



Chartered
Institute of
Environmental
Health

Consultation on the Food Standards Agency Strategy for 2010 to 2015

Response from the Chartered Institute of
Environmental Health

5 June 2009

The Chartered Institute of Environmental Health

As a **professional body**, we set standards and accredit courses and qualifications for the education of our professional members and other environmental health practitioners.

As a **knowledge centre**, we provide information, evidence and policy advice to local and national government, environmental and public health practitioners, industry and other stakeholders. We publish books and magazines; run educational events and commission research.

As an **awarding body**, we provide qualifications, events, and trainer and candidate support materials on topics relevant to health, wellbeing and safety to develop workplace skills and best practice in volunteers, employees, business managers and business owners.

As a **campaigning organisation**, we work to push environmental health further up the public agenda and to promote improvements in environmental and public health policy.

We are a **registered charity** with over 10,500 members across England, Wales and Northern Ireland.

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1.0 Our initial statement

- 1.1 The Chartered Institute of Environmental Health (CIEH) is pleased to have the opportunity to comment on the proposed Food Standards Agency Strategy for 2010 to 2015.
- 1.2 The CIEH supports the ongoing approach that FSA strategy and policy should be based on sound evidence and that where gaps are identified, action should be taken to fill them. Developing the new Science and Evidence Strategy alongside the main FSA strategy should greatly assist in working towards and measuring the success of the desired outcomes

2.0 Consultation Questions

- 2.1 *Q 1. We intend to concentrate our efforts where we can have the most impact on public health. Do you agree that this should be our overall strategic approach (our purpose, objectives and outcomes)? If not please explain briefly your reasoning*
- 2.2 The CIEH recognises the need to focus on areas where the greatest impacts can be made in improving public health but is concerned that a focus solely on issues affecting public health can lead to omissions that can impact significantly on consumers. An example of this would be the case of food fraud, which may well be expected to increase as a result of the economic downturn. Furthermore previous experience, such as the rotten meat scams in Germany, has shown that the dividing line between issues of “quality” and “harm to health” can be extremely difficult to determine and more importantly to explain to consumers
- 2.3 Achieving the best possible outcomes must always be a key objective and never more so than when resources are under strain. The CIEH is pleased to note the FSA commitment to working collaboratively with partners and stakeholders to achieve optimum outcomes. The CIEH has always sought to support work that delivers consumer protection gains and will actively engage with the FSA to achieve “Safe food and healthy eating for all”.
- 2.4 However, there is much work still to be done if true collaborative action is to be achieved. Whilst there must always be limits to the extent of partnership activity possible, not least due to the FSA's position as a national regulator, improvements could and should be made. Transparency and clarity around such arrangements is essential and a clear understanding of the different expectations of stakeholders and partners, together with a consistent designation of each descriptor, would be a useful starting place
- 2.5 The CIEH further welcomes the FSA commitment to cross government working to ensure the new strategy will be complementary to the work of other Government departments. An holistic approach is essential to ensure the safety and security of the food supply and achieve an appropriate Food Strategy for the 21st Century. In particular the FSA strategy must consider the impacts of climate change as whilst such work will be led by other Government departments it will, without doubt, affect strategies to provide “Safe food and healthy eating for all”

- 2.6 *Q2. We have described the priorities on which we think we need to concentrate in the 2010 to 2015 period in order to make the most impact. Do you agree these are the right priorities? It would help if you could make it clear which priorities your comments relate to and explain briefly your reasoning*
- 2.7 In general the priorities appear appropriate subject to the comments made above regarding the need to address the impact of climate change and to tackle food fraud. Specific comments on proposed Objectives and Outcomes are made below
- 2.8 Improve food safety
- 2.8.1 There is a need to define the meaning of "safe" for the purposes of the strategy if change is to be effectively measured
- 2.9 Imported food entering the UK is safe to eat
- 2.9.1 Analysis shows the quantity of imported food is likely to increase and as a consequence a high focus on ensuring the safety of imported food products will be essential
- 2.9.2 Action to increase horizon scanning and improve intelligence about the global food chain is an essential process to ensure more effective consumer protection and as such is fully supported as a key priority
- 2.9.3 When addressing issues related to imported food risks this should consider not only products arriving from 3rd countries but also from within, or through the European Union. Analysis of incidents would suggest that a greater focus on foods not of animal origin is warranted and this links to the need for a system that is able to respond in a timely fashion to changing threats identified by improved intelligence and horizon scanning
- 2.10 Food produced or sold in the UK is safe to eat
- 2.10.1 The overall analysis indicates that the incidence of food borne disease is on the increase. As a consequence a significant focus on improving food safety is fully supported by CIEH.
- 2.10.2 Tackling contamination at source must be the most effective mechanism to reduce the burden of foodborne disease. Action must be prioritised according to risk; as such consideration of Salmonella reduction in pigs might be included. A clearer more target based strategy for Campylobacter reduction linked to clear scientific research outcomes is essential if this more complex problem is to be tackled effectively
- 2.10.3 The Strategy aims to address issues based on the nature and scale of the risk posed, supported by current intelligence and horizon scanning. As such it appears strange that Listeria does not feature specifically in the Strategy. The analysis shows that the incidence is increasing, that there is a high mortality amongst the elderly and that this group will rapidly increase in size, due to the changing demographics. As such Listeria would appear to merit specific inclusion within the Strategy.

- 2.10.4 Developing knowledge of what interventions work and taking a risk based approach to increasing compliance must be core elements of the Strategy
- 2.10.5 In order to improve the impacts of interventions it is essential to understand the effectiveness of particular approaches. Analysis of different approaches and relative evaluation of their effectiveness, though often difficult to measure, must be an underpinning principle for the strategy. There is much evidence to show that tailored interventions are most effective however resources may not always be available to take this approach. Improved sharing of good practice, where there is robust evaluation of effectiveness can assist in improving outcomes. Effective dissemination of learning to partners and stakeholders working collaboratively to achieve improvements in standards will be essential if maximum gains are to be made
- 2.10.6 A good understanding of the principles of behaviour change and ways in which they can be applied should underpin activities both at strategic and operational level and as such CIEH is pleased to note that the draft Strategy identifies such a need. Whilst there are a range of theoretical approaches to achieving behavioural change CIEH has worked with the National Social Marketing Centre (NSMC) to raise awareness of Social Marketing amongst Environmental Health Practitioners (EHPs). CIEH is pleased that the FSA, with support from the NSMC, CIEH and others, now offers an entry level training course on applying social marketing in food control interventions. CIEH would encourage the FSA not only to embed behavioural change principles within its strategy but to further support the development of such skills at operational level. CIEH will be happy to work with FSA on such development, as well as in the establishment of an evidence base for effective interventions
- 2.10.7 Tackling contamination in the supply and traceability are also essential elements of the Strategy
- 2.10.8 A proactive and preventive approach is essential if contamination incidents are to be reduced. When things go wrong effective and timely traceability becomes essential. The current legislative requirements for "One up One down" systems, without detailed specification of measures of "timeliness" risks potentially serious delays in recall and withdrawal. Whilst there must always be consideration of proportionality and burdens on business the issue of traceability merits detailed consideration to ensure that high levels of public protection can be achieved
- 2.10.9 Lessons can and must be learnt from previous incidents such as Sudan 1 and the dioxin contamination of pork. Partnership working must be improved, particularly in relation to timely engagement and communication with Local Authorities who play a key role in interacting with food businesses and consumers to ensure food safety and support trust in the food supply
- 2.11 Consumers make informed choices about food safety when eating outside the home, prepare and cook food safely at home
 - 2.11.1 The intention to develop knowledge of what interventions work in raising hygiene standards in foodservice outlets (Bullet point 2 in the Draft Strategy)

is fully supported, though there appears to be a degree of duplication with the intention to better understand “what interventions work”, expressed as a priority to achieve the previous Outcome (see CIEH comments at 2.10.4 and subsequently). If the aim for this area of work is to improve food safety in the home then it will be essential to understand current practices and identify the best interventions to deliver the desired outcomes

2.11.2 Implementation of a single Scores on the Doors scheme

CIEH believes a single national scheme must be beneficial to all stakeholders and will continue to support FSA in working towards this objective

2.12 A proportionate risk-based regulatory regime relating to food, which is clear about the responsibilities of food business operators and others and which generates public confidence in food must be an essential element of the Strategy

2.12.1 A risk based regulatory regime linked to proportionate enforcement is fully supported. There is a complex balance to be achieved when seeking to support the economic success of food businesses and at the same time adequately protect consumers. Such enforcement considerations, operationally, need to be made on a case by case basis and will be based on professional judgement of risk. In order to achieve this consistently and fairly it will be essential to ensure that inspectors can demonstrate appropriate competencies. The CIEH, as the professional body for Environmental Health, is currently working to establish and promote a Competence framework for food officers. The continuing support of the FSA in the identification and maintenance of standards of competence in food control will be essential if proportionate enforcement is to be sustained

2.12.2 CIEH fully supports better, proportionate regulation. There is however much debate about levels of risk and subsequent proportionate regulation. In order to increase the evidence base in these areas, risk analysis should be a key focus for the Science and Evidence Strategy.

2.12.3 CIEH would be extremely concerned if pressure from “Better regulation initiatives” discouraged enforcers from taking formal action in the most severe cases. This general concern has been amplified by the recent publication of the report of “The Public Inquiry into the September 2005 Outbreak of *E.coli* O157 in South Wales”. In this case appropriate enforcement actions were not taken, for a range of reasons. One key area of learning must be that ensuring adequate public protection must always be the most important criterion in enforcement decision making. Enforcement must be flexible and risk based, with local input to establish the most appropriate and proportionate intervention

2.13 Improve the balance of the diet

2.13.1 This must be a key objective given the adverse impacts on health created by poor diet. It will be a long term goal and can only be achieved through effective partnerships with food producers, those involved in procurement, retailers and providers, with full support from “experts” in the field and the awareness and desire for change in consumers. As a consequence this will

require a wide range of interventions encompassing persuasion, education, advice and if necessary and where relevant regulation and enforcement. The latter may not be welcomed in the current environment but ultimately decisions will need to be made that balance harm with change that can be achieved purely on a voluntary basis

2.14 Retail products and catering meals are healthier

2.14.1 There is considerable appetite amongst Environmental Health Practitioners (EHPs) to contribute to improving the balance of the diet. The challenge however is to manage such work alongside the requirements to enforce food safety regulations. The “space” to contribute will be variable but CIEH believes that the link between EHPs and small food businesses offers unrivalled opportunities to promote change to healthier food provision. Currently there are a number of Local Authority Environmental Health Departments (EHDs) that contribute significantly to the diet and health agenda but this activity should become “mainstream”.

2.14.2 There will be a number of ways that this may be achieved but a key underpinning will need to be direct and explicit recognition by the FSA of the valuable contribution that EHPs can make, together with encouragement to participate.

2.14.3 There are good examples of this occurring regionally, often allied to the presence of FSA Regional Offices (e.g. the contribution of Environmental Health to improving both food safety and diet can be seen in the East Midlands Food and Health Action plan). There is now FSA representation in all regional areas but CIEH would wish to see this strengthened, as it has been achieved by diluting support in the 4 “trial” areas.

2.14.4 EH participation is also likely to be greater if it can be made easy e.g. through the provision of a range of materials that support different levels of intervention. This might include leaflets, a template for a National Healthy Eating Award, expert advice and support in aligning interventions to FSA standards or pump prime funding for specific projects. Some of these elements exist but there is variation in availability e.g. there is support for a Healthy Eating Award in Wales and a range of small grants for directed projects. These are welcome but “mainstreaming” of such activities would lead to greater impacts and improved outcomes

2.14.5 Ultimately, extension of the legal powers of local authorities to make it clear that they have a remit to provide healthy eating advice would help those local authorities that for budgetary reasons stick rigidly to their “Statutory” responsibilities

2.15 Retailers, manufacturers and caterers provide the nutrition information consumers need to make healthy choices

2.15.1 CIEH supports these objectives and again believes that EHPs can contribute in taking the work forward. The link to food businesses can offer great opportunities to promote and encourage business engagement, one example

can be seen in the EH role in Wigan in encouraging a group of small caterers to become “early adopters” in the provision of calorie content information

2.16 Consumers understand about healthy food and a healthy diet, prepare and cook healthy meals at home

2.16.1 There is much evidence that consumers understand about food and a healthy diet yet this does not always lead to changes in consumption habits. Understanding attitudes and behaviours in order to influence change is essential and CIEH is pleased to see that the need to understand behaviour change mechanisms underpins all the Strategy objectives. Achieving this outcome will be long term and will require collaborative working. CIEH will continue to contribute to this agenda, through its membership and through its large network of trainers, and believes that there may be opportunities to work collaboratively with the FSA on specific elements within this objective

3.0 *Q3. We have set out some key questions we need to address to ensure that we have the science, evidence and analysis we will need to support achievement of the proposed FSA strategy (paragraphs 41-46). Please let us have your views on the answers to these questions. Have we missed any key issues?*

3.1 CIEH was pleased to participate in the FSA Science and Evidence Strategy workshop for external stakeholders that explored the science and evidence needs to support the FSA Strategy for 2010 to 2015. The workshop brought together a diverse group of stakeholders, with a wide span of expertise and was well facilitated. CIEH is content with the output of that exercise as a response to the consultation Question 3 above.