

The Rt Hon Michael Gove MP
Secretary of State for Environment, Food and Rural Affairs
Department for Environment, Food and Rural Affairs
Seacole Building
2 Marsham Street
London
SW1P 4DF
By Email: Mhairi.Bryce@defra.gov.uk

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Last week the Board of the Food Standards Agency (FSA) discussed the responses to the Government's consultation on allergen labelling of food pre-packed for direct sale (PPDS). I am writing to set out our conclusions and advice on the review, setting this in the wider context of the FSA's strategic priorities in addressing the issue of food hypersensitivity.

Priorities in addressing food allergy and intolerances

The FSA has worked hard to improve the protections for allergic consumers, particularly when eating outside the home. We have undertaken ground-breaking research in, for example, the role of the skin barrier, the timing and introduction of allergens in the infant diet, and linkages between early life nutrition and the development of allergic diseases. We have supported local authorities with training and advisory material and provided e-learning for food businesses. Our experts have helped secure three important criminal convictions in recent years, including two for gross negligence manslaughter for health and safety offenses relating to the failure to protect food allergic consumers.

FSA-commissioned research shows that, in recent years, trust and quality of life has largely improved for people with food allergies and intolerances. However, challenges still remain, particularly for 16-24 year olds who are disproportionately at risk of serious harm. Taken as a whole, people with a food hypersensitivity face gaps in their equity of food choices, reduced quality of life, and serious risks to their health and wellbeing. Emerging evidence, which we will publish later this summer, suggests that the impact of a serious allergy or coeliac disease on quality of life can be as high as the most serious microbiological risks

from food, and much more significant than the impacts of risks that traditional food safety systems have been designed around.

One of the challenges with food hypersensitivity is the relatively paucity of science and evidence. We believe it is essential that academic and clinical research ramps up in this area, and that the NHS provide better diagnosis and improved recording of, food hypersensitivity. There has been a steady increase in allergen incident notifications and Allergy Alerts issued by the FSA over the last four years, caused by errors in business production controls. To further complicate the picture, food is being prepared, ordered, sold and delivered in new ways, and people's food behaviour and expectations are changing quickly. This creates a challenging dynamic in which to provide public health protection and champion consumer interests in relation to food.

Last week, the Board decided to scale up our ambition and accelerate our action on food hypersensitivity. We want the UK to be regarded as the best place in the world for a food hypersensitive consumer. We have agreed a series of additional measures including:

- Commissioning our independent Science Council to conduct a review of the science and evidence base for addressing food hypersensitivity, the part the FSA and others should play in enhancing knowledge, and a view on priorities. We are fortunate that Dr Paul Turner, a member of the Council, is internationally recognised as a leading paediatric allergy clinician. Alongside the Science Council, our specialist Advisory Committee on Social Sciences will look at the behavioural aspects that affect business and individual approaches to food hypersensitivity.
- Introducing a new FSA-led reporting mechanism to gather data on allergic reactions in catering. This will deliver more intelligence, help identify businesses that pose the greater risk, and design specific inspection and other measures to address that risk.
- Establishing an FSA-industry leadership forum to share best practice and lessons learned and deliver joint projects to speed up better industry performance. I warmly welcome the commitments that industry have already made to this. It can help to tackle issues like inappropriate use of precautionary allergen labelling, recalls and root cause analysis, and improving business governance in food safety. Sharing information on systems, training, reporting etc will make a big difference to smaller companies' ability to change. This might also help identify other specific areas where protection for food hypersensitive people could be improved.
- Investigating, with others, how measures might connect across the areas of food allergy support including clinicians and GPs.
- Improving risk communication tools, particularly continuing our campaigns aimed at the 16-24 age group.
- Enhancing support for local authority personnel, with further guidance and support, and to assist with enforcement.
- Embedding food hypersensitivity considerations in the new model we are currently designing for the delivery of food standards assurance and enforcement

- Looking at measures that could provide more direct, accessible, consumer assurance on food allergen and intolerance management in food outlets, whether through the Food Hygiene Rating Scheme or other approaches.

In the coming months, we expect to be in a stronger position to set targets and impact measures. Our executives have been charged with regular reports to the Board, and we will consider a timeline for the actions above at our meeting in June. In all of this, of course, it will be essential to build strong collaborations and partnerships across the food safety and standards regime.

Labelling of food pre-packed for direct sale: The Government's consultation

Turning to the specific view the FSA Board reached on the Government's consultation on allergen labelling of food pre-packed for direct sale. The responses to the consultation showed a real divergence between the views of consumers and the views of business. We considered in depth the need to achieve public health protection alongside considerations about consumer choice. We noted that businesses expressed concerns that comprehensive labelling measures could risk a false sense of security for consumers.

The Board concluded that Option 4 in the consultation - full ingredient labelling on food pre-packed for direct sale, with the 14 FIR allergens highlighted - was the most desirable outcome. We consider this to be the right approach because it best delivers the interests of consumers with food hypersensitivity.

In reaching this view, we recognised that:

- It was the preference of 73% of individuals who responded to the consultation, and the views of organisations representing allergic consumers. This is a significant consumer voice.
- Consumers require consistency and clarity. Introducing different labels and approaches for a particular subset of food risks confusion and uncertainty.
- Food hypersensitivity has a big impact on quality of life for consumers. As I have explained above we believe it demands more ambitious measures to address the issues and risks. We should not overlook this opportunity to make improvements, albeit in a small element of the food market.
- This is compounded by the additional risk facing younger people, in their teens to early adulthood. This is not usually considered a vulnerable group in food safety terms; but in this instance, where more risky behaviours are part of the normal passage of life, it makes allergy and intolerance risk management a particular challenge.
- There is no cure for food hypersensitivity. It demands life-long management. There is no single measure that can remove the risk for a consumer. No combination of measures can eradicate a food hypersensitive person's own duty of care to keep themselves safe.

We agreed a series of other steps that the Board considers will further strengthen protection in this area, and would improve the success of Option 4:

1. We urge Ministers to adopt a consistent approach across the UK. This is in the interests of public health, consumers, and business. The advice the FSA Board reached covers England, Wales and Northern Ireland; I understand that Food Standards Scotland will shortly be forming their own view to put to the Government in Scotland.
2. An ongoing and strengthened programme of communication and engagement with consumers and businesses is essential to ensure effective implementation of the chosen approach. It is especially important to get across to food allergic and intolerant consumers that no single measure is error-proof, and to help them understand how to keep themselves safe.
3. Improvements to allergen labelling must not replace other important current protections but must support and enhance them. It is essential that there is an informed member of staff in food businesses to answer customer questions about allergens directly if required. This provides additional confidence and reassurance for the food hypersensitive consumer, and allergy/intolerance NGOs have reiterated the importance of this measure.
4. For smaller food businesses, particularly, we appreciate that moving to full ingredient labelling will present challenges and requires careful planning. Action will be needed throughout the supply chain, and businesses need time to prepare. Whilst we want to see additional protection for consumers as soon as reasonable, we do not want, inadvertently, to encourage a shift towards displaying unwrapped food (with the risk of cross-contact with allergens) or to see an increase in inaccurate labelling. More detail is needed about the exact scale of PPDS sales, business processes, and regulatory impacts. The new FSA-industry leadership group, and early commitments from food businesses to adopt Option 4 in advance of the Government's decision (such as Pret a Manger have already announced), will provide learning, advice and best practice to inform the development of the specific regulatory measure. Providing enough time to benefit from those early lessons is important.
5. Local authorities will face more demands if Option 4 is pursued. They will need extra resources for training and advice, to achieve business compliance with the new regulation, and to help business get it right. Without that, we risk a position of strong regulation and weak compliance/enforcement, which can do the consumer more harm than good.
6. The regulation should achieve wider consistency. We do not want to see the current situation continue, with different labelling requirements for packaged products which look similar but are prepared under different conditions. This is not helpful for consumers. It is for this reason that the Board, having considered whether option 3 offered a sensible interim step, decided that it would create more confusion,

uncertainty and potentially delay in achieving the ultimate goal. If the obstacles to timely achievement of Option 4 become insuperable, we would want to revisit the question of interim approaches.

Clearly, many of these steps will fall to the FSA to deliver, lead or partner on. Officials here look forward to continuing the very constructive and open joint working there has been with your department, as the labelling review has proceeded.

I would be happy to discuss our advice and the FSA's wider plans for food hypersensitivity with you.

I am writing in similar terms to Vaughan Gething AM, Cabinet Secretary for Health and Social Services, and to Richard Pengelly, Permanent Secretary at the Department of Health in Northern Ireland, reflecting the FSA's different devolved responsibilities in those nations.

Yours ever,


Mrs H.J. Hancock DL LVO