Consultation response from the National Heart Forum

Consultation:	Healthy start – Proposals for reform of the Welfare Food Scheme
Consulting body:	Department of health, England
Date:	December 2002

Healthy Start: Proposals for reform of the Welfare Food Scheme
Response from the National Heart Forum
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General comments

The National Heart Forum welcomes the opportunity to comment on proposals to review the Welfare Food Scheme that has offered important nutritional benefits to many mothers and babies for over 60 years.

Better nutrition in both mothers and babies can improve long term health. Foetal under-nutrition, as a result of the mother's inadequate diet, may lead to small size and altered body proportions at birth, and increase susceptibility to later coronary heart disease.[i] Breastfeeding up to four to six months, as well as conferring benefits in early life, may protect against high blood pressure and coronary heart disease in adulthood.

Many of the points raised in this document reflect the evidence and recommendations presented by the NHF in its recent report *Towards a generation free from coronary heart disease: policy action for children's and young people's health and well-being.*[ii] It is the report of the NHF's *young@heart* initiative which proposes how action on diet, physical activity, smoking and poverty can give children a healthy start and reduce their risk of avoidable coronary heart disease in later life. Key recommendations include a national strategy to improve nutrition among children and young people, and a review of minimum income standards and benefit levels to ensure that families can afford the essential requisites to give their children a healthy start in life.

In this response, the NHF offers comments on the specific points of consultation and on a number of additional points it considers important.

Key points in summary

The change in direction which this review of the Welfare Food Scheme represents is warmly welcomed by the National Heart Forum (NHF); specifically the widening of choice of foods available through the scheme and the equalisation of benefits between breastfeeding and bottle-feeding mothers.

The NHF does not however, support the proposal to link the provision of the scheme to the NHS and primary care. While the commitment to improve services for expectant and nursing mothers and make them more accessible is welcomed, there is a high risk that the conditionality will act as a barrier to women accessing the Healthy Start benefits. Moreover, there is a philosophical objection to making the provision of a welfare benefit conditional on compliance with a health visiting schedule.

The NHF is concerned that the actual benefit levels proposed under Healthy Start (estimated at £2.80 per week – equivalent to the doorstep price of seven pints of milk) will not make a real difference to the nutrition of poor mothers and children. *The Department of Health should not miss this opportunity to properly review and increase the level of benefit offered under the scheme to achieve a significant impact on nutrition.*

It is hoped that these proposed structural changes to the scheme will be the beginning of a strategic, evidence-based investment in the health and nutrition of vulnerable women and children. *The proposed changes set out in this review should be properly piloted and evaluated prior to full implementation in 2004.*

Response to specific consultation questions

1. Scope and coverage of Healthy Start

The proposal to widen the choice of foods available through the scheme is welcomed. However, the list of approved foods needs further consideration. While it is unclear *how* the vouchers will be redeemed it is difficult to know how prescriptive the scheme will be in practice. While restrictions on the precise types of food available under the scheme may support better nutrition (by excluding less healthy food choices), this may create undue complications for the mother doing her shopping and problems with the administration of the scheme. It will also limit the users' choice within the scheme.

If restrictions are applied, the following points need to be clarified:

Cereal-based foods:

- Wheat cereal is not recommended for infants due to possible gluten intolerance.
- To meet Codex standards, cereal-based foods need contain only 25% cereal, and may therefore contain a lot of salt or sugar (such as sweetened breakfast cereals marketed to appeal to children).
- However, fortified (unsweetened) cereals can be a useful source of essential vitamins and iron – especially when a quarter of children have signs of iron deficiency.[iii]

Other foods suitable for weaning:

- There is scope for confusion about what is meant to be included in this category. It is recommended that the phrase is dropped provided the food list includes staples that can be the basis of home prepared complementary foods, (eg. pureed vegetables and fruit, cut apple or bread).
- Commercial baby foods should not be excluded from the list. Mothers on low income should have the same choice as others, and for families living in poor quality accommodation, jars of complementary foods represent an easy, safe way to feed their child.

Infant formula:

- It is recommended that only whey-based 'first stage' formula milk should be included, not casein-based 'follow on' milks, as only the former are appropriate throughout infancy.

On balance, to be equitable and acceptable to users, the scheme should be less rather than more prescriptive, giving choice and control to the mother.

1a. Extra support for younger infants

With the proposed value of the standard voucher set so low (below the current equivalent value for 900g of formula milk), *it is strongly recommended that – as a minimum - the value be increased for the 0-6 month age group*. Otherwise there is a risk that non-breast fed babies may be given cow's milk or other unsuitable alternatives in the absence of affordable formula milk.

The same argument for an uplift to the value of the scheme applies equally to the 6-12 month group.

1b. Professional support and training and public education

It is the firm view of the NHF that resources to support the delivery of the scheme should be additional to the money already available to the scheme.

Public education

- Appropriate public education is needed to ensure that mothers can make informed choice about feeding themselves and their babies. For example, guidance on how Healthy Start vouchers could be used toward the '5 a day' goal for fruit and vegetables would be helpful. *Particular efforts are needed to ensure that information is available to hard-to-reach groups* such as women from

black and minority ethnic groups, travellers, teenage mothers and those for whom English is not their first language.

- *Information should be available through a variety of convenient contacts* (eg. benefits agency, post offices, pharmacies, local authorities, launderettes, schools, nurseries, faith groups, youth workers, the Connexions service and local media).

Professional training

- Current standards of training on nutrition and infant feeding are generally agreed to be inadequate and the quality of support offered to families is therefore very variable.

- Many of the current resources available to families are produced by food and formula manufacturers and therefore do not offer objective information.

- *It is recommended that extra resources are committed to mandatory and evidence-based training – free from commercial influences. It is suggested that the voluntary sector would be well placed to provide some of this training.*

2. Distribution issues

To improve access to the scheme, women should be offered choice as to how they receive the vouchers. *The current system of sending them in the post should be supplemented with the option to receive them at their local post office or benefit office*.

Food access in some areas is particularly problematic and can mean the cost of transport exceeds the proposed value of the food voucher. Therefore, efforts to ensure that the scheme links with local food projects, co-ops, markets and home food-delivery services are extremely important. *It is recommended that drawing on existing good practice, the scheme should link with Regional Food Links and consult with community food projects under the auspices of the Sustain/Health Development Agency food and low income network*.

3. Making better links with the NHS and primary care

It is recognised that presenting late for antenatal care is associated with poorer outcome and that improving access to antenatal care for disadvantaged women is an important goal. However, *the NHF does not support the proposal to link the provision of the scheme to the NHS and primary care. Our concern is that doing so has the potential to exclude the most vulnerable and those most in need of nutritional support*.

While the commitment to improve services for expectant and nursing mothers and make them more accessible is welcomed; it is one which should be pursued irrespective of Healthy Start entitlement. There is no evidence base to suggest linking the two would increase antenatal visits, and a high risk that the conditionality will act as a barrier to women accessing the Healthy Start benefits. Moreover, there is a philosophical objection to making the provision of a welfare benefit conditional on compliance with a health visiting schedule.

Under the current scheme women can register at the earliest confirmation of pregnancy by a GP (four weeks). Deferring registration until the booking visit with a midwife (usually around 12 weeks) under the new proposals would mean women would not be in receipt of the benefits during the crucial first trimester of pregnancy. *It is recommended that instead, expectant mothers should be able to register for Healthy Start at the earliest confirmation of pregnancy by a community health professional. Further re-registration should not be required (as under the present scheme).*

3a. Enhancing regional and primary care links with food and nutrition policies

A comprehensive national nutrition strategy which aims to reduce maternal and child health inequalities is needed. This will provide the foundations on which to support effective local policies.

Specific links should be made to PCT requirements under the children's national service framework.

4. A new identity for the scheme

It is recommended that the DH undertake market research, with both users and health professionals, to test the acceptability of the new identity and whether there is likely to be confusion with similarly named schemes such as Sure Start or Flying Start.

It is also suggested that this research test the acceptability of the terminology used; for example, 'coupons' or 'tokens' may be less stigmatised that 'vouchers'.

Additional points

5. Vitamin formulation

It is recommended that the reformulation of vitamin supplements should be guided by the Scientific Advisory Committee on Nutrition (SACN), instead of the industry, as proposed. This should be based on a review of data on current nutrient status in the population and food choices. It should determine a formulation appropriate for pre-conception, pregnancy and breastfeeding.

Palatability should be addressed as it is recognised that this is a problem with current formulations.

It is recommended that vitamins, as well as formula milk, should be made available alongside other Healthy Start benefits through retail outlets such as chemists, supermarkets and food co-ops.

6. Value of vouchers

The NHF is concerned that the actual benefit levels proposed under Healthy Start (which is undefined but estimated at £2.80/week – equivalent to the doorstep price of seven pints of milk) will not make a real difference to the nutrition of poor mothers and children. *The Department of Health should not miss this opportunity to properly review and increase the level of benefit offered under the scheme to achieve a significant impact on nutrition.*

7. Entitlement

7a. Pre-conception period

The NHF shares the concern raised by in the COMA review[iv] that preconception nutrition is not addressed by the current scheme or within the proposed changes. The COMA panel concluded: "Improving the dietary intake of women of childbearing age has the potential to ensure that nutritional status at conception is adequate to ensure optimum foetal development. Currently welfare foods are provided only after pregnancy is established though there is clear evidence that women are nutritionally vulnerable before conception."

It is suggested that all women planning to have a baby should be eligible to register for Healthy Start, in anticipation of the pregnancy.

Women who have a child (under five) should retain their eligibility for Healthy Start, to provide cover for subsequent pregnancies.

As supporting actions, it is recommended that:

- national targets are set and monitored to raise the quality and uptake of school meals, with particular emphasis on free school meals.

- minimum income standards and benefit levels should be recalculated to ensure that families can afford the essential requisites to give their children a healthy start in life.

7b. Teenagers

Babies born to teenagers are at disproportionate risk of poorer outcomes, yet teenagers' entitlement to welfare foods is dependent on whether their parents are eligible for income support. *It is strongly recommended that all pregnant women under 18 have full access to Healthy Start irrespective of their or their families' benefit entitlement*.

7c. Tax credits

It is recommended that entitlement to the scheme is aligned with proposals for entitlement to the Sure Start Maternity Grant (from 2003), for women in receipt of child tax credit and working tax credits.

8. Nursery milk

Both fruit and milk are important in children's diets, and the risk of double provision of milk (at home and at nursery) is likely to disappear when the range of foods under Healthy Start is widened. *Therefore it is strongly recommended that the scheme provide <u>both</u> fruit and milk to children under five in nursery or day care*.

About the National Heart Forum

The National Heart Forum (NHF) is the UK alliance of over 46 national organisations working to reduce the risk of coronary heart disease in the UK. Member organisations represent the medical and health services, professional bodies, consumer groups and voluntary organisations. Members also include many individual experts in cardiovascular research. Government departments have observer status.

The purpose of the NHF is to work with and through its members to prevent disability and death from coronary heart disease in the UK. In order to achieve this, the National Heart Forum has four main objectives:

- To provide a forum for members for the exchange of information, ideas and initiatives on coronary heart disease prevention
- To identify and address areas of consensus and controversy and gaps in research and policy.
- To develop policy based on evidence and on the views of member organisations
- To stimulate and promote effective action.

The NHF embraces professional, scientific and policy opinion on current issues in coronary heart disease prevention. It co-ordinates action to reduce heart disease risk through information, education, research, policy development and advocacy.

Submitted by the National Heart Forum, December 2002
The opinions expressed here are consensus based
and do not necessarily represent the views of
individual members of the National Heart Forum.

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[i] Barker DJP.2002 (In press.) The foetal and infant origins of coronary heart disease. In: National Heart Forum. Towards a Generation Free from Coronary Heart Disease (provisional title). London: The Stationery Office.
[ii] National Heart Forum. 2002. Towards a generation free from coronary heart disease. London: National Heart Forum.
[iii] Gregory J, Lowe S, Bates CJ, Prentice A, Jackson L, Smithers G, Wenlock R, Farron M. 2000. National Diet and Nutrition Survey: Young People Aged 4-18 Years. London: The Stationery Office.
[iv] COMA Nutrition Policy Panel on Child and Maternal Health. 2002. Scientific Review of the Welfare Food Scheme. London: The Stationery Office.