



Scientific Advisory Committee on Nutrition

## **35<sup>th</sup> MEETING**

**19<sup>th</sup> October 2011, Wellington House, Waterloo, London**

### **Draft Minutes**

|                             |   |
|-----------------------------|---|
| <b>Chair</b>                | Dr Ann Prentice   |
| <b>Members</b>              | Professor Peter Aggett<br>Ms Gill Fine<br>Mrs Christine Gratus<br>Dr Paul Haggarty<br>Professor Tim Key<br>Professor Susan Lanham-New<br>Professor Julie Lovegrove<br>Professor Ian Macdonald<br>Professor Harry McArdle<br>Dr David Mela<br>Professor Hilary Powers<br>Dr Monique Raats<br>Dr Stella Walsh<br>Dr Anthony Williams<br>Professor Ian Young |
| <b>Government Observers</b> | Dr Alison Tedstone – Department of Health (DH)<br>Dr Sheela Reddy – Department of Health (DH)   |
| <b>Secretariat</b>          | Dr Elaine Stone<br>Mrs Vicki Pyne<br>Ms Rachel White<br>Mr Michael Griffin<br>Ms Verity Kirkpatrick   |
| <b>Other Observers</b>      | Ms Anne Milne – Food Standards Agency Scotland  |

## **Morning Session**

### **Open Session**

1. Dr Ann Prentice welcomed members, observers and external attendees to the 35<sup>th</sup> Scientific Advisory Committee on Nutrition (SACN) meeting and welcomed two new members, Ms Gill Fine, who is an independent public health nutritionist and Dr Monique Raats from the Food, Consumer Behaviour and Health Research Centre at the University of Surrey. Ms Fine and Dr Raats introduced themselves and gave a brief overview of their expertise (biographies of all members are available on the SACN website).
2. In addition, the Chair congratulated four SACN members who had successfully renewed their terms through open competition and thanked them for their continued interest, allowing the Committee to retain their invaluable experience and expertise. These members were Dr Stella Walsh, Dr Anthony Williams, Professor Tim Key and Professor Peter Aggett.
3. The Committee were informed that since the last meeting there had been no change with regards to the reclassification of SACN to a Department of Health Expert Committee.
4. Apologies were received from Professor Angus Walls and Dr Naresh Chada. Members were asked whether there were any changes to their declarations of interest; none was declared.
5. The Chair informed external observers that there would be an opportunity at the end of the meeting should they wish to ask any questions.

### **Agenda Item 1 – Minutes of SACN meeting on 7 June 2011 (SACN/11/min/02)**

6. Members were invited to comment on the minutes of the meeting held on 7 June 2011. The following points were noted:
  - Paragraph 41: Change inform to informing;
  - Paragraph 48, third bullet: Should read “...there *the*...”;
  - Paragraphs 52 and 53: Paragraph 52 needs to be reworded and paragraph 53 can be removed as this is repeated from the last minutes;
  - Paragraph 63, second bullet: Should read “...relationship between *sunlight* exposure...”;
  - Paragraph 63: Clarification is needed on whether recommendations are only made based on Randomised Control Trials (RCTs) or whether this is referring specifically to recommendations focussing on the relationship between diet and disease;
  - Paragraph 67: The third bullet requires the word ‘of’ after autumn. The final bullet is missing the word ‘and’;
  - Paragraph 74: The final sentence needs to be reworded;
  - Paragraph 76: Names need to be changed to Dr Sheela Reddy and Professor Roger Francis.
  
7. Subject to the above changes, the minutes were agreed as a correct record of the meeting on 7 June 2011.

### **Matters Arising Action Check List (SACN/11/12)**

8. Dr Elaine Stone presented the matters arising from the previous meeting.
  
9. **SACN/10/11 – *Energy Report*** – The energy report is being finalised and an uncorrected proof was published on 13<sup>th</sup> October 2011. Dr Alison Tedstone explained to the Committee that a finalised copy of the report was not available in time for publication due to technical issues with referencing software. A final corrected copy will replace the uncorrected proof on the SACN website in approximately 6-8 weeks time.

10. Members were informed that due to the complexity of the report, DH produced a health professional's fact sheet that was circulated to relevant bodies. The Secretariat agreed to consider the suggestion that the fact sheet should be made more widely available.

**Action:** Secretariat

11. Dr Tedstone thanked the members of the Energy Requirements Working Group, and the SACN Secretariat for their hard work on the report. Dr Tedstone thanked Professor Alan Jackson who chaired the Energy Requirements Working Group and who presented the report at the press conference on 13<sup>th</sup> October 2011.

12. The Chair will write to Professor Alan Jackson to thank him for his immense contribution to this report.

**Action:** Secretariat

13. **SACN/10/13 – *Draft Early Life Nutrition and Later Health Report*** – The report was published and placed on the SACN website on 21<sup>st</sup> June 2011. Members requested the circulation of any available press cuttings regarding the publication of the report.

**Action:** Secretariat

14. **AOB – *Selenium and health statement*** – The SACN Secretariat is undertaking further work on this position statement. A drafting group consisting of members Professor Harry McArdle, Professor Paul Haggarty and Professor Key are working with the Secretariat. A draft of this position statement was discussed at agenda item two of this meeting.

15. **SACN/10/18 – *SACN/RCPCH draft statement on BMI thresholds to define overweight obesity in children*** – The SACN/RCPCH statement will be published on the SACN website once it has been finalised.

16. **SACN/11/07 – SACN Framework for the evaluation of evidence** – The SACN framework for the evaluation of evidence was redrafted following comments by members at the SACN main meeting in June 2011 and discussed under agenda item three of this meeting.
17. **SACN/11/08 – Draft Terms of Reference for a review of complementary and young child feeding** – The Terms of Reference were agreed at the SACN main meeting in June 2011, subject to amendments. The Subgroup on Maternal and Child Nutrition (SMCN) Secretariat proceeded with scoping the evidence in preparation for the SMCN meeting held on 30<sup>th</sup> September 2011. An update on this work was provided under agenda item four of this meeting.
18. **Agenda Item 5 – Advisory Committee on Novel Foods and Processes (ACNFP)** – Members expressed uncertainty about the impact of multiple novel foods of a similar nature entering the food chain. Dr Prentice, Professor Haggarty and the SACN Secretariat discussed the issue before this meeting and an update was provided under agenda item five.
19. **AOB – Iodine status** – Consideration is being given to including analysis of iodine status in the next contract for the National Diet and Nutrition Survey (NDNS). Members were informed that the surveys team at DH will be in attendance at the SACN main meeting in February 2012 and will provide an update on this issue.
20. **AOB – Horizon Scanning** – A list of items arising from the Horizon Scanning meeting on October 2009 was revisited under agenda item six of this meeting, in closed session.
21. **AOB – Subgroup on Maternal and Child Nutrition (SMCN)** – The Secretariat will consider renaming SMCN as a standing group.

22. **AOB – *Global Food Security Strategy*** – Dr Paul Burrows from the Biotechnology and Biological Sciences Research Council (BBSRC) has agreed to attend the SACN main meeting in February 2012 to give a presentation on the Global Food Security Strategy.
23. **SACN/11/11 – *Carbohydrates and colorectal health review*** – A draft of the carbohydrates and colorectal health review was discussed in closed session at the SACN meeting in June 2011. An update on the actions taken by the Carbohydrates Working Group was given under agenda item four of this meeting.

**Agenda item 2 – Draft Selenium and Health position statement (SACN/11/13)**

24. Professor Key introduced the draft *Selenium and Health* position statement, which was last considered in 2007.
25. The document has been further updated with input from a drafting group consisting of Professor Key, Professor McArdle and Professor Haggarty and includes evidence up to July 2011.
26. Members noted that the evidence on selenium and health was last considered in 1998 by the Committee of Medical Aspects of Food Policy (COMA).
27. The *Selenium and Health* paper is a position statement, therefore, it does not contain public health recommendations or research recommendations and will not go out to public consultation. The aim of the work is to scope the published literature published since the COMA 1998 statement to assess whether a full risk assessment on the topic is required.
28. The Chair clarified that the purpose of bringing the statement is to obtain sign off from the Committee, subject to minor revisions, so that the report can be published on the SACN website. It was noted that SACN would continue to retain a watching brief on this topic.

29. Data from the National Diet and Nutrition Survey (NDNS) Rolling Programme on selenium status will be available from the end of October 2011 and will be incorporated into the position statement. The Chair noted that the results should be considered alongside the conclusions currently in the statement.
30. The Chair invited members to provide comments on the position statement. Members noted it was unclear whether the evidence from 1998 solely had been considered or whether the review also captures the previous evidence deliberated by COMA in 1998.
31. Members were reminded that the evidence builds on the conclusions made by COMA and reviews evidence published after the 1996 search cut-off used by COMA. It was noted that additional outcomes have been included in this statement, which were not originally considered.
32. It was agreed that a paragraph should be included which provides the history to SACN's deliberations and to clearly specify that the statement is building on the evidence published since COMA and what cut-off dates have been used. It was also agreed that a footnote would be added to the tables stating that only studies post 1996 were considered.

**Action:** Secretariat

33. A member highlighted that the wording of the concluding paragraphs for each health outcome needs to be revised to reflect that it is the available evidence that has arisen since the previous report, which being considered rather than the totality of the evidence.
34. It was suggested that paragraph 63 could be divided into two paragraphs to cover the cause and effect relationship aspect and the correlation between intake and status separately.

35. It was highlighted that there is inconsistency between the concluding summary paragraphs. Paragraph 64 states, “The available evidence does not support a cause and effect relationship...”, whereas paragraph 91 states “There is currently insufficient evidence to establish....” These have different meanings, therefore the description of the evidence needs to be clear.

36. It was suggested that the committee keep a watching brief on the arising evidence on selenium and health and that this should be highlighted in the overall summary of the position statement.

**Action:** Secretariat

37. Members highlighted that there is the absence of an agreed reference system and internal standard for selenium and suggested the addition of the following text:

- *Reference measurement systems, including standard reference materials, are not readily available for selenium or its associated biomarkers, and many papers provide inadequate descriptions of analytical techniques. Therefore, comparing absolute values for selenium and biomarkers between different studies and populations is difficult.*

38. Members were informed that renal function could influence the activity of plasma GPx, which is a major limitation, and needs to be captured in the text. This does not apply to whole blood GPx. It was agreed that a reference on this issue would be sent to the Secretariat.

**Action:** Ian Young

39. A member stated that it is important to highlight interactions between selenium, iodine and thyroid function because women of childbearing age are a vulnerable group and altered thyroid function is important in pregnancy. It was agreed that this issue should be captured in the introduction and the member agreed to draft a paragraph on this issue.

**Action:** Harry McArdle

40. Members discussed whether the information on regional differences in paragraph 29 are meaningful, whether data on soil composition should be included and if correlations between soil composition and selenium intake/ status can be made.
  41. It was felt that the soil data should be included, however, inferences between selenium soil content and NDNS data on regional differences in selenium status cannot be made. Therefore, the Chair suggested that the regional information should be removed from the statement and the NDNS reports cited instead.
  42. A member enquired whether evidence on the benefits of selenium intake was considered because the summary only mentions adverse effects.
  43. A member noted that the statement could be used to highlight the importance of the NDNS and the ongoing monitoring of the nutritional status of the population.
  44. Members made several comments on the text, which were noted and will be taken into consideration. The drafting group were tasked with rewriting the summary conclusions to each section to ensure a consistent approach
45. The *Selenium and Health* position statement will be further discussed at the SACN meeting in June 2012, once the NDNS blood analyte data have been added and the statement has been revised to incorporate members comments.

**Action:** Selenium drafting group/secretariat

**Action:** Secretariat

### **Agenda item 3 – SACN framework for the evaluation of evidence (SACN/11/14)**

46. Dr David Mela introduced the draft SACN framework for the evaluation of evidence. Members were reminded that the version on the website was originally devised in 2002. However, the document no longer reflects SACN's current practices and requires updating.

47. The framework was revised following discussions at the SACN meeting in June and circulated to the drafting group (Dr Mela, Professor Walls and Professor Sue Lanham-New); and additionally to Dr Prentice, Professor Aggett and Professor Hilary Powers for further comment. These comments were incorporated into the version presented.
48. Members were informed that the aim is to reach a consensus on the content of the document so it can be placed on the SACN website. Dr Mela highlighted that certain issues have been raised in the document, which require further discussion. If necessary additional information can be added at a later stage, as the framework is a working document and can be updated as required
49. Dr Mela highlighted the following key changes to the framework:
- Written to reflect SACN's current practices
  - A definition of risk assessments and position statements has been included under reporting of evaluation.
  - A proposed definition of a Standing Group has been included
  - Hierarchy of evidence section has been removed. This has been replaced with a general commentary on different types of evidence.
  - Definitions of study design and an example of a hierarchy of evidence have been removed- CRD guidance has been referenced instead.
  - Systematic review section has been shortened and reference made to official guidance.
  - Quality assessment of studies (p8) - the specific detail has been moved to Annex 1 in order to streamline the document
  - The "Factors to address whilst drawing conclusions" section has been expanded to explain how Bradford-Hill's guidelines can be used to inform SACN's consideration of the evidence.
  - Annex 1 includes information on evaluating evidence from social science (written by DH social scientists).
50. Members were invited to comment on each section.

51. Members discussed the issue of providing criteria to inform whether a systematic review or a comprehensive narrative review should be conducted.
52. Stating that SACN uses either one of the above approaches presents difficulty because it is possible to have a systematic review as part of a larger overall narrative review. It was also noted that the Vitamin D review does not fit into either of these two categories.
53. It was suggested that each Working/Standing/drafting group could set their own criteria for the selection of original research and this will inform the format of the review.
54. A member suggested that a checklist could be provided in the framework to assist deliberations.
55. It was suggested that the section on the type of review is removed and information on identifying criteria should be included in the methodology section.
56. The Chair recommended that how SACN decides whether a systematic review is required, should be revisited once the Carbohydrates Working Group has completed their review.

**Action:** Secretariat

57. A member suggested that a cut-off date for the consideration of evidence should be mentioned in the methodology section.
58. The issue of how SACN handles the identification of data post review cut-off date was raised. Members acknowledged that additional important studies might need to be considered when making recommendations due to their contribution to the evidence base.

59. It was suggested that the framework acknowledges SACN generally considers evidence to an agreed cut-off date, but if subsequent studies are deemed sufficiently important, they will also be deliberated.
60. Dr Mela highlighted the drafting note on what SACN considers as a significant finding. Members were invited to have a preliminary discussion on this issue, but due to time constraints, it would be revisited at a subsequent meeting, with relevant papers circulated in advance.
61. A member highlighted that there are two issues; statistical significance and functional significance and noted it is important to have a consistent approach to ensure both issues are considered.
62. A member considered that the biologically relevant effect sizes should be stipulated *a priori*.
63. A member highlighted that it is difficult to define biological relevance *a priori* for two reasons: many outcomes do not have a known scientific basis for defining biological relevance and studies that are not powered to look at certain outcomes could be excluded.
64. It was noted that a finding may not be statistically significant, but the results may indicate a certain trend, which warrants some attention. The disadvantage of specifying statistical significance is that the information could be inappropriately used where a result is statistically significant but not biologically or clinically significant. Members agreed that SACN need to describe their approach in relation to statistical and clinical significance.
65. The Chair suggested that the EFSA scientific opinion on statistical significance and biological relevance is circulated to members and that the issue of significance is discussed in full at a future meeting.

**Action:** Secretariat

66. Relationship with other committees- it was suggested that this section is moved to the introductory section and is expanded to include other committees such as the Committee on Carcinogenicity (CoC) and the Committee on Mutagenicity (CoM).

**Action:** Secretariat

67. Members had a preliminary discussion on whether SACN should adopt an existing grading system or define how the Committee conveys its judgments on the strength of the evidence.

68. A member noted that it would be useful if SACN could be consistent with its description of the evidence base.

69. It was suggested that it would be beneficial to have a consistent set of words and clear understanding of how SACN rates the totality of the evidence. It was agreed that different systems will be assessed for their suitability for SACN and a full discussion will be held at the meeting in June.

70. The Chair enquired whether members are content for the annex on novel foods to remain in the framework; members agreed.

71. It was agreed that papers on grading of evidence and significance are brought to a future SACN meeting and relevant articles includes those on the GRADE system will be circulated to members ahead of the meeting

**Action:** Secretariat

72. Members made several comments on the text, which were noted and will be taken into consideration when the framework is revised.

**Action:** Secretariat

## **Agenda item 4 – Working Group and Subgroup updates**

### **Sub Group on Maternal and Child Nutrition (SMCN)**

73. Dr Williams, Chair of the SACN Subgroup on Maternal and Child Nutrition (SMCN) provided an update of the proceedings of the SMCN meeting on 30<sup>th</sup> September 2011, noting that there were two substantive agenda items.
74. Members were informed that the Department of Health had received a request from the Association of Spina Bifida and Hydrocephalus (ASBAH) to consider changing its advice on periconceptional folic acid supplementation for women planning a pregnancy. ASBAH proposed that the Department's advice should be in line with the recommendations made by Canadian health authorities that women should begin taking folic acid at least three months prior to pregnancy to optimise their folate status. No studies were identified that had specifically investigated the effect of timing of folic acid supplementation on the risk of having a pregnancy complicated by a neural tube defect (NTD). In view of this the Subgroup considered only data from supplementation trials which had measured the length of time taken for red blood cell folate concentrations to reach a plateau. Dr Williams reminded members that it is not well understood how red blood cell folate (or plasma folate) concentrations relate to tissue availability and effectiveness at the site of neural tube development. The Subgroup found that there is insufficient evidence to specify the length of time prior to conception that women who are planning a pregnancy should be advised to start taking folic acid supplements. ASBAH will be informed by the Department.
75. Dr Williams provided an update on the progress of the review of complementary and young child feeding advice, indicating that the September SMCN meeting focussed on refining the questions that the review should address. Members were informed that the SMCN Secretariat have been tasked with two pieces of ongoing work:

- Examining breast milk composition alongside the dietary reference values (DRVs) for lactating women, to determine whether there is a need for any of these DRVs to be revised.
  - Synthesising information which describes the nutritional status of pregnant women and women of childbearing age in the UK, to determine the risk of micronutrient deficiencies which may impact on the health of the infant through lactation.
76. Members were informed that as part of the consideration of the review of complementary and young child feeding, Dr Helen Crawley attended the SMCN meeting to present her work in translating dietary recommendations for young children into practical guidance (and the associated difficulties in doing so).
77. Dr Williams clarified that the Subgroup would not be reviewing evidence published prior to 2002 in relation to the optimal duration of exclusive breastfeeding and timing of complementary foods, as the World Health Organization had published a review of the evidence in 2001 (Kramer & Kakuma, *The optimal duration of exclusive breastfeeding: a systematic review*).
78. The Chair invited Dr Williams to introduce the paper SACN/11/15 outlining the Terms of Reference for SMCN, which have been revised and agreed by the Subgroup. Members were informed that the Terms of Reference have been simplified from three bullet points into one, to reflect the fact that the recently published SACN report *'The influence of maternal, fetal and child nutrition on the development of chronic disease in later life'* has addressed two of the original Terms of Reference. Comments on the revised Terms of Reference were invited and the following points were noted:
- The Terms of Reference should include cover those aspects of diet not related to nutrition (e.g. allergy) and therefore specify “child and maternal diet and nutrition”.
  - A member raised concerns that the revised Terms of Reference do not allow the Subgroup to be proactive in raising issues for discussion which it feels to be important. The Chair confirmed that the Subgroup had a lengthy

discussion on this issue and it had been agreed that as the main Committee has the ability to ‘horizon scan’, and that the revised Terms of Reference allow for issues to come to the Subgroup via SACN, the proactive capacity of Subgroup would not be diminished.

79. The Committee agreed the revised Terms of Reference for SMCN subject to the above amendments.

**Action:** Secretariat

### **Energy Working Group**

80. Dr Tedstone had nothing further to add on the work of the Energy Working Group that was not already discussed under matters arising.

### **Carbohydrate Working Group**

81. Professor Ian Macdonald updated members on the work of the Carbohydrates Working Group, which last met on the 1<sup>st</sup> August 2011. Members were informed of the following decisions based on their comments on the colorectal health review at the SACN main meeting in June 2011:

- The group agreed to omit studies investigating the management or treatment of diseases, including the use of oral rehydration solutions, treatment of infectious diarrhoea, studies on diverticulitis and studies on the treatment of irritable bowel syndrome (IBS);
- Following advice from Dr Mark Beattie, the group agreed to include studies on the prevention of prevalent conditions/diseases such as IBS and diverticular disease (specifically diverticulosis);
- The review will include studies on the prevention of diarrhoea induced by a high fructose diet and prevention of traveller’s diarrhoea; and
- The clinical aspects section will be renamed “prevention of impaired colorectal function”.

**Definition of health and disease- rationale for including outcomes in the carbohydrates review (SACN/11/16)**

82. Professor Macdonald introduced the paper on the definition of health and disease.

At the SACN meeting in June concern was expressed that some of the outcomes included in the colorectal health review focused on treatment rather than prevention. This issue was discussed at the Carbohydrates Working Group meeting in August and a rationale for deciding which outcomes to include has been proposed.

83. During the Working Group's discussion, it was noted that health is a continuum progressing from healthy to pre-diseased and diseased states. If SACN were to consider only truly healthy individuals, this would exclude a large proportion of the population. Therefore, it was agreed that outcomes would be included in the colorectal health review if carbohydrate intake could prevent disease progression or reverse the disease process. For example, studies on the prevention of IBS, diverticulosis, diarrhoea induced by a high fructose diet and traveller's diarrhoea would be considered. However, studies which focus on the management or treatment of diseases would not be included i.e. treatment of diarrhoea and irritable bowel syndrome.

84. The Working Group also suggested that specific health/disease outcomes to be considered by SACN should be done on a case-by-case basis. This is an issue which is applicable to all of SACN's work.

85. The Chair noted that a grey area exists between health and disease and asked members whether they agree with the approach taken. Members agreed with the rationale provided by the Working Group.

86. A member noted that SACN's advice is directed at the whole population, but it is important to recognise there are vulnerable subgroups. The intermediate stage between health and disease, when it is still possible to reverse the process by diet, is of concern to SACN.

87. It was highlighted that diverticulosis indicates that there is a problem with the diet, but the committee's advice should be for the whole population. However, it is important that the advice should not be harmful to these groups.
88. The Chair noted it is important to make the distinction between health promotion and clinical management.

### **Vitamin D Working Group**

89. Professor Powers provided an update on the work of the Vitamin D Working Group. Following discussions in July, the Working Group decided to cancel the meeting scheduled for 8<sup>th</sup> September due to delays in the work programme, and instead held a teleconference. Professor Powers explained that during the teleconference, Working Group members were asked to prepare brief position statements summarising the evidence on one or two specific areas each, in order to alleviate the workload of the Secretariat and minimise the risk of further delays.
90. Members were informed that Professor Walls has agreed to join the Working Group and to look at the evidence on Vitamin D and periodontal disease. Professor Powers reminded members that the next Vitamin D Working Group meeting will be held on 7<sup>th</sup> December 2011, where the group will discuss Vitamin D biology, the relationship between Vitamin D exposure and status, appropriate biochemical markers and measurement of Vitamin D status, and the relationship between Vitamin D and cancer.
91. In addition to the work of the Working Group, members were updated on a meeting between Professor Powers, the Secretariat and the co-ordinator of Impact of Climatic & Environmental factors on Personal Ultraviolet Radiation Exposure and human health (ICEPURE). ICEPURE is a large European Commission project bringing together photobiologists, dermatologists, immunologists, epidemiologists, physicists and climatologists with the aim to

determine beneficial and adverse effects of ultraviolet radiation exposure. It was said that the project could generate useful data for the Working Group.

#### **Agenda item 5 – Other updates**

92. The Chair asked members to provide updates on any meetings where they have represented the Committee.

#### **Government Office for Science (GO-Science) Chairs meeting**

93. Dr Prentice provided feedback from the last GO-Science Chairs meeting in September, at which the Chief Scientists for each department were present. At this meeting, it was said that the process for the change of status of Scientific Advisory Committees (SACs) should not cause delays to their work programme and that SACs should continue with Horizon Scanning.

#### **National Diet and Nutrition Survey (NDNS) project board**

94. Professor Julie Lovegrove provided feedback from the last meeting of the NDNS project board. Members were updated on the following:
- The first and second year (2008/09 – 2009/10) report of the survey was published on 21<sup>st</sup> July 2011 as an Official Statistic, with results on food consumption and nutrient intake for 1000 adults and 1000 children. The key findings from this report are outlined below:
    - Adults (aged 19 to 64 years), consumed on average 4.2 portions of fruit and vegetables per day and older adults (aged 65 years and over) consumed 4.4 portions. Thirty per cent of adults and 37 per cent of older adults met the ‘five-a-day’ recommendation;
    - Results from the most recent NDNS (2008/09-2009/10) give higher estimates for fruit and vegetable portions consumed by adults than in the 2000/01 NDNS. However this is largely due to improved methodology for capturing fruit and vegetable consumption from composite dishes in the current survey. Analysis of the most recent

NDNS data using the original methodology for calculating portions suggests that any increase in consumption has been small

- Boys aged 11-18 years, on average, consumed 3.1 portions of fruit and vegetables per day and 13 per cent met the 'five a day' recommendation. Girls in the same age group consumed 2.7 portions per day and 7 per cent met the recommendation;
  - Mean saturated fat intakes for all age groups exceeded the recommended level of no more than 11 per cent of food energy. The mean saturated fat intake for adults aged 19 to 64 years was 12.8 per cent of food energy;
  - Mean intakes of trans fatty acids provided 0.7-0.9 per cent of food energy for all age groups, which was within the recommendation of no more than two per cent food energy;
  - Mean intakes of non-milk extrinsic sugars (NMES) exceeded the recommendation of no more than 11 per cent of food energy for children aged 4 to 18 years and adults aged 19 to 64 years;
  - 61 per cent of adults (aged 19-64) and 53 per cent of older adults (aged 65 years and over) consumed alcohol during the four-day diary. Adults who had consumed alcohol obtained nine per cent of energy intake from alcohol in the 19 to 64 age group and 6 per cent in the 65 years and over group.
- Results on blood analytes for years one and two combined, for adults 19-64 years and children 11-18 years will be published on 27<sup>th</sup> October 2011. Blood results for other age groups will be published at the end of year four, when numbers have built up;
  - The year three report will include combined data from years one to three and is due for publication in the summer of 2013;
  - The Project Board discussed the content of the year four report. The main focus of the report will be on data from years one to four combined with a more detailed age split to look at young adults and women of childbearing age. The Project Board plan to include a comparison between years one & two, and three & four and are working with statisticians to decide how best to present this, given the relatively small numbers. There are also plans to

publish blood data and salt intake data from urinary sodium for children and older adults for the first time in this report. The year four report is due to be published in the summer/autumn of 2013. Separate reports will be produced on boosted samples in Scotland, Wales and NI;

- A boosted sample for urinary sodium has been commissioned to provide assessment of salt intakes in adults in England and a report on these data will be published in 2012;
- Response rates for the dietary diary have improved in year four and are currently meeting the target (55%) for the UK overall;
- The current contract is being extended for another year of fieldwork (year five) to run from April 2012 and DH officials are seeking permission to retender the survey for a further four years of fieldwork after that.

95. Following queries regarding the NDNS data from devolved administrations, members were informed that the Welsh Government are funding a booster survey for year five of NDNS and the Scottish Government are not. There are four years of data for Scotland and with the addition of the year five booster survey, there will be four years of data available for Wales.
96. Members were reminded that a member of the surveys team at DH will attend the SACN main meeting in February 2011 to present the latest NDNS results and will be able to provide further information on the NDNS work in Scotland, Wales and Northern Ireland.

#### **Advisory Committee on Novel Foods and Processes (ACNFP)**

97. Dr Haggarty updated members on the progress of discussions concerning the impact of multiple novel foods of a similar nature entering the food chain. He informed members that a meeting between the General Advisory Committee on Science (GACS), ACNFP, CoT and SACN Secretariats would be scheduled to discuss the way forward.

98. Members were made aware of an open day on Genetically Modified food and nanotechnology, which will be held at the Food Standards Agency in Holborn on 5<sup>th</sup> November 2011.

### **Responsibility Deal**

99. Professor Macdonald informed members that the Responsibility Deal Food Network has made significant progress on the first three pledges: salt reduction, trans fats removal and out-of-home calorie labelling.
100. Officials have held a number of meetings with potential Responsibility Deal partners and trade associations, who have expressed an interest in the Deal, to discuss progress and signing up to the pledges. Officials have also developed a targeted engagement strategy to meet with those companies, with whom they have not yet engaged.
101. Members were informed that there are currently 53 companies signed up to the salt pledge, 63 companies signed up to the trans fats pledge and 32 companies signed up to the calorie labelling pledge.

### **AOB**

#### **Detail of SACN minutes**

102. Members were asked to discuss the level of detail they wish in the minutes of SACN main meetings. It was said that the detail of the minutes currently is useful, as it provides a full record of previous meetings in case of the need to refer to past discussions. Members agreed that the current detail of the minutes should remain; however, where there are lengthy discussions back and forth between members, these should be summarised rather than transcribed.

**Action:** Secretariat

**Next meeting**

103. The next meeting will be held on 10<sup>th</sup> February 2012 at Wellington House.

**Meeting close**