

**8TH MEETING**  
**12th June 2003, Skipton House, 80 London Road, London SE1**

**Chairman**

Professor Alan Jackson

**Members**

Professor Annie Anderson  
Professor Sheila Bingham  
Professor John Cummings  
Miss Gill Fine  
Mrs Christine Gratus  
Dr Tim Key  
Professor Peter Kopelman  
Dr Ann Prentice  
Professor Andrew Rugg-Gunn  
Dr Anita Thomas  
Mrs Stella Walsh  
Dr Anthony Williams  
Professor Christine Williams

**Government**

Mrs Maureen Howell (Welsh Assembly)  
Observers Dr Barbara Davis (Scottish Health Executive)

**Secretariat**

Dr Sheela Reddy (DH)  
Dr Alison Tedstone (FSA)  
Ms Mamta Singh (FSA)

**Chair's Introduction**

1. The Chair welcomed members of the Committee and members of the public to the eighth meeting of the Scientific Advisory Committee on Nutrition (SACN), which was also the second open meeting of the Committee.
2. The Chair welcomed Mrs Christine Gratus, the new lay member of the Committee and Dr Barbara Davis, who has replaced Dr Martin Donaghy as an observer from the Scottish Health Department, to their first meeting.
3. The Chair informed members that at the end of formal business, members of the public would have the opportunity to put questions to the Committee.

**Apologies for absence**

4. Apologies were received from Professor Peter Aggett, Mrs Stella Walsh, Ms Imogen Sharp (observer from DH), and Mr Tom Murray (observer from FSA).

**Changes to members declaration of interests**

5. Members were invited to declare any changes in their interests. Professor Annie Anderson informed the Committee that she was providing some consultancy to Bird's Eye, which was part of the Unilever Group. Professor Andrew Rugg-Gunn informed the Committee that he was a trustee of the Borrow Foundation.

## **Agenda Item 1 - Minutes of last meeting (12 February 03) (SACN/03/Min01)**

6. Members were invited to comment on the minutes of the previous meeting (12 February 2003).
7. It was agreed to amend paragraph 10 to read that Dr Tim Key and Professor John Cummings had been officially reappointed to the Committee for a further 4 years, not 3 years.
8. There was some confusion regarding the wording of paragraph 50, which appeared to contradict the information in paragraph 49. It was agreed to insert the word "*unique*" between "*no*" and "*medical condition*" in paragraph 49 and to amend the beginning of the second sentence of paragraph 50 from "*Alternatives are either .....*" to "*The only other formulas available are either .....*".
9. Pending these amendments, the minutes were agreed as a correct record of the 7th meeting of SACN in Feb 2003.

**Action: Secretariat**

### **Matters Arising**

#### **Matter arising action check list (SACN/03/13)**

10. The Chair reported on matters arising from previous meetings which had been listed so that their progress could be followed. Members were invited to comment on any of the items during the feedback.
11. SACN/03/02 - *Members requested the criteria for Members' appraisals*: In response to a query on when the appraisal assessment would take place, the Chair informed members that the appraisals had been completed the previous year. The view was expressed that it would be more valuable for members to be involved in the appraisal process and it was agreed that the appraisal process should be reviewed.

**Action: Secretariat**

12. SACN/03/07 - *Members to bring emerging scientific issues to the attention of Government and other bodies*: Clarification was requested on whether this referred to the Committee or individual Members. The Chair informed the Committee that the correct procedure was for Members to bring any emerging issues to the attention of the SACN Secretariat. It was agreed that the Secretariat would check the correct procedure for informing other advisory bodies of nutrition issues arising from SACN.

**Action: Secretariat**

13. SACN/03/08 - *It was agreed that Members would receive more information on Scotland's consideration to fortify alcoholic drinks with thiamine, as this was at odds with EU legislation*: It was reported that little progress had been made.

14. *Members noted that it would be helpful to be provided with a commentary on the various "action plans" and targets established by the FSA and devolved Health Departments*: The Secretariat agreed to provide Members with further details in due course.

**Action: Secretariat**

15. SACN/03/10 - *Members noted correspondence from Chair to the FSA re GM foods. Members considered that the response from FSA focused on safety assessment, which did not include adequate characterisation of nutritional safety, and in this regard was not entirely satisfactory*: Members were informed that the Chair and the Secretariat would be preparing a briefing document for the FSA on nutritional safety issues and would report progress to SACN in due course.

**Action: Secretariat**

## **Other matters arising**

16. With reference to paragraph 39, regarding values for undetected hypertension in the Health Survey for England (2001), Members were informed that the figures had been checked and were correct.

17. With reference to paragraph 22, Members had not received the 20 key public health questions regarding iron identified by the Working Group on Iron. The Secretariat apologised to Members and informed them that they would be circulated after the meeting.

### **Action: Secretariat**

## **Agenda Item 2 - Annual Report**

18. A copy of the 2002 Annual Report of SACN was circulated to Members for information.

19. Members were informed that copies of the Annual Report would be circulated to individuals when specifically requested and to those who wanted more information about the Committee's work. Within Government, it would be sent to those individuals whose work was related to nutrition.

20. Members were asked by the Chair to consider carefully the nature and range of the report's contents and to inform the Secretariat of any suggestions or observations on issues arising from the report which could then be discussed at a future meeting.

### **Action: Members**

## **Agenda item 3 - Salt and Health Report: Publication and Policy Initiatives (SACN/03/14)**

21. The Chair noted that the report on *Salt and Health* was the first SACN report to be published. Particular thanks were given to members of the Salt Subgroup and the Secretariat.

22. The Chair informed Members that the SACN Framework for Risk Assessment had provided a useful basis for evaluating the evidence base on salt and that the comments received from stakeholders had been very helpful.

23. The report had been launched on 15 May to a great deal of media interest. The Chairman of the FSA had appeared on a number of TV news items throughout the day and there had been many radio reports and newspaper articles.

24. Members were informed that the FSA and DH would be taking forward the risk management issues arising from the report. Members were also given a brief outline of the policy initiatives and the two main approaches to be taken:

- informing consumers of the salt content of food and the risk of salt to health;
- working with industry to agree a series of salt reduction strategies and tracking the results in terms of salt levels in food and dietary salt intakes.

25. In order to meet the SACN target of 6g/day for adults, the FSA's long-term aim would be to reduce the average population intake of salt by one-third over the next five years.

26. It was noted that the Report had omitted to list Dr Ann Prentice's institution correctly as Director of Medical Research Council's Human Nutrition Research.

27. Members were invited to comment on the *Salt and Health* report and the policy initiatives which had been outlined.

28. It was felt that a key issue was communicating the link between salt and disease risk to the public. Members were informed that DH was intending to produce leaflets on the links between salt and hypertension and cardiovascular disease. Additionally, the FSA had commissioned a series of mini-surveys to evaluate salt content of foods which would raise awareness by generating further publicity. Work was also continuing with the food industry regarding communicating the risks associated with high salt intakes on food labels.

29. Although one view was that it should be possible to achieve a salt reduction of 30% in less than 5 years since many food manufacturers were willing to make reductions, concern was also expressed that the timescale was too brief to reach the target of 6g/day. Ms Gill Fine declared an interest and expressed reservations that the FSA target could be achieved in 5 years. This was for a number of reasons: the speed at which reductions could be made varied for different foods; it remained a safety issue for some products; the time period to ensure consumer acceptability could be considerable; as manufacturers have also been asked to reduce fat and sugar, reformulation could be a lengthy process as any change in the balance of ingredients must carefully consider the effects on the organoleptic properties and food safety issues.

30. Clarification was requested on the situation regarding labelling of foods eaten outside the home, for example, school meals. The Secretariat agreed to seek advice on this issue.

#### **Action: Secretariat**

31. The importance of keeping track of changes in the salt content of foods and patterns of consumption was emphasised.

32. Some members were concerned about the extent to which the report would influence salt levels in food and intake levels. The previous COMA reports in 1984 on *Diet and Cardiovascular Disease* and in 1994 on *Nutritional Aspects of Cardiovascular Disease* had highlighted the relationship between salt and hypertension and despite making a recommendation to reduce salt intake to 6g/day, had not resulted in any change. The Secretariat explained that the Government was now committed to achieving this goal and considerable resources had been placed behind the various current initiatives to reduce salt intakes. This had not been the case after the 1994 COMA recommendation.

33. In response to an enquiry regarding which datasets would be used to evaluate the rate of change, Members were informed that the Agency was currently reviewing procedures for the dietary survey programme. Additionally, as previously mentioned, a series of mini-surveys on the salt content of foods had been commissioned. The feasibility of monitoring salt intakes in the Health Survey for England was being considered. DH had recently commissioned research on the validity of spot urine samples against 24-hour urine samples to quantify salt intakes. If spot urine samples are found to be a good proxy of salt intake, the Health Survey for England could be used annually to track changes. As the sample also included children, the survey could provide the opportunity to monitor salt intakes in children. However, these surveys would only track changes in England and data would not be available for Scotland, Wales, and Northern Ireland. Dr Barbara Davis from the Scottish Executive Health Department agreed to raise the matter for discussion in Scotland.

#### **Agenda Item 4 - Iron Working Group (oral update)**

34. In the absence of the Chair of the Iron Working Group, the Chair invited Dr Ann Prentice to give an oral update on the progress of the Iron Working Group. Members were reminded of the terms of reference of the Group: *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.*

35. The Iron Working Group had met twice in 2002 and a further two times this year, most recently on 13 May 2003. Four consortia of Members had been established to deal with various areas and draft sections had been produced. Twenty questions had been drafted for comments and these would be circulated to SACN after the meeting. A Drafting Group comprising the Chair, Vice Chair, Dr Tim Key, and the Secretariat, had also been set up and would be responsible for editing the Report.

36. A revised timetable had been agreed for the Working Group as one of the key aspects would be evaluation of the data from NDNS which would not be available to the Group until the autumn. The Group's intention was to get the final draft to SACN by February 2004 for comment, with the aim of publishing the report later in the year.

37. The Chair acknowledged the difficult task faced by the Iron Working Group. Members were invited to ask any questions or to comment. No questions were asked or comments made and the Chair thanked Dr Ann Prentice for providing an update of the Group's progress.

#### **Agenda Item 5 - Expert Group on Vitamins and Minerals (EVM) report (SACN/03/15)**

38. The Chair noted that the EVM report had raised important and fundamental issues regarding nutrition and its relationship to toxicology.

39. The report advised that the diet of some individuals may contain too much vitamin A, which might put them at increased risk of bone fracture.

40. Members were informed that the FSA was seeking advice from SACN on reassessing dietary advice to consumers on foods and supplements containing vitamin A. Current advice is that liver should not be consumed during pregnancy because of its high levels of vitamin A, which may increase the risk of birth defects.

41. The Secretariat and Chair had agreed that a subgroup would be required to deliberate the findings of EVM. It was proposed that Professor Jackson would chair the subgroup. Suggestions for other members were Professor Peter Aggett, Dr Ann Prentice, and Dr Anthony Williams, who had been approached and had agreed to be in the subgroup. Dr Anita Thomas who had also been a member of the EVM was asked to join the subgroup and she accepted.

42. It was noted that population intakes of vitamin A were highly skewed because of the contribution of one particular food, i.e. liver. It was unclear if the reason for this was because of vitamin A levels in animal feed. The Chair noted that the subgroup would need to identify and go through relevant issues.

43. In response to a query on whether the information for vitamin A included carotene, it was noted that the data quoted was specifically for retinol.

44. It was noted that some of the recommendations in the report were based on circumstantial evidence. This highlighted the lack of good studies in nutritional epidemiology and the need to invest in more long-term trials to obtain evidence from humans in order to support recommendations.

45. The Chair asked Members to endorse the membership of the Subgroup as proposed, with the addition of Dr Anita Thomas. This was agreed.

#### **Agenda Item 6 - SACN/COT Review of Fish (SACN/03/16)**

46. Members were informed that following deliberations last year by SACN on nutritional benefits of fish and by the Committee on Toxicity (COT) on the harmful effects of contaminants in fish, the FSA had agreed on the need to seek further expert advice on the benefits and risks of oily fish consumption. It was agreed to set up a joint SACN/COT subgroup comprising: Professor Alan Jackson (chair), Professor Christine Williams, and Dr Tim Key from SACN; Professor Ieuan Hughes, Professor Ian Rowland, and Professor J Kevin Chipman from COT. The group will meet on 30 June with the following terms of reference:

- to bring together the nutritional considerations from SACN on fish consumption and the COT considerations on toxicology of contaminants in fish;
- to weigh the nutritional benefits against possible risks and to develop sensible dietary advice for the public on consumption of fish, with particular reference to oily fish.

47. Members were of the opinion that the SACN/COT review touched on the important and difficult issue of balancing risks and benefits

48. In response to an enquiry of whether specific population groups would be considered by the subgroup, the Chair confirmed that the risks to all population groups would be examined. In addition to oily fish, the subgroup will also be considering fish oil supplements.

49. In response to a question on whether any information existed on time trends for levels of mercury/toxins in oily fish, the Secretariat agreed to check if such information was available.

**Action: Secretariat**

50. The Chair informed Members that they would be kept informed of progress on this issue.

**Agenda Item 7 - WHO Report: Diet, Nutrition and the Prevention of Chronic Disease (SACN/03/17)**

51. A report of a joint WHO/FAO Expert Consultation, *Diet, Nutrition and the Prevention of Chronic Disease*, had been published in March 2003 with the purpose of addressing a global audience. A comparison of the population dietary goals with current UK recommendations was provided in SACN/03/17. Members were invited to comment on the report.

52. It was observed that there were more similarities than differences in the population dietary goals and that the recommendations were broadly similar to those made by COMA in the previous ten years. Members noted that evidence was continuing to accumulate, for example, in relation to fibre intake.

53. Overall, the section on dental diseases was comprehensive and balanced.

54. Clarification was requested regarding the Agency's policy on the percentage of energy that should be provided by fat. The COMA recommendation is that no more than 35% of total energy intake from food should be from fat, however in the paper SACN/03/18 it was stated that there was no consensus on percentage of fat intake. Members were informed that SACN/03/18 referred to proceedings and views expressed at a workshop held by the FSA and not to Agency policy.

55. It was noted that the work done by COMA on bone health had informed the report.

56. The broader holistic approach of the report was welcomed; for example, consideration of dietary intake in the context of lifecourse and lifestyle (including physical activity), and how the recommendations could affect agricultural practices.

57. In relation to the section on children, it was noted that no research questions had been abstracted from the text and no evidence had been presented in support of the WHO statement.

58. The report included several statements by the WHO/FAO Expert Consultation participants for which adequate scientific justification was not given and there were many issues that could be questioned, e.g. the balance between n3 and n6 PUFAs. 59. It was noted that alcohol had not been included in the report.

60. Disappointment was expressed that data from the most recent NDNS had not been included in paper SACN/03/17 as this would be important for evaluating how close or how far the UK population was to reaching the recommendations in the different areas and communicating this to the public.

61. The Chair thanked Members for their comments and suggested that it might be appropriate to consider the report in greater detail at a future meeting. The Chair noted the importance of considering patterns of food consumption and the extent and direction of the change, which would be possible with the publication of NDNS. It was agreed to put this issue on the SACN agenda when the NDNS data became available.

**Action: Secretariat**

**Agenda Item 8 - Government Update on Nutrition Related Activities FSA (SACN03/18)**

62. Dr Alison Tedstone gave an update of recent FSA initiatives and Members were invited to comment.

**Working in Education**

63. Clarification was requested regarding whether the initiatives were UK-wide, as only one item under this section

(UK School lunch box survey) was specified as such. It was agreed to check whether all the initiatives were UK-wide.

**Action: Secretariat**

#### ***Programme of Mini Surveys***

64. Further detail was requested regarding whether the processed foods which would be examined for sodium, fat, and sugar, would include confectionery and soft drinks. The Secretariat agreed to provide further details at the next SACN meeting.

**Action: Secretariat**

65. In response to a question regarding the position of a UK-wide nutrition strategy, Members were informed that the Secretariat would consider what could be provided detailing action on a UK basis.

**Action: Secretariat**

66. With regard to an enquiry regarding integration between FSA and DH on nutrition issues, Members were given examples of joint activities, e.g. SACN, NDNS, Food and Health Action Plan, all school education activities, some health promotional activities.

#### **DH (SACN/03/19)**

67. Dr Sheela Reddy gave an update of recent DH initiatives and Members were invited to comment.

#### ***Nutrition Forum***

68. Clarification was requested on whether the terms of reference for the Nutrition Forum applied only to England or were UK-wide. It was agreed to check the terms of reference and report back to the next meeting.

**Action: Secretariat**

69. As a representative of the Nutrition Forum, Professor Annie Anderson was invited to update SACN. Members were informed that the most recent meeting had taken place on 2 June and the minutes would be available in due course. It was agreed that SACN would receive copies of the minutes.

**Action: Secretariat**

#### ***National School Fruit Scheme***

70. In response to a point of clarification, Members were informed that the reference to fruit was for whole fruit rather than fruit juice.

#### ***Breastfeeding***

71. With regard to the NHS Planning and Performance Framework members were informed that a target of 2% increase per year, up to 2006, for the initiation of breastfeeding had been set. The current year was dedicated to collection of baseline data from Primary Care Trusts (PCTs) on initiation of breastfeeding. Members expressed some concern that breastfeeding had been defined as putting the baby to the breast at any time within 48 hours of birth. Using such a definition was not considered a reliable measure of breastfeeding prevalence. Members and DH were in agreement that the establishment of breastfeeding was much more important than just the initiation of breastfeeding. DH were strongly encouraged to reconsider the best way to measure breastfeeding rates. Dr Sheela Reddy explained that the proposed definition was a starting point and took account of practical aspects of collecting the data, however targets and procedures would be reviewed in 2006. It was agreed to communicate SACN's concerns to those responsible for collecting the baseline data.

**Action: DH**

72. After declaring an interest as an employee of a retailer selling weaning products, Ms Gill Fine enquired whether any further discussions had taken place regarding the age for weaning. Members were informed that the only new recommendation was that mothers who are breastfeeding should continue exclusively for the first 6 months.

#### **Devolved Health Departments (SACN/03/20)**

##### **Scottish Executive**

73. Dr Barbara Davis gave an update of recent initiatives in Scotland and Members were invited to comment.

##### ***Healthy Living Campaign***

74. Members were interested in the main issues of concern from calls received during the first phase of the campaign. It was agreed to provide further details at the next SACN meeting if possible.

##### **Action: Scottish Executive**

##### ***Free Fruit Scheme for P1 and P2 Children***

75. With reference to an enquiry from Professor Annie Anderson, who declared an interest as a member of the Berry Scotland Programme Board, on whether guidance had been issued on the source of fruit for the scheme, it was agreed to seek guidance on sources of the fruit.

##### **Action: Scottish Executive**

##### **Wales**

76. Mrs Maureen Howell gave an update of recent initiatives in Wales and Members were invited to comment.

77. In response to an enquiry on whether the nutrient specification for processed foods in school meals in Scotland was also taking place in Wales, Members were told that although this was not currently the case, the option was being considered.

78. Members were informed that there was no school fruit scheme in Wales.

79. Members discussed the benefits of the various approaches used across the UK from which different lessons could be learned. It was agreed that although working at a local level and local needs were very important, there was a need to draw information together as the basis for encouraging effective integrated approaches. This would also enable targets to be reached at a faster rate.

#### **Health Development Agency (SACN/03/21)**

80. The Chair informed members that the HDA had been asked to provide a commentary on their activities but had instead sent two evidence briefings:

- *Prevention of low birth weight: assessing the effectiveness of smoking cessation and nutritional interventions;*
- *The effectiveness of public health interventions to promote the initiation of breastfeeding.*

81. Members were asked to note the paper SACN/03/21, which provided more details of HDA activities.

82. Members expressed concerns regarding the evidence briefings on effective interventions to prevent low birth weight and promote initiation of breastfeeding. Only reviews had been considered in synthesising the evidence and therefore key findings from important primary studies may not have been adequately highlighted. It was agreed that only including reviews when assessing evidence could be misleading. Additionally, although the HDA had stated that there was a limited evidence base, the need for research had not been emphasised or identified as a priority.

83. In response to an enquiry from the Chair regarding the most suitable route for Members to channel comments about the broader education of the public in terms of nutrition, Members were informed that the best way would be to inform the Secretariat who would pass them on to HDA.

#### **Any Other Business**

84. Members were reminded of the Horizon Scanning Meeting on 18/19 September 2003, in Cambridge.

85. Members were reminded that the next SACN meeting would take place on 22 October 2003, in London.

86. Members were requested to respond promptly to the draft minutes of the meeting to ensure placement on the website within one month.

87. Members were informed that ACNFP was eager for nutritional representation on their Committee. The Chair requested formal agreement from the Committee that Dr Tony Williams should be the SACN representative on ACNFP and this was agreed.

88. As there was no other business for discussion, the Chair closed the business side of the meeting and the visitors were invited to put their questions to SACN.

#### **Q & A SESSION**

*(As far as possible this is a verbatim report of the Q & A session, however there may be some mistakes because of the sound quality on some parts of the tape recording)*

#### **RALPH BLANCHFIELD, INSTITUTE OF FOOD SCIENCE AND TECHNOLOGY:**

I would like to draw your attention to some confusion that has arisen regarding what the intended meaning was of part of Section 6 of your Salt Report. Confusion so much so that the Food Standards Agency issued two press releases on the same day, one in England and one in Scotland, with conflicting interpretations. It relates to Table 2 for the Age Ranges of Children and you have the heading of the Table 'Target Average Salt Intakes' and except for 0-6 months which has a less than symbol against the quantity all the others don't have a less than symbol and they are explicitly stated to be reference nutrient intakes taking accounting of the physiological requirements for sodium. The press release in Scotland which was headed Salt Intake Targets set for children says, 'for the first time recommendations for target levels of salt intake have been set for children according to age.' However the English news release by the Food Standards Agency is worded differently. It is headed 'New Salt Targets for Children' recommendations are made on the maximum levels of salt that should be consumed each day by children according to their age. Now Section 6 and the table doesn't say maximum, doesn't show a less than symbol against anything but the 0-6, so there are two interpretations abroad, both of them by the Food Standards Agency as well. I wonder if the Committee could clarify what was intended in the figures given for those age ranges, are they intended to be maxima although not stated as such, or are they not?

#### **CHAIR:**

Thank you very much. It is obviously important to be clear there and it is obviously undesirable if confusing information is made available. All of the numbers in the tables offering guidance are target levels, they are targets for the population and if there has been misunderstanding in and around that then I am sorry. Quite clearly one of the difficulties that we have in nutrition is that there are terms which are used which are not always clearly understood, not always well explained and there is, unfortunately the opportunity, sometimes, for confusion. I am sure that the Food Standards Agency have heard your comments and I am sure that they will take every step to make sure that they don't contribute to any further confusion.

#### **DR ALISON TEDSTONE, FSA**

We have received correspondence from you on the matter and we will be writing back to you very shortly to try and iron out the confusion that has occurred.

**SUE MCGINTY, BRITISH ASSOCIATION OF NUTRITIONAL THERAPY:**

I would just like to pick you up on something you said just before lunchtime. I don't know if you know this but genomic profiling, certainly in the private sector, has been around for nearly a year now and so far it looks as though genotyping is going to be a great motivator for diet and lifestyle modulation. Given what we know about metabolomic sources already, can I ask what plans the Committee have for a systematic, presumably ongoing re-evaluation of the dietary reference values. In particular given the prevalence in the population of CVD<sup>1</sup> and MTHFR polymorphisms and the relevance to homocysteine levels would Vitamin B6 be the top of the list?

**CHAIR:**

Thank you very much, there are really three issues or questions within that. The first is in terms of genetic profiling. I think this is a difficult area. Certainly in the context of health delivery there are some very difficult issues to resolve. The British Medical Association through the BMJ has given clear guidance to health professionals on this and I think it is an important area about which thoughts need to develop.

Your second question relates to the reconsideration of DRVs. We have given consideration as to when, if, and how, this Committee should engage in looking at DRVs and I think that one of the more important issues that has arisen internationally in this regard is that there is a need to have a careful thought process as to definitions and meanings within this area and this is an activity that needs to take place. I can't give you a time or date on that but I think it is a matter that is of importance in front of our Committee.

Given those two situations I think it is premature and not opportune for us to consider any specific case until we have worked carefully through what the general principles are against which we should make any judgments. Not that it isn't important but it does require really very careful consideration.

**PETER ELWOOD, CARDIFF:**

Mr Chairman you had some discussion about the communication from members to your Committee about emerging scientific issues. Would comment from us non-members be welcome/appreciated and, if so, is there a mechanism or a person to whom we can send comments on emerging scientific issues?

**CHAIR:**

I think one intrinsic part of our attempt to achieve openness is to engage with people in terms of whatever their thought processes are. Certainly we are aware that there a number of people who have concerns about emerging processes and issues and they do write into the Secretariat. An appropriate point of reference would be the Secretariat either in the Department of Health or the FSA and Dr Sheela Reddy or Dr Alison Tedstone is an appropriate address for that.

**ROSEMARY DOBSON, NATIONAL CHILDBIRTH TRUST:**

I would like to welcome this opportunity to be here and observe the meeting because there are many issues that are raised that are of very direct interest to our members, and parents are ringing me up all the time asking how much oily fish can I eat? is it okay to eat soya? and that sort of thing, so I would encourage you to continue with the trend towards openness. My particular question is following the COT Report and SACN advice. I understand that it is an Advisory Committee and you're not making policy decisions but do you know when there will be a recommendation about soy formula because this is another thing parents want to know. Will you be looking at bacterial contamination of formula milks because enterobacter sakazakii, I understand, has been found in some formula milk and it is another issue of concern.

**DR ANTHONY WILLIAMS:**

I think we are aware of these concerns and we plan to address those in further discussions of the sub-group for Maternal and Child Nutrition later this year. Beyond that I think I can't really go. Thank you.

**CHAIR:**

You are aware that we have a sub-group and that is the route for issues of this nature. Dr Williams is chairman of that group.

**ROSEMARY DOBSON:**

....SACN had made a recommendation but now someone else has to make a decision about what happens to formula milks on the shelves, what happens about labelling, what happens about prescriptions and it is that next step that I am wondering about.

**DR ANTHONY WILLIAMS:**

I think that we need further discussion of the issues that are involved here and it is actually quite a broad set of issues about what breast milk substitutes will be available and what breast milk substitutes would be appropriate if soya formulas were not available. In other words, the existing range of clinical indications must be addressed as much as consumer choice and it will require further consideration and consultation.

**HEATHER HONOR, INFANT AND DIETETIC FOOD ASSOCIATION:**

We represent manufacturers of infant formula and weaning foods. I would like to raise an issue following on from a comment from Gill Fine and that is to do with the Department of Health's press release about exclusive breastfeeding for six months. One of the issues that has come up from our manufacturers from the purchasers of the product is that there is confusion about the age of weaning for bottle fed babies. I understand that this Committee has made a recommendation in the past about the age for weaning and I would be grateful for the advice that you would give to parents who bottle feed their babies and at what age they should wean them.

**DR ANTHONY WILLIAMS:**

The question which was discussed in this committee related to the nutritional sufficiency of exclusive breastfeeding for six months. We didn't ever consider the appropriate age of weaning for bottle fed infants and we haven't ever been asked to do so I'm afraid. If we are to discuss that question, again, I think it would require further consideration, the evidence on that is much less than the evidence related to complementary breast feeding.

**CLAIRE DEMAEL, YOPLAIT DAIRY CREST:**

My question is about the same. So, after your answer, does it mean that the recommendation to start weaning between 4-6 months for babies who are not breast fed will stay and does it mean also that the legislation regarding baby food acceptable for babies from 4 months will also stay as it is now?

**DR ANTHONY WILLIAMS:**

I don't have an answer to that question today I'm afraid. It is a complex question and I think there are important differences between babies who are being breastfed and formula fed and the justification for suggesting that complementary feeding could be deferred for six months and babies be exclusively breastfed is that we have evidence that the health of those babies would be improved by a further period of exclusive breastfeeding. To my knowledge we don't have that for babies being fed on infant formula. There are several other questions which I think we need to address in that area and I don't have an instant answer to the question today. I am sorry.

**PAUL CLAYTON, FORUM FOR FOOD AND HEALTH, ROYAL SOCIETY OF MEDICINE:**

I have a quick question about salt. Christine Williams, before she left, mentioned the Finnish Experience and I think it is a shame we didn't go into that in more detail because, in fact, due to the pioneering work by Vartiainen in Finland there was a concerted effort to change cation intake resulting in something like a 40% reduction in sodium with replacement by sodium and magnesium. The result of that was that in Finland as a whole there has been a downward displacement of diastolic blood pressure by about 8 or 9 mm of mercury which would only be of academic importance were it not for the fact that the incidence of haemorrhagic stroke of that decade was reduced by 50%. My question is why is that good enough for the Finns and not for us? May I just say that there were no

organoleptic issues at all because the compound that they shifted to, known as Pansuola, was designed in a format which looks, tastes, and cooks and processes, very much like table salt.

**CHAIR:**

Thank you. It is an interesting and important question as to how you achieve the objectives that you are seeking to achieve. Importantly that is not the responsibility of this Committee and that is very much in terms of risk management and risk assessment and our responsibility is to assess the risk and offer advice on that. How that advice is taken and used is outwith our responsibility.

**HEEMA SHUKLA, HILLINGDON PCT:**

My first question is about salt. The Committee spoke about a two-pronged approach, industry to reduce the salt in food and the individual approach. My question is that there is a small market which is of imported processed foods. This may be a small market overall but may be a large market for some communities where there is a large risk. Has there been any consideration on that?

**CHAIR:**

So far as I am aware there is an awareness of these sorts of problems, these sorts of issues. It is not dissimilar to the situation where you have mainly small catering outlets, people who prepare food on the premises where their sense of what that food should taste like results in the food having really a very high salt content. These are extremely difficult issues to address unless the broader public is made aware of the issues and endorses or buys into looking for ways to meet the same objectives. So I think that there is an awareness of the issue, there is a recognition of the need to deal with it. How it will be addressed in specifics, I don't know.

**DR ALISON TEDSTONE, FSA:**

I can't give specific details but we are in negotiation with the British Retail Consortium and also with other stakeholder organisations; but your comments, I will take back to the Agency. With regard to salt I'm afraid I can't add anything to that. We will pursue that and take that forward as well.

**HEEMA SHUKLA, HILLINGDON PCT:**

The second question was about data set but devalued any intervention and we spoke of the National Health Survey. Coming from a PCT where we are more interested in the population of the local community if I look at the national health data set it doesn't necessarily represent the local population because there is a great variability. If we are interested in local population, just like other data sets are there any moves to develop local data sets specially for obesity and food intakes, things like that.

**DR SHEELA REDDY, DH:**

At the moment the Health Survey for England is the one with the largest data set we have and I absolutely agree that we can't go down to PCT levels because the sample size would not permit us to do that. However what we have done, and are likely to do more and more of, is actually to use aggregated years' data from 3-5 years which we hope will give us that data set. I know it may not address the issue of salt but there are other issues such as obesity and other measurements where we could do that.

**CHAIR:**

I would like to express our appreciation to you for coming and your comments. It sometimes feels a little bit frustrating that you have questions that you ask us and we don't always seem to have the answers to your questions. I am beginning to recognise increasingly that there isn't always an easily recognisable home for some of the questions that you wish to have answered. I think that is really quite an important concern. We have made note of all the questions you have asked and where it is possible for us to find a better home for them we will send them in that direction and so hopefully some attention will be given to them.

Some of the questions that you have asked are really about quite difficult issues, some of which we are already aware of and are already trying to work our way to find answers to. Others you've alerted us to and no doubt we will have to think rather carefully about how best to consider them. I do thank you for coming along and observing and participating in the meeting. I thank my colleagues, the Secretariat and I think we shall call it a day there. Thank you very much.

**- END OF TRANSCRIPT -**

<sup>1</sup> Errata -*CVD* should read the *CBS (Cystathionine Beta Synthesis)* at the request of the speaker