

EATING FOR HEALTH

Executive Summary

1. This paper considers the programme of work that has been put in place to address the strategic objectives on dietary health agreed in 2004 and provides an update on developments since then.
2. The Board is invited to:
 - **note** the range of work underway on the Eating for Health agenda and achievements and changes to the landscape since the Strategic Plan was agreed;
 - **agree** that these and other developments should be taken into account in an autumn review of the Strategic Plan; and
 - **agree** that in the meantime the main focus of the programme should be as proposed in paragraph 19.

NUTRITION DIVISION

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EATING FOR HEALTH

Issue

1. This paper proposes that strategic targets for dietary health be updated.

Strategic Aim

2. This work is aimed at improving dietary health in the UK.

Background

3. Publication of the 2005/2010 Strategic Plan signalled an increase in emphasis on our work on this issue. The Plan includes 13 (out of 42) targets which relate to dietary health, as set out in Annex A. In addition, the Agency plays a key role in meeting commitments in nutrition strategies agreed by health departments in England, Scotland, Wales and Northern Ireland (see paragraph 10). There have been a number of developments since the Plan was agreed in 2004 and it is timely to consider whether all the targets remain valid and of equal priority.

Objectives and Scope of the Programme

4. The objective of the Agency's work on dietary health is to improve diets by making healthy eating easier and thereby help reduce diet-related disease. The key activities currently underway or planned, which are listed in Annex B, contribute to making healthier choices easier by influencing **products**, **people** and the **environment** in which consumers make choices about their diets. Initiatives in the **products** strand include working with industry to reduce added salt levels in processed foods; work in the **people** strand includes providing consumers with practical advice about how to choose a healthy diet, and projects on the **environment** include influencing which is promoted and provided to children.
5. Policy in all these areas is underpinned by **evidence**, and all policies are evaluated for effectiveness. Increasingly, social sciences are being employed alongside nutritional science to help understand and influence behaviour. A key activity is monitoring dietary behaviour to identify and characterise problems and assess policy impact.
6. At EU level, the Agency is responsible on behalf of the UK for negotiating harmonised rules on nutritional issues, including new controls on nutrition and health claims.

7. This work is also supported by a wide range of corporate activities, including responding to queries from individual consumers and other correspondents, and providing support to the Board and Health Ministers in the four devolved countries. This supportive work is resource-intensive.

Developments during 2005 and 2006

8. Since the Strategic Plan was agreed, there has been an upswell in interest in the nutrition agenda both domestically and internationally. This is reflected in consumer attitude research and has led to the launch of a range of initiatives from interested parties, including governments, businesses and public interest groups. Increasing awareness of the public health implications of poor diets has been the main driver but the Agency's ground breaking activities (see paras 13-18) have also played a part.
9. In Europe, the Commission has prompted debate by seeking views on a Green Paper on Promoting Healthy Diets and Physical Activity and challenged stakeholders to contribute to improving public health by establishing a Platform for Action on Diet, Physical Activity and Health¹. This development offers us an opportunity to share our experiences, learn from others and, where appropriate, seek to reinforce initiatives by encouraging collaboration.
10. All four UK countries now have cross-administration strategies for action (see Annex C). This has had an impact on the Agency's role. The main change has been that health departments now lead on promotion of foods to children. The increased emphasis from health departments on healthy eating also challenges our ability to join up effectively and our response must be to coordinate effectively and provide clear, coherent information to stakeholders on the whole work programme. The review of progress on the Scottish Diet Action Plan by Professor Tim Lang may lead to further changes.
11. Education departments in both England and Scotland have introduced major initiatives to improve school meals and promote a whole school approach to healthy eating. A consultation paper is due to be launched soon in Wales, and a similar move is being considered in Northern Ireland. The Agency continues to support all these initiatives. We have also now established UK voluntary target nutrient specification for manufactured foods used in school lunch, based on those published in Scotland in May 2004. Across the four UK countries we will now focus on consolidating our activity and supporting initiatives which address any gaps in provision.

¹ Launched in March 2005, the Commission's Platform for Action brings together European representatives from the food industry, retailers, advertisers, consumer and public health NGOs and current and incoming Presidencies. The principal members have submitted Action Plans detailing non-regulatory commitments which since been published on-line. The Agency has submitted commitments on salt reduction and signpost labelling, the Department of Health its Food and Health Action Plan and the NHS Scotland has listed its information sources on healthy eating and keeping physically active.

12. In addition, health Ministers have sought advice from the Agency on the issue of folic acid fortification and requested this be provided as soon as practicable because of the severity of the consequences of poor folate status in pregnant women.

Achievements during 2005 and 2006

13. There has also been substantial progress in the last 18 months on the agreed targets, as indicated in Annex A. More than 50 businesses or trade associations have now registered commitments to reduce the levels of salt added to processed foods. We have also published voluntary salt reduction targets for a wide range of foods (85 different categories). As a result of our campaigning and partnership activities, public awareness of the 6g a day salt intake guidance has risen from just 3% to 34%, and 58% of consumers now claim to be acting to reduce their salt intake. Both strands of this initiative need to continue if we are to meet the Strategic Plan target of reducing population average salt intakes to 6g per day.

14. Further, in discussions with industry stakeholders, they have argued that reformulation to address saturated fat and calorie content should be considered at the same time as salt reduction, so that food technologists can consider all the relevant nutrients at the same time. We are therefore taking forward pre-consultation discussions to inform development of an integrated strategy.

15. In March, the Board agreed its approach to signpost labelling, based on four core principles. We have already secured uptake by 3 major retailers (Sainsbury's, Waitrose and Asda), representing 37% of the retail market. The next steps are to work with adopters to agree and disseminate advice to consumers; to encourage more businesses to adopt the FSA's approach; and to develop collaborative independent research into the impact of signposting in practice.

16. The Agency's review of the evidence on the impact of promotional activity on children's diets has led to cross-Government agreement on the need for action, and Ofcom is now consulting on policy options. In December 2005, the Agency delivered to Ofcom the nutrient profiling model which allows the new rules to be targeted on foods high in fat, salt or sugar. With the shift in responsibility to health departments, the Agency's role now is to press for appropriate responses on this issue from Ofcom, health departments and businesses.

17. The Agency's eatwell website continues to be a popular source of practical healthy eating advice, currently averaging 8,000 visits a day, and increasing emphasis on media partnerships to target specific groups has generated successful mini campaigns such as two healthy eating supplements in Sugar magazine and sponsorship of celebrity Soccer Six girls football matches. Continued strong support for these communication activities is essential if we are

to continue to contribute to increasing awareness of the health and lifestyle benefits of healthy diets and to target the right audiences in a relevant and engaging style.

18. A number of successful initiatives exemplify the emphasis in the Strategic Plan on delivery through partnership. These include: contributing to development of the Nutrition Network for Wales¹, agreeing a collaboration with the National Federation of Women's Institutes on a new Cooking Bus and a three year partnership to deliver practical food skills; establishing strong partnership arrangements with organisations in Northern Ireland in targeting key nutrition messages as part of an Older Persons Strategy; and launching a pilot Food Hygiene & Healthy Eating Project with Aberdeen Football club. We are considering how the Agency can add particular value to local delivery of the nutrition agenda in England, bearing in mind the wide range of organisations already active on the issue. It is anticipated that the recently recruited regional representatives (to be stationed in regional Government Offices) will play a valuable role in this work. Experience in Scotland, Wales and Northern Ireland is informing this project and its findings will be considered in all four countries.

Next steps

19. It is proposed that these developments and achievements should be taken into account in an autumn review of the Strategic Plan. In the meantime, Ministers' specific request for advice on folic acid and building on the progress set out in paragraphs 13-18, it is proposed that the Agency's focus in the next 12 months should be on:

- agreeing advice to UK Health Ministers on improving the folate status of young women, then taking action forward as appropriate (see para 12);
- reformulation and public awareness work aimed at reducing salt intakes (see para 13);
- development and implementation of a strategy to reduce saturated fat intakes to below 11% of food energy and encourage calorie balance (see para 14);
- promoting the Agency's agreed approach to front of pack signpost labelling and assessing impact in practice (see para 15);
- continuing to develop our communications activity that engages a range of audiences with practical information and advice and helps address obstacles to achieving a healthier diet (see para 17); and

¹ The development of a nutrition network involving health professionals, teachers, voluntary organisations and others was a specific commitment within *Food and Well Being*. The network has been developed and is being formally launched at the annual *Food and Well Being* conference on 15 June.

- developing a strategy for engagement with local initiatives in England (see para 18).

Implementation

20. Food manufacturing, catering and retail businesses and their trade associations have a leading role to play, particularly in the reformulation, salt awareness and signposting work. A key priority is to continue to work constructively with these groups. It will also be important to seek to harness market forces to encourage changes that will make healthier choices easier.

21. Building effective partnerships with public health, consumer and community groups is also of key importance, particularly in respect of consumer communication and consultation. Their ideas, expertise, credibility and networks, particularly locally and with deprived groups, are essential to delivery of real change.

Advisory Committees

22. Preliminary discussions on the work programme have been held at the Scotland and NI Advisory Committees (see Annex D). More detailed discussions are planned for later in the year as part of a mid-term review of the Strategic Plan.

Risks

23. The key risks are failure to make progress because of lack of joined up thinking (see para 10), lack of clear priorities for resource allocation (see para 19), and failure to engage effectively with stakeholders (paras 20 and 21).

Recommendation

24. The Board is invited to:

- **note** the range of work underway on the Eating for Health agenda and achievements and changes to the landscape since the Strategic Plan was agreed;
- **agree** that these and other developments should be taken into account in an autumn review of the Strategic Plan; and
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**STRATEGIC PLAN TARGETS UNDER “EATING FOR HEALTH” – WITH
PROGRESS MADE**

Objective	EU / UK / SWaNI	OGD involvement	Progress
We will work with health departments and other stakeholders to reduce the average salt intake of UK adults from the current 9.5g to 6g per day by 2010, and to reduce salt intake of children in line with Scientific Advisory Committee on Nutrition age-specific recommendations, also by 2010. We will monitor progress to ensure that we remain on course to achieve the target (14)	UK	Jointly with health departments	On target: Two phases of salt campaign successfully completed. More than 50 businesses or trade associations have committed to specific reductions.
We will work with health departments and other stakeholders to reduce the average intake of saturated fat (for everyone from age 5 upwards) from the current level of 13.4% to below 11% of food energy by 2010 (15)	UK	Jointly with health departments	On target: Broad approach agreed with stakeholders. Series of detailed stakeholder meetings held to inform development of a detailed draft strategy on which we will consult later this year.
By 2006 we will develop, in collaboration with health departments, targets for achieving a balance between calorie intake and energy output (16)	UK	Jointly with health departments	
We will seek expert advice on the health implications of low micronutrient intakes in some population groups. We will look again at our priorities in 2007 if this evidence suggests we need to take action (17)	UK	Jointly with health departments	On target: SACN is considering a secondary analysis of relevant NDNS data.
By 2006 we will establish targets for the salt content of the 10 food categories contributing most salt to the diet. (18)	UK	None	Complete: Voluntary salt reduction targets for 85 categories of processed foods were published in March 2006.
By 2005 we will implement survey programmes to track the key nutritional components of meals in major institutions, including schools. We will work with other government departments to set targets to improve the nutritional quality of such meals in line with the UK national targets for Calorie, fat, salt, and sugar intakes (19)	Four UK Countries	Policy interest: Education and health departments	Revised: to take account of OGD's new focus on improving standards.
By 2005 we will have set up a programme of surveys of the Calorie, salt, fat, and/or sugar content of foods and will publish the results to help consumers make informed choices about what they eat (20)	UK	None	Revised: to integrate with reformulation and awareness programmes.
By 2006 we will develop and promote a simple system for highlighting the salt, fat and sugar content of foods as part of a strategy for reducing intakes of salt, sugar and fat. (21)	UK	None	Complete: Core principles of signposting approach agreed and published in March 2006. We are now encouraging uptake.
By 2005 we will review existing evidence on influences on food choices to identify which are practical and effective and to see where there are gaps in our current knowledge. (22)	UK	None	Complete: Review published in 2005. Follow up research is under consideration.
We will work with local authorities to develop	UK	None	On target: Range of

the Food Vision database of local initiatives on healthy eating to encourage and spread good practice. We will give priority to initiatives, which help disadvantaged and vulnerable people (23)			information on the database extended in 2005/6 to include more case studies and tool kits for local projects.
We will encourage all schools that have not already done so to adopt a 'whole school' approach to diet and nutrition (24)	Four UK countries	Education department lead	On target: The whole school approach is embedded in school food improvements across the UK. FSA's focus now is on consolidating initiatives and identifying any residual gaps.
We will work with the industry to achieve changes in the way food is promoted to children to redress the imbalance between less healthy foods and healthier alternatives. (25)	UK	Health department lead	On target: Nutrient profiling model delivered to Ofcom in December 2005. Board to discuss its response to Ofcom consultation at June open meeting.
Protect the interests of consumers by ensuring that the regulation of health claims is based on evidence and is proportionate. (26)	EU	None	On target: EU Regulation agreed in May 2006. Adoption expected in the Autumn.

THE MAIN AREAS OF NUTRITION WORK WITHIN THE AGENCY

Activity	EU / UK / SWaNI	Involvement of Other Govt. Depts.
Products		
Reduce population salt intake	UK	Health
Reduce saturated fat intakes and improve energy balance (eg. change portion sizes).	UK	Health
Administer and potentially revise EU directive on foods for particular nutritional purposes.	EU	
Revise EC infant formula directive	EU	Health
Possible folate fortification of flour	UK	Health
Target nutrient specifications for food provided in schools.	Scotland and other UK countries	Education
People		
Salt Campaign	UK	Health
Healthy diet and lifestyle advice and messages, including:	4 UK Countries	Health, Education
Working with media (e.g. Sun, Sugar magazine)	4 UK countries	
Eatwell and other website activity	UK	
Healthy Living Campaign	Scotland	Health
Environment		
Controls on promotion of food to children	UK	Health, Ofcom
Behavioural change interventions	UK countries	
New rules on nutrition and health claims	EU	
Whole school approach/other school activities	4 UK countries	Education
Nutritional quality in institutions other than schools	4 UK countries	Health, Education and others
Signpost Labelling	UK	
Revise nutrition labelling directive	EU	
Evidence – underpinning activity		
National Diet and Nutrition Survey	UK	
Low income Diet and Nutrition Survey	UK	
Review of diet and behaviour	UK	
Scientific Advisory Committee on Nutrition - advice and recommendations - Secretariat provision	EU	Health
R&D Programme	UK and Countries	

NB. This list is not exhaustive and does not include corporate activities which range from Parliamentary and other briefing, and answering consumer and other queries and a full range of correspondence, to stakeholder engagement, and to activities such as Business planning and learning and development.

The Agency's resource allocation to Eating for Health work in the UK in the current year is around £3.3 million on administration costs including pay and £9.2 million on programme costs, principally research and development and surveys.

NUTRITION STRATEGIES PUBLISHED BY HEALTH DEPARTMENTS IN ENGLAND, SCOTLAND, WALES AND NORTHERN IRELAND

England

In England, the Choosing Health White Paper was published in November 2004. The programme of work outlined in the White Paper includes many of the Strategic Plan targets in the Eating for Health area, and the White Paper itself makes explicit references to parts of this work (e.g. signposting and salt targets).

The Agency also contributes to the delivery of further White Paper commitments that go beyond Strategic Plan targets (albeit in areas where the Agency was already active) and is represented on a number of the implementation teams established to take White Paper actions forward. This includes work on nutritional standards for public procurement; restrictions on the promotion of infant formula; food in schools; and local working. In addition, the White Paper transferred the policy lead for work on the promotion of foods to children to the Department of Health in England, with the Agency providing a Nutrient Profiling model to support further advertising restrictions.

Scotland

The Scottish Diet Action Plan (SDAP)¹ seeks to address the diet of the Scottish population through a concerted approach to dietary improvement and has been the central focus for diet and nutrition policy in Scotland since 1996. In March 2003, the Scottish Executive Health Department (SEHD) published a paper entitled 'Improving Health in Scotland: The Challenge'² (The Challenge). This focussed on future delivery of the SDAP, and highlighted further actions for improving the health of the Scottish public in seven key areas, including 'Eating for Health – Meeting the Challenge'³, published in June 2004 which specifically concentrates on the healthy eating special focus programme. This is a strategic framework for food and health with a ten-point action plan for 2004/05. FSA Scotland (FSAS) aims to take the Agency's strategic targets forward in line with the objectives of the Scottish Diet Action Plan and Eating for Health - Meeting the challenge. This will be achieved by working in partnership with the Scottish SEHD, NHS Scotland, SEED and other key organisations to promote healthy eating in Scotland by providing relevant information for the general public and specific groups about Diet and Nutrition.

¹ Scottish Office Department of Health (1996) *Eating for Health: A Diet Action Plan for Scotland*, HMSO, Edinburgh, available at <http://www.scotland.gov.uk>

² Scottish Executive (2003) *Improving Health in Scotland: The Challenge*, www.scotland.gov.uk/publications

³ Scottish Executive (June 2004) *Eating for Health: meeting the challenge*, www.scotland.gov.uk/publications

Wales

Food and Well Being, a nutrition strategy for Wales, was launched in February 2003. The Strategy was developed by the Food Standards Agency Wales in partnership with the Welsh Assembly Government and other key stakeholders, within the Agency's nutrition strategic framework. The emphasis at the heart of 'Food and Well Being' is on addressing food poverty and promoting food equality. Whilst aiming to improve the diet of the whole population of Wales, it prioritises groups most likely to suffer diet and health inequality, including: low income and vulnerable consumers such as the elderly and ethnic minority groups; infants, children and young people. The Strategy is supported by a comprehensive action plan that sets out actions to be led by FSA Wales and the Welsh Assembly Government, and those to be led by other key players. These target needs of priority groups and recognise need for improved physical and economic access to food and support for community food initiatives.

Northern Ireland

In Northern Ireland, the Childhood Obesity Task Force Report, *Fit Futures*, was published in March. This will provide the policy context for much of the work the Agency in Northern Ireland will be involved in driving forward with a range of partners. Six strategic priorities for action have been identified, which are consistent with the Agency's Strategic Plan: developing joined-up healthy public policy; providing real choice; supporting healthy early years; creating healthy schools; encouraging the development of healthy communities; and building the evidence base.

DISCUSSION BY ADVISORY COMMITTEES

1. The Scottish Food Advisory Committee discussed the Agency's Eating for Health agenda on 26 April. Members emphasised the importance of working in partnership with other departments (notably the Scottish Executive health and education departments). The Committee agreed that the main thrust of nutrition work for the Agency in the coming year should centre on:
 - i. the Strategic Plan target on reducing salt intakes;
 - ii. further promoting and supporting the Agency's agreed approach to front of pack signpost labelling;
 - iii. developing and implementing a strategy to reduce saturated fat intakes and encourage a better calorie balance, by working with industry and health departments in particular; and
 - iv. agreeing advice to health Ministers, then taking forward any action, on the folate status of young women.
2. On (i), the Committee recommended that reducing salt intakes by adult males was an important and difficult aspect. It wanted to see uptake of the UK signpost labelling model in other countries. A number of other points were made in discussion, including questioning how the priority areas would be taken forward in subsequent years. It was pointed out that reviewing the Agency's Strategic Plan targets could give rise to other priorities. The Committee also considered the resources being devoted to the nutrition agenda by the Agency in Scotland.
3. The Northern Ireland Food Advisory Committee discussed its advice on the Eating for Health agenda on 17 May. It also agreed the four main priorities at 1 (i) to (iv) above but also encouraged the inclusion of the 5-a-day fruit and vegetable message (on which health departments currently lead). Eating for Health initiatives had to include the food service sector. Members encouraged the Agency to consider a specific nutrition strategy for Northern Ireland, to include account of affordability, which was particularly relevant there.
4. There has been no open meeting of the Welsh Food Advisory Committee since the beginning of April.