Consultation response from the National Heart Forum

Consultation:	Choosing health? Choosing a better Diet
Consulting body:	Department of health
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National Heart Forum response to
Choosing health? Choosing a better Diet
Consultation on priorities for a food and health action plan

Status of this response

The views expressed in this paper are consensus-based and do not necessarily reflect the views of individual members of the National Heart Forum. The NHF is an alliance of over 45 organisations working to reduce the risk of coronary heart disease (CHD) in the UK. (see Annex A for more information about the NHF).

Introductory remarks

The NHF welcomes the opportunity to comment on the consultation document and firmly endorses the need for a *comprehensive* and integrated food and health action plan to tackle the avoidable burden of diet-related disease and health inequalities in England. In view of the early dietary origins of many avoidable chronic diseases, including CHD, a consistent focus on children's diets and health should be reflected in all policies and initiatives. The NHF's young@heart initiative sets out an analysis of the key areas for action to improve children's health and well-being[1], and this response draws on that analysis. This response also builds on comments submitted in the NHF response to the problem analysis consultation (copy attached as Annex B).

This response is made in the context of the wider consultation on *Choosing Health* and consultation on *Choosing physical activity*. Every effort should be made to ensure that strategies focused on improving diet and strategies focused on increasing physical activity should be complementary to one another, especially with regard to helping individuals maintain a healthy weight by providing the right mix of independent public information (social marketing) and interventions – including regulation where appropriate - to tackle the environmental determinants of the current epidemic of overweight and obesity. To deliver a robust, effective public health strategy, the NHF supports the call for Cabinet level co-ordination of policy development and implementation on public health issues (also identified in the Wanless Treasury Review[2].

Section 2. Consumer choice

Proposed key goals for improving consumer information and skills and influencing behaviours:

1. *Ensuring that everyone can get the balanced information they need to make choices about what they eat*
2. *Empowering all consumers, through health promotion and ongoing education and learning, to develop the skills and understanding to use information effectively.*

[1] Towards a generation free from coronary heart disease: policy options for children's and young people's health and well-being. 2002. National Heart Forum.
[2] D. Wanless. 2004. Securing Good Health for the Whole Population. London: HMSO.

1. The goal for consumer information should be that information is 'clear, consistent and credible' and is presented in formats that surveys have shown consumers want and understand. Reliance on voluntary regulation has proved inadequate given the strong commercial imperative to use product information as a marketing tool. Information presented on many products is too often partial, distorted or simply confusing to consumers.

2. The goal *to empower consumers through education* must acknowledge that this is a lifelong process that must start early in life (see also recommendations under section 6 Nutrition in Schools).

3. There should be a 3rd goal to *protect vulnerable consumer groups, particularly children from intensive and manipulative marketing practices that promote snacks, confectionery, soft drinks, sweetened cereals and fast food.*

4. It should also be recognised that price is a powerful influence on consumer choice. Low income consumers are particularly sensitive to price differentials between products and susceptible to special offers and bulk purchase savings. The current VAT structure could be better aligned with nutritional criteria to encourage healthier consumption patterns.

Priorities for action should be:

Labelling, claims and descriptors

- Nutritional labelling should be made mandatory on all processed food products (as supported by the FSA), and every effort should be made by the UK government to lead the current development of EU legislation. The goal should be to introduce simple labelling systems that have been proven to work well with consumers, that indicate whether foods are high, medium or low in fat, sugar and or/salt. The model supported by the health select committee in its report on obesity[3] for a 'traffic light' system to indicate energy density and salt in food products should be introduced as a statutory requirement.
- Labels should also provide Guideline Daily Amounts for energy, fat, saturated fat and salt for children and adults (This is especially important in view of the unhealthy trend towards super-sized portions and its encouragement of passive over consumption). Supermarket chains Tesco and the Co-op have already demonstrated willingness and ability to introduce this type of labelling. Any nutrient content information voluntarily provided by manufacturers should be clearly separated from compulsory information.
- The government should work towards effective EU regulation on health claims on food. In the mean time, the government should strengthen the voluntary validation of health claims in the UK. The independent validation service currently offered through the Joint Health Claims Initiative[4] should be mainstreamed and delivered through the FSA as the appropriate agency.

Consumer information and education

- The role of the FSA as a trusted, expert, independent provider of information to consumers about nutrition and healthy eating should be strengthened and better resourced.

[3] House of Commons Health Committee. 2004. Obesity: Third report of session 2003-04. London: The Stationery Office.
[4] www.jhci.org.uk

Protecting vulnerable consumers

- A ban on TV advertising and programme sponsorship (and any other associated broadcast marketing activity) for foods high in fat, sugar and/or salt until after the 9pm watershed. There is clear evidence not only of the impact of advertising on children's eating habits[5] but also that advertising for less healthy products dominates children's viewing hours and that the majority of parents would support restrictions on this type of advertising.
- All product endorsements by celebrities (especially sporting celebrities) and fictional characters should only be agreed according to a mandatory code of practice based on agreed nutritional criteria (along the lines of the voluntary model recently adopted by BBC Worldwide developed in association with the Food Standards Agency and the World Health Organization).
- Food marketing to children in other media (especially the Internet, SMS and the use of 'viral marketing') is increasing. It is clear that there are gaps in the regulation of promotions in new media (other than paid for advertising space). It would therefore be appropriate for Ofcom to conduct a proper review of the Advertising Standards Authority's (ASA) remit with respect to new media without delay, so that the co-regulatory mechanisms undertaken by ASA under the new regulatory arrangements are robust.
- Setting standards and determining appropriate regulations should not be left to the food industry and the advertising regulatory bodies, but should be led by independent national/international agencies with expertise in nutrition and health such as the Food Standards Agency (UK) and the WHO.

Price

- The government should review the current VAT structure to tackle the anomalies give rise to tax on healthier foods (such as fruit juice) and exemptions for less healthy foods (such as biscuits).
- Industry should be encouraged to use special offers and 'buy two, get one free' offers only on healthier products (which score 'green' on the traffic light system, for example).

Section 3. Improving food production and manufacture

Proposed key goals for improving the availability of healthy choices in food:

1. *Reducing salt, total and saturated fat and added sugar in food products where appropriate.*
2. *Increasing fruit and vegetables, and fibre in food products, where appropriate.*

Goals 1 & 2: Broadly speaking these goals are the right ones. However, the qualification of 'where appropriate' needs to be explicitly and narrowly defined. Exceptions to goal 1 should only be those few products where, for example, high fat content (certain cheeses) or high sugar content (crystallised fruit) are essential to their composition.

Priorities for action should be:

- Systematic reductions in salt, total fat and saturated fat and added sugars in all processed foods without undue delay. The introduction of mandatory nutritional labelling (described under section 2) will help to motivate manufacturers to reformulate their products along healthier lines.

[5] Hastings, et al. Review of the research on the effects of food promotion to children. 2003.

- Ensuring that daily intake recommendations for children's consumption of salt (as recommended by the Scientific Advisory Committee on Nutrition) are translated into appropriate salt levels in products aimed at children.
- Careful, independent monitoring to ensure that lower, healthier levels are genuine and sustained, especially as new products are introduced onto the market. This might be conducted by the FSA or – with appropriate funding – voluntary organisations. Manufacturers who fail to make appropriate reductions or are found to be 'backsliding' in progress towards healthier product formulations should be 'named and shamed'. The capacity and remit of the FSA should be developed to accommodate this monitoring function.
- The Government should examine financial incentives to manufacturers to lower levels of salt, sugar and fat in their products, and disincentives to products that remain high in these. One way would be to tackle current anomalies in the VAT structure that taxes some healthy foods (such as fruit juice) over less healthy foods (such as biscuits).

Section 4. Improving Food Supplied by Retailers, Caterers and the Workplace

Proposed key goals for improving food supplied by retailers, caterers and the workplace:

1. *Food retailers, including fast food shops and caterers reducing the salt, total and saturated fat and sugar content of food and providing better access to fruit and vegetables and higher fibre products.*
2. *Employers who have catering facilities providing greater access to fruit, vegetables, higher fibre products and a wider range of foods lower in salt, total and saturated fat and added sugar.*

We recommend that a 3rd additional goal should be included:
Caterers and employers providing meals displaying meaningful, standardised and clear nutritional information about food served AT POINT OF SALE where it can easily be seen by customers.

Priorities for action should be:

- Retailers, caterers and employers who have catering facilities must be encouraged to review their menus and catering practices to improve the nutritional quality of all meals served, not simply offer a separate range of 'healthier options' usually at a premium price.
- Where healthier options are served, employers and caterers should aim to maximise uptake through preferential pricing structures, attractive displays and appropriate promotions. Where meals are subsidised, employers should be encouraged to preferentially apply higher subsidies to healthy meals.
- Employers and caterers should review portion sizes offered. Super sizing should be discouraged unless it is applied to fruit and vegetable portions only.
- Employers should require certification of continuing nutrition training for catering staff within contracts for caterers.
- Nutrition education in catering training curricula should be strengthened.

Section 5. Improving nutrition in pregnancy and early years

Proposed key goals for improving nutrition in pregnancy and early years:

1. *All relevant stakeholders promoting and providing practical support for exclusive breastfeeding to 6 months.*
2. *Health professionals, other local health and childcare workers promoting greater access to, and information about, nutrition and health for mother and child.*
3. *Low income and other disadvantaged groups effectively targeted through programmes such as Sure Start local programmes, children centres and Healthy Start activities.*
4. *Development of a coherent approach to healthy eating in early years settings*.

Strategies to improve maternal nutrition to support healthy pregnancies must begin early in life. Poor nutrition among girls, particularly in adolescence, increases their likelihood of having low birthweight babies.

Poverty has a serious, deleterious impact on the diets of many families. The government is committed to ending child poverty over the next 20 years. Yet we lack policies to establish minimum income standards and benefit levels that will support parental choice and ensure that all families can afford the minimum requisites of health and well-being. In particular, it is important to maintain income levels that are adequate to safeguard people's ability to afford a healthy diet before and during pregnancy.

Appropriate weaning as well as breastfeeding has an important impact on babies' immediate and long term health. We recommend that goal 1 should be amended to: '*All relevant stakeholders promoting and providing practical support for exclusive breastfeeding to 6 months and effective weaning.'*

A 5th additional goal should be included - linking to goals for schools and the community – *to ensure that children (future parents) and families have access to an affordable healthy diet*.

Priorities for action should be:

Income and benefits

- Government should end the age discrimination in benefit levels for single parents. Teenage mothers have at least the same nutritional needs as other mothers.
- Government should keep the value of food vouchers available under the Healthy Start programme under regular review.

Supporting new parents

- All women should be provided with information and advice to help them maximise their well-being in pregnancy. The National Childbirth Trust recommends that this should include breastfeeding, smoking cessation, substance misuse, incontinence, sex, and healthy eating.[6]
- Government should increase investment in the Sure Start programme to achieve national coverage for all families with children under 4 years. Key provisions must be nutrition education and food skills for parents, with particular focus on breastfeeding and effective weaning.

[6] Modernising Maternity Care: A commissioning toolkit for PCTs in England. NCT. 2001.

Promoting breastfeeding and effective weaning

- To support the promotion of breastfeeding, hospitals should be required to review the policy of giving free samples of formula milk to women leaving maternity wards, and there should be better enforcement of the ban on formula manufacturers providing free samples to mothers of young babies.
- There is accumulating evidence that gradual weight gain (during infancy and early childhood) rather than rapid weight gain or 'catch up' in low birthweight babies is better in terms of long-term health outcomes (reducing the risk of hypertension and coronary heart disease in particular)[7]. Professional organisations should ensure that advice to mothers from health professionals and community practitioners consistently reflects best practice in respect of long term as well as immediate term outcomes.
- Support and advice for effective weaning must be an explicit part of any attempt to target low income and disadvantaged groups and to 'develop a coherent approach to healthy eating in early years settings'.

Healthy eating in nursery schools

- Nursery schools should be required to provide meals which conform to nutrient-based standards (such as the Caroline Walker Trust nutritional guidelines). This might be implemented through the Early Years Development and Childcare Partnerships. To support them, nurseries should be provided with menu-planning tools such as the *CHOMP Menu planner* computer programme[8], to help them meet these standards.

Section 6: Improving nutrition in schools

Proposed key goals for improving nutrition in schools is to:
Develop a more coherent whole school approach to healthy eating in the schools setting, in particular:

1. *With relevant stakeholders, to supply a range of foods children need for a healthy diet.*
2. *Giving children the information and skills they need for a lifetime of healthy eating.*

The goal of a coherent whole school approach should also be *supported by relevant national standards.* These should build on the established principle and practice of national compulsory standards for school meals and should cover *all* aspects of food provision in schools, for example tuck shops and vending. This might be incorporated within a strengthened National Healthy Schools Standard (see recommendations below).

Priorities for action should be:

School meals

- Special emphasis should be placed on raising both the quality and uptake of free school meals. The value of free school meal entitlements must keep

[7] National Heart Forum. 2003. A lifecourse approach to coronary heart disease prevention: scientific and policy review. London: The Stationery Office

[8] Caroline Walker Trust. 2000. Chomp Menu Planner. (Computer programme). London: Caroline Walker Trust.

pace with price rises in some school canteens which are a consequence of delegation of funding to schools – and the increased emphasis this has placed in some instances on the commercial viability of the school meal service[9].

- The expenditure on each school meal should be made subject to minimum national standards to protect the quality of meals served. Current expenditure levels of between 31p and 36p per pupil per meal[10] are generally considered inadequate. Target levels of £1.30 for primary and £1.50 for secondary schools (at 2001 prices) are recommended.
- Entitlement for free school meals should be extended to primary age children of all families in receipt of tax credits.
- Schools should be encouraged to adopt cashless payment systems to reduce the stigma around free school meals and improve the overall efficiency of the service.
- Subject to the outcome of evaluation of the implementation and impact of nutritional standards for school meals - (due to report summer 2004) - the DfES should be prepared to strengthen the standards so that they are nutrient- not food-based, and to review the monitoring arrangements within schools and LEAs. It may be appropriate to assign responsibility to local trading standards departments. We strongly recommend that extending the OfSTED inspection remit to cover school meals standards should be considered, as this has proved effective in ensuring compliance with non-statutory, nutrient-based standards in Scotland.

Nutrition and healthy eating education

- More curriculum time, from primary age onwards, should be dedicated to practical nutrition and food skills learning. The current emphasis on food technology in the national curriculum does not address the gaps in pupil's understanding and confidence in buying, preparing and cooking meals for themselves and their families.

Vending and food/drink marketing activities

- Policies around vending in schools should be urgently addressed. According to research conducted among parents by the Times Educational Supplement[11], only 16% of mothers and 30% of fathers thought that schools should be allowed to vend crisps, sweets and fizzy drinks. The NHF recognises the concerns of parents and strongly supports a whole school approach to healthy eating. We therefore recommend that vending in secondary schools for confectionery, crisps, snacks and fizzy drinks should not be permitted.
- To avoid the dilemmas for individual schools, we recommend that vending – as well as sponsorships by food companies or retailers, collection schemes, advertising, tuck shops and breakfast clubs - should be subject to statutory standards framed around appropriate nutritional criteria, similar in legal force to those already applied to nutritional standards for school lunches.

Standards for a whole school approach to food

- The National Healthy Schools Standard offers an excellent framework for schools and communities to coordinate activities and practices. The standards should be strengthened and made a requirement for all schools - with specific requirements around a coherent whole school approach to food - and included within the statutory inspection remit of OfSTED.

[9] Institute of Education. 2004. Research brief RB512. London: DfES.
[10] Soil Association. 2003. Food for Life: healthy, local, organic school meals.
[11] TES. Parents Poll: Report. March 2004

Section 7: Improving nutrition in the National Health Service

Proposed key goals for improving nutrition in the NHS:

1. *NHS bodies strengthening their present initiatives on diet and nutrition, working in closer partnership with others in their local communities.*
2. *The NHS:*

- *Promoting better nutrition through its role in delivering health improvement;*
- *Supply a wide range of healthier foods needed for a healthy diet to both patients and workforce; and*
- *Ensure they have fully trained workforce to deliver action to improve diet and nutrition to the population it serves as well as individuals.*

The goals for improving nutrition within the NHS should reflect the three tiers of intervention: advice to individual patients in primary care, prescribed support in the form of diet and exercise counselling or weight loss clubs, and thirdly, interventions with patients in hospital.

Often patients entering hospital, especially the elderly, are malnourished. Providing consistently nutritious, appetising meals is fundamental to patient care and ensuring their best possible recovery. Meals served that are eaten and enjoyed not only benefit the patient but reduce wastage.

Priorities for action should be:

Nutritional standards for public procurement of food

- Compulsory nutritional standards should be introduced for all public procurement of food, including within the NHS (not just for school meals). The standards should be based on nutrients rather than food groups (in line with the Caroline Walker Trust Guidelines[12]).

Training and development

- The government should work with professional bodies and academic departments to train and develop health professionals with expertise in motivational counselling in nutrition as well as physical activity and smoking cessation. The intercollegiate course on human nutrition (sponsored by 11 royal colleges and the British Dietetic Association, and recognised by the General Medical Council)[13] is a structured course aimed at doctors and offers a basis for strengthening the medical curriculum training in nutrition.
- Motivation and counselling skills should be developed in core training for all health professionals, both at undergraduate level and in continuing education.
- Emphasis should be placed on appropriate training for hospital caterers and greater collaboration with health professionals with dietetic expertise to plan all menus (not just those for patients with special dietary requirements).

[12] Caroline Walker Trust. Nutritional Guidelines for School Meals. 1994. Caroline Walker Trust.
[13] www.icgnutrition.org.uk

Section 8: Improving nutrition in local communities

Proposed key goals for improving nutrition in communities, including:

1. *Improving access to a wider range of foods needed for a healthy diet in local communities and the public sector workforce.*
2. *Ensuring that consumers get the information they need to make choices about what they eat and develop the skills and understanding to use the information effectively.*

There needs to be clarity about the roles and responsibilities of local authorities, community organisations and retailers in ensuring better access to affordable food (goal 1). These roles and responsibilities could be mapped and monitored by Local Strategic Partnerships (LSPs).

There are currently far too few community dietitians to meet the growing demands for expert advice on diet and nutrition within the health services and to support the development of healthy eating policies within local authorities, local education authorities and schools (goal 2).

Priorities for action should be:

Professional capacity at local level

- The government, with the relevant professional bodies, should look at ways to increase the numbers of community dieticians from current national levels.

Better access to healthy food

- 'Accessibility planning' will have a greater impact if it is made a requirement within local transport plans, and not simply a matter of guidance or good practice.
- Local authorities can support retail strategies and local retail forums by encouraging and supporting community-based initiatives such as food co-operatives, local farmers' markets, fruit and vegetable box schemes and food coupon schemes which offer discounts on fruit and vegetables.
- Large retailers can review their pricing policies to make healthier options, especially fruit and vegetables, more affordable.
- Local authorities and retailers can improve food access in deprived areas through greater use of mobile shopping facilities and free or subsidised transport for customers to and from shopping areas.

Annex A

About the National Heart Forum

The National Heart Forum (NHF) is the leading alliance of over 45 organisations working to reduce the risk of CHD 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.

Our mission

To work with and through NHF members to contribute to the prevention of premature avoidable coronary heart disease and related conditions in the UK.

Our functions

The NHF has adopted the following functions in order to deliver its mission:

1. To provide a forum for members for
   - The exchange of information and ideas and co-ordination of activities;
   - The development of policy based on evidence and/or the need for action.
2. To collectively stimulate and advocate effective action nationally and internationally through information, education, and policy and strategy research and development.
3. To facilitate and broker relations between not-for-profit and non-government organisations and the political centre, and to strengthen and expand public health capacity cross-sectorally.

Annex B

National Heart Forum response to the consultation on the problem analysis document for the Food and Health Action Plan

Submitted: September 2003

1. Status of this response

The views expressed in this paper are consensus-based and do not necessarily reflect the views of individual members of the National Heart Forum. The NHF is the leading alliance of over 40 organisations working to reduce the risk of CHD in the UK (see appendix A for further information about the NHF).

2. Introduction

The National Heart Forum (NHF) welcomes the opportunity to comment on the consultation document and firmly endorses the need for an integrated food and health action plan to tackle the avoidable burden of diet-related disease and health inequalities in England.

The NHF is however, extremely disappointed to note the lack of NGO participation in the Consumer Health Needs Implementation Committee. This does not seem to be consistent with the goal of a broad, integrated approach to the Plan's development and implementation. It is our view that the committee does not adequately represent consumer interests (independent of the food industry) or specific nutrition health expertise.

The Food and Health Action (FAHAP) plan rightly identifies the significant burden of avoidable coronary heart disease that is attributable to poor diet (chapter 2). The principle dietary changes that are needed to benefit heart health are:

- Increased fruit and vegetable consumption
- Reduced consumption of fat, especially saturated fat
- Reduced consumption of salt
- Appropriate total energy intake to help maintain a healthy body weight.

Further analyses published by the National Heart Forum have estimated the predicted changes that can result from modest and achievable changes in diet-related risk factors:

- If everyone were able to reduce and maintain a level of serum cholesterol of less than 6.5mmol/l, the CHD reduction would be around 11%;

- A reduction in diastolic blood pressure to a level below 76mmHg across the population would result in a 15% reduction in CHD for men and 12% for women;

- Changes in the prevalence of obesity could be responsible for a 3% change in CHD if the prevalence of BMI over 30 was reduced to 6% among men and 8% among women.[14]

[14] McPherson K, Britton A and Causer L. 2002. Coronary Heart Disease: Estimating the impact of changes in risk factors. London: The Stationery Office.

3. Questions for discussion:

CHAPTER 1
Q1 Are these policy drivers consistent with the goal of improving health through better diet?

3.1 General observations

To fully understand all the policy drivers will require a proper mapping exercise. It is recommended that such an exercise is undertaken taking a life course approach so that the influences on food, health and well-being are tracked from early life (pre-natal) into adulthood. This analysis should be developed into a clear exposition of the roles and responsibilities across all sectors and across the food chain.

In addition to the policies and initiatives included, the FAHAP should acknowledge and seek to influence those determined by the Treasury, the department of education and skills, and the department of culture, media and sport. The Plan also makes scant reference to the Common Agricultural Policy, yet its influence on the balance of food eaten in England, as elsewhere in the EU, is far reaching.

3.2 Treasury

The VAT structure as it applies to food bears little relation to nutritional criteria. Subject to closer analysis of the effects of fiscal controls on consumption – across all income groups – the Treasury could consider taking steps to change the VAT structure and align it more closely to nutrition objectives.

3.3 Education and skills

Schools have an important role to play in helping children maintain a healthy weight and to develop healthy eating habits through the provision of healthy meals, and educating them about nutrition and cooking.

The National Healthy Schools Standard offers an excellent framework for schools and communities to co-ordinate activities and practices.

3.4 Culture Media and Sport

There is a huge volume of advertising for foods high in salt, fat and sugar during children's television programming and across a wide variety of other media. There is widespread concern from parents, public health organisation and education and consumer groups that this type of advertising to children encourages a high demand for 'treat' foods that are not healthy when eaten frequently, and at the expense of more nutritious foods.

It is the view of the NHF that DCMS has an important, potential role to play in controlling marketing to children of foods and drinks high in fat or sugar or salt.

3.5 Common Agricultural Policy

Although the mechanisms and their influence on consumption patterns are complex, the CAP has enormous potential to influence the price, availability and balance of foods produced in the EU. Health and nutrition considerations have been woefully absent from recent reform proposals. The consequence is that there is no consonance between dietary recommendations and the type of food production in the EU: budget allocations and subsidies still heavily favour the production meat and dairy produce over fruits and vegetables.

Q2 *Is there a need for new mechanisms to ensure better co-ordination on food and health policy initiatives?*

3.6 General Observations

There are a number of areas where policy is dissonant across government departments, and between government and agencies and organisations such as the NHS. Generally speaking, there has been inadequate 'joining up' between health policy and environmental and economic policy.

In the immediate term, it would be helpful to clarify the role of the Consumer Health Needs Group (to whom this review reports) in relation to the other Sustainable Food and Farming Groups.

In the longer term, the government should consider Cabinet level co-ordination of the sustainable food and farming delivery plan, of which the food and health action plan should be a central focus.

As well as considering new mechanisms for co-ordination, the FAHAP should review existing mechanisms and how these might do more to achieve the Plan's objectives. In particular, the NHF believes that the remit of the Food Standards Agency 'to protect consumer interests' on nutrition issues should be given greater priority, and its capacity enhanced and resourced accordingly.

3.7 Specific Examples

Specific examples where co-ordination could be improved are:

- Between DH, DfES and DCMS on the policy around schools and sponsorship activities by confectionery, snack food or soft drink companies, such as the Cadbury's Get Active initiative. It received government approval despite heavy criticism from MPs, teachers' unions, consumer groups, public health organisations and the media for making an inappropriate link between chocolate consumption, obesity reduction and physical activity in school.

- Between DH, FSA and voluntary sector organisations in the delivery of simple consistently presented healthy eating information and social marketing to the public.

- Between DH and the NHS, to ensure consistent messages around schemes such as the DH 5-a-day initiative, instead of similar competing schemes such as the NHS fruit and vegetable information cards in ASDA.

- Co-ordination is also needed to ensure that healthy eating policies and good practice are reflected in hospital catering.

- The use of the NHS logo alongside food and drink products (such as an energy drink called Powerade produced by Coca Cola) needs to be more carefully considered within the context of overall healthy eating messages from government. (See Appendix A for example).

- Between DH, DEFRA and FSA to address the difficulties raised where nutritional advice to increase consumption may conflict with food supply or safety issues. For example, advice to eat more oily fish must be reconciled with the need to conserve depleted fish stocks and with concerns about dioxin and heavy metal contamination in fish.

CHAPTER 2
Q3 Does this section correctly identify the major health problems attributable to diet?

3.8 General Observations

The NHF agrees that cardiovascular disease, cancer, diabetes and obesity are very significant diet-related public health problems. However, the narrow disease focus of the FAHAP overlooks the wider impacts of food on health, including mental health. The NHF recommends that the FAHAP should fully reflect the WHO definition of health as 'physical, mental and social well-being and not merely the absence of disease or infirmity.'

3.9 Oral health

Other consultees will be better placed to identify further specific diet-related diseases which should be within the ambit of the FAHAP. However, the NHF suggests that dental disease should be included for the following reason:

- Research has shown poor oral health is associated with some heart and lung disease;
- Poor oral health, especially if natural teeth are lost, is associated with poor diet and nutritional status (NDNS 1998);
- Excessive (and increasing) consumption of added sugars (especially from fizzy drinks and sweetened cereals) is a concern in terms of the risk of diabetes and overweight/obesity. Recent progress in reducing tooth decay in recent years may be reversed if current sugar consumption patterns - both in terms of quantity and frequency - continue.

Q4 *What additional research would help to identify the scale of the problem, and give a sense of emerging trends?*

3.10 Better understanding of consumption patterns

The emerging trends in overweight and obesity, and related morbidity demand urgent action, yet the data available on average caloric intake is unreliable. The DH acknowledges the problems of under-reporting of food intake in dietary surveys (NFS and EFS), particularly for food eaten outside the home. It is estimated that as much as 20% of average caloric intake may be under-reported. Studies have shown that

obese or overweight people are more likely to selectively mis-report what they eat. With the dramatic rise in obesity rates, so the extent of under-reporting is likely to have increased in recent years.

It has been calculated that an average adult eating as few as 60kcal in excess of energy expenditure per day will become obese over 10 years[15]. This would suggest that the amounts by which data sets are adrift are likely to have a very significant bearing on weight gain.

The NHF believes that further work should be undertaken to accurately assess actual intakes and the likely impact of mis-reporting in dietary surveys. This work also should look at:

- The rise in consumption of snacks and soft drinks
- The increasing availability and promotion of 'super-sized' portions
- Comparisons with sales figures for confectionery, snack foods and soft drinks

Proper inquiry into calorie intake in the diet is important since this possible mythology about declining values is the cornerstone argument offered up by food manufacturers and marketers to deflect 'blame' for rising obesity rates away from food consumed and solely towards physical inactivity. This analysis has fuelled a proliferation of sport and exercise sponsorship deals by food companies while they fail to tackle the content or marketing of their products.

In view of the rapidly changing food environment and the consequences for public health, there is, in our view, a need for a publicly-funded, independent monitoring of marketing practices, especially marketing aimed towards children.

3.11 Better understanding about what consumers think

Recent surveys by the FSA and the National Consumer Council, among others have highlighted significant gaps in public knowledge about healthy eating - including even basic messages such as the five-a-day message - and confusion about the accuracy, usefulness and validity of information that is available from various sources.

For example, according to the FSA Consumer Attitude Survey, (based on face-to-face interviews with 3,135 people across the UK between October and December 2000):

- only 12% thought that current food labelling is 'very easy to understand,'
- just over one-third knew of the recommended daily consumption of five portions of fruits and vegetables,
- Comprehension of what was a significant level of fat, sugar and, in particular, salt, was variable and general understanding of ingredient labelling was poor.
- Over half of consumers could not correctly identify how many grams of fat are in 100g of a product labelled '80% fat free'.

Another recent survey commissioned from the National Consumer Council (February 2003) on public understanding of food packaging showed that people were feeling "bamboozled, baffled and bombarded."

[15] Are the calorie counters getting it wrong? Food Magazine issue 62. Food Commission: London

Studies which have looked at attitudinal barriers to healthy eating (as opposed to circumstantial barriers) highlight a number of knowledge gaps:

- A belief that people are eating enough fruit and vegetables already
- Lack of understanding about portion sizes
- Confusion about the healthiness of frozen, canned or dried products
- Lack of knowledge about the specific health benefits of a healthy diet.

On the other hand, the food industry uses 'health' as a very powerful marketing tool to sell products, especially to parents. Clearly its efforts can serve to both inform and confuse consumers.

Better analysis of how healthy eating messages are exploited to successfully market products could help the government to devise more effective communication strategies, and suggest ways in which the use of health and nutritional claims for promotional purposes may need to be better regulated.

CHAPTER 3
Q5 *What general conclusions can be drawn from this evidence about the state of the nation's diet?*

3.12 Dietary balance

Most people are eating more fats, added sugars and salt than the recommended amounts.

Comparison of NFS data from 1992 and 2000 (table 2) highlights some unhealthy trends in consumption of foods that are significant sources of fats, added sugar and salt. The latest figures also show that people are eating considerably more of these food types than the COMA recommended intake amounts, eg. an average of 3.5 times the recommended amount of chocolate confectionery:

Product	**NFS 1992**	**NFS 2000**	**COMA**
Potato products	170g	305g =	x 1.8
Buns, cakes and pastries	41g	57g =	x 1.3
Soft drinks	720ml	1284ml=	x 1.8
Chocolate confectionery	35g	124g =	x 3.5
Other meat products	440g	590g =	x 1.3

Consumption of vegetables and fruits has increased but still fall short of COMA recommended daily intake levels. Just 4% of younger women are reaching the 5-a-day target.

There remain wide inequalities in people's diets, with low income consumers having a poorer diet overall. Young adults are eating a less balanced diet than older adults.

3.13 Eating patterns

Eating patterns are shifting towards more snack foods.

3.14 Marketing and food choice

Foods and drinks which are heavily promoted foods are being eaten in *increasing* quantities, eg. soft drinks, confectionery, snack foods, cakes and biscuits and ready meals.

Super sizing of fast food portions, snack foods, soft drinks and confectionery has proved a very successful marketing tool. It also encourages over-eating and is likely to explain, in part, some of the observed increases in consumption of fat, sugar and salt.

Q6 *What are the main dietary problem areas on which action needs to be taken?*

3.15 Salt

Average salt intake is well above the recommended levels. At least three quarters of this is eaten in processed or prepared foods. A priority must be to continue to press food manufacturers to reduce the salt content of their products. This must be subject to close and constant monitoring to ensure that levels are brought down and kept down.

3.16 Fats

The evidence suggest that the latest average total fat intakes are in accordance with COMA recommendations. The NHF believes that this evidence should be treated cautiously and that reducing total fat and saturated fat in the diet must remain a priority goal for the following reasons:

- Over half of people surveyed exceeded the recommended intake
- Under-reporting in dietary surveys is likely to mask higher average intakes (see detailed response to Q4)
- The rises in snacking and meals eaten outside the home (which are less likely to be recorded in surveys) contribute to overall fat intake due to the nature of the foods consumed, eg. crisps, confectionery, fast food meals and take-aways.

3.17 Sugars

One of the most startling dietary changes demonstrated in the survey data is that carbonated soft drink consumption has almost doubled in 10 years. Industry sales data confirms this and indicates an average base trend of 3% growth a year[16].

Children and young people are high consumers of fizzy drinks. The relationship between soft drink consumption and obesity is so strong that it has been estimated that for each additional fizzy drink consumed, the risk of obesity increases 1.6 times[17].

A priority must be to address uncontrolled marketing of fizzy drinks to children, particularly in schools.

[16] Zenith International. Reported in 2003 Sucralose soft drinks report
[17] Ludwig DS, Petersen KE, Gortmaker SL. Relation between consumption of sugar-sweetened drinks and childhood obesity: a prospective, observational analysis. Lancet 2001;357:505-508.

Any government efforts to encourage manufacturers to reduce the fat content of some processed products such as cakes and biscuits must ensure that they do not give rise to a high sugar content instead.

3.18 Fruit and vegetables

Getting more people to eat the recommended 5-a-day portions of fruit and vegetables remains a fundamental challenge to food and health policy. More co-ordinated action is needed across all sectors to build on the initiatives already in place such as the 5-a-day logo and the school fruit scheme and increase production, supply and consumer demand for fruit and vegetables.

One priority must be to undertake targeted social marketing to promote fruit and vegetables, focusing on children and families.

3.19 Maternal nutrition and breastfeeding

It is well established that adequate maternal nutrition and breastfeeding confer health benefits in early life and reduce the risk of chronic disease in adulthood.

In view of the poor nutritional status of many younger women, especially those on low income, a priority for the FAHAP must be to tackle the barriers to healthy eating and to support initiatives that encourage breastfeeding for the first six months. Particular emphasis should be placed on ensuring that initiatives targeting expectant and nursing mothers (such as Healthy Start) are effectively implemented.

3.20 Children's diets

The status of children's diets and the impact of poor nutrition on their long-term health are causes for serious concern. The National Heart Forum's young@heart initiative sets out an analysis of the key problems and areas for action[18]. We suggest this document may serve as a useful checklist for policy actions to improve children's nutrition within the scope of the FAHAP.

CHAPTER 4
Q7 *Have we correctly identified the different facets of today's consumers?*

3.21 General Observations

Children should not be regarded simply as young consumers. Instead, parents, carers and schools share a duty of care to provide children with a nutritious, balanced diet. There is also a shared duty of care to protect children from unhealthy eating habits and the health risks of consequent overweight or obesity. Food manufacturers and marketers whose marketing practices aimed at children raise demand for foods high in fat, sugar and/or salt, also bear responsibility.

Q8 *How can healthy eating policies meet the needs of time-poor convenience-focused consumers?*

3.22 General Observations

[18] Towards a generation free from coronary heart disease: policy action for children's and young people's health and well-being. 2002. National Heart Forum.

There has been a big response from the food industry towards meeting and encouraging consumer demand for convenience food. Partnership working with industry to improve the nutritional content of ready meals – by reducing salt, fat and sugar and increasing fruit and vegetable content would benefit these consumers.

3.23 Cash Poor Consumers

The DH analysis and evidence from other sources indicates that the greater need is among 'cash poor' not 'time poor' consumers. Detailed policy options to tackle food poverty have been developed by Sustain[19].

Q9 *How can the food chain contribute to healthy eating?* & Q10 *How can different sectors contribute to healthy eating?*

It is understood that the second phase of consultation will explore policy solutions to the problems of poor diet. The NHF intends to respond more fully to these areas of enquiry in the second consultation.

[19] Watson A. 2001. Food poverty: policy options for the new millennium. Sustain. London

3.24 Policy Opportunities

In brief, opportunities across the food chain and between different sectors include:

Sector	Opportunities
PRODUCERS	Reform of international trade agreements eg. CAP
	The food industry could improve the nutritional content of processed and prepared foods
SUPPLIERS	*Local authorities (and retailers) can improve access to shops in deprived areas through measure such as: mobile shopping facilities; free or subsidised transport schemes for consumers to and from shops; and telephone and internet ordering and home delivery.*
	Retailers could review pricing policies to make healthier options, cheaper options
	Food manufacturers and retailers could make food labelling more informative so that: ▪ Fat, sugar and salt content is easily understood ▪ The contribution of the food items toward daily recommended intakes of salt, fat, sugar and calories, is made explicit – this is especially important with growing portion sizes and super-sizing ▪ The appropriate frequency of consumption for fast food and snack food items is indicated (McDonald's in France has made moves to promote a 'once a week' message)
	The food industry could address portion size and pricing policies so that unhealthily large meals, high in fat, salt and sugar are not 'cheaper'
	Local authorities can support retail strategies and local retail forums by encouraging and supporting community-based initiatives such as food co-operatives, local farmers markets, fruit and vegetable box schemes and food coupon schemes which offer discounts on fruit and vegetables.
SCHOOLS	Schools have an important role to play; providing children with healthy meals, educating them about nutrition and cooking, and protecting them from marketing activities of food manufacturers in the school environment. The National Healthy Schools Standard offers an excellent framework for schools and communities to co-ordinate activities and practices. Schools meal providers can have an important role to play in sustainable sourcing of local produce
NHS	Hospitals can serve healthy meals and adopt healthy eating policies. Hospital catering providers can have an important role to play in sustainable sourcing of local produce.
MARKETERS	Food industry trade bodies could support promotions of fruits and vegetables.
	The marketing industry needs to work towards meaningful codes of practice (or face increased regulation) on the use of healthy eating messages (in a misleading way) to sell foods high in fat, sugar and/or salt.
REGULATORS	Broadcast regulators must keep under active review both the public concerns about food advertising to children and the evidence that the cumulative impact of advertising for foods high in salt, fat and sugar is likely to have a damaging effect on children's diets.

Appendix A

Promotional poster for a fitness campaign co-sponsored by NHS and Coca Cola product (Powerade) among others.