

SUSTAIN RESPONSE TO THE DEPARTMENT OF HEALTH DOCUMENT CHOOSING HEALTH? CHOOSING A BETTER DIET A CONSULTATION ON PRIORITIES FOR A FOOD AND HEALTH ACTION PLAN

THE STATUS OF THIS RESPONSE

Sustain: The alliance for better food and farming advocates food and agriculture policies and practices that enhance the health and welfare of people and animals, improve the living and working environment, enrich society and culture and promote equity. We represent around 100 national public interest organisations working at international, national, regional and local level (listed on our website www.sustainweb.org).

A process of obtaining contributions and endorsements from Sustain's membership has been undertaken and, at the end of this document, is a list of those who wish, explicitly, to endorse its general principles and recommendations in those areas where they have expertise. References are available for all the studies cited.

COMMENTS ON THE PROCESS AND OVERALL CONTENT

As Co-ordinator of Sustain, I have been asked by Sustain's governing Council, on behalf of a significant proportion of the membership, to express **extreme dissatisfaction with both the content** of the current consultation document **and the slow process** by which a food and health action plan is being developed. The recommendation to develop such an action plan was first made by the Curry Commission¹ in January 2002. Sustain considers it completely unacceptable that, **more than two years on, we are still waiting for a food and health action plan.**

In September 2003 Sustain submitted a response to the consultation on a "Food and Health Problem Analysis". The 20 plus page document, containing over 100 references, and a number of policy proposals that could have been included in an action plan, was supported by more than 30 national organisations in Sustain's membership. It was based on discussions at a special Sustain meeting in June 2003, which had been addressed by Department of Health (DH) officials. In the following months Sustain and several members contributed fully to the many meetings held by DH and others to discuss how to make progress but, since September, there appears to have been no progress worthy of the name.

In contrast, Scotland has not been delaying developing a plan, but instead has been basing its work on a previously agreed document and taking action to tackle food and health issues on a number of fronts for several years. In Wales a plan has already been developed and agreed, and action is underway or in the pipeline. We understand that action in Northern Ireland has been delayed.

¹ The Policy Commission on Farming and Food, Chaired by Sir Don Curry that produced, in less than six months, a report – *Farming and food: A sustainable future* - containing over 100 recommendations for action covering the whole farming and food chain.

While we acknowledge that work on food and health continues across government (and some of this is referred to in the consultation document) it is **patchy, unco-ordinated and heavily reliant on voluntary initiatives**. As a result, this work is effective – if at all – only in those localities where people are focusing their limited time and money. There is nothing in the current consultation document that signals a change in this approach. Any policies resulting from this kind of piecemeal analysis are, in our view, **bound to have almost no impact on the scale of the diet and health problem we are facing**.

In terms of the content of the consultation document there are **two major flaws**. **First**, in paragraph 1.5, it is claimed that a food and health action plan will “*place nutrition and health in the context of sustainable development for England’s food supply*”. However, in the whole of the rest of the document **there is only one reference to sustainable development**, and that is in paragraph 4.11 where the Public Sector Sustainable Food Procurement Initiative is mentioned.

Sustain’s membership is clear that sustainable development should be integrated throughout the analysis and inform any resulting policy recommendations. For ease of reference the box below repeats the general principles outlined in Sustain’s September 2003 submission. Later in this response we illustrate how these principles should affect future food and health policies.

Any food and health action plan should incorporate sustainable development, by which we mean, in Brundtland’s definition², the capacity to provide for the needs of the current generation without compromising the ability to provide adequately for future generations. This holistic approach encompasses social and economic goals alongside environmental imperatives, as outlined below.

- ❖ Health, by which we mean, using the World Health Organisation’s definition³, physical and mental well-being, not merely the absence of disease, both for humans and animals. For food policy this means:
 - food uncontaminated by microbiological poisons, toxic residues or other harmful substances;
 - food that does not compromise our resistance to infection, or render ineffective medical treatments;
 - a food supply that is micronutrient-dense, fibre-rich and provides essential fats to reduce the risks of developing cardiovascular diseases, some cancers and other diet-related illnesses. This largely comprises a variety of whole-grain cereals and other starchy staples, plentiful and varied vegetables and fruit, diverse pulses, nuts and seeds, some dairy produce and, for non-vegetarians, occasional fish and meat;
 - access to the best quality food (as outlined above) for the most vulnerable in society, particularly low income groups and, especially, babies and children, elderly people, and those who are ill.

²World Commission on Environment and Development, *Our Common Future*, 1987. Oxford University Press.

³ *Health21 – Health for All in the 21st Century*, 1999, World Health Organisation Regional Office for Europe

- ❖ Environmental quality:
 - clean air and water to support human, animal and plant life;
 - rich natural habitats (both land and water-based) that will support abundant and diverse wildlife;
 - natural genetic diversity in farmed plants and animals, to reduce vulnerability to diseases, preserve our heritage and enrich our diets;
 - high animal welfare standards, to preserve their, and our dignity and improve animals' resistance to diseases, some of which are zoonotic;
 - careful husbandry of non-renewable natural resources, including the soil, to reduce waste and pollution, and allow time to switch to renewable alternatives.

- ❖ Livelihoods:
 - jobs in the farming and food sector, whether private or public, that provide a living wage;
 - working conditions that do not endanger health or well-being;
 - on and/or off-the-job training that offers opportunities for personal development and acquiring flexible skills;
 - adequate state benefits for those who are unable to obtain paid employment.

Underpinning what citizens expect of sustainable development are the following rights and responsibilities:

- to receive adequate food knowledge and skills from the education system, and to use these to make choices that will optimise sustainable development;
- to be thoroughly protected from information about farming and food which is dishonest, illegal and untrue;
- to have a choice of ways to obtain food, and to use these choices to retain diversity;
- to have democratic control over decisions that will affect the farming and food sector, and to take the opportunities offered to participate in these decisions.

In providing this for UK citizens, the food and farming sector should, at worst, not undermine the provision of the same for other countries and, at best, contribute to achieving these goals for other countries, particularly for the poorest.

Second, the nutritional priorities, summarised in the box on page six of the DH document, are **unambitious, incomplete and inappropriately focused on nutrients rather than food**. These targets have existed for several years and, even when they were set, were the result of a compromise between what was ideal and what was thought politically possible at the time. Adult salt intakes should ideally, for example, be well below 6g, and many international experts now recommend that the upper limit for saturated fat should be 10% or less of dietary energy.

The DH is fully aware, of course, that there is more to a healthy diet than a number of macronutrients. Other important factors include types of fat we should eat less of (including trans fats), types of fat we should eat more of (such as omega 3 fats), and a wide range of vitamins, minerals and other micronutrients. In addition, there are **safety concerns about agrichemical residues** in food, about **allergens and intolerances** to food and food ingredients, and about a range of **food additives**, as well as the usual **microbiological safety problems**. While many of these issues are being dealt with by the Food Standards Agency it is not clear how, if at all, these issues are to be integrated into a food and health action plan.

Setting **partial nutrient targets not only lacks ambition, but could also have perverse effects**. It is quite possible, for example, to imagine that levels of saturated fat could be reduced, but trans fat levels would remain unchanged or even rise in the absence of explicit efforts to reduce levels. Similarly, many would argue that the benefits of lower sugar consumption would be reduced if sugar was simply replaced by a range of artificial sweeteners. Moreover, for oral health reasons, drinks would also need to be less acidic, as well as less sugary.

Alongside more comprehensive targets (with targets dates for their achievement, which are currently absent), Sustain also proposes these be **augmented by targets related to specific categories of food and drink**, since it is real products, not abstract nutrients, that people consume. Government has had no difficulty with this approach *vis a vis* fruit and vegetables, since encouraging people to eat at least five portions each day is a message to eat more. However, governments throughout the world have been exceedingly nervous about making recommendations to eat less of particular types of product, for fear of offending those industries that produce them. This is inconsistent and also does not help people attain healthy diets. We explore some examples of product categories that should have targets in our answer to question two below.

Finally, it could be argued that there is a **crisis in English food culture**, since we spend a smaller and smaller proportion of our available budgets on food, and appear unwilling to allocate time to buying, preparing and eating food. While it is acknowledged that the UK is said to have the longest working hours in the EU, it should also be noted that most people spend several hours each day watching TV. Thus while the English watch TV programmes about food, other Europeans seem willing to spend time cooking and eating it! In fairness, the English are not alone in their ambivalent attitude to food and it is not a coincidence that the Slow Food movement was born in Italy and is now an international phenomenon. Nonetheless, it is difficult to see how healthy and sustainable food can be embraced without promoting a healthy and sustainable food culture that makes good food choices socially desirable.

SUSTAIN'S RESPONSE TO THE QUESTIONS POSED

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

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

Are these the right goals?

What are the priorities for action to:

- ∖ define the information people need to make choices about healthy eating;
- ∖ improve the quality and co-ordination of the information that is provided; and
- ∖ help people in all parts of society have access and understand it?

What role should different organisations play?

While Sustain welcomes the acknowledgement, by government, that current food information available to citizens is not balanced, the proposed policy remedies are entirely inadequate. Sustain's Children's Food Bill campaign has responded separately, and in detail, to the Food Standards Agency (FSA)'s consultation exercise on promoting food to children and this can

be found at http://www.sustainweb.org/pdf/response_6_04.pdf. In summary, however, 115 national organisations (at time of writing) consider it **essential to provide legal protection for children from junk food marketing** in all its forms. They also consider that legislation should improve the quality of food provided in schools (at mealtimes and throughout the school), and enhance the provision of food education and skills (see also our answer to question five).

We have **welcomed** the FSA's new programme of work to develop robust definitions of good and bad foods, as the basis for **developing a simplified food labelling system** – currently being referred to as the “traffic light” system (though we realise it may emerge in a different form). However, we have urged the FSA to take an integrated approach, since it is unlikely to be helpful to citizens if food labels carry, say, a “green” light for nutrition, but contain additives or ingredients that cause an adverse reaction in their children.

We have also urged the FSA to focus on **improving enforcement of food labelling laws**, including by financially supporting legal test cases. Misleading labelling has been problematic for some time and we are not convinced that the FSA's proposed surveys and guidance will be any more successful at improving standards than they have been in the past. For example, Sustain has attempted – with colleagues in the Food Commission – to curb misuse of the “five a day” message. Some food companies continue to use the “eat more fruit and veg” approach on products that contain too much fat, sugar or salt, and too little fruit or veg. Guidelines for food law enforcement officers were developed, during 2003, with the FSA, DH and the Local Authorities Co-ordinators of Regulatory Services. Unfortunately, application of the guidelines has been hampered by the DH's failure to produce criteria on how much fat, sugar and salt – if any – would be acceptable in products bearing DH's own “five a day” logo. Sustain responded to the consultation on this issue in December 2003. It is very disappointing to note that, at time of writing, no proposed criteria have emerged.

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

∖ *Reducing salt, total and saturated fat and added sugar in food products where appropriate.*

∖ *Increasing fruit and vegetables, and fibre in food products, where appropriate.*

Are these the right goals?

What are the priorities for producers and manufacturers in stimulating demand and increasing availability of healthy choices in food? including:

- ∖ reduce salt in processed foods;
- ∖ reduce total and saturated fat;
- ∖ reduce added sugar in food and drinks, particularly those for infants and children;
- ∖ increase availability of fruit and vegetables and higher fibre products; and
- ∖ promote healthier portion sizes?

We have already argued, in our introductory remarks, that we consider these goals unambitious, incomplete and inappropriately focused on nutrients rather than food. Below we draw attention, once again, to a seminal report by published in 1999 by the Swedish Environmental Protection Agency.

The report looked at the implications of reducing the environmental impact of the farming and food system and noted that the simplest policy option, and one that would also be of considerable benefit public health, would be to **increase the production of plant-based**

foods for human consumption, and reduce the high level of meat and dairy production and consumption. It is likely that a higher proportion of this new balance of foods would be purchased from UK producers, both because some UK producers have high standards, and because – being in the UK – these standards can be more easily verified. Reduced imports (and, by implication, exports) would also have a number of food safety, animal health and environmental benefits.

The table on the next page shows the dietary changes needed in Sweden which, if attained, would reduce energy consumption in the farming and food system by 30%, reduce artificial fertilizer use by between 20 and 40%, and reduce the acreage needed to produce food.

<i>Current food intake and a healthier and more sustainable diet for Sweden (Swedish Environmental Protection Agency, 1999)</i>			
	Current daily intake (g per person per day)	Improved diet (g per person per day)	% change
Dried legumes	5	50	+1000
Root vegetables	25	100	+400
Cereals	15	45	+300
Potatoes	140	270	+193
Bread	100	200	+100
Vegetables	150	190	+27
Fruit	150	175	+17
Fish	30	30	0
Margarine/butter/oil	50	50	0
Milk products	400	300	-25
Snacks/sweets	200	140	-30
Soft drinks	150	80	-47
Cheese	45	20	-56
Eggs	25	10	-60
Meat, poultry, sausage	145	35	-76

Although the dietary pattern does not entirely match that in the UK (and the “improved diet” does not meet the 400g daily target for fruit and vegetable consumption), the direction of the changes needed is clear. Calculations could easily be done on the health and other benefits that could be expected from the improved diet.

Based on this Swedish data, the following issues are examples (by no means exhaustive) of food production and manufacturing issues that should be incorporated into a food and health action plan, incorporating the principles of sustainable development. The examples show that taking action on these issues would, simultaneously, help achieve government targets on food safety, as well as on nutrition, while reducing damage to the environment.

Reducing consumption of meat and dairy products

The most common sources of food borne infectious organisms capable of affecting human health are animals and their products, since human biology is more similar to animals than to

plants. Hence meat and animal products are the most commonly cited sources of food poisoning organisms. Reducing consumption of meat and dairy products would therefore help to reduce food borne illness.

DH data continue to show that meat products and dairy products are also major sources of fat and saturated fat in the diet and - in the case of meat products and cheese - of dietary salt intakes. Eating fewer of these products would reduce the energy density of the diet, and would contribute to lowering the risk of coronary heart disease and strokes. Moreover, the then Committee on the Medical Aspects of Food Policy recommended, in its 1998 report on diet and cancer, that people should eat no more than 90g per day of red and processed meat to reduce their risk of colorectal cancer. Current consumption levels are much higher than this and it is unlikely that many citizens are aware of the evidence linking meat consumption and colorectal cancer.

In addition, there is accumulating evidence that organic livestock and dairy farmers not only have higher animal welfare standards (which can reduce the incidence of animal disease, including zoonoses), but also - due to reduced stocking densities - are less polluting of the air, water and soil, all of which have human health implications. More recent evidence indicates that the fat in organic meat and dairy products is higher in essential fatty acids such as omega 3 and conjugated linoleic acid, and correspondingly lower in saturated fat. In addition, antibiotics are not permitted for routine use in organic farming, so there is a much reduced likelihood of such residues, and their attendant health risks.

In summary, a food and health action plan should aim to reduce production and consumption of meat and dairy products. Those that are eaten should be from production systems with high animal welfare standards, such as those found on organic farms. It is likely that these would be from UK producers, both because some UK producers have high standards, and because - being in the UK - these standards can be more easily verified. Reduced meat and dairy imports (and, by implication, exports) would also have a number of food safety, animal health and environmental benefits.

Changing policy on fish

The most common source of omega 3 in the diet is oily fish, hence the government recommendation to eat one portion of oily fish a week (and another portion of any other type of fish). Current consumption levels are below two weekly portions but there is a direct conflict with sustainable development in recommending people eat more fish, as there is a global crisis of declining wild fish stocks. The problem cannot be solved by recommending people eat only farmed fish as, despite FSA reassurances, food safety concerns remain about levels of polychlorinated biphenyls (PCBs) in farmed fish. Fish farming also causes well-documented damage to local ecosystems, and to wild fish stocks (thereby further reducing the amount of fish available to consume).

The FSA issues periodic safety advice to pregnant and breast-feeding women and children under 16, advising them to limit their consumption of tuna and to avoid eating shark, swordfish and marlin, due to mercury contamination. It is highly unlikely that this information appears on any fish or fish product labelling, and most affected citizens are unlikely to be aware of this advice.

A food and health action plan could add considerable value to the issue of fish, health and sustainability. Research should be urgently commissioned on the health and environmental implications of people consuming two portions of fish a week (one being oily fish) but only from species that can be caught sustainably (or are being farmed humanely, without environmental damage). Once robust data is available, comprehensive and comprehensible labelling would be an invaluable aid to consumer choice.

Increasing consumption of fruit, vegetables and wholegrain cereals

Although food poisoning linked to plants is less prevalent than that linked to animal products, it will be important for the FSA to ensure that food poisoning levels do not rise if fruit and vegetable consumption levels rise to those recommended for health (i.e. to at least 400g per day). Similarly, mycotoxins can affect nuts, seeds and cereals and measures should be in hand to ensure contamination does not cause health problems if, in accordance with health recommendations, consumption of these products rises.

FSA policy to reduce pesticide residues, and to label post-harvest treatments, should help to increase choice for those who wish to avoid such agrichemicals due to concerns about their safety and/or their impact on the environment. However, many pesticides are used merely to enhance the cosmetic appearance of some fruit and vegetables. These pesticides, like all such chemicals, can cause health problems to the people applying them (or to those accidentally sprayed or caught in spray drift) and can leach into water supplies, which can also increase health risks. It would be very helpful if, under the auspices of a food and health action plan, work was undertaken on the implications of abandoning the use of pesticides for cosmetic purposes, including how the resulting “imperfect” produce can be marketed.

Such a policy may also have nutritional benefits (as well as possibly encouraging people to eat more fruit and vegetables due to reduced concerns about pesticide residues). Substances known as phenolics have antioxidant properties that can help protect against coronary heart disease and some cancers. Plants produce phenolics when attacked by pests so, if fewer pesticides are used (or none, routinely, in organic farming), then some pest “damage” might increase antioxidant levels in the produce.

Additional research in this area, and into the related evidence that indicates that intensive growing methods may reduce vitamin and mineral levels in crops, would be very helpful. Research would also be invaluable into varieties of cereals for human consumption that can be consumed by people who are allergic or intolerant to wheat. Even for those who can safely consume wheat, eating a wider variety of cereals – particularly in wholegrain form - is likely to have nutritional benefits due to the broader range of vitamins and minerals that would be eaten, along with valuable dietary fibre. Increased crop diversity would also have a number of benefits for biodiversity, wildlife and environmental quality.

It is worth repeating the point made in the section on reducing consumption of meat and dairy products, that it would be beneficial if a high and rising proportion of fruit, vegetables and cereals consumed were bought from UK producers. UK producers can have high standards and, given the food and farm inspection systems in the UK, these standards can be more easily verified than those abroad. Similarly, reduced imports (and again, by implication, exports) would also have a number of food safety and environmental benefits. This is, of course, not to say there should be no food trade, but rather that the emphasis – in a sustainable system – would be on trade where necessary and under fair terms of trade.

A “whole systems” approach

These few examples illustrate the benefits of an integrated approach. A fully integrated approach would, of course, also need to include an analysis of the Common Agricultural Policy, and food trade with the EU and globally. Policies would need to be in place to ensure that UK producers were not put at a disadvantage *vis a vis* similar producers elsewhere. However, without such an analysis of the whole system, piecemeal proposals risk simply moving a problem from one part of the food chain to another. For example, it is likely that fat removed from milk (see the case study on page 15 of the consultation document) is simply consumed elsewhere in the food chain, for example in pre-prepared desserts, biscuits or cakes. Unless we stop producing fat – and/or provide (dis)incentives to use it outside the food chain (for example in cosmetics) – one way or another someone will end up eating it.

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

∖ *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.*

∖ *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.*

Are these the right goals?

What are the priorities for retailers, caterers and the workplace for improving food supplied, in particular:

- ∖ reducing salt, added sugar, total and saturated fat and increasing fruit and vegetables and fibre in processed and convenience food, and catered meals;
- ∖ access to fruit, vegetables and higher fibre foods;
- ∖ promoting healthier portion sizes;
- ∖ improving the availability of affordable healthy foods;
- ∖ marketing and promoting healthier, affordable food; and
- ∖ providing access to nutrition training for caterers?

We **welcome** the acknowledgement, in paragraph 4.11, of the **Public Sector Sustainable Food Procurement Initiative**. It is clear that **more money and staff would speed progress** with this very important initiative, and we recommend this be incorporated into a food and health action plan. We also warmly welcome the acknowledgement, in paragraph 4.5, of the importance of price in influencing consumer behaviour, and the fact that the Norwegian **government used fiscal and regulatory strategies to make healthy food more attractively priced** than less healthy food. It is very disappointing, therefore, that no such policies are proposed in the consultation document, since this approach would clearly help to achieve better access to healthier food, in a way that exhortation will not. **VAT on food, for example, should be amended** to incorporate criteria on sustainable development (including, of course, nutrition) to remove anomalies such as VAT exemption for biscuits but VAT levied on fruit juice.

Considerable investment will be required by the food and farming industry, including retailers and caterers, to achieve the significant shifts in production and consumption outlined above in our answer to question two. However, **unless this investment is rewarded by government** – using taxes, subsidies and regulatory standards – those companies voluntarily undertaking this investment programme will be at a considerable disadvantage compared with those who simply save their money (or invest less, but in maintaining current production and consumption patterns.) In these circumstances, **few companies are likely to take this risk.**

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

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

Are these the right goals?

What are the priorities for action to:

- ∖ communicate the benefits of breastfeeding particularly in the most disadvantaged groups;
- ∖ provide families on low income with financial assistance to buy milk, infant formula, fresh fruit and vegetables;
- ∖ develop and implement guidance and training packages for health professionals and Sure Start local practitioners to support the delivery of diet and nutrition advice and information to parents and expectant mothers;
- ∖ develop guidance on improving access to healthy food and drink in early years settings; and
- ∖ develop mechanisms for sharing the learning from nutrition focused innovative practice?

What role should different organisations play?

Others are better qualified than Sustain to comment on the role of health professionals in supporting breast feeding, and we would make only two points here. First, **mothers on a low income should be assisted primarily by increasing their incomes** (a point which we also make in our response to question seven). This may include increasing the value of the vouchers in the Healthy Start scheme, raising benefit levels (particularly for very young mothers), and providing affordable, high quality childcare so that mothers who wish to can earn at least the minimum wage. Second, **key aspects of the UK law on marketing breast milk substitutes need to be changed**, since some companies' activities continue to encourage mothers to bottle-feed rather than breast feed. The changes include the following:

The *International Code on the Marketing of Breast milk Substitutes* covers bottles and teats and all breast milk substitutes. This includes anything that is used instead of breast milk, including specialised formulas for sick babies, baby drinks, follow-on milks and any products marketed for use in feeding bottles. The advertising controls in UK law cover only infant formula for babies 'in good health' and to a limited extent, follow-on milks. Specialised infant formulas are covered by much weaker legislation. These anomalies should be resolved and UK law brought into line with the *International Code*.

Similarly, UK law only prohibits advertising of infant formulas (for babies in good health) outside the health care system and specifically allows advertising on labels. To be consistent with the UN requirements, UK legislation must ban the promotion of any breast milk substitute within and outside the health care system, and must address the labelling and marketing of complementary foods and drinks. Although UK law bans baby pictures and idealising text, it allows some claims (which are not permitted by the Code) and advertisements on labels or under the lid. Labels should also include a warning that powdered infant formula is not a commercially sterile product.

Moreover, UK legislation does not – but should - include the provisions on company sponsorship from the *International Code* that “ensure that the financial support for professionals working in infant and young child health does not create conflicts of interest”. UK Law also does not – but should - include provisions from *International Code* which specifically stop manufacturers from making direct or indirect contact with mothers, nor does it incorporate parts of the code that prohibit free supplies of all breast milk substitutes (not just infant formula) in all parts of the health care system.

Unless government introduces legal controls on attempts by some companies to circumvent the spirit of the law, then efforts by health care professional to encourage breast feeding will continue to be undermined.

5. 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:

↘ *With relevant stakeholders, to supply the range of foods children need for a healthy diet.*

↘ *Giving children the information and skills they need for a lifetime of healthy eating.*

Are these the right goals?

What are the priorities for action to:

- ↘ help schools develop a coherent whole school approach to healthy eating?
- ↘ ensure that children have access to a range of healthy foods whilst at school?
- ↘ provide children with information and advice on healthy eating?

What role should different organisations play?

We have already noted Sustain’s Children’s Food Bill (in our answer to question one above). We would like to re-emphasise here that, alongside incorporating legal protection for children from junk food marketing in all its forms, the Bill would also **legislate to improve the quality of food provided in schools** (at mealtimes and throughout the school), and **to enshrine the provision of food education and skills in the national curriculum.**

The problem is not, as posed in the consultation question, developing a coherent whole school approach to food. Many schools have already developed such an approach and are implementing it. The problem is that the standards implicit in a whole school approach are not obligatory for all schools, nor are the activities this approach would entail adequately funded by government.

By contrast, *Recipe for Success* in Scotland, has developed comprehensive and compulsory standards to improve the quality of school meals and is prepared to **spend significant sums over the coming years to achieve these standards.** It is far from clear why Scottish children are considered more deserving of properly funded, high standards for school food than children in the rest of the UK.

6. Proposed key goals for improving nutrition in the NHS:

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

↘ *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.

Are these the right goals?

What are the priorities for action to:

- ∖ supply healthier food, for example through improving public sector procurement of food and extension of the Better Hospital Food Initiative;
- ∖ provide dietary advice to patients, both routinely and opportunistically; and
- ∖ ensure health care professionals, are appropriately trained to provide advice on diet and nutrition.

We **welcome** the acknowledgement of the **role of public sector food procurement**, and the Better Hospital Food Initiative in improving food for patients and staff. Sustain is very disappointed, however, that the word “sustainable” has been dropped from this section. As we have already argued, sustainable development should be a thread running through the whole food and health action plan. We would also reiterate our recommendation from question three that **more money and staff would speed progress** in this area.

Indeed, we would welcome financial support from the DH for our new project (being implemented with the Soil Association) to improve the sustainability of hospital food in London. Grants from the Department of Environment, Food and Rural Affairs, and the King’s Fund, allowed us to launch the project in January 2004. This exciting initiative will be working with four London Hospitals –Bethlem, Ealing, Royal Brompton and St George’s – over the next two years to try to introduce more local and/or organic food into their catering. The aim is for these supplies to reach at least 10% of the budget and, in the process, boost the local economy, help protect the environment and, of course, improve health. Studies have been commissioned on the distribution barriers to local and/or organic food, and on the economic and health effects of the project. In summer 2004 we look forward to seeing the first sustainable supplies reach the hospitals.

Another Sustain project – the Food Poverty Project – recently undertook a survey which revealed that **most Primary Care Trusts do not have the staff, funding or information to develop** and implement, in partnership with other local agencies, the **local food strategies** recommended by national government. We are already working with the Food Standards Agency (FSA) and others, to explore how this problem might be tackled, and would welcome contributions from DH. However, it is already clear that calls on the NHS to “do more” are highly unlikely to succeed, in the absence of funding and other assistance.

This applies equally to calls for **training on food and health for health professionals**, and for providing **advice on food and health for anyone using the NHS**. These policy proposals have been made and repeated over a period of years, and seem no closer to being realised than they were a decade or more ago. While we acknowledge that many health professionals are doing excellent work in this area, often in addition to routine responsibilities, once again this is undertaken on a voluntary basis so coverage is patchy. Government needs to examine, urgently, how to ensure – with **mandatory standards and adequate funding** – that all health professionals are adequately trained in food and health and have access to more specialist expertise, as necessary, so that everyone using the NHS receives good advice and support.

7. Proposed key goals for improving nutrition in communities, including:

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

effectively.

Are these the right goals?

What are the priorities for action to:

- ∞ support and sustain local community and retailer initiatives focusing on improving access to healthier foods eg free bus services where they exist;
- ∞ extend 5 A DAY opportunities; and
- ∞ support Local Authorities and other public sector partners to address food and health issues strategically.

It is very disappointing that it is information, rather than income, that is the focus of concern in this section. Clearly, it is the Treasury, and not DH, which can **increase the level of benefits and the minimum wage**. Similarly, planning and transport policies, rather than DH, can inhibit or **facilitate access to retail outlets selling healthy food**. It is these issues – not information - that have a profound effect on the diets of people living on low incomes. For a more comprehensive account of the **structural changes that are needed to address unequal access to food** and the resulting health injustice, please see Sustain's 2001 publication *Food Poverty: Policy Options for the New Millennium*.

While information and skills are clearly necessary (and we have covered these elsewhere in this response) they are equally clearly not sufficient to reduce inequalities in diet and health. Indeed, there is very little evidence to indicate that citizens on low incomes are less well informed about food and health and have fewer food skills than wealthier people. The experience of Sustain's Food Poverty Project is that people on low incomes are remarkably resourceful in making a small budget go a long way to feed a family.

Local community and retailer initiatives – where they exist – can be invaluable in helping the budget stretch even further, and/or in expanding the range of healthy food available to buy. However, as noted elsewhere in this response, voluntary approaches are inevitably patchy in their coverage and cannot be expected to tackle the scale of diet and health inequalities we are facing. The FSA recently conducted a consultation exercise to inform the development of its own programme of work on food and low income, and we look forward to engaging in this once it has been constructed.

CONCLUSION

We have argued for an integrated approach to food and health that assimilates sustainable development into every policy element. An outline of the type and range of policies we believe should be included in such a food and health action plan is included in the annex. There is also the issue of how the food and health action plan, once agreed, is monitored, reviewed, and further developed. A government agency, or a new or existing cross-sector body should provide continuity and **leadership for a food and health action plan**. Such a body could also assess all departmental policies for their potential impact on the action plan, and encourage cross-departmental discussion, stakeholder representation and public debate. There are a number of options for where such responsibilities could be located and Sustain has not yet discussed and agreed these with the membership. However, we are clear that the functions just described are vital elements of a food and health action plan and need to be addressed urgently.

For more information about any aspect of this submission, please contact:

Jeanette Longfield, Co-ordinator
Sustain: the alliance for better food and farming
94 White Lion Street
London N1 9PF
Tel: 020-7837-1228
Fax: 020-7837-1141
Email: jeanette@sustainweb.org
Web: www.sustainweb.org

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In supporting this document, each of the following 34 organisations is indicating its formal agreement only in those areas where it has specific competence. At the same time, each acknowledges the expertise and authority of the other organisations in their respective fields. In addition, collectively the following organisations endorse the general principles outlined at the beginning of the document on the main elements of sustainable development, as it affects food and farming policy.

Allergy Alliance
Baby Milk Action
Biodynamic Agriculture Association
British Association for the Study of Community Dentistry
British Heart Foundation Health Promotion Research Group
Campaign for Real Ale
Centre for Food Policy, City University
Chartered Institute of Environmental Health
Commonwork Land Trust
Compassion in World Farming
Consensus Action on Salt and Health
Ecological Foundation
Elm Farm Research Centre
Farmers Link
Food Additives Campaign Team
Food Commission
Friends of the Earth
Guild of Food Writers
Health Education Trust
HUSH – The UK E.Coli Support Group
Institute of Consumers Sciences
Land Heritage
National Consumer Council
National Federation of Women's Institutes
National Heart Forum
National Oral Health Promotion Group
Permaculture Association
Royal Society for the Promotion of Health
Small and Family Farms Alliance
Soil Association
UK Public Health Association
Vegetarian Society
World Cancer Research Fund
World-Wide Opportunities on Organic Farms

ANNEX: An outline Food and Health Action Plan

The following list of policies – which appear in no particular order - is indicative rather than comprehensive. However, these proposals show the broad range and fundamental type of action needed, including by a wide range of government departments and agencies, as well as voluntary and private sector bodies.

- ❖ **Major and sustained investment is required in the home production of fruit, vegetables and wholegrain cereals.** This programme should be accompanied by a similar level of investment in promoting fruit and vegetable consumption, particularly to low income groups. Experience in Finland indicates that this could create jobs as well as improve health. For environmental reasons (and to reduce health risks to farm workers – from applying pesticides - and to consumers – from eating “cocktails” of residues), targets should be set for existing growers to convert to organic methods, and new entrants should consider being organic from the start. Cosmetic standards for fresh produce, set either by the European Commission or retailers should be abandoned in favour of a focus on nutritional quality and biodiversity.
- ❖ **Budget standards**, which are used successfully in countries such as Australia and Sweden, **should be used as the basis for setting benefit/tax credit levels**, so that healthy food is affordable to everyone.
- ❖ **Catering funded by the public sector**, whether or not provided by it, **should be used to pursue public policy on sustainability.** Thus, food should be supplied by local producers, to high nutrition and microbiological safety standards (particularly for nutritionally vulnerable groups such as children, elderly people and those suffering from illness), and produced organically whenever possible. Such initiatives have been successfully introduced in France and Italy, and are developing in the UK. Sustain has demonstrated that changes to EU and national rules on public procurement contracts, though helpful in the longer term, may not be needed immediately. What will certainly be needed is increased funding for public sector catering contracts.
- ❖ **A planned and rapid reduction in the farming and food sector’s dependence on oil** should begin with the re-introduction of the fuel tax escalator and the opening of negotiations with other states on the urgent introduction of a similar tax regime for aviation fuel (the most environmentally damaging form of food transport). This should reduce oil consumption (and associated environmental damage), increase incentives to locate food production as near as possible to consumers, and thereby increase employment in local farming and food industries.
- ❖ Consumer, environmental and other public interest organisations should be involved in **improving the content and implementation of the Office of Fair Trading Code of Practice between supermarkets and their suppliers.** This would help address the 27 practices which the Competition Commission found operating “against the public interest” in its inquiry.
- ❖ **The use of antibiotics as growth promoters in animal production should be prohibited immediately** and routine prophylactic use should be phased out as soon as possible. Experience from Sweden shows that this is entirely feasible. Antibiotics to treat sick animals should be used under veterinary supervision only. This would reduce the

incidence of antibiotic resistance in humans and allow food poisoning cases to be more effectively treated. It would also require much improved animal welfare standards, as an alternative method of preventing illness in livestock. It is possible (though not inevitable) that these proposals would increase the cost of meat and dairy production to the point where demand declines. This is likely to be beneficial for human health (see above) and for the environment. Jobs lost in this sector should be absorbed by new employment opportunities in horticulture and cereals (see above), and by adding value at the farm end of the food chain.

- ❖ **All farm and food premises, and the key food handlers who work in them, should be subject to prior approval** before they can operate, and regularly checked thereafter. This should ensure that farm and food workers are adequately trained in the principles of Hazard Analysis and Critical Control Points (the internationally accepted approach to improving food safety), that premises are suitable for food preparation and that, as a consequence, the incidence of microbiological contamination of food declines. However, it is important, particularly for small and specialist businesses that this process should avoid burdensome paperwork and disproportionate expense. For organic farmers, existing inspection and certification procedures already fulfil this role, so no further checking should be required.

There is a delicate balance to be struck, however, between ensuring food is safe (which is desirable) and producing food which is sterile (which is not desirable). Evidence is accumulating that diseases of the immune system, such as asthma, may be increasing because of the failure to expose ourselves (from food and other sources) to non-lethal doses of bacteria. Much more **research** needs to be undertaken **into how people acquire and maintain robust immune systems**.

- ❖ Long distance transport of live animals should be prohibited. This alone would be a major step towards **improving animal welfare**. Investment in infrastructure such as abattoirs, coupled with disincentives for oil-based transport (see above) should further encourage a localised food chain where meat is consumed as close as possible to where animals were reared. Reduced stocking densities, opportunities to display natural behaviour, and less mixing between animals from different groups (as in organic systems) should further improve animal welfare, reduce the risk of diseases, and limit the spread of those diseases (including zoonoses) when they occur. Additional investment, including research, into traditional and rare breeds of animals may reveal beneficial traits such as disease resistance and nutritional benefits for humans. Reintroducing such breeds should further reduce the spread of disease through genetically similar (or identical) stock.
- ❖ **Fiscal measures (such as taxes and tax-breaks) should be introduced to discourage the use of pesticides**, artificial fertilisers and non-essential veterinary drugs, and to encourage the preservation and reintroduction of wildlife-friendly features such as hedges and headlands. More research and investment is required to increase the number of varieties of cereals that can be grown domestically, that have both nutritional and environmental benefits.
- ❖ Fiscal measures (such as taxes and tax-breaks) should also be introduced (or, in the case of landfill tax, enhanced) to **encourage the sector to reduce the amount of waste it produces**, re-use what cannot be eliminated, and recycle what cannot be re-used. Recycling compostable waste is particularly important for returning nutrients to the

farming and food system which are currently inappropriately treated and become a source of pollution.

- ❖ We welcome the government's **Organic Action Plan**, with its target of 70% of the organic food sold in the UK being produced here, by 2010. In particular, we welcome the Government's clear recognition of the sustainability benefits of organic farming and food, compared to non-organic systems. This Action Plan, like the food and health action plan, flowed directly from the work of the Curry Commission. The Organic Action Plan states that organic farming is better for wildlife, animal welfare and the environment. In the context of climate change - a more serious challenge than global terrorism according to the Government's Chief Scientist - organic farming has significant advantages in reduced energy use (because of the avoidance of Nitrogen fertiliser and pesticides, the production of which are very energy intensive). The Action Plan also emphasises the advantages to local economies of organic farming, which provides more local jobs directly and indirectly, than non-organic systems.

DEFRA recently stated that the public benefits (and avoidance of disbenefits) of organic farming are worth around £130 per hectare compared to non-organic systems. In the market place, organic food sales are growing, and given a free choice well over 50% of parents choose to feed their babies organic baby food. DEFRA's initiatives on public procurement are helpful, but at present inaction by the Department for Education and Skills and the Department of Health are largely frustrating DEFRA's efforts. As it is Sustain's view that sustainability must be at the core of the Government's strategy on food and health, it is clear that organic farming and food has a major role to play. The fact that the consultation document does not mention organic farming or food once indicates how far DH is from embracing sustainability.

- ❖ Strict and well-enforced standards for labelling and for ensuring protection from contamination by GM products should **allow citizens to choose whether to eat food containing GM ingredients or products derived from GM processes**. Legal liability for any harm caused by GM farming or food should lie clearly with the industry responsible for producing GM products. Considerably more independent research is needed on the environmental, economic and social (including health and safety) effects of GM farming and food.
- ❖ **The Food Standards Agency should increase financial and legal support for improved food law enforcement**. Proposals to explore include a "fighting fund" for legal test cases, introducing improvement/prohibition notices for food labelling offences, and higher fines for those found guilty of food law infringements. Additional funding will be required to recruit, train and retain additional food law enforcement officers to take on the additional work entailed in more vigorous food law enforcement and to implement the prior approval system proposed above.
- ❖ **The UK Government should increase its support for fair trade**. More funding and technical assistance is needed so that Southern countries can raise their health, employment and environmental standards in food production. Having done so, fresh and processed foods from the South should be allowed access to Northern markets.
- ❖ **To help the farming and food sector attract and retain good quality employees**, the UK Government should increase the minimum wage and ensure a wide range of high

quality training courses are available, including in nutrition, conservation, farming, and marketing as well as food hygiene. Much of this training will be privately provided, but government has a responsibility to ensure high standards, and to provide funding for, e.g., unemployed, older or low skilled workers, to ease the transition into better quality jobs.

- ❖ The **balance of publicly funded research should be shifted** out of areas underpinning the current farming and food sector and into areas that show greater promise in terms of their contribution to sustainability, health and livelihoods, such as organic food and farming. Overall, government should increase public funding for research in the farming and food sector, and ensure that the results are widely publicised.
- ❖ The UK Government should continue to take the lead in the EU, and in negotiations with relevant international institutions, to **insist on citizens' right to compulsory, comprehensive and comprehensible food labelling**. This includes not only ingredients, nutrition and food safety information, and origins (which could also usefully incorporate details about the environmental impact of transport methods), but also processing and production methods. It is helpful that the World Trade Organisation has overturned its previous two decisions, in the *shrimp-turtle* case, so that countries may indeed specify food methods that, say, protect wildlife so long as these are not applied in a discriminatory manner.
- ❖ Legal controls, with realistic fines for those violating the law, should replace the current, largely voluntary approach to regulating food advertising and marketing (including advertising on the internet, which is effectively unregulated). The UK Government should **introduce legislation to protect children from junk food marketing of all types**.
- ❖ Government should place **a legal duty on all educational institutions to introduce**, as part of a sustainable development policy, **an integrated food policy**. For children this is known as the “whole school” approach and has been introduced in many UK schools by Schools Nutrition Action Groups that bring together teachers, pupils, parents, caterers, and relevant professionals. Together these groups plan and introduce food education and skills (including cooking and growing) across the curriculum, which is then complemented by the food provided in tuck shops, school meals, breakfast clubs and so on. Suitably modified, the same approach should be used for food policies in all educational institutions – including those educating health professionals - since if teachers, health professionals and other relevant actors in society do not have an adequate food education, they can scarcely be expected to educate others.