 3 respondents.

“Yes, we agree that the actions outlined in this question should be adopted by the public sector. The public sector in Scotland should be an exemplar of good healthy food and nutrition, as encapsulated in the Outcome 4 of the recently published Scotland’s Diet and Healthy Weight Delivery Plan: “Leaders across all sectors promote healthy diet and weight”.”

Organisation

Some 6 (7%) respondents **made reference to specific areas of public sector food service and suggested that the actions proposed should apply to them**: 4 individuals and 2 organisations. Schools were mentioned by 2 respondents; being important in fostering healthy eating habits from a young age. One respondent suggested that the use of charitable trusts and other Arms-Length External Organisations by local authorities could present a potential loophole in measures applying to the public sector and called for them to be included in any measures.

One respondent called for the inclusion of local authority premises in general, and another mentioned police canteens.

The suggestion of **increasing uptake of current voluntary recognition schemes to improve healthy food offerings in the public sector** was mentioned by 4 (5%). All were organisations; 2 being from local government. All 4 referenced the HealthyLiving Award, with the Healthcare Retail Standard and Healthy Working Lives schemes mentioned once each. They argued that more widespread adoption of these schemes would be an easy way to implement meaningful change in the public sector.

Other points (raised by 3 or fewer respondents) included: the potential for the actions outlined in Q15 to support informed consumer choice (3); specific examples of unhealthy food offered in public sector premises (2); the provision of free drinking water (1); and the need for a UK-wide consistent approach to be applied when regulating the public sector (1).

Question 16 - Potential impact of proposals on equality

Would the proposals outlined in this consultation impact on the people of Scotland with respect to:

(Age, disability, gender reassignment, pregnancy/maternity, ethnicity, religion/belief, sexual orientation, socio-economic disadvantage)

There were 76 responses to this question: 33 from individuals and 43 from organisations. Half (38, 50%) made reference to **socio-economic disadvantage**. Mention of other potential areas of impact were less frequent, with only **age** (14, 18%) mentioned by more than 10 respondents.



Top 5 themes by frequency:



Potential impact on socio-economically disadvantaged groups or communities was discussed by half (38, 50%) of the respondents answering this question. Most of these (34, 89%) raised concerns that some of the proposals outlined would have a negative impact on socio-economically disadvantaged groups or communities through the widening of existing inequalities. Some 11 individuals and 27 organisations mentioned this theme, including 7 third sector organisations and 4 health boards. It was argued that mandatory portion controls could create issues for people on low incomes, who often rely on cheap, large portions of food purchased outside the home to supplement their diet. There was also a more general concern that if new measures placed an additional cost burden on food businesses, this cost would be passed on to the consumer via price increases -

impacting those on lower incomes more acutely. Some argued that unless healthier options were made affordable and accessible to socio-economically disadvantaged groups or communities, there would still be a significant financial barrier preventing them from changing their behaviour with regards to healthy eating.

“Care should be taken to ensure the cost of eating out does not rise as a knock-on effect of the changes being made to recipes and foods offered. This would have a negative effect on the socio-economically disadvantaged and increase health inequalities already affecting this group. Healthy yet affordable foods must be available and cheaper options should not be disproportionately unhealthy.”

Organisation

Four (5%) respondents who mentioned potential impact on the socio-economically disadvantaged believed that the proposals would have a positive effect. These respondents pointed to the fact that deprived areas typically have a higher incidence of diet-related health problems, and argued that this meant these communities were likely to benefit most from measures which altered the food environment to encourage healthier choices.

A minority (14, 18%) of respondents mentioned **age as an area of potential impact**. Some 13 who discussed age were organisations, including 5 from local government. Children and young people were mentioned by 10 respondents as a group who would be impacted positively, due to them being more likely to eat outside the home, and because as a group younger people tended to be less knowledgeable about the impact of food and drink choices on health (particularly the link between alcohol intake and obesity). They would, therefore, benefit most from having more information available at the point of choice.

“Benefits of these proposals, particularly in terms of promoting a healthy body weight, will have the greatest health impact on younger people due to potential for improved quantity and quality of life”

Organisation

A few (8, 10%), all of whom were organisations, referenced **ethnicity as an area of potential impact**. Some 3 local government respondents made points relating to ethnicity. There was the suggestion that as certain ethnic groups have a higher incidence of obesity, they could potentially benefit more from policies which successfully reduce overconsumption outside the home. It was also suggested that any guidance produced to support businesses in providing product labelling should account for people for whom English is not the first language, as implementing changes to labelling could be more challenging for them.

Eight (10%) respondents also made reference to **proposals discussed in this consultation having a varied impact on people of different sexes**. Four of these made reference specifically to pregnancy and maternity: a life stage where women are particularly susceptible to excess weight gain. Additionally, it was argued that

as maternal obesity has been linked to childhood obesity, interventions which reduce obesity in pregnant women and new mothers would be doubly beneficial. Points relating to this theme were raised by 7 organisations and 1 individual.

“Pregnancy and the post-natal period have been identified as times in the life course when women have a greater risk of gaining excess weight. Tools which help promote a healthy weight presented in ways that are readily understood by consumers have the potential to help limit excess weight gain during pregnancy. Maternal obesity is a risk factor for childhood obesity, so the potential benefits of intervention at this point are multiplied.”

Organisation

Points raised relating to sex and the potential impact of proposals included the suggestion that the different calorie requirements for males and females meant that wider availability of small portions could benefit women in particular; and the point that men typically consume more calories from alcohol and would therefore stand to benefit most from the introduction of calorie labelling on alcoholic drinks.

The potential impact of proposals put forward in this consultation on people with disabilities was mentioned by a few (7, 9%), including 3 from local government and 1 individual. Some noted that blind or visually impaired people would be less likely to be impacted by visual changes to labelling, packaging or display of foods. Some respondents noted that people with reduced mobility are more likely to struggle with weight gain and may, therefore, be impacted positively by proposals which make healthier food choices easier. Three of these respondents also linked discussion of the proposed policies to mental health, with concerns raised about the impact of calorie labelling on those with eating disorders.

The need for a comprehensive impact assessment before any new Out of Home Strategy can be implemented was mentioned by 5 (6%): 1 individual and 4 organisations, including 2 from the third sector. Four of the respondents to call for an impact assessment linked this to socio-economic disadvantage, arguing that it would be crucial to undertake further research or consultation to ensure policies would not widen inequality.

“[We] would advise that a Health Inequalities Impact Assessment (HIIA) of these proposals is undertaken to understand any potential differential impacts based on income, employment, social and cultural status.”

Organisation

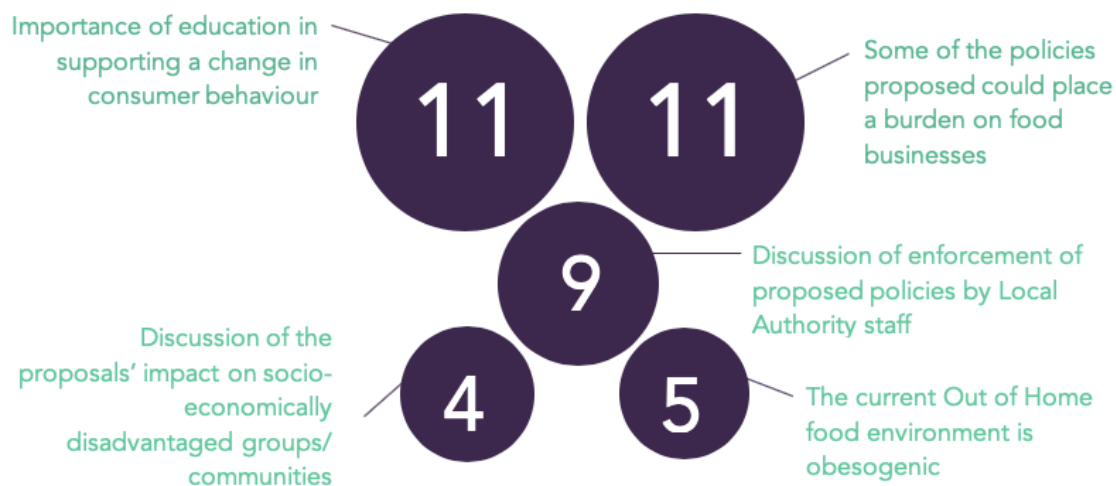
Question 17 - Additional comments

Please outline any other comments you wish to make

Some 73 respondents, including 26 individuals and 47 organisations, made additional comments relating to the range of actions and approaches put forward in this consultation to address the OoH food and drink environment in Scotland.



Top 5 themes by frequency:



Base: 73

Enforcement of new measures by local authority staff was discussed by a few (9, 12%) respondents. All who mentioned this theme were organisations: 6 being from local government. They made the point that the enforcement of many of the proposed measures (such as mandatory calorie labelling) would most likely be done by existing local authority staff such as Environmental Health or Food Safety Officers. Eight respondents suggested that while local authority staff would be well placed to undertake enforcement, they would be likely to require an increase in staff resource to do so.

“Local Authority Environmental Health staff engage with these businesses currently and are well placed to support them with any new requirements these proposals may result in. However, such advice and enforcement will require additional resources in the form of trained, competent staff and adequate sampling budgets.”

Organisation

The important role of education in supporting healthier eating choices outside the home was mentioned by a few (11, 14%) respondents, 9 of whom were individuals. Four of these mentioned cooking skills lessons, either in a formal education setting or in the community, as a way of improving consumers' understanding of food and nutrition. Education was generally felt to be an important way to support consumers in making an informed choice.

"...it is my opinion that education, knowledge and information are what is needed. People will always make some bad choices, which is their right to do. However, if they have the complete and correct information and the ability to understand it, I believe the majority of people will make the healthier choice more often than not."

Individual

The potential for some of the changes proposed in the consultation to place a burden on food businesses was mentioned by 11 (14%) respondents. Some 4 individuals and 7 organisations commented on the potential negative impact on businesses. Organisations here included 3 food and drink industry representative bodies and 2 local government respondents. Five of these respondents pointed specifically to small or medium OoH food outlets: limited resources making it particularly challenging for them to adopt policies such as calorie labelling:

"[We] believe the provision of quantifiable calorie labelling will be problematic for out of home food businesses. We support exemptions for small businesses because we feel these requirements would be particularly difficult and challenging for small and micro businesses."

Organisation

Six of these respondents discussed potential negative consequences for all businesses in the sector. Additional mandatory requirements (such as calorie labelling, portion controls or calorie caps) were seen as placing an additional time/cost burden on business.

The relationship between socio-economic disadvantage and poor dietary choices was highlighted by 4 (5%) respondents, all of whom were individuals. They argued that issues relating to diet and health are disproportionately common in areas of higher deprivation. This was linked to lower levels of nutritional knowledge and cooking skills, as well as the comparatively high cost and low availability of healthier choices in many socio-economically disadvantaged areas of Scotland. It was suggested that initiatives targeting these communities may be necessary in order to avoid worsening already existing health inequalities.

"People in deprived areas buy more ready meals, takeaways etc; there needs to be increased awareness and workshops as some of these people do not have the skills needed to provide home cooked meals for themselves and their families."

Individual

The suggestion that the current Out of Home food environment in Scotland is **obesogenic or promotes overconsumption** was put forward by 5 (7%) respondents, all of whom were organisations. Aspects of the current OoH food environment considered to be obesogenic were: the normalised provision of excessive portions; the use of merchandising and 'retail atmosphere' to encourage consumers to feel hungry; and the general use of marketing, promotion and advertising to drive sales of unhealthy food.

Four (5%) **called for alcoholic drinks to be subject to mandatory calorie labelling at the point of choice**. All 4 were organisations, with 2 being from the third sector. They argued that this measure was necessary due to the high calorie content of many alcoholic drinks and a lack of understanding by the general public on the calorie content of alcohol. They also pointed to the potential additional benefits to public health if the introduction of nutritional labelling led to reduced alcohol consumption.

“Currently, there is more health information on the side of a bottle of milk than on the side of a bottle of wine, despite the latter being considerably less good for health and wellbeing than the former, whatever some segments of the alcohol industry would want us to believe... We believe that alcoholic products, at the very least, should face the same requirements to provide nutritional and calorie labelling as any other food or drink product.”

Organisation

The **need for businesses to be supported in adapting to proposed measures** was mentioned by 4 (5%): 2 individuals and 2 organisations (both public sector). Suggested support included: training programmes to ensure smaller businesses had the required skillset to implement changes to labelling; online resources for businesses to allow easy access to all relevant information on new measures; and small financial incentives, such as reduced licensing fees to encourage uptake and compensate for the expense of adopting new mandatory requirements.

“It will take a combination of legislative, educational and support mechanisms for food businesses to ensure they understand and achieve the goal of offering a certain proportion of healthier options. Some elements of this could be incorporated into a scheme of licencing for food premises. There could be some financial benefit for businesses offering healthy alternatives, e.g. reduced licence fees.”

Organisation

Other points raised by 3 or fewer respondents included: calls for a voluntary-only approach to food policy (3); the need for a whole systems approach to effect change at the scale needed (3); the suggestion that wholesalers are a key group who should be included in any proposed measure (3); the need for a consistent approach to be adopted across the UK (3); the potential for proposed measures to restrict consumers' right to choose (3); the need to prioritise education in cooking

skills (2); the poor quality of hospital food (1) and the suggestion that Finland's approach to the OoH environment is a positive example which Scotland could follow (1).

Summing Up

A number of key themes emerged from the responses to the national consultation, frequently appearing in respondents' answers to several of the questions.

Policies which support informed consumer choice were particularly popular. Respondents are more supportive of policies which provide additional contextual information at the point of purchase, prevent food outlets from using misleading tactics, or broaden the range of options available to the consumer. The need for informed consumer choice was a recurring theme throughout.

Conversely, **policies which would reduce or restrict the options available to consumers were less well supported.** Actions such as applying maximum limits to energy density/calorie content, or excluding high calorie menu items, did not attract support from a majority of respondents. Qualitative feedback suggests that this is linked to a preference for informed decision making by consumers.

The suggestion that some of the proposed measures would have a negative impact on businesses in the Out of Home sector was another recurring theme. Adopting a mandatory approach to policies such as calorie labelling or portion size, or otherwise restricting current industry practice, was often seen as likely to place a cost burden on food businesses due to the time and expertise required to comply. Small, medium or micro food businesses were considered particularly at risk, due to their comparative lack of staff resource, specialist skills, knowledge and funds. A range of measures to mitigate negative impacts were put forward, the most popular being: offering training to equip staff to comply with new measures; free online resources to support changes to labelling; financial aid or incentives (such as small tax reductions); and offering smaller businesses an exemption or extended time period to comply with mandatory requirements.

Views expressed about the obesogenic nature of the current Out of Home food environment in Scotland centred on: social norms which promote overconsumption (such as pressure to eat everything which has been served, or the perception of oversized portions as normal); sales or promotional tactics employed by the food industry to drive sales of unhealthy food (such as upselling or multibuy promotions); and the generally higher cost/lower availability of healthy options. There was strong support for the measures proposed in Q11 (i.e. businesses dropping practices that encourage overconsumption, businesses positively marketing and promoting healthier choices, raising consumer awareness through the use of social marketing campaigns).

Finally, **the relationship between socio-economic disadvantage and the Out of Home food environment** was a prevalent theme and reflected in concerns that mandatory changes which focus on informing consumers (such as calorie labelling) risk widening existing health inequalities due to a perceived lack of nutritional knowledge in areas of higher deprivation. There was also the suggestion that if mandatory measures such as changes to labelling increased the costs to business

and thus the price of food, this could also have a disproportionate impact on socio-economically disadvantaged groups. However, respondents frequently pointed to the prevalence of outlets offering unhealthy food in areas of higher deprivation, and the higher incidence of obesity and diet-related illness in these areas. It was therefore felt that people living in these areas could potentially benefit most from interventions to reduce overconsumption of food outside the home.

Overall, responses indicate that there are a number of issues that individuals and organisations are aware of in relation to the OoH food environment in Scotland. In favouring suggestions to support informed consumer choice and disliking those that are restrictive, respondents suggest that any measures to increase the public's knowledge of how to eat better and make healthier choices would be positively received.

However, there is also a strong feeling that any policies implemented should not place an undue burden on businesses, particularly small to medium enterprises. Also, governing bodies should be aware that these businesses may require support if new measures are implemented.

Appendix 1 – Consultation questionnaire

Question 1

Do you agree that the businesses listed above should be included within an Out of Home strategy for Scotland?

- Yes
- No

If No, please explain.

Question 2

Which of the following measures should be taken to reduce excessive calorie contents of food and drinks eaten outside the home?

Please tick as many as you think apply.

- reducing portion sizes
- changing recipes e.g. by reducing fats and sugars and increasing fruit/vegetable/bean/pulses and fibre content
- applying maximum calorie limits
- applying maximum energy densities (calories per 100g)
- ensuring single serve packs of are available as an alternative to packs containing multiple servings
- excluding very high calorie menu items
- Other (please specify)

Please explain your answer/s.

Question 3

Do you agree that consumers should routinely have easy access to small or half portions?

- Yes
- No

Please explain your answer.

Question 4

Should calorie labelling at the point of choice* apply in Scotland?

**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*

- Yes
- No

Please explain your answer.

Question 5

As a food business, would MenuCal help you to provide calorie labelling?

- Yes
- No

Please explain your answer.

Question 6

As a food business, what additional support would you require to provide calorie labelling?

Question 7

Should calorie labelling at point of choice be made mandatory in Scotland?

- Yes
- No

Please explain your answer.

Question 8

Should any business be exempt from mandatory calorie labelling at the point of choice?

- Yes
- No

If yes, which types of business should be exempt and why?

Question 9

Table 2 – Proposed standard for the provision of calorie and nutrition information Out of Home

Clear description of menu items corresponding to the nutritional information provided		
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>* 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 <u>10 inch</u> pizza).</p>		

Where nutrition information is provided online and on printed materials should it be standardised in the way set out in the table above?

- Yes
- No

Please explain your answer.

Question 10

Where nutrition information is provided online or on printed materials, should it be mandatory that it is standardised in the way set out in the table above?

- Yes
- No

Please explain your answer.

Question 11

Which actions would change promotion and marketing practices to support healthier eating outside the home?

Please tick as many as you think apply.

- businesses dropping practices that encourage overconsumption
- businesses positively marketing and promoting healthier choices
- raising consumer awareness through the use of social marketing campaigns
- other (please specify)

Please explain your answer.

Question 12

What types of actions could be taken to improve the food provided Out of Home in the vicinity of schools?

Question 13

Which of the following should be changed to improve food provided for children:

Please tick as many as you think apply.

- Less reliance on menus specifically for children
- Provision of children's portions from adult menu items
- Increased use of vegetables and fruit in dishes, sides and desserts
- Reduced reliance on breaded/fried products
- Reduced reliance on chips
- Plain water and milk offered as standard options
- Reduction of drinks with added sugar
- Reduction of high sugar dessert options
- Reduction of confectionery and crisps
- No changes are required
- Other (please specify)

Please explain your answer/s.

Question 14

Do you agree that recognition schemes are an effective means of supporting healthier eating in the Out of Home sector?

- Yes
- No

If yes, please outline your views on the key components required for a flexible recognition scheme(s)

If no, what other approaches would enable businesses to make the changes needed?

Question 15

Do you agree that the following actions should be adopted by the public sector?

This includes health and social care settings, local authorities, leisure centres and visitor attractions, including where catering services are contracted out.

Note this question does not apply to school food, hospital food for patients or prison food.

- Calorie labelling at the point of choice
- Reducing portion sizes
- Provision of small or half portions
- Changing recipes to lower calories by reducing fats and sugars and increasing fruit/vegetable/bean/pulses and fibre content
- Caterers redesigning menus to exclude very high calorie menu items
- Improvements to food for children where served
- No promotion or marketing of HFSS foods, including no upselling or upsizing

Yes

No

Please explain your answer.

Question 16

Would the proposals outlined in this consultation impact on the people of Scotland with respect to:

- Age
- Disability
- Gender reassignment
- Pregnancy and maternity
- Ethnicity
- Religion or belief
- Sex
- Sexual orientation
- Socio-economic disadvantage

Please explain your answer, considering both potentially positive and negative impacts, supported by evidence, and, if applicable, advise on any mitigating actions we should take.

Question 17

Please outline any other comments you wish to make.

Appendix 2 - Response to individual questions

Question	Number of responses	% of total responses (base 127)
Q1 Do you agree that the businesses listed above should be included within an Out of Home Strategy for Scotland?	122	96%
If no, please explain	39	31%
Q2 Which of the following measures should be taken to reduce excessive calorie contents of food and drinks eaten outside the home?	115	91%
Please explain your answer/s	87	68%
Q3 Do you agree that consumers should routinely have easy access to small or half portions?	119	94%
Please explain your answer	95	75%
Q4 Should calorie labelling at the point of choice apply in Scotland?	113	89%
Please explain your answer	103	81%
Q5 As a food business, would MenuCal help you to provide calorie labelling?	58	46%
Please explain your answer	65	51%
Q6 As a food business, what additional support would you require to provide calorie labelling?	66	52%
Q7 Should calorie labelling at point of choice be made mandatory in Scotland?	113	89%
Please explain your answer	92	72%
Q8 Should any business be exempt from mandatory calorie labelling at the point of choice?	109	86%
If yes, which types of businesses should be exempt and why?	71	56%
Q9 Where nutrition information is provided online and on printed materials should it be standardised in the way set out in the table above?	113	89%
Please explain your answer	94	74%
Q10 Where nutrition information is provided online or on printed materials, should it be mandatory that it is standardised in the way set out in the table above?	109	86%
Please explain your answer	78	61%
Q11 Which actions would change promotion and marketing practices to support healthier eating outside the home?	113	89%
Please explain your answer	66	52%

Q12 What types of actions could be taken to improve the food provided Out of Home in the vicinity of schools?	104	82%
Q13 Which of the following should be changed to improve food provided for children?	112	88%
Please explain your answers	68	53%
Q14 Do you agree that recognition schemes are an effective means of supporting healthier eating in the Out of Home sector?	105	83%
If yes, please outline your views on the key components required for a flexible recognition scheme(s)	58	46%
If no, what other approaches would enable businesses to make the changes needed?	29	22%
Q15 Do you agree that the following actions should be adopted by the public sector?	111	87%
Please explain your answer	85	67%
Q16 Would the proposals outlined in this consultation impact on the people of Scotland with respect to: Age, disability, gender reassignment, pregnancy/maternity, ethnicity, religion/belief, sex, sexual orientation, socio-economic disadvantage?	76	60%
Q17 Please outline any other comments you wish to make.	73	57%

Appendix 3 - Frequency analysis of closed questions

Q1 Do you agree that the businesses listed above should be included within an Out of Home strategy for Scotland?	Yes	No	Did not answer
Individual (64)	55	9	0
Organisation (63)	55	3	5

Q2 Which of the following measures should be taken to reduce excessive calorie contents of food and drinks eaten outside the home?	Individual (64)	Organisation (63)
Reducing portion sizes	40 (62%)	44 (70%)
Changing recipes	42 (66%)	49 (78%)
Applying max calorie limits	14 (22%)	21 (33%)
Applying max energy densities	14 (22%)	14 (22%)
Ensuring single serve packs available	38 (59%)	43 (68%)
Excluding very high calorie items	11 (17%)	16 (25%)
Other	16 (25%)	9 (14%)
Did not answer	1 (2%)	11 (17%)

Q3 Do you agree that consumers should routinely have easy access to small or half portions?	Yes	No	Did not answer
Individual (64)	58 (91%)	6 (9%)	0
Organisation (63)	55 (87%)	-	8 (13%)

Q4 Should calorie labelling at the point of choice apply in Scotland?	Yes	No	Did not answer
Individual (64)	43 (67%)	19 (30%)	2 (3%)
Organisation (63)	42 (67%)	9 (14%)	12 (19%)

Q5 As a food business, would MenuCal help you to provide calorie labelling?	Yes	No	Did not answer
Individual (64)	24 (37%)	9 (14%)	31 (48%)
Organisation (63)	19 (30%)	6 (9%)	38 (60%)

Q7 Should calorie labelling at point of choice be made mandatory in Scotland?	Yes	No	Did not answer
Individual (64)	37 (58%)	23 (36%)	4 (6%)
Organisation (63)	40 (63%)	13 (21%)	10 (16%)

Q8 Should any business be exempt from mandatory calorie labelling at the point of choice?	Yes	No	Did not answer
Individual (64)	24 (37%)	33 (52%)	7 (11%)
Organisation (63)	18 (28%)	34 (54%)	11 (17%)

Q9 Where nutrition information is provided online and on printed materials should it be standardised in the way set out in the table above?	Yes	No	Did not answer
Individual (64)	53 (83%)	10 (16%)	1 (2%)
Organisation (63)	39 (62%)	11 (17%)	13 (21%)

Q10 Where nutrition information is provided online or on printed materials, should it be mandatory that it is standardised in the way set out in the table above?	Yes	No	Did not answer
Individual (64)	46 (72%)	13 (20%)	5 (8%)
Organisation (63)	40 (63%)	10 (16%)	13 (21%)

Q11 Which actions would change promotion and marketing practices to support healthier eating outside the home?	Individual (64)	Organisation (63)
Businesses dropping practices which encourage overconsumption	45 (70%)	47 (75%)
Businesses positively marketing/promoting healthier choices	46 (72%)	50 (79%)
Raising consumer awareness through social marketing campaign	44 (69%)	46 (73%)
Other	8 (12%)	9 (14%)
Not answered	2 (3%)	12 (19%)

Q13 Which of the following should be changed to improve food provided for children?	Individual (64)	Organisation (63)
Less reliance on menus specifically for children	35 (55%)	40 (63%)
Provision of children's portions from adult menu items	48 (75%)	44 (70%)
Increased use of vegetables and fruit	53 (83%)	45 (71%)
Reduced reliance on breaded/fried products	43 (67%)	44 (70%)
Reduced reliance on chips	44 (69%)	44 (70%)
Plain water/milk offered as standard options	48 (75%)	45 (71%)
Reduction of drinks with added sugar	49 (77%)	47 (75%)
Reduction of high sugar dessert options	45 (70%)	44 (70%)
Reduction of confectionery and crisps	42 (66%)	41 (65%)
No changes are required	2 (3%)	4 (6%)
Other	4 (6%)	6 (9%)
Not answered	1 (2%)	14 (22%)

Q14 Do you agree that recognition schemes are an effective means of supporting healthier eating in the Out of Home sector?	Yes	No	Did not answer
Individual (64)	32 (50%)	27 (42%)	5 (8%)
Organisation (63)	36 (57%)	10 (16%)	17 (27%)

Q15 Do you agree that the following actions should be adopted by the public sector?	Yes	No	Did not answer
Individual (64)	47 (73%)	17 (27%)	0
Organisation (63)	43 (68%)	4 (6%)	16 (25%)

Appendix 4 – List of organisational respondents

Some 63 of the responses to the consultation were from organisations and, when joint responses are taken into account (responses submitted on behalf of more than one organisation), a total of 66 organisations were involved. There were 10 organisations who did not consent to their response being published. Therefore, this appendix lists all 56 of the organisations who consented to their response being published, with any joint responses received marked by an asterisk.

Aberdeenshire Council	Perth & Kinross Council
Action on Sugar/Action on Salt	Renfrewshire Council
Alcohol Focus Scotland	Royal College of Paediatrics & Child Health Scotland
Argyll & Bute Council	Royal College of Physicians of Edinburgh
British Dietetic Association (response on behalf of BDA Scotland Board)	Sainsbury's Supermarkets Ltd
British Takeaway Campaign	Scottish Cancer Prevention Network
Community Hub/Café/Charity (specific name of organisation not provided)	Scottish Food Enforcement Liaison Committee Diet & Nutrition Working Group
Cancer Research UK	Scottish Grocers Federation
Diabetes Scotland	Scottish Health Action on Alcohol Problems
Dundee City Council	Scottish Licensed Trade Association
Dundee Healthy Weight Partnership	Scottish Public Health Nutrition Group
East Ayrshire Council	Scottish Retail Consortium
Federation of Small Businesses	Scottish Wholesale Association
Food & Drink Federation Scotland	Society of Chief Officers of Environmental Health in Scotland
Glasgow Centre for Population Health/Glasgow Food Policy Partnership *	Swan Catering
Glasgow City Council	Taco Mazama
Greater Glasgow Hotels Association	The Café Life Association/The British Sandwich & Food to Go Association/The Pizza Pasta & Italian Food Association*
Kirkgate Café	The Usual Place
McDonald's	UK Hospitality
NFU Scotland	West Dunbartonshire Health & Social Care Partnership
NHS Ayrshire & Arran	West Lothian Council
NHS Forth Valley	West of Scotland Food Liaison Group
NHS Grampian	Which?
NHS Greater Glasgow & Clyde	
NHS Health Scotland	
North Ayrshire Council	
North Lanarkshire Council	
Nourish Scotland	
NSS Health Facilities Scotland	
Obesity Action Scotland	



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