

Scientific Advisory Committee on Nutrition

Government Initiatives in Nutrition

DEPARTMENT OF HEALTH

ACTIVITIES IN NUTRITION

1. Background

Nutrition activities in the Department are predominantly based on commitments outlined in the *NHS Plan* (July 2000). Diet and nutrition were highlighted as key areas and by 2004 action will include:

- a new National School Fruit Scheme
- a five-a-day programme to increase fruit and vegetable consumption
- work with industry - producers as well as retailers - to increase provision and access to fruit and vegetables with local initiatives, where necessary, to establish local food co-operatives
- 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
- a reform of the welfare foods programme to use the resources more effectively to ensure children in poverty have access to a healthy diet, and increased support for breast feeding and parenting
- a hospital nutrition policy to improve outcome of care for patients. This will also reduce dependency on intravenous feeding regimes.
- local action to tackle obesity and physical inactivity, informed by advice from the new HDA

Work on infant feeding and folic acid are also on-going.

2. National school fruit scheme

- *NHS Plan* commitment:

“Every child in nursery and aged four to six in infant schools will be entitled to a free piece of fruit each school day, as part of a national campaign to improve the diet of children. We will examine the practicalities of the scheme before rolling it out nationally.”

- The school fruit scheme is a Ministerial priority, and the practicalities of the scheme are already being tested through a series of pilots, which began in November 2000. Pilots are now running in 510 schools in Health Action Zones and are reaching 80,000 children.
- Each stage of the scheme is being evaluated to establish the best models, and to inform the roll out of the scheme to all infant schools in England by 2004. Evaluation is also being built into the scheme to assess the impact on children’s overall fruit and vegetable consumption and on dietary intake as a whole.

3. Five-a-day programme to increase fruit and vegetable consumption

- *Five-a-day Community Pilots*: Five local pilot schemes started in summer 2000, to test the feasibility and practicalities of evidence-based community approaches to increasing fruit and vegetable consumption through improving access and increasing awareness. Interventions include:
 - working with food retailers and farmers’ markets
 - setting up food co-operatives and a delivery service for those most in need
 - mapping food outlets
 - initiatives with workplaces and leisure services
 - targeting children through sport-related activity.
- Evaluation includes two dietary surveys to determine changes in awareness and consumption, and local process evaluations at the individual sites. The pilot projects will be used to inform the five-a-day programme, and the national roll-out

of local five-a-day initiatives from 2002. This will include a national guidance 'pack' and a national conference in Spring 2002.

- *Communications Programme:* To start in 2001, particularly targeting groups with the lowest intakes. Working with the industry, other Government departments and other partners, this will involve the creation of an identity for the programme.
- *Work with Industry:* The industry are key stakeholders in the five-a-day programme. They have already been involved substantially in discussions on the National School Fruit Scheme.
- *Monitoring, Evaluation And Research:* Baseline data is supplied by the NDNS programme, and the Health Survey for England will provide monitoring support. Other long term measures of impact are being considered.

4. Initiative with industry - Reduction of salt in the diet

- Recent White Papers - *Our Healthier Nation* and the *NHS Plan* have highlighted the Government's commitment to working with the food industry in order to improve the overall balance of the diet including the amount of salt in food. The government, in response to the independent report on *Inequalities in Health*, also made a commitment to "provide clear information on the risks of high salt intake".
- **DH and FSA had an initial meeting with the FDF in May 2001** to discuss opportunities for salt reduction. FDF will respond formally to the meeting and plan further discussions on the areas in which they can help. DH and FSA also plan to have a meeting with wider stakeholders in July. The aim of this meeting will be to raise the profile of the issue, establish the possible involvement of wider stakeholders and identify further opportunities for progressing the policy.

5. Hospital Nutrition Policy

- The *NHS Plan* highlighted commitment to establishing a hospital nutrition policy to improve the outcome of care for patients. *The Better Hospital Food Programme* is improving the ways in which meals are prepared and served through a

programme developed by patients, a panel of leading chefs chaired by Lloyd Grossman and NHS staff – caterers, nurses and dietitians.

- A 24 hour catering service with a new NHS menu was introduced April 2001. The menu covers continental breakfast, cold drinks, mid-morning and afternoon snacks, light lunchtime meals and an improved two course evening dinner. A web site has been established outlining the new menus and service: www.betterhospitalfood.com
- A national franchise for NHS catering will be examined to ensure hospital food is provided by organisations with a national reputation for high quality and customer satisfaction.
- Half of all hospitals will have new “ward housekeepers” in place by 2004 to ensure that the quality, presentation and quantity of meals meets patient needs; that patients, particularly elderly people, are able to eat the meals on offer; and that the service patients receive is genuinely round the clock.
- Dietitians will advise and check on nutritional values in hospital food. Patients’ views will be measured as part of the Performance Assessment Framework and there will be unannounced inspections of the quality of hospital food.

- *Related initiatives:*

A new, independent regulatory body for social care, private and voluntary healthcare services in England - the National Care Standards Commission - will be in operation from April 2002. National minimum standards for care (including meals and mealtimes) are being developed and these will form the basis for judgements made by the Commission.

6. Welfare Foods

- The Welfare Food Scheme provides a nutritional benefit - in kind, rather than in cash – which is mainly aimed at pregnant and breastfeeding mothers and children aged under 5 in low-income families. The main part of the Scheme involves the

issue of milk tokens which can be exchanged for 7 pints of milk a week or, for infants aged under 1 year, 900g of infant formula. Vitamin supplement are also available free of charge.

- The Scheme is currently under review. Scientific evidence suggests that the Scheme retains great potential for improving the health of the nutritionally vulnerable but that it could be improved without additional cost.
- In the NHS Plan, the Government has made a commitment that by 2004 there will be a reform of the welfare foods programme to use the resources more effectively to ensure children in poverty have access to a healthy diet, and increased support for breastfeeding and parenting.

7. Infant feeding initiative

- The Infant Feeding Initiative was launched in 1999 as part of the Government's commitment to improve health inequalities. The aim of the initiative is to:
 - Increase the incidence and duration of breastfeeding among groups with the lowest rates (low rates strongly linked to deprivation).
 - Help all women make informed choices about how they feed their infant.
- The initiative has had a budget of nearly £3m enabling a range of activities to be undertaken. Work in this area includes:
 - Appointment of two National Infant Feeding Advisers, one a midwife, one a health visitor whose expertise is working with women from lower socio-economic groups to act as a focus for developing and implementing activities undertaken by the Infant Feeding Initiative. They also Chair the National Network of Breastfeeding Co-ordinators.
 - Roll out an "evaluating best breastfeeding practice" programme by identifying, funding and evaluating new and innovative projects that aim to increase breastfeeding rates amongst mothers on low incomes. 31 of the 55 projects funded to date have been completed.

- Pilots are being undertaken in all NHS regions to help develop the local infant feeding audit (LIFA).
- A project is being funded to look at the role of midwives in helping women who choose to breastfeed. The aim of the project is to fund a small randomised control trial to assess whether active interventions by midwives in the first 24 hours after birth increase the duration of breastfeeding.
- Educational resources to promote breastfeeding and promotional materials. This has included materials produced for National Breastfeeding Awareness Week (NBAW). Two leaflets are currently being produced: *How to Breastfeed* and *How to Bottle feed safely*.

8. Folic Acid Consultation

- A consultation document on whether or not to fortify wheat flour with Folic Acid was issued in July 2000 jointly by the four UK Health Departments and the Food Standards Agency. This was based on the COMA conclusion that **fortification of wheat flour with folic acid at 240 microgrammes per 100g of flour in food products** as consumed would reduce the number of births affected by neural tube defects (NTDs), the most common of which is spina bifida. It is estimated that this would reduce the incidence of NTD-affected pregnancies by 41%, which for England and Wales would translate to 38 out of 93 affected births in 1998. The consultation closed on 31 October 2000.
- The 166 respondents to the consultation included academics, expert and consumer groups, trade organisations and individual companies, health authorities, local government and individuals. The consultation responses have been assessed. However, in addition to this analysis, there are further pieces of work being undertaken which will be central to the formulation of firm policy options. The complexity of the analysis and the need for additional work has led to a longer timescale than originally anticipated. It is expected that a decision will be made in Autumn 2001.

9. National Service Frameworks

- National Service Frameworks (NSFs) are the means (reaffirmed in the NHS Plan) of driving up quality and forcing out variations in services for client groups and diseases. They do this by setting national standards and defining service models for prevention and treatment; putting in place strategies to support implementation; and establishing performance measures against which progress within an agreed time-scale will be measured.
- The rolling programme of NSFs, launched in April 1998, takes forward established frameworks on cancer and paediatric intensive care. Published NSFs include coronary heart disease, older people, and mental health, and diabetes is expected to follow this Summer. **The next phase of the NSF programme includes renal services, children's services and long term conditions.**
- **The NSF on older people emphasised the promotion of active, healthy lifestyles among this group and highlighted improvements to food in hospitals as part of programmes to address hospital environment.**
- **The NSF on CHD includes prevention milestones for the NHS and partner agencies for the whole population, in primary care and for cardiac rehabilitation. Milestones include:**

- the delivery of effective policies on promoting healthy eating, increasing physical activity and reducing overweight and obesity
- advice to people with established cardiovascular disease and for cardiac rehabilitation on physical activity, diet, and weight management.

10. Physical activity and obesity

- The NSF on CHD made a commitment that health authorities would introduce physical activity promotion strategies by 2001. Furthermore, the Cancer Plan stresses the need to have a healthy diet and to undertake physical activity.
- The Department is pursuing exercise referral schemes as a way forward and published a National Quality Assurance Framework in April 2001. The document provides guidelines for people working in health and leisure services on the introduction and management of exercise referral schemes.
- Physical activity is a component of the National Healthy School Standard. Guidance to support the physical activity aspects of the NHSS was published in June and sent to all Healthy Schools co-ordinators.
- Working with DETR and DfEE, we are encouraging active modes of travel to school for children and young people.
- The Safe and Sound Challenge, launched in December 2000, offers schools the opportunity to develop healthy active modes of travel to schools, with cash prizes awarded to implement the most innovative schemes.
- Healthy Living Centres are promoting physical activity by improving access to services and facilities. HLC grant was awarded to the Walking the Way to Health initiative launched in October 2000 to develop and support community based walking for health schemes.

- *Other initiatives*

In April, the Public Accounts Committee met to discuss the findings of the Audit Office Report *Tackling Obesity in England* (published earlier this year). The final NAO recommendations are expected Autumn 2000.

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SCOTTISH EXECUTIVE HEALTH DEPARTMENT

CURRENT AND FUTURE INITIATIVES REGARDING IMPLEMENTATION OF THE SCOTTISH DIET ACTION PLAN: EATING FOR HEALTH

1. History

- *The Scottish Diet*, 1993, commonly referred to as the James Report revealed the true extent of Scotland's poor diet and its adverse impact on health.
- In 1994 a series of targets for dietary improvement in Scotland for 2005 were announced.
- In 1995 Scottish Diet Action Group set up with the task of preparing an Action Plan.
- Scottish Diet Action Plan, *Eating for Health*, 1996, secured widespread agreement on policies, priorities and interventions through provision of a framework of action to improve diet and make progress towards achieving the dietary targets.
- Continuing implementation of plan confirmed in the White Paper, *Towards a Healthier Scotland*, February 1999. Endorsed the following September by the Scottish Parliament.
- But dietary improvement not achievable without tackling the poor life circumstances which underline so much of Scotland's poor dietary and nutritional status. Implementation of Plan, therefore, now being taken forward in context of Executive's wider policies and structures to promote social justice as set out in *Social Justice: A Scotland Where Everyone Matters*.
- Range of new programmes, from the New Deal initiatives and Social Inclusion Partnerships through to Family Centres and New Community Schools, to tackle poverty and deprivation. Some contain direct dietary initiatives as a key health component. In others, the beneficial impact, for example, of enhanced

employment and education opportunities and better transport services will have spin-off for healthy eating.

- Implementation of Action Plan continuing.

2. The Plan

- Acknowledged that improving Scotland's diet would be lengthy and complex task.
- Most immediate and attainable benefit to Scottish diet identified as doubling in consumption of fruit, vegetables and increase in complex carbohydrates, e.g. potatoes, wholemeal bread and cereals.
- Reductions in consumption of fats, salt and sugar regarded as longer-term goals, not least because of the Scots' strong cultural attachment to unhealthy foods rich in these commodities.
- Plan highlighted the key interests in a position to exercise major influence on the Scottish diet and recommended action for each.
- First task to ensure Scottish population understood clearly the need for change.

3. Current trends in dietary behaviour

- Trend emerging of improved dietary behaviour.
- Scottish figures from National Food Survey show a 23% increase in fruit consumption since 1988.
- Health Behavior in School-aged Children Survey (HBSC) shows in period 1990-1998, for 11 year olds, increases in fruit consumption (boys 14.2% and girls 11.1%) plus increases in consumption of vegetables and salads (boys 13% and girls 16.1%).
- HBSC Survey also indicates increases in consumption of low fat milk, pasta and rice.
- Recent survey by private catering company, Sodexo, found Scottish children overall are choosing more healthy options than their counterparts in England and Wales.

- But major improvement still required in population overall. Particularly low income communities who, despite some progress, still lag well behind the higher socio-economic classes.

4. Key Players

- SDAP identified 12 key interests in key position to exercise influence over Scottish diet: primary producers, manufacturers and processors, major food retailers, caterers, schools, Government and its agencies, the NHS, local authorities, consumer organisations, voluntary sector, and the media.
- Action for each clearly identified.
- Majority of key interests taking forward action tackling poor diet on a number of fronts, but in varying degrees. Potential for much greater contribution from producers, manufacturers, retailers (particularly supermarkets) and caterers.
- Much activity also being taken through highly productive, small initiatives at local level.

5. Scottish Executive Health Department initiatives

- SEHD provides national policy through the Action Plan and co-ordination on a national basis. Works with other relevant departments of the Executive and its agencies on an on-going basis, including the Scottish Prison Service, which is currently developing a Health Promotion Strategy with diet as one of its top priorities.
- The National Diet Action Co-ordinator will have direct responsibility for taking forward specific aspects of the implementation of the Scottish Diet Action Plan. The Co-ordinator will be expected to play a key role in progressing the commitment of the Scottish Executive to step up implementation of the Action Plan. The initial focus of the post will be on action to encourage primary producers, manufacturers, retailers and the catering sector, to realise, to the full, their potential contribution to the implementation of the Plan. He or she will also be expected to take forward action to further promote breastfeeding and to

develop a diet action database and networking arrangements. Interviews for this post have taken place recently and the appointment of the Co-ordinator will be announced shortly.

- Department has also initiated variety of action and is involved in on-going monitoring and development, for example:
 - The **Scottish Community Diet Project** and the **Scottish Health Choices Award Scheme** with Executive funding of over £½m and £184,000 respectively.
 - Provision of £175,000 funding to the **Scottish Nutrition and Diet Resources Initiative** for the development, through a multi agency approach, of a wide range of nutritional/dietary educational materials to enable health care workers and professionals to promote dietary change.
 - The **two Health Demonstration projects, "Starting Well"** dealing with the health of children prior to birth and up to the age of 5, and **"Heart of Scotland"**, which covers the prevention of heart disease, each have a strong dietary component.
 - The joint development of proposals by HEBS, Learning Teaching Scotland and COSLA for a **Health Promoting Schools Unit** to take forward more quickly the health promoting school ethos. The Unit will accord healthy eating, once established. To be funded by the Executive.
 - Publication of a **model contract for catering specifications** for use by public sector agencies, particularly schools, has been published and promoted.
 - The introduction into all Scottish secondary schools of the **Smart Cooking short course on practical food preparation for healthy eating**. Package contains course plans and full set of teaching materials. Funded by Executive.

- Worked with ED to introduce the **principles of healthy eating into the curriculum** for pre-school to secondary school children. National 5-14 guidelines on health education provide a framework of programmes at P1 and P2 and are supported by a range of resources.
- The **Food in Schools Conference**, held on 14 May, specifically aimed to identify barriers towards providing healthy eating choices in schools and practical action to overcome these. The Conference took a whole school approach towards healthy eating in schools by considering the curriculum as well as healthy food provision. In addition to examining school meals, the conference focused on Breakfast Clubs, healthy eating vending machines and tuckshops. Information from the Conference is currently being collated and will provide a range of practical actions that could be taken forward at all levels in order to improve healthy eating within schools. The conference was organised by the Scottish Consumer Council, the Food Standards Agency, HEBS, and the Scottish Executive Health and Education Departments.
- Major dietary emphasis in **Scotland's Health at Work Award Scheme**, which seeks to encourage improved health in the workplace. A key component of the Award criteria is the requirement for workplace healthy eating policies and food provision to be in place. The White Paper, "Towards a Healthier Scotland", gave the commitment to further action to secure wider coverage for the Scheme, with a particular focus on the smaller and medium sized business.
- A Review Group, led by DH, but with Scottish representation, has been giving consideration to the **Welfare Food Scheme** and whether there are other possible ways of improving the healthy development of pregnant women and children using existing resources. This follows a review of the nutritional benefits of the Scheme, carried out by COMA, which confirmed the importance to expectant and nursing mothers and young children of having access to a healthy, balanced diet and that some families would need help in

achieving this, but also confirmed that the current Scheme focused on the wrong components.

- **Healthy Living Centres**, with £34.5m Lottery funding in Scotland, hold potential for major contribution to improving Scotland's health and tackling inequalities, including improving diet. Communities involved at every stage - from design to delivery. Thus real opportunity for the development of projects by communities themselves in ways which best meet their particular needs. Announcement of first four Scottish successes this month by the Health Minister – almost £2.5m NOF grant in total.
 - Joint FSA/HD UK-wide public consultation on **fortification of flour**. Based on the COMA report, the consultation focuses on the conclusion that all flour be fortified with folic acid to help prevent neural tube defects (NTDs) such as *spina bifida*. Consultation ended 31 October. Analysis now underway.
 - Exploring with the Minister the potential for developing a comprehensive **Diet Communication Strategy**. Working with the Media Communications Unit (MCU) and HEBS, such a Strategy would seek to raise the profile of the Minister's dietary policy; inform the public, professionals in the field and policy makers of the depth and scope of work being undertaken across Scotland to promote healthy eating; and give valuable national publicity to those local initiatives which demonstrate good practice and which could act as models for replication, as appropriate, in other areas of Scotland. This activity may also form part of a wider Health Communication Strategy.
- 6. Health Education Board for Scotland**
- HEBS is key contributor in the drive to improve Scotland's health, and the national agency for **health education expertise and information**. Health of **children and young people** is a priority topic for the Board, with activity being taken forward in the context of general public, schools, health service, voluntary and community sectors programme settings.

- Highly successful **mass media campaigns** such as the '**Big 3**' (coronary heart disease, cancer and stroke) campaign for adults, and the Young People's '**Think About It**' campaign (smoking, drinking, drugs (including heroin) and sexual health). Ongoing mass media campaigns supplemented by activity in a number of other settings focusing on healthy eating. Examples include its work for Breastfeeding Awareness Week; materials and training for health professionals and the public; production of the "Just for Starters" Community Café Information pack in collaboration with the Edinburgh Community Food Initiative; development of a retail partnership initiative, including guidelines to support healthy eating in the workplace; and development of national dietary guidelines for carers in the independent and voluntary sector.
- Board also provides extensive support and advice to the Scottish Community Diet Project and the Scottish Healthy Choices Award Scheme.

7. **National Health Service**

- National Health Service has improving diet high on its agenda. Wide range of initiatives being developed by Health Boards, Trusts and the primary care sector, working often in partnership with local interests and communities through, for example, Health Board Health Improvement Programmes.
- NHS also addressing poor nutritional status within the community through range of initiatives such as assessments by district nursing and health visitor services; also now taking rigorous action to ensure appropriate standards for nutrition in residential nursing homes.
- Health Boards, as strategic public health organisations, are the main conduit for the bulk of **Health Improvement Fund** resources. Particular priority to be given to support the provision of fruit for infants in pre-school settings and breakfast clubs and fruit/salad bars in school settings.

8. **Local Authorities**

- Very positive responses from local authorities to taking forward their potential high profile in public health. HEBS and COSLA have entered into a **formal Joint Declaration for collaborative working**.

- COSLA host to Scottish Executive funded **public health post** to provide advice on health improvement, including diet, and to work with local authorities to realise their contribution to the full.
- Local authorities involved in setting up **pilot New Community Schools** where diet is a key element. Increasing numbers introducing **fruit projects** in schools such as the free fruit to schools initiative in Glasgow and Snack Attack in Edinburgh. All New Community Schools committed to working towards becoming Health Promoting Schools.

9. Producers, manufacturers and retailers

- Supermarkets now recognising importance of their role, as now evidenced, for example, by the increasing availability of their in-store healthy eating literature, the development of a wider range of lower fat, salt and sugar products, enhanced marketing of fruit and vegetables with supporting pricing strategies and joint supermarket/local communities initiatives. But potential for much more.
- Discussions have been held, and more are planned, with senior representatives of the **major supermarkets** operating in Scotland, on how they might best take forward their own dietary initiatives and the Diet Action Plan's recommendations for the retail food trade, particularly those relating to low income communities
- Discussions are ongoing between the Rural Affairs and Health Departments and the Berry Group regarding a **Scottish Berry Project**. Scottish Soft Fruit Growers and the Berry Group have been invited to submit a proposal to the Scottish Executive for funding for a pilot project.
- **Quality Meat Scotland** (previously Meat and Livestock Commission) initiatives, working in collaboration with HD, include development of low fat meat/meat and vegetable products, for school meals service and the wider market, to be promoted to manufacturers and retailers; production of database on nutritional composition of meat products; analysis of current red meat usage for fresh, frozen and chilled products; establishment of an extended nutritional advisory service for manufacturers, caterers and retailers in Scotland for meat issues; and the introduction of a Healthy Meat Award for caterers, retailers, manufacturers and butchers in Scotland. Work being taken forward by the Health Department in

relation to a fat audit of processed food products is designed to complement the QMS work.

- Discussions ongoing with **Taste of Scotland** to determine how they can best support caterers to provide healthy choices, including those that target low income communities. Supermarkets showing initial interest in suggestion of packs including recipe cards and ingredients (including value range ingredients) alongside in-store cooking demonstrations by members of the community

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June 2001

Scientific Advisory Committee on Nutrition

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NUTRITION INITIATIVES IN WALES

1. Nutrition Strategy for Wales

The Assembly's Minister for Health, Jane Hutt, has asked FSA Wales to develop a nutrition strategy for Wales in collaboration with the Assembly and other key stakeholders. The timetable for production of the strategy is approximately 12 months, including consultation.

2. Welsh Network of Healthy School Schemes

The National Assembly for Wales is encouraging a holistic approach to developing good health in schools through its Welsh Network of Healthy School Schemes, launched in 1999. Within this scheme, local health and education partnerships work to help schools in their area to identify and tackle their priorities for action, on the basis of the National Framework for local schemes. Many schools have used their involvement in healthy school schemes to consider action on food and nutrition, for example by developing fruit tuck shops, piloting breakfast schemes, and running School Nutrition Action Groups which provide a forum for pupils, teachers and others to identify and work on particular initiatives. Local schemes have all accepted funding for their future development through monies released by the Assembly in November 2000, and the Network now covers all areas of Wales.

3. Fruit in Schools

- Piloting of free fruit to schools has begun in England. In Wales the Assembly is encouraging school pupils to eat fruit by encouraging schools to set up fruit tuck shops, to run on a cost recovery basis. Research has shown that this is a feasible proposition in schools in disadvantaged areas. All Welsh primary schools have been sent a publication 'Fruit tuck shops in primary schools: A practical guide to planning and running a school fruit tuck shop'.

- Assembly officials are keeping in touch with the Department of Health on the findings from the English pilot schemes, so that a future decision regarding free fruit provision can be made on the basis of evidence of effectiveness.

4. Schools Website

The Assembly's Health Promotion Division has developed a website for schools on health topics. The section on nutrition was the first to be designed and provides detailed coverage of healthy eating issues.

5. Community Food Initiative

Experience from elsewhere in the UK, in particular the Scottish Diet Project, suggests that community initiatives which address the barriers to healthy eating (cost, availability and preference) can encourage changes in eating habits. The Community Food Initiative, launched by the National Assembly for Wales in October 2000, is designed to improve nutrition in Wales, specifically in disadvantaged areas, by supporting community-based projects which raise awareness of healthy eating, improve cooking skills and address the issues of availability and access to healthy foods. In January 2001 grants amounting to £34,000 were made to 12 projects. Officials are currently undertaking a round of visits to these projects to assess progress and learn lessons which can be applied in the next funding round in autumn 2001.

6. CHD NSF

- The Welsh Implementation Plan of the National Service Framework for Coronary Heart Disease includes development of national and local programmes to encourage healthy eating. The draft Plan has been out to consultation and is currently being finalised.
- The **Inequalities in Health Fund** has been established by the National Assembly to stimulate and support new local action that addresses inequalities in health and the factors that contribute to it. The Fund's priority for its first year is coronary heart disease and action that contributes to the implementation of the National

Service Framework for Coronary Heart Disease. It has a budget of £3 million this year to support such action. A total of 112 proposals were received by the closing date (6 April 2001). The proposals received include a number that focus on healthy eating and nutrition in deprived areas. An announcement of successful projects is due to be made in June 2001.

7. Workplace Health Initiatives

The Assembly's "Corporate Health Standard" (the quality mark for workplace health in Wales) encourages workplaces to go beyond compliance with health and safety requirements and to develop a holistic approach to health and well-being. The key action areas include nutrition policy development and implementation, including the provision of information to promote healthy eating and to provide healthy choices where food is provided on site. A good practice guide to promoting health in the workplace was published by the Assembly in April 2001.

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FOOD STANDARDS AGENCY NUTRITION STRATEGIC FRAMEWORK

1. At its 8 March Board meeting the Agency's objective on nutrition and the strategic framework by which that objective will be pursued was agreed as set out in this paper.

Background

2. The Agency shares responsibility for nutrition with the English, Scottish, Welsh and Northern Ireland Departments of Health along the lines set out in the White Paper *The Food Standards Agency: A Force for Change*. This paper proposes a role for the Agency in respect of nutrition, describes the broad elements of a strategic framework supporting that role, and indicates how the Agency's strategy can be developed and implemented.

Section 1.02 The Agency's remit for nutrition

3. The Food Standards Agency White Paper proposed that responsibility for nutrition should be divided between the Agency and the Health Departments on the basis of the following criteria:
 - Functions relating to the information which the public needs about food would go to the Agency;
 - Public health functions, such as the links between diet and health, would remain with Health Departments; and
 - The interface between the two would be a shared responsibility.

The White Paper also set out in general terms the activities that fell within each category. These are repeated, with clarifications, in Annex 1.

4. The Agency's nutrition remit is covered by the statement of its general functions as set out in the Food Standards Act. Ministers made it clear during the legislation's passage through Parliament that responsibility for nutrition would be divided between the Agency and Health Departments on the basis of the split of responsibilities set out in the White Paper. This is reflected in the Agency's Concordat with the English Department of Health from which Annex 1 has been taken.

(a) Agency's role in nutrition

5. There is a substantial body of evidence that indicates that changes in food habits can lead to significant improvements in the health of the population. A key function of the FSA is to help all consumers improve their health through better diets. This contributes towards the Government's aims set out in the publications of the four Health Departments: in England *Saving Lives: Our Healthier Nation*; in Scotland *Towards a Healthier Scotland*; in Wales, *Better Health, Better Wales*; and in Northern Ireland, *Investing for Health*. The Agency can contribute in particular towards the specific targets which have been set in relation to the reduction of death rates from heart disease, stroke and cancer through encouraging and facilitating the adoption by the population of a healthy balanced diet.

Objective of the Agency's strategy on nutrition

6. On the basis of the Agency's remit described above it is proposed that the Agency's objective in respect of nutrition should be:

“improving the health of the UK population through encouraging and facilitating the adoption by the population of a healthy, balanced diet”.

Section 1.03 Strategic framework

7. If we are to improve people's diets we first need to know what constitutes a healthy diet; what people are presently eating; what barriers exist to dietary change; and what interventions are effective in helping people overcome those barriers. This applies to both the general population and specific sub groups such as ethnic groups, the disadvantaged children and the elderly whose circumstances may present particular problems.

8. Improvements in people's diets therefore depend on addressing a wide range of issues and engaging a large number of stakeholders in developing, agreeing and implementing practical policies. The Agency is currently working in partnership with Health Departments and external stakeholders on a number of fronts to address these issues. The Agency will need to build on this for the future and undertake a number of inter-related activities, many of which will involve working with stakeholders such as other Government Departments, the Health Development Agency, the food industry, local authorities, health authorities, non-government organisations and local groups and others.
9. It is proposed that the main elements of a strategic framework to achieve the Agency's objective on nutrition should include:
- The securing of a sound evidence base for action to promote a healthy diet;
 - The development of appropriate means of informing the general population;
 - Identifying and addressing barriers to changing dietary behaviour; and
 - Evaluating and monitoring the effectiveness of the action taken.

There already exists a substantial body of evidence on which the FSA will draw on in taking forward action within these elements.

10. The elements are considered separately below. The following list is not intended to be exhaustive but provides examples of what might be included in each element recognising that there may need to be differences in approach by the Agency in different parts of the UK.

The securing of a sound evidence base for action

- Seek advice from expert advisory committees such as the Scientific Advisory Committee on Nutrition (SACN) recently established to advise the FSA and Health Departments, and from the Agency's Food Advisory Committees in Scotland, Wales and Northern Ireland
- Commission appropriate research, realigning as necessary current research programmes, to underpin the FSA's role in improving nutritional health
- Commission surveys on the nutrition content of food and surveys (such as NDNS) of diets and the nutritional status of the general population and specific subgroup including ethnic groups, the disadvantaged, children and the elderly

- Consider research and surveys on the health implications of diet, and dietary behaviour, funded by others

Development of appropriate means of enabling, motivating and informing the general population

- Identify what information on healthy eating and nutrition is likely to be most useful to the general population and specific subgroups, such as ethnic group, the disadvantaged, children and the elderly as well as teachers and health professionals, and in what form, for example written, video, web pages, stands in shopping centres, talks in community centres, self help groups, educational activities
- Compile a dossier of current activities throughout the UK to inform the Agency's future programme of action
- Consider the scope for promoting healthy eating through schools, for example teaching material, award schemes, cooking clubs and practical food skills
- Develop partnerships on promotional activity with wider stakeholders, including local authorities and the food industry to raise nutritional standards in the home and commercial catering, both public and private
- Identify means of engaging the media
- Explore possibilities for a co-ordinated approach to action at the local level including local authorities, charities etc
- Improve food labelling so it is easy to use and complements dietary advice through the Agency's Action Plan on Food Labelling designed to strengthen the legislative framework, encourage best practice, especially clearer labelling, and improve consumer advice on use of labels

Identifying and addressing barriers to changing dietary behaviour

- Undertake research into how change in dietary behaviour can be achieved, including in subgroups of the population such as ethnic and disadvantaged subgroups which can be hard to reach, and apply it
- Work with the food industry to help increase healthy dietary choice for consumers
- Encourage the development of health professional and community capacity to address nutritional health issues
- Work with local authorities to improve, where appropriate, access to a healthy diet

Evaluation and monitoring

- Ensure resources are used in the most cost effective way and that goals are achieved
- Evaluation of FSA activities and interventions to inform the policy process
- Ensure that all programmes of action are evidence based and outcome driven
- Review projects, schemes etc regularly to ensure that they are delivering what is expected of them and modify or terminate if not
- Review projects, schemes etc with a view to identifying and promulgating good practice nationwide

(a) Nutrition Stakeholder Forum

11. It is evident that in pursuing its objective on nutrition the FSA will need to take into account a complex mix of economic, cultural, sociological and psychological factors. To help the FSA in its task it is proposed that the FSA should, as part of its strategy, set up a Nutrition Stakeholder Forum which would include all important stakeholders. Such a Forum should be set up jointly with the Health Departments. Its purpose would be to:-

- bring key stakeholders in nutrition together on a regular basis;
- allow an exchange of views between stakeholders;
- encourage appropriate co-ordination between stakeholders to maximise effectiveness and avoid duplication;
- identify and promote opportunities for dissemination of information on activities that will encourage changes in dietary habits;
- assist FSA in the development of its policies, targeting both the general population and specific sub groups with special problems, taking account of what is already being done;

and hence

- encourage ownership and commitment to a co-ordinated strategy to contribute to the improvement of health through the adoption of a healthy balanced diet.

More details are given in Annex 2.

12. It is proposed that the detail of how the strategic framework will be taken forward is developed in consultation with the Nutrition Stakeholder Forum as the next phase of the FSA's action in this area.

ANNEX 1**AGREED DIVISION OF RESPONSIBILITY FOR NUTRITION BETWEEN THE FOOD STANDARDS AGENCY AND HEALTH DEPARTMENTS****The Food Standards Agency will:**

1. Be responsible for monitoring and surveillance of the nutrient content of food and the nutrient content of the diet
2. Provide authoritative factual information about the nutrient content of individual foods and advice on the diet as a whole, as well as components thereof (e.g. benefits of fruit and vegetables)
3. Provide the definition of a balanced diet for subsequent use in health education material produced by other bodies
4. Where appropriate, propose legislation relating to nutritional aspects of food, including labelling and claims (see paper FSA 01/02/03), dietary supplements sold as food, fortified foods and functional foods
5. Provide practical guidance in relation to nutritional aspects of the food chain, including production and catering
6. Represent the UK in international negotiations on issues relating to nutritional content of food, (except when this relates to mothers who are breastfeeding, children, inequalities and vulnerable groups) and on foods for particular nutritional purposes
7. Formulate policy and provide advice to Ministers on the above issues (1-6)
8. Commission research on food and diet appropriate to its responsibility for the above issues (1-7)

Health Departments will retain responsibility for:

9. Wider public health policy issues including nutritional aspects of clinical conditions (such as cardiovascular disease, cancer, osteoporosis or obesity) where nutritional status is one of a number of risk factors
10. Consideration of vulnerable groups including pregnant women, mothers who are breastfeeding, children and inequalities issues
11. Health education on wider behavioural issues which may include but go beyond nutrition (such as smoking, drinking, physical activity)
12. All links with the NHS and health professionals, breast-feeding promotion in the NHS, clinical nutrition and dietetics including hospital catering and nutritional therapy
13. Health surveillance of the population
14. Represent the UK in international negotiations on dietary issues relating to health and on issues relating to the nutritional content of food where this relates to mothers who are breastfeeding, children, inequalities and vulnerable groups, other than foods for particular nutritional purposes
15. Formulate policy and provide advice to Ministers on the above issues (9-14)
16. Commission food and diet research appropriate to its responsibilities for the above issues (9-15)

DH will share with the Agency responsibility for:

17. Providing the Joint Secretariat of the Scientific Advisory Committee on Nutrition
18. Surveillance of the nutritional status of people
19. Defining the health education message on nutritional issues, taking account of both food and wider health issues

20. Policy formulation and advice to Ministers on these issues, (current examples would include Saving Lives: Our Healthier Nation, and public health aspects of food fortification)

ANNEX 2

Article II. NUTRITION STAKEHOLDER FORUM

Section 2.01 Role and Purpose

1. It is proposed that the FSA should set up with the Department of Health a Nutrition Stakeholder Forum. The purpose of the Forum would be to:
 - bring key stakeholders in nutrition together on a regular basis;
 - allow an exchange of views between stakeholders;
 - encourage appropriate co-ordination between stakeholders to maximise effectiveness and avoid duplication;
 - identify and promote opportunities for dissemination of information on activities that will encourage changes in dietary habits;
 - assist FSA in the development of its policies targeting both the general population and specific sub group with special problems taking account of what is already being done;

and hence

- encourage ownership and commitment to a co-ordinated strategy.

Section 2.02 Membership

2. **The following people/organisations could be invited. The list is not exhaustive and not in any order of priority:**

UK Health, Agriculture and Education Departments
Scientific Advisory Committee on Nutrition
Health Development Agency
Healthy Schools Programme Co-ordinator
National Health Service
Local Government
British Nutrition Foundation
Nutrition Society

British Dietetic Association
Food Industry representatives (including primary production)
SUSTAIN
Consumers Association
National Consumers Council
National Heart Forum
British Heart Foundation