

1ST MEETING
12TH AND 13TH JUNE, MALBOROUGH HOTEL, LONDON

MINUTES

Chairman	Professor Alan Jackson
Members	Professor Peter Aggett Professor Annie Anderson Professor Sheila Bingham (13 th only) Professor John Cummings Miss Gill Fine Ms Paulette Jones Dr Timothy Key Professor Peter Kopelman Dr Ann Prentice Professor Andrew Rugg-Gunn Dr Anita Thomas Mrs Stella Walsh Dr Anthony Williams Professor Christine Williams
Government Observers	Ms Imogen Sharp (DH) Mr Tom Murray (FSA) Dr Anna Whyte (Scottish Executive, Health Department) (13 th only) Dr Elizabeth Mitchell (DH, Social Services and Public Safety, Northern Ireland)
Secretariat	Dr Lisa Jackson (FSA) Dr Sheela Reddy (DH) Ms Orla Yeates (FSA) Ms Rachel Elsom (FSA) Ms Adrienne Cullum (DH)
Others Attending	<i>Induction session on 12th June, 2pm -5.15pm:</i> Dr Andrew Wyatt (Civil Service College) Dr David Coles (Office for Science and Technology) Mr Jonathon Hughes (Freedom of Information Unit) Dr Peter Bennett (for CSC) Ms Romola Christopherson (for CSC)

Chair's Introduction

1. The Chair welcomed Members to the first meeting of the Scientific Advisory Committee on Nutrition. Members were invited to introduce themselves.
2. The Chair noted that there is more public scrutiny of nutrition and health than ever before. The responsibility of the Committee was to provide Government with the best available scientific evidence with the objective of protecting the health of the public. The Committee had been selected to represent a range of skill on the basis of their past experience. Therefore, it would be expected that they would bring different perspectives in the consideration of any issue. While embracing these different points of view, the Committee should aim to work in a collegiate way in order to arrive at a collective opinion. In order to do this the Committee would seek to use the range of experience effectively in weighing up different forms of evidence, with the aim of reaching the best decisions for the population at large. Members come from different backgrounds and it is expected that on occasion there will be competing interests, varying expectations or fundamentally different points of view; this diversity should be a strength of the Committee, representing the broad range of opinions found in the population at large.

3. It is likely that major differences which are not obviously amenable to solution, in themselves serve to identify gaps in the evidence or places where the evidence is insufficient and in this way inform the need for further research. Members will also need to identify priorities for research.

4. Members were informed that assessors from UK Health Departments and Food Standards Agency (FSA) would be present at SACN meetings. Assessors are not formal members of the Committee (SACN is independent) but their presence provides an effective means for members to communicate with or obtain relevant information from the Health Departments and the FSA.

Apologies for absence

5. Apologies for absence were received from Dr Sheila Bingham (unable to attend on the 12th June) and Professor Prakash Shetty.

Agenda Item 1: Code of Practice SACN /01/01

6. Members were informed that the *Code of Practice* is based on a more detailed paper from the Office of Science and Technology. The Code sets out different aspects of the Committee's terms of reference (based on the Committee of Medical Aspects of Food and Nutrition Policy (COMA) review) and outlines public service values, the role of members and conflicts of interest.

Terms of Reference for SACN

7. The scientific independence of the Committee was emphasised as being fundamental to its effective operation. It was noted that the Health Departments and the FSA regard the Committee as having an advisory as opposed to a policy-making role. The distinction between advice and policy will become clearer as the Committee gain experience. The Committee was informed that while it is in their remit to offer a range of policy options, it is the Government's role to determine policy based on this evidence.

8. The Committee noted that the terms of reference for SACN were broad, covering the nutritional status of the whole population. It was also recognised that the term "vulnerable groups" was non-specific to avoid constraining the remit of the group. Vulnerable groups include specific groups with different needs (such as older people). The Committee noted that they would be able to give advice on nutritional supplements, as they are considered part of the diet.

9. It was noted that the Committee was required to be explicit about the approach they would adopt in risk assessment. A draft paper will be prepared by the Secretariat for consideration at the next meeting.

The Committee agreed to the following Terms of Reference:

To advise the CMOs and/or FSA, and thus, through the CMOs or FSA, the Government on scientific aspects of nutrition and health with specific reference to:

- Nutrient content of individual foods and advice on diet as a whole, including the definition of a balanced diet, and the nutritional status of people;
- Monitoring and surveillance of the above;
- Wider public health policy issues including conditions where nutritional status is one of a number of risk factors (e.g. cardio-vascular disease, cancer, osteoporosis and/or obesity);
- Vulnerable groups (e.g. infants and older people) and inequality issues;
- Research requirements for the above.

Public Service Values

10. Members were informed that they are accountable through ministers to parliament and the public, but more immediately, to the Health Departments and the FSA. Although each of the UK Chief Medical Officers (CMOs) and the FSA may receive or ask for advice from SACN, it was noted that how they use this advice might differ.

11. Members were informed that public service values would be addressed in their induction session on the afternoon of the 12th June. Any member requiring additional, appropriate training should inform the Chair.

The Role of Members

12. The Committee recognised that interested parties or individuals may lobby members about SACN's work. It was agreed that the members should, where they think appropriate, direct such approaches to the Secretariat, who will deal with all correspondence relating to the work of SACN.

Handling Conflicts of Interest

13. The Committee acknowledged that as the proceedings of SACN will be open to scrutiny, members will be requested to identify current interests (direct or indirect) and that these will be in the public domain. Members were informed that they will be asked to declare their interests annually. The Secretariat should be informed of any changes in circumstances as they arise. Members were issued with Annex 2 of the Code to help them identify interests for declaration. It was noted that the definition excludes charities, but it is at Members discretion whether or not these are declared. Non-pecuniary interests, which could be seen to influence decisions, also need to be declared.

14. The Committee acknowledged that known areas of interest (such as employment within the food industry) are not necessarily a hindrance to the workings of the Committee. Members to whom this applies will provide a valuable perspective to the Committee's deliberations. While there will be occasions where their involvement in a specific discussion may need to be considered this will be on a case by case basis.

15. The Committee expressed concerns about providing voluntary information on family members (including non-pecuniary interests). It was recognised that a formal declaration on the interests of family members may be required if the Code changes. Because the interests of immediate family members could influence opinion, it was suggested that the Committee declare any such interests of which they are aware. The Committee were informed that the Secretariat will provide advice on this area.

16. Practical arrangements for dealing with media enquiries were outlined. **It was agreed that the Chair would normally speak on behalf of the Committee.** When contacted by the press on any issue, members should clarify at the outset whether they are speaking as an independent expert or as a spokesperson for the Committee, for example, as Chair of a SACN working group. Members contacted by the press may refer enquiries to or seek advice from, the Secretariat. FSA and DH press officers are available 24 hours of the day.

Personal Liability of Committee Members

17. Members were informed that the Government would provide legal backing in circumstances of litigation against the Committee or individual Committee members. The secretariat agreed to clarify the issue of indemnity, which can be discussed at the next meeting.

18. Members accepted the Code of Practice but required clarification on indemnity. The Secretariat will amend the Code of Practice to reflect the discussions of the Committee.

Agenda Item 2: Openness of Committee Proceedings SACN /01/02

19. The Committee were informed that the findings of the Phillips Inquiry had highlighted a lack of public confidence in Government expert advisory committees. The importance of recognising and communicating uncertainty in the scientific evidence was noted. Consequently, the Government has adopted a policy of openness and the Committee should work from a presumption of openness. Practical aspects of working in an open and transparent manner were agreed:

Agendas

20. Members agreed that agendas be published prior to meetings.

Minutes

21. The Committee agreed that comments made in the minutes should be non-attributable, except where individual members requested otherwise or where members declare an interest. This method had worked effectively in the past and attributed comments could be problematic because:

- the impartiality of discussions might be compromised
- there is a danger that comments may be taken out of context
- although members are independent, they also represent the interests of others in their field
- quality of the advice may be compromised
- individuals might be subject to excessive lobbying.

22. The Committee acknowledged that if something controversial is said there will be speculation from interested parties as to who said it. Members should feel free to discuss any matter fully, which might include exploring hypothetical best and worst case scenarios without having to be concerned that the points raised in discussion might be taken out of context or attributed inappropriately.

23. The Committee agreed that draft minutes should be discussed at the following meeting. After the minutes are approved as an accurate reflection of the proceedings, they will be placed on the SACN website. The Committee may address options for quicker publication of minutes at a future date. A short press statement will be placed on the SACN website soon after each meeting summarising the business discussed.

Papers

24. The Committee recognised the importance of starting from a position of openness. However, a number of concerns were expressed about the most appropriate way to handle written material which was in a preliminary form, or in advance of the formal publication of papers, particularly as:

- draft / early papers of Working Groups may reflect inconclusive discussions
- publication of draft papers, before Committee discussion, may falsely imply a lack of consensus
- making available unpublished or pre-publication scientific papers may be seen as prior publication and thus hinder chances of future publication.

25. The Committee recognised that it would not be appropriate or helpful to publish early, incomplete documents on the web, however, the work plan and conclusions of a Working Group would be published, thereby enshrining transparency at both ends of the process. Drafts appropriate for public exposure could be agreed for the website, and submissions invited to inform further discussions before more final statements are made.

26. It was acknowledged that the principle of complete openness should be followed wherever possible. The importance of clarifying when conclusions are preliminary and at what stage it is appropriate to put papers in the public domain was also acknowledged. Final decisions might need to be considered on a case-by-case basis. This would be part of a consultation process in which comments from interested parties are considered. The Secretariat will advise on this matter.

27. The Committee accepted that there may be constraints to the publication of all material (e.g. if a patent has been submitted or a pre-publication paper). Justification will be necessary for papers withheld from publication. The Secretariat suggested that pre-publication papers could be placed in an annex but only included in full when they were published.

28. It was agreed that papers in the public domain would be carefully prepared so as not to compromise the work of the Committee and the publication of scientific research.

Meetings

29. The Committee agreed that one open meeting, not necessarily in London, should be held each year. External, interested parties will be invited to contact the Secretariat to facilitate their attendance at the open meeting. The

press will be able to attend open meetings. Formalising the process of attendance will allow the Secretariat to judge the size of venue required.

30. The Secretariat stated that, based on previous experience, the audience would not be expected to interrupt proceedings, but will have the opportunity to put questions through the Chair, at the end of the meeting. **The Committee agreed that the Annual Report should be presented at the open meeting in order to maximise its profile and allow questioning.** However, it was recognised that the open meeting should not be artificially structured and the Committee's deliberations should be continued as normal

Consultation with interested parties

31. The Committee acknowledged that it might be necessary for a Working Group to invite comments on a draft document from interested parties. It will be normal practice for documents submitted by interested parties to be in the public domain. **It was agreed that a formal procedure be established to log approaches made to Members by interested parties.** When talking to interested parties, the onus will be on members to make clear that they are speaking as an individual and not on behalf of SACN.

32. The Committee agreed that any final document will reflect and acknowledge the range of responses to consultation but details will not be included. It was agreed that views received should be formally processed through the Secretariat (on the SACN website).

Agreement of members:

33. **Members agreed to:**

- **The plans for publishing dates of meetings and agendas in advance.**
- **The plans for publishing minutes and annual reports.**
- **The plans for making papers available to interested parties.**
- **Hold at least one open meeting per year.**
- **It was agreed that while it is appropriate for a member to discuss the science and scientific context of issues with outside parties, the workings of the Committee would only be made public through the minutes of SACN meetings.**

Agenda Item 3: Work Programme for SACN SACN/01/03

Background:

34. The Committee was informed that a number of topics had emerged for consideration, during the appointment process and these were further developed. Members were asked to comment on the suggested programme and highlight any issues that they thought had been overlooked.

35. A rolling programme of two long and three short term projects had been suggested. The work programme will be reviewed annually. Committee Members were informed that they are free to raise any topic that falls under SACN's Terms of Reference at any time. Indeed, it is the responsibility of members to identify important issues and bring them to the attention of the Committee. The FSA or Health Departments may also identify issues and ask SACN for advice.

Short term Issues

Role of Iron in Human Nutrition

36. It was suggested that since iron is an outstanding issue from the COMA work programme, it should be SACN's first main undertaking. The Committee noted that there is a relatively high prevalence of iron deficiency anaemia in the UK, especially among vulnerable groups. Red meat is an important source of iron but the COMA report on *Nutritional Aspects of the Development of Cancer* highlighted possible links between red meat and bowel cancer, and recommended that those consumers with high intakes should consider a reduction. It was recognised that a

reduction in consumption of red meat could compromise iron status and therefore a specific recommendation was made to look at this area.

37. The Committee accepted that any work carried out by SACN would not impinge on the work of the Expert Group on Vitamins and Minerals (who are looking at upper safe levels of intake), nor the brief, pragmatic review of the Welfare Foods Scheme. Any relevant, on going research funded by the FSA / DH on this area would inform the work of SACN.

38. It was noted that the emphasis should be on the different forms of iron rather than iron per se, and the consideration should be broad (i.e. not limited to anaemia). The Committee stated that a Working Group on iron should include scientists with an awareness of: iron's interactions with other nutrients; molecular aspects regarding cellular and metabolic regulation; pathological considerations; broader social and ethical dimensions (for example, to understand the reasons for reduced meat consumption) and epidemiological considerations. Specifically, it was envisaged that chemical and methodological expertise would be required.

39. The Committee agreed the following terms of reference:

To review the dietary intakes of iron in its various forms and the impact of various dietary patterns on the nutritional and health status of the population and to make proposals.

40. The Committee agreed that the Chair of the Working group would be a member of SACN. Members will be asked to nominate suitable individuals for the Working Group. A provisional Working Group will be put to the Committee for comment at the next meeting.

The influence of early nutrition (in utero and early childhood) on development of disease in later life

41. It was suggested that the Committee begin consideration of this topic during the next year. A particular focus might be the public health implications of the findings to date and whether the evidence justifies a public health approach. The Committee were informed that Ministers and the FSA were concerned about health inequalities in early life.

42. The Committee recognised that while the research on this area has been controversial (for example, criticism that confounding has not been adequately controlled for), it would be important to weigh the balance of the evidence. It was also suggested that as this research was initiated in the UK, there is a responsibility to take the issue forward and address the public health implications.

43. Other views expressed were:

- the topic may overlap with work on *Metabolic disturbances in obesity and development of chronic disease*; expertise may be lost to one or other of the groups
- the topic may be too large to be considered as a short term project and the work will have to be undertaken against a moving background of research; a shorter, clearer programme could address as well as inform ongoing research
- any Working Group will need to include an epidemiologist.

44. The Committee agreed that while this issue is important, the way in which it is approached, the objectives of the Working Group, and the implications for other areas of work, require more consideration. It was agreed that maternal and infant nutrition will be key issues for SACN, and it will be necessary to consider establishing an expert group. However it will be important to consider how this will link in with Health Departments need to gain regular advice on infant nutrition issues.

45. The Secretariat agreed to consider these issues and make some suggestions for discussion at the next meeting of SACN.

Salt

46. The Committee were informed that requests have been made by the FSA and supported by CMO Wales, for SACN to review the evidence base supporting a reduction in population intake of salt and whether it has altered since the 1994 COMA report *Nutritional Aspects of Cardiovascular Disease*.

47. Some industry parties continue to dispute the evidence on salt and challenge Government policy to reduce population intakes. The FSA and Health Departments consider that a systematic review of all the evidence, including that looked at by COMA, is not necessary. SACN might instead decide to concentrate on the evidence that has become available since 1994 and consider whether this should alter the position on salt intake. The advice of the Committee on how to approach this matter was sought. The Health Departments and the FSA now have a comprehensive programme on salt reduction strategies and discussions with industry are on going. In the NHS Plan (July 2000), diet and nutrition were highlighted as key areas and by 2004, action by DH will include "initiatives with the food industry- including manufacturers and caterers- to improve the overall balance of the diet, including salt, fat, and sugar in food, working with the FSA."

48. The Food and Drink Federation (FDF) conducted a survey of salt usage in their members' products. This survey was made available to the FSA and Department of Health (DH) in 2000 but the details of the report have not been made public. A Food and Drink Federation (FDF) press release on the report highlighted the scope for salt reduction in around 50% of products surveyed. The report did not review the science. The FSA and DH have made a request that the FDF release the report into the public domain.

49. Gill Fine (Company Nutritionist for Sainsbury's Supermarkets Ltd.) declared a work interest in this area. She raised a number of issues:

- industry would appreciate an update of the science to clarify common understanding of the issue
- sectors of the industry have made progress on this issue and reductions have been made to the salt content of foods in recent years
- the FDF report has not been shared with the rest of industry
- the COMA recommendation on salt was never formally endorsed by Government
- there is confusion as to what level of reduction is required - is the target intake 7g and 5g per day for males and females (respectively) or 6g for all? Industry would like a consistent recommendation
- there is considerable debate on how to communicate salt/sodium issues with consumers. This is an extremely problematic area and has important implications for labelling (this issue was addressed by the Institute of Grocery Distribution).

50. Views expressed by other members of the committee:

- COMA has twice recommended that sodium intake be reduced. The Committee were not aware that there was any evidence to challenge the COMA recommendations
- a lack of mortality data has been highlighted as a limitation of the current data, but this is a common limitation of nutritional research and the necessary studies would require an unrealistic sum of money and follow up period
- the association between blood pressure and mortality is one of the most consistent relationships observed in epidemiology and trials; it is likely that any means to reduce population blood pressure will have benefits
- Any future review of the Dietary Reference Values (DRVs) would give consideration to sodium requirements/intake.

51. Therefore, if industry or other interested parties (for example, FSA) wished SACN to address salt, they should provide the Committee with the necessary documentation.

52. The Committee was asked by the DH observer to note the context that the Chief Medical Officer, Professor Liam Donaldson has been considering the issue of salt and hypertension in the population and would be writing something about it shortly. The observer from the Department of Health, Social Services and Public Safety, in Northern Ireland said that the CMO for Northern Ireland supported this point. **The Committee agreed that if interested parties consider there is a need for this issue to be addressed by SACN, they should make a written submission with appropriate scientific evidence, and the Committee will consider how to take this forward.**

Long-term issues

Metabolic Disturbances in Obesity and Development of Chronic Disease

53. The Committee was informed of the need for an authoritative analysis in this area, recognising the complexity of the issue and addressing the implications for public health policy and research. It was noted that this is a large topic which could be broken down into a series of groups. The Committee acknowledged that any work on this area should not be restricted to overweight or obesity. The key problem is excessive weight gain, and threshold values can cause problems when assessing risks among different ethnic groups, and also when focusing on preventive measures.

54. A query was raised as to how another report on this issue would assist the problem. The Committee noted that many health professionals and the public are unaware of the extent of associations between body weight or weight gain and health. It was also noted that a recent paper by Peto highlighted that obesity was 2nd to smoking as a preventable risk factors for cancer. Members noted that the role of specific dietary factors, factors in early life and ethnic group differences remain unclear. It was also suggested that issues around prevention and cultural change be considered.

55. The Committee acknowledged that robust, universal agreement on the causes of obesity is lacking. Furthermore, issues not full considered to date may have an impact on policy. The Committee agreed that addressing this topic would be a cumulative process. The programme would be formulated later this year. A workshop could be organised to discuss how this topic might be addressed and to develop the current debate.

Revision of Dietary Reference Values (DRVs) for the UK

56. The Committee agreed that while there is a need to address reference values, the timing might depend on international work (UN or EU). Work on the DRVs will not begin this year, and is likely to be time consuming and challenging. The key question is how to address nutrient / dietary intakes and the implications for achieving health. The focus will be nutrient rather than disease based.

57. The Committee noted that work by other bodies might inform the deliberations of SACN. The example was given of on-going work on energy and protein requirements. One member highlighted that there had been a suggestion (outside of SACN) to establish a common framework for deriving DRVs. The Committee noted that cross referencing of issues was important when addressing DRVs.

58. The Committee noted a particular need to address carbohydrate. This issue was mentioned briefly in the 1991 DRV report, and since then there have been major advances in the understanding of carbohydrate - in particular, on resistant starch, oligosaccharides and glycaemic response. Carbohydrate intake is a key aspect of the public health messages on diet. A review of this area would also be able to address the COMA recommendation on the analytical method for the labelling of fibre. The Committee agreed to consider this topic at a later stage.

59. The Committee agreed that while there is a need to address DRVs, the timing might depend on international work (UN or EU). The key question is how to address nutrient/dietary intakes and the implications for achieving health. The focus would be nutrient rather than disease based.

Topics suggested by Committee members

60. Committee members were given the opportunity to raise topics which they considered to be important. 61. The Committee recognised a need to reassess recommendations made by COMA (and research commissioned by Government), their impact on policy decisions, and any gaps that remain. The Health Departments would welcome information from Committee members on recommendations that have not been implemented. On this matter, one member questioned whether there is a need to re-emphasise the recommendation for vitamin D supplementation among older adults. The Committee were informed that the matter was raised with the National Service Framework (NSF) for Older People but the position on enforcement of the NSF standards and guidelines was unclear. The Secretariat will raise the matter with the Older People Task Force and keep SACN informed.

62. Other topics raised by members were:

- nutrition in adolescence - possibly as part of the DRV review or a special committee

- nutrition and mental health
- issues surrounding a balanced diet, including population progress in reaching dietary recommendations and the impact of products such as sweeteners, supplements, and functional foods
- vulnerable groups and/ or inequalities in dietary habits / nutritional intakes.

63. The Committee agreed to:

- **address iron:**
- **a workshop to address obesity and other metabolic disorders;**
- **address the issue of early nutrition (either as part of the obesity issue or as a specific issue.)**

Agenda Item 4: Government Initiatives in Nutrition SACN/01/04

64. Members were briefed on relevant work in nutrition being carried out by the Health Departments and the FSA.

65. It was noted that the Nutrition Forum, set by the Scottish Food Advisory Committee and the FSA Scotland, does not include a representative from the Nutrition Society in Scotland. In addition, the stakeholder group being established by the FSA does not currently include any research councils.

66. It was commented that an update on the impact of Government nutrition programmes on dietary intakes would be useful.

67. The Committee requested clarification on how professional education will be addressed by the Government. It was noted that the "Good Doctor" publication does not address nutrition, the General Medical Council (GMC) are unable to enforce curricula changes, and time constraints on courses, are a problem. The Committee were informed that Health Departments would like to collaborate on this issue and that there is a workforce development framework. Members should inform the Secretariat of any initiatives the Health Departments should be aware of.

68. It was noted that the Nutrition Society is concerned about the lack of professional recognition and the need to develop minimum standards to protect "nutritionist" or "public health nutritionist", particularly as individuals without appropriate qualifications, are a common source of advice in the media. The Department of Health has been made aware of this and is addressing the issue. The Health Professional Council may not be an option but other routes can be explored.

Agenda Item 5: An Update on Child Nutrition: Optimal Duration of Exclusive Breastfeeding: SACN/01/05

69. The Committee was informed that in the absence of SACN, an ad hoc group was formed to assess the optimal duration of exclusive breastfeeding. The group consisted of the previous members of COMA's Standing Committee on Child and Maternal Nutrition. The ad hoc group were therefore appropriately equipped to advise on these issues. Members were asked to comment on the conclusions of the ad hoc group and the recent World Health Organization (WHO) Resolution on infant feeding. The full WHO report has not yet been published.

70. It was observed that the statement from the ad hoc group focuses on the introduction of complementary feeding whereas the WHO Resolution focuses on the maintenance of breastfeeding; these elements should be matched. It was noted that a strong statement on infant feeding guidelines would be useful for industry and others.

71. Members requested the minutes of the ad hoc group and relevant papers in order to consider the issue at the next meeting. The Committee was also made aware that there was some contradictory evidence on the optimal duration of breast feeding. The Secretariat agreed to circulate the minutes and relevant papers to Committee members.

72. It was highlighted that SACN have responsibility for infant and maternal nutrition and do not have access to the ad hoc group. The Health Departments and the FSA sought the Committee's opinion on whether there is a need to establish a Standing Group in this area: this will require ministerial approval. Committee members noted that an ad hoc panel would not be appropriate as issues in this area arise very quickly. Some members questioned the need

for a separate Standing Group as SACN includes three members with expertise in this area. However, it was recognised that the impact on the SACN workload in the absence of a separate Standing Group needed to be considered (particularly for members with an expertise in maternal and infant nutrition)

73. It was noted that there would be an overlap of expertise between this area and the topic *The influence of early nutrition on development of disease in later life*, raising the question of whether one or two groups should be established. It was agreed that the Secretariat would put proposals to the Committee at the next meeting. It was highlighted that the chair of the group will be a member of SACN and that the group should include an epidemiologist.

AOB

74. The Committee agreed that all papers for the current meeting should be posted on the SACN website. The Secretariat will circulate names and contact addresses for SACN members to the Committee. Future meetings will be held on the 27th September and the 10th December.