

Scientific Advisory Committee on Nutrition

Paper for information: DH Update on Nutrition Initiatives

Agenda item: 8

Please see attached paper for information.

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DH Update on Nutrition Initiatives

NB: Initiatives apply to England only unless otherwise stated

Breastfeeding

- The NHS Plan (2000) stated the Government's increased support for breastfeeding to ensure a healthy start for children and address inequalities in healthcare. A target has now been set to increase breastfeeding initiation rates by 2 percentage points a year for three years through the NHS Priorities and Planning Framework (2003- 6).
- Following on from the World Health Organisations recommendation on breastfeeding, Hazel Blears, the Minister for Public Health, announced the Department of Health's recommendations on breastfeeding on 12 May 2003:
 - Breastmilk is the best form of nutrition for infants.
 - Exclusive breastfeeding is recommended for the first 6 months of an infant's life, as it provides all the nutrients a baby needs.
 - Breastfeeding (and/or breastmilk substitutes, if used) should continue beyond the first 6 months, along with appropriate types and amounts of solid foods.
 - Mothers who are unable to, or choose not to, follow these recommendations should be supported to optimise their infants' nutrition.
- The new recommendations aim to clarify advice to mothers about the optimal duration of breastfeeding and provide health professionals with guidance on which to base their advice to women and their families. A communication strategy is in place and officials are updating all the DH/FSA publications on infant feeding to promote the new policy across the NHS. The message is also being conveyed through the health circulars such as Chief Executive Bulletin, Chief Nursing Officer/Chief Medical Officer Bulletin and GP Bulletin.
- This year's National Breastfeeding Awareness Week was successfully held from 11 – 17 May. Its overall aim is to contribute to raising awareness about breastfeeding and promote issues that are known to influence breastfeeding rates. The focus this year was on "supporting and encouraging breastfeeding mothers to continue breastfeeding for as long as they choose". The campaign is aimed at groups who are known to have the lowest breastfeeding rates, for example the young, less well educated, poorly supported mothers living in disadvantaged groups. A range of promotional materials - calendars, posters, bookmarks, key

rings, pens, stickers - have been produced and distributed to health professionals. The Department has also produced two new practical leaflets on “how to breastfeed” and “how to bottle feed”. The leaflets have been used as one of the means of communicating the new policy line to the general public.

Welfare Food Scheme (GB wide)

- Small changes have been made to milk token entitlement to reflect the introduction of the new Child Tax Credit. Families with a child aged under 5 and receiving Child Tax Credit, not working more than 16 hours per week and with a family income of £13,230 or less now qualify to receive tokens. Entitlement through receipt of Income Support and income-based Jobseeker’s Allowance continues.
- Hipp organic infant formula has been added to the range of formulas available under the Scheme in order to provide a wider choice for customers.

Reform of the Welfare Food Scheme – Healthy Start

- A report on the outcome of the consultation was published in March 2003. There was a high level of agreement for change amongst the 500 respondents to the consultation. The key headlines are summarised below:
 - strong support for a wider range of foods, but further clarification needed on exactly what foods will be included eg. ‘cereals’.
 - support for a high value voucher – towards the level of the cost of a tin of formula rather than the average cost of 7 pints of milk, and support for a higher rate voucher for younger infants.
 - strong support for equalising benefits for women who choose to breastfeed.
 - support that the nursery element of the scheme should offer milk *and* fruit, not milk *or* fruit.
 - strong, but divided views on registration – some respondents were concerned about the implications for beneficiaries and health professionals.
 - support for the clarification of the role of vitamins in the scheme.
- The Department is now taking powers to reform the scheme in the Health & Social Care Bill.
- In parallel, work is underway to develop the detail of how the scheme will work on the ground, which includes settling practical questions about the voucher value and the range of foods included.

- The results of the consultation will inform the decision making process and key stakeholders from the NHS and industry will be involved in further discussions.
- It is expected that final details of the scheme will be published towards the end of 2003, with a view to implementation later in 2004.

National School Fruit Scheme

The National School Fruit Scheme is an important part of the 5 A DAY programme, which is discussed from page 5.

Following successful piloting of the Scheme, the National School Fruit Scheme is now being extended throughout England on a region by region basis funded by £42m from the New Opportunities Fund. This roll-out started with the West Midlands in summer term 2002, London in autumn term 2002, the North West in spring 2003 and will expand to East Midlands in summer 2003. The Scheme will then be reaching one million children. We are looking to expand the range of fruit and vegetables following favourable evaluation results of piloting carrots and tomatoes in Sheffield and Merseyside. Other vegetables and fruits will also be piloted in schools including, cauliflower, celery, strawberries, kiwis, cucumber, broccoli.

Food in schools

The Food in Schools Programme was first announced in March 2001 as a joint venture between DH and the Department for Education and Skills. It aims to bring together all food-related initiatives in schools with the aim of developing sustainable programmes to promote healthy eating in children. It enhances and complements other initiatives being progressed in relation to the diet and nutrition of children.

The DH-led strand of the Food in Schools Programme comprises eight projects which follow the child through the school day. The projects are divided between the nine Government regions:

Project	Region
Healthier breakfast clubs	West Midlands
Healthier tuck shops	South West
Healthier vending machines	East of England
Water provision	East Midlands and North East
Dining room environment	Yorks and Humber
Healthier lunch boxes	South East
Cookery clubs	North West
Growing clubs	London

Building on previous work and best practice, each project will focus primarily on how best to embed such interventions into schools to gain maximum benefit, overcome barriers, address sustainability and funding/resource issues and ease of implementation. The aim is to disseminate best practice in a 'whole school approach' which will enable schools to develop sustainable in-house strategies for improving the nutrition and diet of children.

5 A DAY Programme

The 5 A DAY programme aims to increase fruit and vegetable consumption, by addressing the main barriers to increased consumption, through improving access to and availability of fruit and vegetables, and improving attitudes and awareness.

The programme includes five main strands of work, which are underpinned by an evaluation and monitoring programme. The five strands include the National School Fruit Scheme, a communications programme, local 5 A DAY community initiatives, work with the food industry, education, health and consumer bodies and work with national and local partners.

Communications programme

Work on a communication strategy for the next three years is currently being developed.

As previously highlighted to Members (SACN October 02), the 5 A DAY communications programme will provide clear and consistent messages about 5 A DAY including the benefits of eating at least five portions of a variety of fruit and vegetables a day and the amount that constitutes a portion. Fresh, canned, frozen, dried and 100% juice products can all contribute towards 5 A DAY. The 5 A DAY message should be placed in the context of a healthy, balanced diet.

A 5 A DAY logo has been developed as part of the communications programme, to help people recognise the 5 A DAY message and introduce consistency in the message in all settings. The logo, which was developed following extensive consumer research, was launched to the public on 25th March 2003.

The 5 A DAY logo will be used on promotional materials such as leaflets, website information, point of sale materials and carrier bags. DH have produced materials to support the programme - including a brochure, poster and postcards .

Further resources to support the delivery of the 5 A DAY objectives are planned, including the development of resources for caterers and 5 A DAY resources specific to primary care.

The 5 A DAY logo can also be used on food products with at least one portion per serving of fresh, frozen, canned, dried or 100% juiced fruit and vegetables and without any added fat, sugar and/or salt. Alternatively, food products may carry the associated 5 A DAY portion indicator, which shows how many portions of fruit and vegetables a typical serving of the food contains - each filled square represents one portion. The Department has developed detailed nutritional and technical criteria for using the logo and portion indicator – for more information see the 5 A DAY website

www.doh.gov.uk/fiveaday. The website also has information about how to apply for a license to use the logo or portion indicator. To date over 100 organisations have been licensed to use the logo and/or the portion indicator on promotional materials and/or food packets.

While the recommendation to eat more fruit and vegetables is an important one, this needs to be considered in the context of NHS Plan commitment to address the overall balance of the diet, including levels of fat, salt and sugar. Further consideration is therefore being given to the development of nutritional criteria for the use of the logo on products containing added fat, salt and/or sugars, such as ready meals, soups, sauces and pre-prepared deserts. A small technical group has been set up to aid the development of nutritional criteria for use of the logo on products with added sugar fat and salt.

The terms of reference of the group are:

To develop nutritional guidelines for the use of the five a day logo and portion indicator for products and recipes with added sugar, fat and salt, taking into account the existing guidance for the use of the five a day logo.

Criteria drawn up by the technical group will be shared with wider stakeholders before nutritional criteria for composite foods are finalised.

Local action

Work at a regional and local level is an important part of the 5 A DAY programme. There are now 10 regional co-ordinators across England, who aim to raise the profile of 5 A DAY and co-ordinate activities across their regions. There are also 27 National School Fruit Scheme co-ordinators, who are responsible for the roll out and maintenance of the National School Fruit Scheme within their region.

Funding, from the New Opportunities Fund (NOF), for a further 66 new Primary Care Trust (PCT) led local 5 A DAY initiatives, was announced in March 2003. Details of the 66 PCTs are available on the NOF website (www.nof.org.uk).

The development and implementation of the 5 A DAY local initiatives will be informed by the lessons learnt from the original DH funded pilot projects. Lessons learnt from these pilots have been incorporated into an evidence based handbook, which is intended to help support staff in primary care trusts and other organisations develop their own local 5 A DAY initiatives. Details of how to order copies of the handbook are available on the 5 A DAY website.

Evaluation and monitoring

Each element of the programme will be evaluated and monitored. National and local evaluation is being carried out measuring access, awareness and consumption.

Local evaluation and monitoring

Following the evaluation of the Department of Health 5 A DAY pilot initiatives, DH commissioned the development of a **Five-a-day Consumption and Evaluation Tool (FACET)** to support the evaluation of local 5 A DAY initiatives. This is available for use, accompanied by a guidance document, and aims to evaluate the impact of the

local initiative in terms of change in consumption, awareness and access. This tool will be used to evaluate the 66 new NOF funded initiatives. The baseline survey is currently taking place. Tools have also been developed to evaluate the impact of the National School Fruit Scheme on children's overall fruit and vegetable intake.

National evaluation and monitoring

At a national level, trends in consumption and awareness of the 5 A DAY message will be monitored by the Health Survey for England.

For more information about all aspects of the 5 A DAY programme, see www.doh.gov.uk/fiveaday.

Sustainable Food and Farming

The Government's Strategy for Sustainable Farming and Food was published in December 2002 and builds on the new vision set out in the Independent Policy Commission report led by Sir Don Curry. The strategy sets out how industry, government and consumers can work together to secure a profitable and internationally competitive future for the food and farming industries whilst contributing to a better environment, improving nutrition and public health and prosperous communities. The strategy included a commitment to develop a Food and Health Action Plan .

Food and Health Action Plan

In December 2002 the Department of Health announced it is to lead the development of a new cross-government Food and Health Action Plan. The Plan will pull together all of the issues that influence what we eat and will address food production, manufacture and preparation, access to healthier food and providing information for consumers about healthy eating and nutrition. The Plan will address healthy eating at all stages of the life course, and will build on existing work to improve diet and nutrition. Action to deliver the plan will be required at national, local and regional level. The Plan will also be one of the key elements in the Government's Strategy for Sustainable Food and Farming.

Salt

Health professionals will be updated on the recommendations made in SACN's report on Salt and Health through circulars such as the Chief Executive Bulletin, Chief Nursing Officer/Chief Medical Officer Bulletin and GP Bulletin.

DH and the Food Standards Agency have been in discussion with food industry organisations about reducing salt levels in processed foods, particularly those that make the greatest contribution to salt intake. The principal bodies that have participated in these moves have been:

- Food and Drink Federation
- British Retail Consortium
- British Frozen Food Federation

Joint Food Service Industry Group

DH, working with the FSA, are also planning to hold a high profile wider stakeholders event within the next few months, the aim of which will be to highlight the role of all stakeholders in addressing dietary salt. A key aspect will be discussions on successes achieved to date and the considerable, further action that is required from all sectors, including health, manufacturers, retailers, caterers and voluntary organisations.

Nutrition Forum (UK wide)

The purpose of the Forum is to bring key stakeholders in nutrition together on a regular basis, to allow an exchange of information and to facilitate communication between stakeholders. The terms of reference of this group is to *‘provide a forum for those working towards improvements in diet and nutrition in England through sharing experiences and co-ordinating efforts and actions. The overall purpose will be to improve health.’*

DH and FSA provide joint secretariat for the Forum. The Nutrition Forum has held four meetings to date (March, June, November 2002, and March 2003). Issues discussed at the last meeting included dietary goals and guidelines and the media role in promoting diet and nutrition. The minutes of the meetings are at www.doh.gov.uk/nutritionforum/ Items for discussion at the next meeting (June 9th 2003) include the Food and Health Action Plan and Nutrition qualifications and career paths.

Obesity

- The Parliamentary Health Select Committee are to consider obesity. The Department of Health has been called to give evidence and has submitted a detailed evidence document for the Committee to consider. The first hearing is scheduled for 12th June 2003 and hearings are likely to be held on a weekly basis until recess. The inquiry will cover:
 - the health implications of obesity
 - trends in obesity
 - the causes of the rise in recent decades
 - what can be done about it
 - whether the institutional structures are in place to deliver an improvement
 - recommendations for national and local strategy.

The DH evidence document noted that SACN “may consider obesity, particularly the metabolic consequences, within their programme of work. This issue is to be discussed at SACN’s horizon scanning meeting in September 2003”.

For more information about the HSC see:

<http://www.parliament.uk/commons/selcom/hlthhome.htm>

- It was recently announced (March 2003) that the National Institute for Clinical Excellence (NICE), in collaboration with the HDA are to develop guidance on the identification, prevention and management of obesity and maintenance of weight reduction. This follows the National Audit Office (NAO 2001) recommendations

that guidance be developed for the management of overweight and obese patients in primary care. NAO reported that 63% of general practitioners and 85% of practice nurses believe that such guidelines would be “useful” or “very useful”.

- Lifelong Learning is a scheme for professional skills development. For the spending review period 2003- 2006 £3.6 million has been allocated over the 3 years to provide training on obesity for primary care staff – enabling 5,900 existing staff to develop their skills and boosting the capacity of the NHS in this area.

Physical Activity

- Nine Local Exercise Action Pilots (LEAP) were announced in April. LEAP aims to test out different PCT led community approaches to increasing access to and levels of physical activity. Partners in the programme are Sport England, Countryside Agency and the Local Government Association. Primary Care Trusts in neighbourhood renewal fund areas were invited to submit expressions of interest and short-listed PCTs were asked to work up full applications. From these nine pilot sites in each of the nine regional government regions were selected to test out a range of interventions that will target specific and key population groups such as those at high risk of disease and older people. The two-year interventions will go live in September and be fully evaluated by a national team.
- In December 2002, the Strategy Unit report ‘Game Plan’ set out a new target of 70% of the population to be active (half an hour’s exercise 5 days a week) by 2020. The DH and DCMS were identified as having a joint lead on taking this recommendation forward through the establishment of a Sport and Physical Activity Board (SPAB). This will be responsible for establishing a strategic overview and the planning and co-ordination of sport and physical activities at a national level. A scoping exercise has been carried out identifying key players and the role and membership of SPAB and the first meeting of the board is scheduled for June.
- DH are starting work on the development of a new communications message for the recommended amount of physical activity which will stress the accumulation of ‘portions’ of activity across the day. This work will form part of a wider communications strategy for physical activity which will be co-ordinated through SPAB.
- DH is working in partnership with the Countryside Agency and the British Heart Foundation to part fund a targeted pilot project which will distribute pedometers to PCTs in areas of high deprivation as a motivational tool to encourage increased walking. An evaluation will track a sample of loan packs in use and gather information about the volume of use of the step-o-meters including changes in levels of physical activity (including where the extra walking takes place), how the loan pack system worked in practice, levels of patient awareness about the step-o-meter, ease of setting up and using the step-o-meter, comments from health

staff and users, future intentions and potential. The evaluation report will make recommendations for the potential to main stream this concept.

- DH and DCMS have worked with the New Opportunities Fund (NOF) to secure a NOF funded Regional Physical Activity Co-ordinator pilot post. The pilot will test out the contribution of a Regional Co-ordinator in encouraging partnership working at a regional and local level. For example, between local authorities, the fitness industry, Strategic Health Authorities and Primary Care Trusts on the integration of policies and programmes which can improve public health and reduce inequalities through increased physical activity and sport.