31st MEETING

7th June 2010, Richmond House, Whitehall

Final Minutes

Chairman	Professor Alan Jackson
Members	Professor Peter Aggett Professor Peter Kopelman Dr Paul Haggarty Professor Tim Key Professor Angus Walls Dr David Mela Dr Stella Walsh Dr Tony Williams Dr Sue Lanham-New Dr Ann Prentice Professor Julie Lovegrove Professor Ian Young Professor Hilary Powers Professor Harry McArdle
Government Observers and other attendees	Dr Alison Tedstone (FSA Observer) Professor Joe Millward
Secretariat	Dr Elaine Stone (FSA) Dr Sheela Reddy (DH) Ms Vicki Pyne (FSA) Mrs Rachel Marklew (DH) Ms Rachel Elsom (FSA) Ms Lisa Miles (DH) Mr Michael Griffin (FSA) Mr Andrew James (FSA)
External Observers	Ms Melanie Ruffel Mr Rufus Greenbaum Mr Marvyn Bramble

Morning Session

1. The Chair welcomed Members, Observers and external attendees to the 31st SACN meeting with particular mention of Professor Ian Young who was attending his first meeting. Professor Ian Young is Professor of Medicine and Director of the Centre for Public Health at Queen's University Belfast. Professor Young's main clinical and research interests are in lipid metabolism, carbohydrate metabolism and antioxidants, particularly in relation to the prevention of cardiovascular disease

2. Apologies were received from Professor Ian Macdonald, Dr Anita Thomas, Professor Annie Anderson, Mrs Christine Gratus, Dr Naresh Chada (Northern Irish observer), Mrs Maureen Howell (Welsh observer) and Mr Fergus Millan (Scottish Observer).

3. The Chair explained that Mr Fergus Millan has recently been appointed as observer by the Scottish Health Department.

4. The Chair informed external observers that there would be an opportunity at the end of the meeting for any questions they may wish to ask.

5. Members were asked whether they had any updates to their declared conflicts of interest. There were none.

Agenda Item 1 – Minutes of SACN meeting on 24 February 2010 (SACN/10/min/01)

6. Members were invited to comment on the minutes of the meeting held on 24 February 2010. The following points were noted:

    - It was requested that more detail on the methodological differences between the National Diet and Nutrition Survey (NDNS) rolling programme and previous NDNS surveys be added to paragraph 40.

- Members felt that the explanation of the statistical approach adopted to address the aforementioned differences sent to them after the meeting in February should be appended to the minutes for added clarity.

7. Aside from these comments, the minutes were agreed as a correct record of the meeting on 24 February 2010.

Matters Arising Action Check List (SACN/09/13)

SACN/09/01 – *Iron Report*

8. Members were informed that the Iron and Health report has been finalised following the public consultation and will be sent for publication imminently with the view to having a fully published report by the beginning of July 2010*.

SACN/09/03 – *Energy Report*

9. The draft report was discussed at agenda item 2.

SACN/09/15 – *Draft report to the Chief Medical Officer (CMO) on folic acid and cancer risk*

10. Members were reminded that the report had been sent to the Chief Medical Officer in October 2009, and that the full report will be published on the SACN website once the results from the meta-analysis presented in the report are published in a scientific journal.

SACN/09/27 – *Draft Early Life Nutrition and Later Health Report*

11. The draft report was discussed at agenda item 3

AOB – *Selenium report*

12. Members were informed that further work will be carried out on the selenium report once the iron report is published

Action: Secretariat

SACN/10/03 – *National Diet and Nutrition Survey (NDNS)*

13. The Chair thanked Professors Hilary Powers and Julie Lovegrove for agreeing to join the NDNS project board and it was noted that SACN should be consulted on methodological issues surrounding the NDNS when a future contract is negotiated. The Chair suggested that an update on NDNS including an introduction to the NDNS should be given at the October meeting.

Action: Secretariat

SACN/10/04 – *FSA update*

14. The Chair explained that details on how the Saturated Fat and Energy Intake Programme will be evaluated were not made available at this meeting due to the decision not to present Government updates from the Food Standards Agency, Department of Health and Devolved Health Departments at this meeting because the future direction of Government nutrition policy was not yet clear.

Agenda item 2 – Energy report (SACN/10/11 and SACN/10/12)

15. The Chair thanked Professor Joe Millward for his invaluable input into the updated Energy Requirements report. Members were informed that following discussions at the meeting in February 2009, the draft report was amended and the Working Group met to consider the updated report on 3 April 2009. The report underwent further revision in preparation for public consultation.

16. On 5 November 2009, SACN released its draft report on Energy Requirements for a 14-week scientific consultation, which ended on 11 February 2010. Respondents were asked to comment on the scientific content of the report only and not on the risk management aspects of the conclusions, as these are outside SACN's remit, which is limited to risk assessment.

17. Members were advised that 11 responses were received through the consultation. Many of the comments related to risk management and were therefore outside the risk assessment remit of SACN. These have been passed to the Food Standards Agency and Department of Health for consideration.

18. The Working Group met to discuss the scientific comments on 12 April 2010. As a result of these deliberations, the approach to setting Estimated Average Requirement (EAR) values has been reconsidered and the report revised accordingly. Members were informed that the revised energy report circulated for discussion at this meeting, incorporated comments received from the consultation.

19. The Chair invited Members to comment on the responses received to the draft energy requirements report and to discuss the key revisions which have been carried out following the consultation. The Chair also requested that members consider whether the information in the report had been communicated in a way that would not lead to confusion or misunderstanding.

Use of the 'normative' or 'prescriptive' approach in setting Energy Requirements

20. Members first discussed the use of the 'normative' or 'prescriptive' approach to set the revised EAR values for energy. Members were informed that this approach had been adopted by the Working Group in recognition of the increasing prevalence of overweight and obesity in the UK population. Revised EAR values have therefore been established at the level of energy intake needed to maintain a healthy bodyweight in otherwise healthy people.

21. Members recommended that a new paragraph(s) should be inserted in the introduction providing background to the options available to the Committee regarding the setting of EARs, and the justification for choosing the 'prescriptive' or 'normative' approach i.e. using body weight appropriate for health. This should include the historical context; that although the 'prescriptive' or 'normative' approach is new to the UK (as the predecessor to SACN, the Committee on Medical Aspects of Foods Policy [COMA] made no statement

regarding healthy body weights), the 1985 and 2004 FAO/WHO/UNU reports adopted this approach in which energy intakes associated with particular body weights were identified. Definitions of 'prescriptive' and 'normative' should also be included in the text and glossary. Members also suggested that there should be clarity regarding how a 'prescriptive' or 'normative' Dietary Reference Value (DRV) for energy differs from setting DRVs for other nutrients.

22. Members noted that the revised EARs are based on existing physical activity levels that might not be most appropriate/optimal for the population, however, if a prescriptive physical activity level was chosen (e.g. PAL = 1.78) to correspond with a desirable increase in physical activity, the EARs would increase further and this would be problematic in terms of communication.

23. Members expressed some concerns regarding the use of the Body Mass Index (BMI) 22.5 kg/m^2 to calculate the revised EAR values. For example, how will this be perceived against previous recommendations (made in the World Cancer Research Fund 2007 report) suggesting that individuals should aim for the lower end of the healthy body weight range (i.e. BMI 18 kg/m^2) for optimal health outcomes. Members were directed to new evidence that has become available since the COMA report, principally a collaborative analysis of the influences of BMI on all-cause mortality in 57 prospective studies (900, 000 adults) published in 2009[1] which identifies a U-shaped relationship with minimum risk associated with a BMI of about 22.5-25. Based on this newly available evidence, the Working Group has made a judgement regarding the healthy body weight range (i.e. BMI 20-24.9 kg/m^2) and has used the mid-point of this range (i.e. BMI 22.5 kg/m^2) in its calculations. The Chair suggested that it should be acknowledged that this is a departure from what was previously considered healthy.

24. Members highlighted that in places the report reads as if it is aimed at individuals when these are *population* recommendations. This needs to be clarified throughout by insertion of 'population' and 'population groups' in the text.

[1] Prospective Studies Collaboration Body-mass index and cause-specifi c mortality in 900 000 adults: collaborative analyses of 57 prospective studies 2009; Lancet 373: 1083–96.

Datasets of total energy expenditure for adults

25. Members discussed the use of the Beltsville[2] and OPEN[3] datasets as the reference datasets in the calculation of the revised EAR values, using the factorial approach. They were reminded that Total Energy Expenditure (TEE) is a function of body weight and physical activity, and that these can be expressed in the factorial model as TEE = BMR x PAL (where BMR = Basal Metabolic Rate). While there is general agreement regarding how to deal with the BMR component, deriving PAL values is more complicated. PAL values can be constructed from our knowledge of individual activities however, as it is not possible to adequately account for the large inter-individual variation, this is not considered a valid approach.

26. Members were informed that most of the published data on measured TEE come from specialised groups (e.g. elite athletes) and does not represent the physical activity levels of the general UK population. Data have therefore been used from large-scale population studies (i.e. Beltsville and OPEN) to statistically investigate how TEE varies between different population groups. It is not possible to state how representative the estimated EAR values are for the UK population. A lack of evidence also means that it is not possible to identify the appropriate TEE for health. Therefore, PAL values that are most likely to be observed in the UK population have been identified (i.e. 1.75 for adolescents and 1.63 for adults). New data from the NDNS rolling programme is reasonably consistent with the PAL 1.63 used in the calculations in this report.

27. Members highlighted that some confusion remains regarding the use of the TEE data derived from overweight/obese US populations and stressed that this concern should be acknowledged and further clarified in the report. They were advised

[2] Moshfegh AJ, Rhodes DG, Baer DJ, Murayi T, Clemens JC, Rumpler WV et al. The US Department of Agriculture Automated Multiple-Pass Method reduces bias in the collection of energy intakes. Am J Clin Nutr 2008; 88(2):324-332.

3 Subar AF, Kipnis V, Troiano RP, Midthune D, Schoeller DA, Bingham S et al. Using intake biomarkers to evaluate the extent of dietary misreporting in a large sample of adults: the OPEN study. Am J Epidemiol 2003; 158(1):1-13.

Tooze JA, Schoeller DA, Subar AF, Kipnis V, Schatzkin A, Troiano RP. Total daily energy expenditure among middle-aged men and women: the OPEN Study. Am J Clin Nutr 2007; 86(2):382-387.

that the Working Group has carefully considered the use of these datasets. The question of whether PAL is changed by BMI had been examined, and no relationship between PAL and BMI had been found. It was therefore deemed valid to use these observations as the basis for estimating the PAL for the population.

28. Members agreed that based on the available evidence, the Working Group has established revised EAR values that carry the least risk and the most benefit to the UK population. The approach adopted to derive the revised EARs has been generally accepted as the best option available, while acknowledging the constraints, and is clearly explained and set out within the report. The limitations and uncertainties in the evidence have been detailed. Members pointed out that as the evidence base improves, it will be possible to use this approach to review the values.

29. The Chair informed Members that formal statistical advice has been sought regarding the use of residuals and regression modelling in place of the factorial approach. Based on this statistical advice the Committee agreed that the factorial approach employed in the SACN report was appropriate and the preferred option.

Pregnancy and lactation recommendations

30. Members discussed the pregnancy and lactation section of the report and in particular, the uncertainty regarding whether the increased energy costs of pregnancy are matched by a compensatory decrease in physical activity. They noted the approach adopted in setting EARs for pregnancy was based on the additional energy costs with an allowance for the recognised offset by decreases in physical activity.

31. Members highlighted the need to protect vulnerable groups when making recommendations. They stressed that pregnancies in teenagers <18 years are qualitatively different (for example, the ability to partition energy to the foetus is challenging) and must be considered differently.

32. Members stressed that the lack of evidence and considerable uncertainty surrounding the energy costs of pregnancy should be articulated in the report, as this underpins the need to be cautious and the inability to make strong statements.

33. Members agreed that the scientific evidence that has emerged since COMA reported is not sufficiently robust to revise the recommendation of a 0.8MJ/day increment in the last trimester

Summary and conclusions

34. Members agreed that the summary and conclusions section should be expanded to include more detail on the uncertainties and limitations in the evidence base, and current knowledge gaps (for example, the paucity of data for young adults and the >65year olds and >80 year olds) which could also be translated into research recommendations.

35. Members highlighted that the report has not adequately addressed the Term of Reference 'Consider the implications of these recommendations on the requirements for other nutrients.' A paragraph should be added to address the potential implications of revisions to the energy reference values for other nutrients.

Recommendations

36. Members discussed the draft recommendations arising from the report in detail. It was noted that the recommendations do not mention that the revised EARs are based on current estimates of physical activity levels (i.e. PAL = 1.63) rather than a prescriptive PAL associated with a desirable increase in physical activity. Text should be added to address this.

37. Members noted that the sentence: 'For underweight individuals, matching energy intakes to the revised EAR values would enable the transition into the healthy body weight range', implies a symmetry between overweight and underweight which is inaccurate. There are many reasons why people in the UK are

underweight, for example, chronic illness. This paragraph needs to include a caveat that increasing the energy intakes of individuals who are underweight as a result of low energy intakes would result in a transition towards the healthy range, but would not necessarily improve the health of all underweight individuals.

38. Members noted that the title on the table showing the new adult EAR values should be revised to read: 'The revised EAR values for UK adults at mean height for age, calculated using a PAL value of 1.63 for BMI 22.5 kg/m^2'. They further suggested that the figures for 'All adults' should be added to the table, but it should be stressed that these figures should not interpreted as potential benchmark values.

39. Members were reminded that this Committee is not charged with making recommendations for the prevention of obesity or for levels of physical activity associated with good health. However, Members agreed that the report should clearly state that current physical activity levels in the UK population are not optimal and acknowledge that these should be higher.

40. Members discussed the relationship between physical activity and body weight and concluded that there was no robust evidence to state that increased physical activity reduces the risk of obesity. However, increasing physical activity while maintaining energy intake would lead to weight loss and would therefore have a beneficial effect on obesity. The Committee also noted the lack of evidence regarding the energy cost of physical activity in someone obese versus someone of 'normal' weight, and further highlighted the poor correlation between physical activity questionnaire data gathered in NDNS and TEE measured by Doubly-Labelled Water (DLW) method. A member highlighted that there is good evidence to show that increasing physical activity is associated with weight maintenance, a reduction in blood pressure and cholesterol, and increasing insulin sensitivity. Therefore, Members agreed that the wording should be clarified to reflect the above discussions.

41. Members reiterated that this report is for specialists. Communication of the key messages to health professionals and consumers by Health Departments/FSA will

be difficult, and the language used to articulate the concepts covered in the report will need to be clear. They stressed that serious consideration needs to be given to how to make this information accessible to Health Departments and FSA.

42. Members further emphasised that these are recommendations for populations and population subgroups, and are not intended for use by individuals to calculate their own energy requirements.

General editing

43. Members were informed that the small inconsistencies in the figures given in the tables have already been amended and were reassured that the reference list would be updated to ensure that all references are correctly cited. The Secretariat also noted specific changes to the text and additions to the glossary suggested by Members.

Action: Secretariat

Next steps

44. Members were informed that the final draft will be agreed by correspondence. The research recommendations and executive summary will be drafted following the meeting and circulated for comments. It is anticipated that the final Energy Requirements report will be published in autumn 2010. The Agency and Health Departments will then carefully consider the recommendations and any possible implications for consumers, industry and food providers.

Agenda item 3 – Early life nutrition report (SACN/10/13, SACN/10/14 and SACN/10/15)

45. The Chair reminded Members that the draft report on '*The influence of maternal, fetal and child nutrition on the development of chronic disease in later life*' had gone out for a 12-week scientific consultation ending on 30th April 2010. The Chair invited Dr Tony Williams (Chair of SMCN) to introduce the papers.

46. It was noted that the consultation draft had been circulated for Members information, together with a list of consultation responses (SACN/10/15). Two separate papers for discussion included draft recommendations for the report (SACN/10/13) and a draft executive summary (SACN/10/14) - both being presented for the first time and not yet seen by the Subgroup on Maternal and Child Nutrition (SMCN).

47. Members were informed that the report had not yet been edited post consultation, but that responses had been discussed at the last Subgroup meeting in May 2010, with action agreed to address each comment (as indicated in the table in SACN/10/15 for information).

48. Dr Williams explained that most of the general remarks received had been complimentary, and that the consultation had been helpful in identifying a number of factual and textual amendments. He then outlined some of the key points raised from the consultation, as follows:
    - Several recent references (2010) had been suggested for inclusion in the report with comments that the literature was not up to date. However, the Subgroup had agreed that there needed to be a cut off date for inclusion and that this should be the point at which the report was ready for consultation i.e. not to include publications from 1st January 2010.
    - There were several comments about the scope of the report and that it should be expanded to include other outcomes such as respiratory function, cognitive health and dental health. However, Dr Williams explained that the Subgroup had kept to the Terms of Reference in respect to specific chronic disease outcomes and did not want to expand the report at this late stage in the process unless the main Committee felt it was absolutely necessary.
    - Comments from the consultation included a suggestion that the 'Background' section (Chapter 3) should consider more the influence of placentation on fetal growth and development. The Subgroup had agreed to expand on this slightly in order to recognise more the importance of placental function.

- There were a number of factual corrections in the epidemiology chapter (Chapter 4) but no new substantive areas for inclusion.
- In Chapter 5, there was a suggestion to critique further the animal evidence, which the Subgroup has agreed would be helpful. It was agreed that the section on Human Studies (Chapter 5.1) should be reorganised to separate out the randomised controlled trials.
- In Chapter 6, there was a suggestion to include information from the Economic and Social Research Council (ESRC) database. The Subgroup had agreed to consider and include information as appropriate.
- There had been no specific comments on the conclusions drawn in the report (Chapter 7).

49. The Chair asked Members for their general comments on the report and the process. The following points were made:

- In Chapter 5, there is a heavy focus on epigenetics and little emphasis on other underlying mechanisms, such as those involving the cell cycle and other developmental processes. Professor Harry McArdle agreed to offer some form of words to help address other mechanisms.

Action: Professor McArdle

- There is a clear message in the report about the association between later chronic disease outcomes and low birth weight, but not so clear about the link with high birth weight. Specifically, the shape of the association and any thresholds associated with later adverse effects are not clear. There was concern that this may cause confusion about what constitutes 'healthy' birth weight. Other Members explained that the evidence does not allow us to clearly define thresholds for healthy birth weight, and it was agreed an additional paragraph in the conclusions should clarify the complexity of the relationship between birth weight and chronic disease.
- There is little recognition that a number of genes also have a role in the development of chronic diseases and should be brought out more in the report.
- With regard to dental health, the only substantive evidence on early exposure and dental health in adulthood is the link between fluoride exposure (from

water supply and toothpaste), starting with fetal uptake, and later dental caries. Professor Angus Walls agreed to provide some form of words to include in the report (and for fluoride and long-term bone health where available).

Action: Professor Walls

- The report should recognise that risk of chronic disease in later life is influenced by a number of factors, other than early nutrition and growth and development in infancy.
- Members agreed after further discussion about a cut off point for inclusion of papers, that a cut off was needed for pragmatic reasons.

50. The following comments were made with regard to the draft executive summary (SACN/10/14) specifically:
    - The summary should include a short paragraph about the relationship between energy, macronutrients and micronutrients, and be clear when talking about 'nutrient restriction' i.e. nutrient restriction, or nutrient *and energy* restriction.
    - There should be more emphasis on ethnic variation.
    - Ensure that the executive summary, recommendations and conclusions are all consistent and include drafting changes discussed at the Subgroup meeting in May. A summarised version of the recommendations should also be added to the executive summary which will appear at the front of the document.
    - Need to make clear what is meant by 'nutritional reserve' and take account of water soluble vitamins that are not stored but rather dependant on daily intake (paragraph 11).

Action: Secretariat

51. Dr Williams then introduced the draft recommendations (SACN/10/13). The following comments were made:

Recommendations for public health intervention

- Separate out general recommendations for healthy eating (i.e. for general population) and the specific recommendations arising from this report about optimising later health.
- Recommendations #3 - 9 make assumptions that are not covered in the report, although it was recognised that an integrated approach that brings all interventions together is important and should be emphasised.
- The recommendations should follow a summary of the risk assessment (i.e. to follow conclusions).
- Further explanation about each recommendation should be given separately where appropriate (e.g. explicitly state what the folic acid and vitamin D supplementation advice is), not assuming the reader's knowledge of current advice.
- Need to explain that modifying factors later than early life (i.e. adolescence and adulthood) can also have an impact on chronic disease risk.

Research recommendations

- The importance of recommendation #10 with regard to large cohort studies was recognised, but clarity should be given about the different options for a way forward. This should also include a recommendation to collect blood samples from future prospective analyses (i.e. bio-banking that could then be used in the future) and identification of specific chronic disease end points.
- There was concern about recommendation #13 regarding collection of data in NDNS on pregnant and breastfeeding women, given that sample sizes would be relatively small. However, since there is currently no national data and NDNS data are cumulative, it was agreed that the recommendation should be made.
- The section should begin with recommendations for animal research and then human research. Recommendations for animal research should be expanded to include more than epigenetic research.
- Additional recommendations should also include research to:
    - Find out more about the intergenerational effects of nutrition and impact on later chronic disease risk

- Find out more about the long/short term sufficiency of different nutrient reserves
- Identify a more robust biomarker of phenotype of the new born, particularly for the three different stages of development in fetal life

52. It was agreed that the Secretariat would incorporate comments received from the consultation into the full report, and also redraft the executive summary and recommendations taking on board the Committee's discussion. The Secretariat would then circulate a near final draft of the full report for the Committee's consideration, incorporating both summary and recommendations, by October 2010. Responses would be submitted via correspondence, unless it was felt a future meeting was required

Action: Secretariat

Agenda item 4 – Working Group updates

Sub Group on Maternal and Child Nutrition (SMCN)

53. Dr Tony Williams updated Members on the main activities of SMCN. Members were informed that the Subgroup last met on 5th May 2010 where two new members were welcomed onto the group: Dr Ken Ong, Group Leader and Paediatric Endocrinologist at the Medical Research Council's (MRC) Epidemiology Unit, and Dr Sian Robinson, Principal Research Fellow at the MRC Epidemiology Resource Centre, University of Southampton.

54. Dr Williams informed Members of the recent discussions of the SMCN on a discussion paper relating to the introduction of gluten into the infant diet. There is a difference between UK advice and recent advice from the European Food Safety Authority (EFSA) on the appropriate timing of introduction of gluten into the infant diet. The EFSA statement has also been reviewed by the Committee on Toxicology (CoT) and they are due to report formally to SMCN. This issue will be discussed further at the next SMCN meeting, taking into account comments from the COT.

55. The Joint SACN/RCPCH Group met recently to discuss further thresholds for defining childhood obesity in England, and also the application of WHO head circumference centiles to UK children.

56. Dr Williams also reported that since the Committee's statement on 'Good Night Milk' drinks, Cow & Gate has withdrawn the relevant product.

Energy Working Group

57. The Chair felt that all issues surrounding the Energy Working Group were discussed under agenda item 2.

Carbohydrate Working Group

58. Dr Elaine Stone briefed Members on the current progress on the work of the Carbohydrates Working Group, which last met on 19th April 2010. At this meeting, the University of Leeds team who are conducting the Cardio Metabolic Health systematic review gave a progress report detailing that data extraction was well underway and a draft report will be submitted to the Secretariat at the end of October 2010. It was reported that the colorectal health review is also progressing well and a draft report for this review will be submitted in the autumn.

59. Members were informed that the scope of the third term of reference for the Working Group had been widened to cover "The evidence in respect to dietary carbohydrates and oral health" which will capture all carbohydrates and a range of oral health outcomes, rather than focusing solely on sugars and dental caries. The aim is to commission this work through open tender but because of the current uncertainty surrounding the future direction of Nutrition Policy within Government the Agency has been unable to publish a research call for the review. The Secretariat is awaiting confirmation on how/when to take this forward which has resulted in a delay to the work of the group on this term of reference.

Iron Working Group

60. Professor Peter Aggett had nothing further to add on the work of the Iron Working Group that had not already been discussed as part of the matters arising item for the Iron and Health report, which is due to be published in early July 2010*.

AOB

61. Both the Secretariat and Members bid farewell to Professor Alan Jackson at the close of his final meeting as Chair of the SACN. The Committee expressed their deepest gratitude for his exemplary service to public health nutrition and for overseeing the smooth running of the SACN. Under his leadership, SACN has seen added clarity and gravitas brought to its risk assessments, leading to the Committee being well regarded internationally.

62. The Chair thanked the Secretariat for their excellent technical support and acknowledged the time and effort of Members in bringing their expertise together to provide sound advice to Government.

63. Dr Ann Prentice was welcomed as the new Chair and stated that it had been a privilege to serve on the Committee during Professor Jackson's time as Chair.

Next meeting

64. The next meeting will be held on 15th October 2010.

Meeting close

65. External Observers were given the opportunity to ask question at the close of the meeting. No questions were put to the Chair.

* Due to the current uncertainty surrounding the future direction of Nutrition Policy associated with the change of Government, the publication of this report was subsequently delayed until autumn 2010.