

Scientific Advisory Committee on Nutrition

Paper for information: DH Update on Nutrition Initiatives

Agenda item: 13

Please see attached paper for information.

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DH Update on Nutrition Initiatives

NB: Initiatives apply to England only unless otherwise stated

Food and Health Action Plan

- The Food and Health Action Plan (FAHAP) is a key commitment in the Government's Strategy for Sustainable Farming and Food. It will shape, coordinate and drive action to improve public health in England through better nutrition. The Plan will build on existing initiatives.
- DH is leading the development and implementation of the FAHAP working with key central Government partners.
- In autumn and winter 2003, DH concluded a consultation on the "Food and Health Problem Analysis". The Minister for Public Health, Melanie Johnson has agreed the key nutritional priorities - fruit and vegetable consumption and intakes of salt, fat, added sugars and dietary fibre. DH and its government partners are now talking to stakeholders about these priorities and the actions they might take, to inform the first draft of FAHAP. This includes a cross-sector stakeholder conference on 23rd February.
- The first draft will go out for consultation in April.

Public Health White Paper

- The Secretary for Health recently announced the consultation on the Public Health White Paper which will provide the bigger overarching framework for work on diet and nutrition, physical activity and obesity.
- The announcement demonstrates the importance of the work on diet and nutrition, for which much has already been done through the development of the FAHAP.
- We shall be working with stakeholders to firm up the consultation arrangements and ensure that these build on existing work and engagement. The formal consultation period is likely to run from March to May, with the White Paper to follow. In turn, this will shape local plans for the period from 2005-06 onwards.

Reform of the Welfare Food Scheme (UK wide)

- The Government's response to the Healthy Start consultation are being published mid February 2004 – see DH website for details.
- Ministers have confirmed that the new scheme will offer fixed face value vouchers exchangeable for fresh fruit and vegetables as well as liquid milk and infant formula to qualifying pregnant women and children.
- Powers enabling reform are included in the Health and Social Care (Community Health and Standards) Act 2003. Draft regulations will be published for consultation in Spring 2004.

Infant Feeding

- A report has been published evaluating the 79 breastfeeding practice projects funded through the Infant Feeding Initiative. A copy of the report and an executive summary has been sent to all members for information and is available on the DH website.
- National Breastfeeding Awareness Week 2004 is being held 9 -15 May. This year the focus is to encourage women from disadvantaged groups to breastfeed - '*give it a go*' and to promote the role of the health professional in supporting mothers.
- A resource package is being produced by DH to help health professionals deliver the 2% point breastfeeding initiation target in the Priorities and Planning Framework 2003-06. The resource package will be launched in the Spring 04.
- SACN advice on soya based infant formulas was highlighted to health professionals through the January 2004 CMO Update.

Schools

- The Secretaries of State for Education and Health recently agreed to develop a healthy living action plan for schools. The aim is to bring together all nutrition-related activities in schools together into a "whole school day approach". Ministers and official across government are working to take this forward.
- The Minister for Public Health, Melanie Johnson, announced in January the eight pilot projects for the DH led strand of the joint DfES – DH Food in Schools Programme. These include healthier cookery clubs, breakfast clubs, tuck shops, vending machines, lunch boxes as well as work in water provision, growing clubs and the dining room environment. Factors to be addressed include how to overcome barriers, address sustainability and funding/resource issues and ensure ease of implementation. The pilot projects are being run in a cross-section of approximately 200 primary and secondary schools across the nine government regions. All pilots will be evaluated and the results disseminated in a 'whole school approach' in early 2005. The results will enable schools to develop and implement sustainable in-house strategies for improving the nutrition and diet of children. See DH website for further information.

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.
- For more information about all aspects of the 5 A DAY programme, see DH website

National School Fruit Scheme

- DH recently announced funding of £77 million over the next two years to enable the National School Fruit Scheme to be offered to all LEA schools in England with children aged 4-6 by the end of 2004. Since April 2002 £42m from the New Opportunities Fund has been supporting the expansion of the scheme region by region. It now covers over a million children in the London, East & West

Midlands, North West regions. The North East will join the scheme in March 2004.

- Fruits provided as part of the scheme include apples, pears, bananas and easy-peel citrus. Additional fruits and vegetables are being piloted, including carrots, tomatoes, kiwi, strawberries and celery, and will be further examined before becoming part of the scheme.
- NOP survey (Oct 2003) - over a quarter of parents report that, after joining the scheme, their children and their families as a whole had increased their fruit consumption at home as well as at school.
- A full evaluation has been commissioned by the New Opportunities Fund, using a new Consumption and Dietary Evaluation Tool (CADET) commissioned by DH to assess the impact of the National School Fruit Scheme on children's diet at and out of school, which will report in early 2005. Baseline measurements are currently being collected.

Community initiatives

- Following successful piloting of a range of initiatives by DH in five areas, the New Opportunities Fund (NOF) is funding for two years a further 66 new PCT-led local 5 A DAY initiatives. The final area – Blackpool was announced in December. Details of the 66 PCTs are available on the NOF website (www.nof.org.uk).
- Following the evaluation of the 5 A DAY pilot initiatives, DH has developed a **Five-a-day Community Evaluation Tool (FACET)** to support the evaluation of local 5 A DAY initiatives. NOF have commissioned Taylor Nelson Sofre to use this tool to evaluate the 66 new NOF funded initiatives over the next two years. The evaluation also includes qualitative aspects of the scheme. Baseline data on fruit & vegetable initiatives will be available in April.

Communications programme

- Work on a communication strategy for the next three years has been developed with the Central Office for Information.
- Over 300 organisations have now been licensed to use the 5 A DAY logo and/or the portion indicator on promotional materials and/or food packets. A 5 A DAY logo has been developed to help people recognise the 5 A DAY message and introduce consistency in the message in all settings. Nutritional and technical criteria for using the logo and portion indicator, and information on how to apply are on the DH website.
- The logo can currently only be used to promote products without any sugar, fat and salt. Draft criteria for use of the logo on products with added sugar, fat and salt were shared with wider stakeholders on the What Counts group and comments requested by January are being analysed. See Annex 1.

Obesity

- The Parliamentary Health Select Committee assessment on obesity is on-going - transcripts of evidence hearings to date are at: <http://www.parliament.uk/commons/selcom/hlthhome.htm>. Ministers are likely to be called to give evidence at the end of February 2004.

- New action aims to develop more cohesive support for health professionals to develop capacity for prevention and management of obesity in primary care. Action involves working with the primary care sector to develop practical ways of enhancing evidence-based prevention in primary care. A national workshop was held on the 11th February to review progress in prevention by primary care, generate ideas on how best the NHS can enhance its contribution to prevention, and what support would be needed to implement them, particularly in relation to the CHD Priorities and Planning Framework target:
 - In primary care, update practice-based registers so that patients with CHD and diabetes continue to receive appropriate advice and treatment in line with NSF standards; and
 - By March 2006, ensure practice-based registers and systematic treatment regimes, including appropriate advice on diet, physical activity and smoking, also cover the majority of patients at high risk of CHD, particularly those with hypertension, diabetes and a BMI greater than 30.
- The new GP contract, while not framed specifically around obesity, seeks to improve the management of a range of chronic diseases including CHD, stroke, hypertension and diabetes which are clearly associated with obesity.
- Funded by the DH, the British Dietetic Association launched (Dec 04) a new website *WeightWise* for health professionals and their patients on weight management: <http://www.bdaweightwise.com>. Action is being taken towards publicising the website widely among health professionals and consumers.

Salt

DH and the FSA held a joint salt stakeholders meeting on the 11th November 2003. At the meeting the Minister for Public Health, Melanie Johnson, called on participants to submit by the end of February their plans to reduce salt levels in their products. The Minister highlighted that if companies do not show a real commitment to reducing salt levels they could face the threat of having to carry labels. A note of the meeting is attached at Annex 2.

Physical Activity

- In December 2002, the Strategy Unit report 'Game Plan' set out a new target of 70% of the population to be active (30 minutes of moderate activity on at least 5 days a week) by 2020. The DH and DCMS, identified as having a joint lead on taking this recommendation forward, have established a cross-government Activity Co-ordination Team (ACT) to provide a strategic overview and the planning and co-ordination of sport and physical activities at a national level. Chaired by DH and DCMS ministers, ACT met in July, October and November 2003 and is due to meet next in February 2004. ACT is supported by a team of officials from DH, DCMS, DfT and Sport England, whose first task will be to draft a delivery strategy and set targets for the three years April 2004 - March 2007. DH is starting work on the development of a new communications message for 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 to be co-ordinated through ACT.
- The two year Local Exercise Action Pilots (LEAP) commenced in January 2004 and be fully evaluated by a national team.

- 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. 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 which is now in place.

The DH website address is now www.dh.gov.uk

Annex 1

5 A DAY: Development of Compositional Criteria for Composite Foods

In May 2003 the Department of Health convened a Working Group, the What Counts Composite Group, to consider in detail the development of detailed guidance for including composite foods in the 5 A DAY programme. Many of these foods contain fruit or vegetables, but they may also contain fat, sugar or salt. The recommendation to eat more fruit and vegetables thus needs to be considered in the context of advice to reduce consumption of fat, salt and added or non milk extrinsic sugars as part of an overall healthy diet. The Group's terms of reference were: "To develop nutritional guidelines for the use of the 5 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 5 A DAY logo."

The Working Group agreed that the objectives of their work should be:

1. To provide clear and consistent information for consumers on which composite foods can contribute significantly to the Five-a-day target, as well as supporting other aspects of healthy eating
2. To develop a transparent approach, that has a rational basis
3. To develop an approach that is pragmatic, and will include a proportion of existing products or product ranges.
4. To develop an approach which will provide an incentive for nutritionally positive changes in composition for some products
5. To develop an approach that is likely to be consistent with wider UK and EU initiative.

The Working Group reviewed criteria that had been used in other countries, and also tested criteria individually and together on both foods in the standard UK food composition tables, and on a database of foods currently available from high street retailers. Through this process they developed the following set of criteria for consideration by the wider What Counts group:

Composite foods can be included in the 5 A DAY programme if they contain:

- At least one portion of fruit or vegetable per serving of the food, as defined by the Department of Health.
- The food is not processed to the extent that it no longer resembles fruit or veg e.g. tofu, extruded products or powders
- <3g fat per 100g,
- <1.5g saturated fat per 100g,
- <2.5g non milk extrinsic sugars per 100g
- < x mg sodium per 100g (<225mg for ready meals; <300mg for pizza; <200mg for non-dried soups; <250mg for cook-in and pasta sauces; <10mg for canned fruit; <50mg for canned vegetables; <350mg for baked beans and canned pastas; <10mg for drinks; <200mg for fruit desserts)

Notes:

- The sodium criteria are aligned with the proposed sodium targets currently

under discussion by the FSA. The 5 A DAY compositional criteria will be re-aligned as necessary to maintain consistency with the FSA figures.

- The FSA defines NME as all sugars in fruit juices; all of the sugars in table sugar, honey, sucrose, glucose and glucose syrups added to food; 50% of the sugars in canned, stewed, dried or preserved fruits and none of the sugars in fresh fruit and vegetables (Buss *et al* 1994).
- The Working Group considered that since the FSA/EU proposed definition for a low sugar claim is 5.0 g total sugars/ 100g, either 2.5 g added sugars or 2.5g/g 100g non milk extrinsic sugars should be the criterion adopted by 5 A DAY. Dietary recommendations in the UK are for NMEs rather than added sugars, and so a criterion for NMEs would be the preference of the Working Group.
- Fruit canned in fruit juice would automatically be included in 5 A DAY, as would any smoothies or drinks that consist entirely of crushed fruit and/or fruit juice.

The Working Group believes that these criteria meet the objectives of the work. Specifically they:

- should enable the provision of clear and consistent information for consumers on which composite foods can contribute significantly to the five a day target, as well as supporting other aspects of healthy eating.
- are based on the criteria for nutrient content claims in the proposed EU regulation for health and nutrition claims which in turn are based on Codex criteria for nutrient content claims. This is with the exception of criteria for sodium which is aligned with the Food Standards Agency's proposed targets, which are themselves based on a modelling process. Thus all of the criteria are transparent, and have a rational basis.
- are pragmatic. Using the proposed criteria, 10.2% of all foods and 16.0% of ready meals, and 57.5% of healthy ready meals in the database would be included.
- are achievable, and thus the scheme should have the potential to provide an incentive for nutritionally positive changes in composition for some products
- use criteria from Codex, the FSA and the EU as a basis, which should help to ensure that the approach that is likely to be consistent with wider UK and EU initiatives
- are also comparable to criteria used in schemes elsewhere

Annex 2**Key Points and Themes from the
Salt Stakeholder Event 10 November 2003**

This document is based on discussions held at the Salt Stakeholder Event and is drawn together under themes taken from the CMO's 'summing up' of the event.

1. Rate of Change

- There was general agreement across all stakeholder groups that a reduction of salt intake was required, across the population.
- A number of organisations outlined action in the pipeline or undertaken to date, including the Food and Drink Federation (FDF) 'Project Neptune', Sainsbury's Salt Reduction Package and British Hospitality Association (BHA) leaflet.
- The good work to date was recognised and welcomed, but there was agreement that this wasn't enough and change was happening too slowly. It was agreed that collaborative working is required for an effective approach.
- It was also noted that reduction of salt in processed foods and education of consumers and other key stakeholders is required across the board, at both a national and local level.
- Examples were given on how this could happen. This would require the food chain to work together to achieve reductions where technologically feasible and it was suggested that industry trade bodies (eg IGD, FDF, British Retail Consortium (BRC), British Hospitality Association (BHA) etc) are in a good position to facilitate change and co-ordinate a uniform approach. It was also agreed that Government and health bodies/charities need to work together to educate consumer and health professionals.

Taste

- Consumer taste was outlined as a barrier to change and discussed at length. It was agreed that consumers needed to be weaned off salt in foods over a period of time, although some suggested that reductions of 10-15% could be achieved without any discernible difference in taste. In general, it was felt that the illustrative reductions included in the Food Standards Agency (FSA) Salt Model were realistic and an achievable goal for industry and the Salt Model was welcomed by a number of attendees. It was noted that meeting targets on salt intakes required all of industry to participate.

Technical Issues

- There was extensive discussion on the technological problems in reducing salt in foods, with examples given for food safety (eg meat products) and fermentation (eg bread). However, some felt that too much credence was given to technological issues and that further reductions could happen as, in most cases, levels are currently well above what is required for technological reasons. It was questioned why similar products, eg sausages, had a huge range of salt levels.
- A number of approaches were suggested to tackle this issue. The BRC offered to work with FDF to achieve reductions where technologically feasible. It was suggested that the Salt Model could be looked at category by category, to identify where reductions are feasible. It was also noted that the Salt Model would be more valuable if categories were broken down further, with an example given around the difference of salt in meat compared with meat products. The FSA was asked to consider the feasibility of doing this. Another approach suggested was to investigate the feasibility of taking the lowest salt product from FSA surveys to use as a model for other similar products to work towards.

Monitoring

- It was noted throughout discussions that monitoring is key to ensure change happens at an acceptable rate and that all organisations are participating.
- The Department of Health (DH) noted that from this year there will be accurate estimates of salt intakes from the Health Survey for England – this will provide year-on-year data which will show any movement towards the intake targets. The FSA will continue their food surveys and the FSA and DH will work together to consider other suitable monitoring activities.

2. Raising consumer awareness

- There was a challenge to increase consumer awareness – it was recognised that consumers need to understand the issue in order to create consumer demand and make informed choices. However, many felt that action could not wait until consumer demand was created.
- Health professionals noted that there was a plethora of confusing messages on health and it was important not to forget the overall ‘balanced diet’ message, with salt as one issue within this. A simple, easily understood message is seen as essential.
- The National Federation of Women’s Institute provided an example of lack of consumer understanding, where consumers did not see bread and breakfast cereals as ‘processed foods’ and therefore contributing to salt intake. They noted that their method of using informed members to cascade information was successful.

The role of the voluntary sector was highlighted, with the Tobacco Model outlined as an excellent example of the voluntary sector working together to

improve awareness. Health bodies and charities were asked to identify and progress action to increase consumer awareness and understanding.

It was also noted that there was a clear role for Government in educating and informing consumers and that the DH and FSA would work on finding effective ways of increasing consumer awareness and understanding. This would include working with health bodies and charities to raise awareness amongst the population of the link between salt, high blood pressure, heart disease and stroke.

- If the Government does undertake a public awareness raising campaign, the Chair noted this would have a strong ‘harm reduction’ focus, similar to the successful children and second hand smoke campaign which prompted a rapid move in consumer opinion.

3. Labelling

- There was general discussion on issues around labelling and lack of consumer understanding. It was recognised that labelling was set at an EU level but the UK has the ability to influence discussions and put issues on the agenda. It was also noted that salt is a key issue across EU member states – a trans-European meeting of FSA equivalents will be held in 2004 to discuss the issue further. It was further agreed that voluntary labelling was important.
- It was felt that action in this area should build on the good work already done by IGD and industry on labelling of ‘salt’ and Guideline Daily Amounts (GDA). The proposal by the Chair of the IGD Nutrition Group to take salt to the next IGD meeting, in December 2003, and the BRC offer to work with the FDF on clearer labelling, were both welcomed.

4. Commercial pressures

- There was a short discussion on the conflict between the demands of health and the commercial constraints in a very competitive industry. It was emphasised that getting the issue on the commercial agenda was key.
- It was noted that the importance of salt reduction in processed food needs to be sold to company CEOs, as well as marketing and New Product Development (NPD) teams. However, this is difficult, as developing or amending several hundred recipes means an investment without an immediate and obvious sales benefit. Also, industry tends to take action for a limited number of reasons – legislation requirements, consumer demand or commercial advantage.
- It was suggested that one approach to address this difficult issue was for the food industry attendees to take the salt issue to their CEOs in the context of corporate social responsibility, with the aim of convincing them to put reduction of salt in food on the commercial agenda. The food industry attendees were also asked to provide advice on how else the salt issue could be made part of the commercial agenda.

5. Multi-stranded approach

- It is agreed that salt reduction is not the only factor influencing blood pressure. The wide-ranging work being undertaken by Government and NGOs to tackle blood pressure, such as targeting obesity and encouraging activity, was outlined briefly. One NGO example given was the joint National Heart Forum / Faculty of Public Health 'Obesity Toolkit'.
- It was suggested that some of the food industry would prefer an increased use of potassium rather than a flat salt reduction, arguing that increased potassium has proven advantages in reduction of blood pressure.
- Another suggestion was for the FSA to consider expanding the Salt Model to cover sugar and fat.

6. Public procurement

- It was noted that the public sector procurement spend is enormous and is also used to cater for the most vulnerable groups (children, old people, hospitals etc). Also, local authorities are responsible for a large proportion of public procurement and, since the high-profile controversies surrounding BSE, foot and mouth disease and GM foods, they are much more aware of food issues and concerned with what they are procuring. In addition, a lot of the food procured is now pre-prepared.
- It was suggested that, further to the Public Procurement letter sent by the Minister and Sir John Krebs, the DH and FSA would engage key public procurement personnel to investigate the development of clear guidance for public procurement (eg for Local Government).
- It was noted that Trading Standards and Environment Health Officers need to be informed of the salt issue and that this could be integrated into the Food Vision Project, which is undertaken by the FSA, LGA and LACORS.

7. Education in schools

- It was agreed that children must be informed and encouraged to make healthier choices.
- The British Medical Association (BMA) outlined their (soon to be released) report on adolescent health, including diet, looking at food choices, peer pressure and messages on food and diet given at school. As teenagers have a high salt intake, they thought there might be scope in using low salt alternatives.
- It was emphasised that the FSA, DH and DfES are committed to improving child nutrition, with a lot of work focusing on school nutrition. One suggestion was to consider developing a further Salt Model specifically to cover children.

8. Education of health professionals

- It was strongly noted that all health professionals need to be informed and assisted in cascading information into the community – educating the public is a long-term project. Although the education of GPs, practice nurses and community dietitians is key, it was felt that this is currently under-funded and more support is needed, especially on culturally sensitive issues. DH reported that there are now GP contract incentives on public health improvement.
- It was noted that the DH, health bodies and charities need to work together to educate health professionals (including GPs, nurses and dieticians) to increase awareness of the link between salt and health and their role of raising consumer awareness.

9. Action Plans and the way forward

- A number of delegates outlined their commitment to providing an action plan as requested by Melanie Johnson, Minister of Public Health.

Key Action:
All to provide action plans on how your organisation or sector(s) will act to reduce salt intake by 27 February 2003.