

**RESPONSE OF
THE FOOD STANDARDS AGENCY SCOTLAND
AND
THE SCOTTISH EXECUTIVE
HEALTH DEPARTMENT**

TO THE REPORT OF

**THE WORKING GROUP ON MONITORING
SCOTTISH DIETARY TARGETS**



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Foreword

The Food Standards Agency Scotland and the Scottish Executive Health Department welcome the report of the working group on monitoring progress towards the Scottish Dietary Targets.

The Scottish Dietary Targets, whose origins lie in The Scottish Diet Report (Scottish Office, 1993) formed the basis of the Scottish Diet Action Plan (Scottish Office, 1996). Implementation of the Scottish Diet Action Plan was originally projected to 2005. The Scottish Executive's health policy document 'Improving Health in Scotland: The Challenge' (Scottish Executive 2003) sets out a commitment to further implementation of Scottish Diet Action Plan aims until at least 2010 and the strategic framework for this further commitment is set out in 'Eating for Health: Meeting the Challenge' (Scottish Executive 2004). The Agency has set out its support and commitment to Scotland's health improvement programme in the FSAS' 'Diet and Nutrition Strategy: Our Role in Implementing the Scottish Diet Action Plan 2003-2006'.

The Working Group on Monitoring Scottish Dietary Targets was set up by the Scottish Executive Health Department and the Food Standards Agency Scotland, under the chairmanship of Dr Drew Walker, Director of Public Health, NHS Tayside, to address the following remit:

- ***To investigate and report on ways of assessing progress made towards the Scottish Dietary Targets by 2005 and beyond.***

The full report of the Working Group, completed in December 2004, is set out in the 'Report of the Working Group on Monitoring Scottish Dietary Targets'.

The Food Standards Agency and the Scottish Executive acknowledges with gratitude the efforts of the Working Group and will act on its advice and recommendations. This document lists the recommendations made by the Working Group and the actions that will be taken by the Food Standards Agency Scotland and the Scottish Executive Health Department in response.

December 2004

The Scottish Dietary Targets

The Scottish Dietary Targets, as outlined in the Scottish Diet Action Plan, are shown in the table below:

Food or Nutrient	Target
Fruit and Vegetables	Average intake to double to more than 400g per day.
Bread	Intake to increase by 45% from present daily intake of 106g, mainly using wholemeal and brown breads.
Breakfast Cereal	Average intake to double from the present intake of 17g per day.
Fats	(i) Average intake of total fat to reduce from 40.7% to no more than 35% of food energy. (ii) Average intake of saturated fatty acids to reduce from 16.6% to no more than 11% of food energy.
Sodium	Average intake to reduce from 163mmol per day to 100mmol (the equivalent of 6g Salt).
Sugar	(i) Average intake of non-milk extrinsic sugars in adults not to increase. (ii) Average intake of non-milk extrinsic sugars in children to reduce by half to less than 10% of total energy.
Total Complex Carbohydrates	Increase average non-sugar carbohydrates intake by 25% from 124g per day through increased consumption of fruit and vegetables, bread, breakfast cereals, rice and pasta and through an increase of 25% in potato consumption.
Fish	(i) White fish consumption to be maintained at current levels. (ii) Oil-rich fish consumption to double from 44g per week to 88g per week.
Breastfeeding*	The proportion of mothers breast-feeding their babies for the first 6 weeks of life to increase to more than 50% from the present level of around 30%.

*Progress towards the breastfeeding target is reported elsewhere (see: http://www.isdscotland.org/Child_Breastfeeding) and therefore the Working Group on Monitoring Scottish Dietary Targets did not consider this target.

Recommendations and Response

1. Monitoring Progress Towards the Scottish Dietary Targets in 2005

The Working Group concluded that there is no single existing survey that addresses all the Scottish Dietary Targets. The Working Group recommended that:

1. Use should be made of existing surveys, particularly the Expenditure and Food Survey (EFS) to monitor and report on progress towards the Scottish Dietary Targets in 2005.

Reply: FSAS and SEHD will analyse the EFS data annually to monitor progress made towards Scottish dietary targets. Other relevant data that may provide proxy indicators of progress towards the targets will also be reviewed.

2. Where data is lacking, as is the case for the targets for sodium and non-milk extrinsic (NME) sugars in children, interim studies may need to be set up.

Reply: FSAS and SEHD recognise the lack of data on sodium intake in the Scottish population and NME sugar intake in children. FSAS is commissioning surveys to address this in 2005.

2. Monitoring Progress Towards the Scottish Dietary Targets Beyond 2005

The Working Group considered the information and expert opinion at its disposal to recommend possible ways of monitoring progress towards the Scottish Dietary Targets beyond 2005.

The Working Group recommended that:

3. Future monitoring should take place at least every 3-5 years to provide data on ongoing progress towards the targets.

Reply: *FSAS and SEHD will put in place arrangements for regular monitoring to measure progress towards the Scottish Dietary Targets.*

4. When considering a methodology for monitoring progress towards the Scottish Dietary Targets, account should be taken of its appropriateness and limitations.

Reply: *FSAS and SEHD will take account of the advantages and disadvantages of different methodologies in any future monitoring to ensure that the most appropriate methodology is used.*

5. The EFS should continue to be used to monitor progress towards the Scottish Dietary Targets beyond 2005.

Reply: *FSAS and SEHD will analyse EFS data annually to measure progress towards the Scottish Dietary Targets.*

6. Increasing the number of Scottish participants in any future UK nutritional surveillance programme, including the new National Diet and Nutrition Survey (NDNS) programme, should be considered so that the data generated is representative for Scotland.

Reply: *FSA is currently reviewing the size and scope of the NDNS programme. FSAS will consult statisticians on the most appropriate sample size for Scotland.*

7. When planning any future nutritional surveillance programme to monitor progress towards the Scottish Dietary Targets, the possibility of increasing sample sizes for sub groups such as lower socio-economic groups, the elderly and ethnic minority groups should be considered.

Reply: *FSAS and SEHD will consider relevant population subgroups when planning future surveillance.*

8. The views expressed in this report should form the basis of decisions when commissioning the next Scottish Health Survey.

Reply: *SEHD will consider the views expressed in this report during the planning and commissioning of the next Scottish Health Survey.*

9. The possibility of replacing the existing eating habits module of the SHS with a comprehensive Food Frequency Questionnaire should be considered for monitoring progress towards the Scottish Dietary Targets.

Reply: *SEHD will review the existing eating habits module during the planning of the next Scottish Health Survey.*

10. The possibility of setting up a new stand alone dietary survey, using the framework of the Survey for Lifestyles Attitudes and Nutrition (Republic of Ireland) should be considered for Scotland.

Reply: *FSAS and SEHD are actively investigating the possibility of conducting such a survey in Scotland.*

11. Possible ways of increasing survey response rates need to be explored. A response rate of at least 60% should be the aim when employing weighed intake methodology while higher response rates should be expected from surveys in which the respondent burden is less.

Reply: The FSA is aware of the problem of low response rates in dietary surveys and this issue was one of the drivers for the review of the Agency's dietary surveys, carried out in 2002/03. Following this review the Agency is now working on proposals for a revised programme of National Diet and Nutrition Surveys, based on a rolling programme model. The need to maintain and improve response rates will be one of the key considerations in deciding upon the methodologies to be used in the revised survey programme.

12. Information from certain Scottish surveys, while not sufficiently robust for monitoring progress towards the Scottish Dietary Targets, should be used to provide proxy indicators of dietary intake and contextual insights related to the monitoring process. These include, The Scottish Health Education Population Survey, The Health Behaviours in School-Aged Children WHO Collaborative Cross-National Study, The Scottish School Adolescent Lifestyle and Substance Use Survey and the Longitudinal Survey of Children.

Reply: In mapping and communicating on progress towards the Scottish Dietary Targets, FSAS and SEHD will monitor and take account of any available complementary surveys and large-scale studies as proxy indicators of progress towards the Scottish Dietary Targets.

13. The possibility of merging Local Health and Lifestyle surveys and the Scottish Health Survey (SHS) should be investigated as a better use of resources. If the SHS and Local Health and Lifestyle surveys are not merged, the dietary questions in Local Health and Lifestyle Surveys should be standardised between NHS Boards to provide information for monitoring progress towards the Scottish Dietary Targets.

Reply: The SEHD will consider the recommendation to merge the SHS and Local Health and Lifestyle Surveys during the planning of the next Scottish Health Survey.

14. Market research data might be considered an appropriate methodology where information regarding the consumption of specific foods is required.

Reply: FSA and SEHD will consider information from market, retailing and consumer research where appropriate and where this information is available.

15. The measurement of risk markers such as, but not limited to, blood lipids, insulin resistance, blood pressure, body weight, dental caries in children and behaviour related to dietary patterns should be considered when planning any future nutritional surveillance in Scotland.

Reply: *FSAS and SEHD will consider risk markers when planning future nutritional surveillance in Scotland.*

16. The inclusion of information about lifestyle choices, such as physical activity and smoking, should be considered when planning any future nutritional surveillance in Scotland.

Reply: *FSAS and SEHD will consider the appropriateness of the inclusion of information about lifestyle choices, such as physical activity and smoking, when planning any future nutritional surveillance in Scotland.*

17. Data collected in relation to Scottish Dietary Targets should be contributed to the nutrition component of the European Community Health Indicators (ECHI) framework.

Reply: *FSAS and SEHD will investigate the possibilities for contributing data to the European Community Health Indicators (ECHI) framework.*

3. Monitoring Tools for Measuring Progress Towards Scottish Dietary Targets

The Working Group made a number of specific recommendations for an appropriate monitoring tool for use in a survey designed to monitor the Scottish Dietary Targets.

18. Any future monitoring tool should be capable of:

- Measuring the intake of, not only, fresh and frozen fruit and vegetables, but also of canned and dried products as well as fruit juice.
- Recording the type of bread consumed.
- Recording the type of breakfast cereal consumed.
- Measuring the consumption of fresh and canned oil rich fish and white fish separately. In addition, canned tuna should be measured separately from oil-rich fish, as the oil present in fresh tuna is lost during the canning process (Ministry of Agriculture, Fisheries and Food, 1998).
- Measuring the percentage energy from fat.
- Measuring the total fat intake to ensure it is at an appropriate level.
- Measuring the percentage energy from NME sugars.
- Measuring the total NME sugar intake to ensure that it is at an appropriate level.
- Measuring starch and non starch polysaccharide intakes separately.

Reply: FSAS and SEHD will ensure that these recommendations are taken into account in the selection of monitoring tools for future nutritional surveillance in Scotland.

19. The use of a spot urine methodology should be considered for future surveys of salt intake in the Scottish population.

Reply: FSA and UK Health Departments are considering recent data from a validation of spot urine methodology to estimate sodium intake at a population level. If the methodology proves to be sufficiently robust, it will be considered for use in future surveys.

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