

PROGRESS REPORT: EATING FOR HEALTH

Issue

1. Update the Eating for Health programme and forward look.

Strategic Aims

2. To contribute to reducing diet related disease.

Background

3. The Board have discussed the FSA's Eating for Health programme in June 2006 and October 2007. The aim is to help make healthier eating easier by influencing products, people and the environment in which people make choices about their food. This paper sets out the progress made on the objectives in the Strategic Plan, and complements the regular information reports. It also sets out the major challenges for the next 12 months, but does not attempt to second guess the revision of our Strategic Plan.
4. Since September 2007 progress has been made on all the Strategic Plan objectives on Eating for Health (set out in Annex 1). A number of key Government activities have affected our work programmes. This paper describes the impact of these policy statements on FSA business, sets out progress and next steps on key initiatives:
 - Reducing salt and saturated fat intakes.
 - Making it easier to make healthier choices when eating out.
 - Encouraging consumer behaviour change.
 - Promoting effective nutrition labelling.
 - Prioritisation of nutrition research.

The Nutrition team is responsible for a wide range of other important work, including independent reviews of the FSA's nutrient profiling model and the impact of new rules on advertising of follow on formula. Nutrient profiling will be discussed at a future Board meeting. The team responds to thousands of consumer queries every year, supports the independent Scientific Advisory Committee on Nutrition, and negotiates and implements EU rules on nutrition and health claims, fortification and dietetic foods.

Impact

Update on Cross-Government Strategies

England/UK

5. A number of government policy statements have been published which link to the Strategic Plan. *'Food Matters: Towards a Strategy for the 21st Century'*, published by the Cabinet Office in July 2008, established a Cross-Government Action Plan of measures needed to achieve a sustainable food system – economically, socially and environmentally. The FSA is leading on a number of these key actions, and is a key contributor on others. Ensuring delivery of these commitments will require sustained resource allocation to these tasks.
6. One FSA led commitment, Integrated Advice for Consumers, aims to provide a one-stop shop for consumers seeking Government advice on healthy diets, food safety and environmental sustainability. During the scoping phase we are working inside the FSA and with other Government Departments to locate relevant advice, identify gaps and conflicts in existing advice and develop plans for tackling them. Focus group work is currently underway to gather consumer views on the one-stop shop concept.
7. Work was already under way to reconsider the FSA's advice to eat at least two portions of fish a week, one of which should be oily, in the context of concerns about declining fish stocks and other environmental impacts of fishing and fish farming. The FSA is currently consulting on options developed in discussion with a range of stakeholders, including Defra and devolved equivalents. The outcome will feed into the one-stop shop work.

England

8. The FSA is a key partner in delivery of the *'Healthy Weight, Healthy Lives'* cross-Government strategy for England (published in January 2008), which aims to reverse the rising tide of obesity and overweight by ensuring that everyone is able to achieve and maintain a healthy weight. Our key contribution is working with industry to deliver commitments set out in the Healthy Food Code of Practice (see Annex 2). With Department of Health, we clarified our respective roles in delivery of this programme. A key challenge will be to ensure we continue to work together effectively.

Northern Ireland

9. Following the launch of the Childhood Obesity Taskforce Report, *'Fit Futures'*, the Department of Health, Social Services and Public Safety (DHSSPS) in Northern Ireland has set up an Obesity Prevention Steering Group to co-ordinate the implementation of *'Fit Futures'*. Four Advisory Groups will report to the Steering

Group: one on Food and Nutrition; another on Prevention, Education and Public Information; a Physical Activity Group; and a Data and Research Group. The FSA is represented on three of these groups and currently chairs the Food and Nutrition sub-group, which will have responsibility for a number of priorities including Front of Pack labelling and healthier catering.

Scotland

10. The Scottish Government (SG) has recently outlined its future food and health priorities in *'Healthy Eating, Active Living'*; an action plan to improve diet, increase physical activity and tackle obesity (2008-1011)¹, which builds upon and extends actions in *'Eating for Health – Meeting the Challenge'*². Diet, nutrition and health are also included in the National Food and Drink Policy³. FSA Scotland (FSAS) will provide the secretariat for one of the five workstreams.
11. FSAS is a key contributor to these initiatives by: raising Scottish consumer awareness of a healthy balanced diet; providing effective support and expert nutritional advice to ensure consistent key messages on healthy eating in the SG *'Take Life On'* Social Marketing Campaign⁴; partnering the Healthier Scotland cooking bus, providing nutritional advice to promote healthier food choices in the public sector, and encouraging the Scottish food industry to reformulate its products to reduce salt, saturated fat and sugar and to use clear, useful Front of Pack labelling.

Wales

12. FSA Wales (FSAW) is working with the Welsh Assembly Government to develop the Quality of Food for All 5 year Action Plan, which is intended to improve the quality of food consumed in Wales. The plan is built on six strategic aims and will have a food and health focus, addressing the broader food quality issues of accessibility and affordability, sustainability, environment and fair trade. FSAW will contribute to the delivery of a number of the areas for action, including work with Welsh food businesses to encourage provision of healthier choices that are easily identifiable.

Progress on reducing salt intakes

13. A survey of urinary sodium samples taken in early 2008 showed positive progress towards reducing average population salt intakes to 6g. Average intakes are currently at 8.6g/day compared to 9.5g in 2001, and 9.0g in 2005. We have built on the success of previous salt campaigns through work with NGO stakeholders on a range of projects across the UK that will help particularly

¹ Healthy Eating, Active Living: www.scotland.gov.uk

² *Eating for Health: meeting the challenge*, Scottish Executive, June 2004, <http://www.scotland.gov.uk>

³ <http://www.scotland.gov.uk/News/This-Week/Speeches/Greener/food>

⁴ <http://www.takelifeon.co.uk/>

vulnerable and low income consumer groups reduce their salt intakes. These include a mixture of initiatives in diverse settings including temples of worship, workplaces, schools and local communities.

14. We have been successfully promoting the UK model for salt reduction internationally. European Member States are expected to commit, in the Autumn, to achieving specific salt reductions by 2012. We have established the Salt Action Network of Member States of the European WHO region, which aims to promote and share learning on salt reduction.

Next steps on salt

15. The challenge now on salt is to maintain progress. The next steps are the current review of salt reduction targets (we are consulting on revised targets for both 2010 and 2012) and plans for further consumer awareness activity in 2009/10.
16. On saturated fat, information gathered through discussions and bilateral meetings with companies will be used to develop specific proposals on which we will consult in 2009. The contribution of reductions in and advice on portion size is also being considered, following an academic workshop. A stakeholder meeting on portion size will be held in October.

Progress on reducing saturated fat intakes

17. In February we published a "Saturated Fat and Energy Intake Programme" which highlights our next steps on four key areas of work: reformulation, portion size, healthier options and consumer awareness. We have set up a range of industry stakeholder groups to consider the scope for reformulation of foods that are key contributors to saturated fat and added sugar. These will take account of the important functional roles of fats and sugars in foods and the micronutrient contribution of dairy and meat products.

Next steps on saturated fat

18. We are developing a campaign for early 2009 to increase awareness of the health effects of saturated fat, and help consumers to make healthier choices and reduce their intakes. The scale of this activity will be smaller than previous campaigns due to the limited budget. It will feature television advertising and print media. We are working in partnership with NGO and industry partners to amplify the effect of the campaign messages.

Progress on working with the catering sector

19. We are working, supported by funding from the Department of Health to make it easier for UK consumers to make healthier choices when eating out. We have developed a strategic approach to the delivery of this work, consistent with

available resources, which prioritises engagement with the largest companies and the sectors of the catering industry that serve the most meals. These have the potential to have the greatest impact at a population level on consumers' diets. We are working with companies to develop public commitments to action on salt, saturated fat, and added sugar. These span activities covering: procurement, kitchen practice, menu planning and consumer information. This broad framework allows any catering company to make commitments appropriate to its operation, type and size.

20. In January this year, we published commitments from the major providers of workplace catering, together with the two largest suppliers to the catering sector at large. In July, commitments from six medium size workplace caterers were added. The companies involved to date cover a 85% of the workplace sector of the market, and serve in excess of 1.6 million meals every day. Last month we published additional updates from the companies included in our January publication. We also published case studies in July from six major employers who have run pilot projects; these provide tips and valuable insights to help others develop appropriate projects that are suitable for their own businesses.
21. There are country specific initiatives, in which the FSA is a key partner, concerned with promoting improved consumer choice in the range of catering establishments. In Scotland we are supporting the 'Healthyliving Award'. In Wales the FSA has been a key participant in a multi-agency team that has developed the All Wales Healthy Option Award that offers recognition to those catering businesses that strive to make healthier choices available. FSANI is working with the Health Promotion Agency to deliver nutrition training to EHOs who will then be able to support and monitor and future healthier catering scheme. These projects all contribute to meeting the FSA's strategic aims.

Next steps on working with the catering sector

22. We have established five forum groups to cover four selected sectors. In addition to workplace catering these groups involve the largest companies in the quick service restaurant, pub dining, casual dining, and coffee and sandwich shop sectors, and the aim is to publish commitments by early 2009.
23. Work will begin shortly to examine the provision of nutritional information in a variety of catering settings. The first step will be to work with stakeholders to design appropriate consumer research to identify needs and preferences.

Progress on promoting effective nutrition labelling

24. Since October 2007, 13 additional companies have decided to use the FSA's recommended front of pack nutrition labelling approach, including 2 new service providers and a restaurant, making a total of 38 businesses using two traffic light front of pack labelling (the market share of the retailers using traffic lights is over 40%). We have also secured the support of two new UK consumer and health bodies and several consumer groups across Europe. Officials continue to encourage and offer advice to firms who are interested in adopting our approach and are working with supporters of the FSA's recommendations to further promote understanding of traffic light labels.
25. When the Board agreed its recommendations on front of pack labelling it also agreed that the impact should be evaluated when in use in the market. At the beginning of the year, following a rigorous tendering exercise and contractor selection process, BMRB and Surrey University were appointed by the independent Project Management Panel (PMP) to carry out an independent evaluation of the use of the three main front of pack nutrition signpost labelling approaches being applied in the UK⁵ in terms of purchasing behaviour and consumer knowledge. The study will establish what elements of these individual signpost schemes enable consumers to most correctly interpret levels of key nutrients on a range of foods and provide data on how consumers use front of pack labels when shopping and at home. It will explore whether having more than one scheme causes confusion.
26. The qualitative phase of the research has been completed and a report of some of the findings has been published by the PMP together with the scientific rationale for the design of the quantitative stage; these were both subject to independent peer review. Fieldwork for the quantitative survey, which will gather data from a representative sample of 3,000 UK shoppers, is now underway. It will explore objective comprehension of alternative label formats. The findings from all stages of this work are expected to be available in Spring 2009.
27. In February 2008 the Commission published its proposal for a new Food Information Regulation (FIR). UK stakeholders were formally consulted on the proposal and their responses fed into FSA Board discussions in April and June on the nutrition and general labelling provisions.

⁵ monochrome schemes providing information on percentage of Guideline Daily Amount (GDA); traffic light colour coded schemes indicating nutrient level and; hybrid schemes which provide both a traffic light colour code and percentage of GDA.

Next steps on promoting effective nutrition labelling

28. The findings of the independent evaluation will be considered alongside other published research and other relevant evidence in developing options for consultation and subsequent Board advice to Ministers on future policy. Pre-consultation discussions with stakeholders began earlier this month with a scenario planning workshop.
29. Substantive negotiations on the FIR started in Brussels in September and are expected to continue throughout the Autumn, with a strategic steer likely to be sought on issues arising during the negotiations at a meeting of the European Employment, Social Policy, Health and Consumer Affairs Council of Ministers in December.

Progress on nutrition research and surveys

30. The FSA nutrition research and survey portfolio currently comprises seven programmes (or themes) of research (Annex 3) and cost a £6.7 million per annum. Outputs are used, with other published research as the basis for expert recommendations, to develop and pilot interventions to encourage behaviour change and to monitor progress toward objectives. Major survey work is underway to monitor food consumption, nutrient intake and nutritional status within the population through the National Diet and Nutrition Survey rolling programme, which began fieldwork in April 2008. The first headline results are expected in December 2009. Surveys both support nutrition policy and inform chemical risk and exposure assessments.

Next steps on research and surveys

31. A new Dietary Survey of Infants and Young Children is being prepared. This survey, a joint project between the FSA and the Department of Health (DH), will cover children between weaning and 18 months of age and so bridge the age gap between DH's earlier Infant Feeding Survey and NDNS.
32. A strategic review of the portfolio is currently taking place, including horizon scanning the FSA's future nutrition research needs, to ensure that the portfolio continues to meet the policy needs of the FSA (Annex 3). This is because regular review of research is good practice. The role of other funders and possible collaborations will be an important element of the review.

The challenge of encouraging consumer behaviour change

33. Securing behaviour change is fundamental to our success and we are working closely with the FSA Social Science team and the newly created FSA Social Sciences Committee to ensure our research provides the foundation for effective interventions. For example, a pledge-based approach delivered in schools by a

consortium led by the National Children's Bureau (NCB) has been successful in engaging children and young people in improving diet and lifestyle. The FSA (with NCB and others, including the School Food Trust) is promoting this approach as part of the programme being developed to provide the lasting legacy of the London Olympics. A trial of a similar approach for adults is also underway in Middlesbrough⁶.

34. Knowledge and skills are key to behaviour change. The FSA has developed a number of initiatives based on an agreed framework of food competencies covering nutrition, food safety and allergy knowledge and skills for children and young people of different ages. These include an extended schools and community cooking club initiative; partnerships with sports interests including Scottish Rugby, the Scottish Football League, the Manchester United Foundation and the Premier League; and advertorial activity with leading teen girls' magazines.

Resources

35. Agency resources for eating for health include 93.5 staff (70 in HQ, 14 in Scotland, 5.5 in Wales and 4 in Northern Ireland). In addition there are dedicated resources in the communication team. More than 30 FSA staff have graduate and or post graduate nutrition qualifications.

36. The Eating for Health programme is underpinned by evidence from research projects, surveys and evaluations. The 2008/9 programme budget for this work and for communications activities is £12.9 m (£11.2 m in HQ, £1.3 m in Scotland, £0.175m in Wales and £0.25 m in Northern Ireland). Sufficient funding for the saturated fat campaign to be launched in early 2009 has been secured by delaying the start of strategic research projects. It has not been possible this year to support other paid for mass media activity on healthy eating.

37. Progress would be hampered if there were funding constraints. This means that it will be important to consider impact on this programme of steps taken in the light of decisions on access to EYF funding and resource demands of 'Food Matters' initiatives and new GM work.

Conclusion

38. Progress has been made on all four of the remaining eating for health strategic targets but there is still a considerable way to go before they are met. Delivery of each target raises specific challenges. To ensure continued progress the FSA needs to build on our experience to date; learn from initiatives by other bodies and in other countries; do what it can to maximise the potential for international influences to affect global markets; continue to develop effective stakeholder

⁶ FSAS is a strategic partner in the Healthier Legacy Sub-group for the 2014 Commonwealth Games which will be held in Glasgow.

relationships; maintain a strong public information and education profile to drive consumer behaviour change; and continue to generate evidence to underpin and evaluate each initiative and monitor overall progress. These targets are very challenging, and future progress will be dependent on continued commitment from the FSA, health and education departments across the UK, all sectors of the food industry and public health and consumer groups and individual consumers.

Board Action Required

39. The Board is invited to:

- **note** the progress since October 2007 on the Eating for Health programme; and
- **discuss** the forward programme.

Previous Board consideration

40. See paragraph 3.