

Comments on the Food and Health Problem Analysis Paper

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Sustainable
Development Commission



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Putting the Food and Health Action Plan in context

1. The paper usefully summarises current policies and initiatives. However, some on-going initiatives are not mentioned, such as the fruit in schools scheme, the Better Hospital Food Programme, and Defra's Public Sector Food Procurement Initiative (the priorities of which include promoting healthy food). In fact, there is very little mention of the role that the public sector should play in encouraging healthy eating. Schools and hospitals in particular should be doing more to promote nutritious food, healthy eating patterns and sustainable food supply chains, which have a positive impact on public health.

2. Paragraph 27 states that "the Food and Health Action Plan needs to be seen within the context of the broader policy context". Is there not also a role for the FAHAP in somehow joining up the various elements of policy, or at least exploring how different initiatives might be brought together. For example, can the fruit in schools scheme be tied in community food growing projects?

Wider links between food and health

3. The paper focuses on the clear links between diet and health and the problems of diet-related ill health (p.15-17). There is little recognition of the wider links between food (including food production and distribution) and health. For example, food accounts for around 30% of lorries on the UK's roads and transporting food around the UK creates 3.5 million tonnes of carbon dioxide every year; what impact does that have on health? The paper recognises that access to a variety of affordable food is usually dependent on having a car (p.34 and p.36), but it does not go on to recognise the impact that increased traffic (due to out-of-town supermarkets) has on health.

4. The section on community food initiatives (p.13) acknowledges that such projects can support healthy eating patterns and can have economic benefits. However, it doesn't explore the wider health benefits (e.g. a stronger local economy and better social cohesion can lead to a healthier local population in the longer term).

5. To summarise, whilst the paper identifies the major health problems attributable to diet, it doesn't identify health problems attributable to the way we produce, distribute and purchase food, and there is little recognition of the (longer term) health benefits of local food production and purchasing schemes.

Health inequalities

6. There is recognition of the role that diet plays in not only determining health, but also in determining life chances, and of the need for government policies on food to make it simpler for people to make food choices that support health (p.11). Access to healthy food is indeed a crucial part of tackling health inequalities and it would be useful to also consider the impact that the Neighbourhood Renewal and Sustainable Communities agendas will, and should, have on access to food, particularly for low income families.



Food consumption trends and influences

7. There is some interesting analysis of consumer behaviour and changing trends in food consumption among different age groups, and comparison of current consumption with dietary recommendations (p.19-28). It would be useful to look at trends in the food industry as well and the wider impacts of the food chain, and explore all this in relation to the (direct and indirect) impacts on health. For example, how has the type of food offered by retailers changed (do retailers offer more processed food)? Are we eating more imported food? Are 'food miles' within the UK increasing? What impacts do these factors have on health? How do food production methods impact on health? How are people employed in the food industry affected? What are the effects of food production on the surrounding community?

8. It would be useful to have more analysis of what influences trends in food consumption. How much of an influence does the food industry have (see para.10 below)? What should schools be doing (or what are they already doing) to influence young people's decisions about food? And to what extent does food advertising influence decisions? What needs to be done to tackle these issues?

9. The paper recognises that eating outside the home is increasing (p.36), that the UK is consuming more fast food and processed/convenience food than ever before, and that these foods are higher in fat and/or salt (p.31 and p.36). These should be priority areas for the FAHAP, as the problem analysis paper states (p.37). This should include exploring how caterers supply information to consumers about the health impacts of food.

The food industry

10. The problem analysis paper recognises that retailers, producers, manufacturers and food service providers can influence consumer choice (p.33-34), but it offers no analysis of how successful the industry has been so far in promoting healthy food (e.g. to what extent have retailer education initiatives – mentioned on p.34 – influenced consumers?). The FAHAP needs to be clear about the role that the food industry (including restaurants, canteens, and fast food outlets etc.) should play in promoting healthier food and influencing consumers' food purchasing decisions, and how they can best help deliver policy goals.

11. There is a need for greater clarity about how the FAHAP relates to the Food Industry Sustainability Strategy (currently being developed in Defra). There is a danger that various food industry issues (such as the role of the industry in encouraging healthy eating) could fall between the two strategies.

12. As set out above (para. 7 above), it would be useful to explore the wider impacts of the food industry on health. This would include looking at environmental and social effects of food production, processing and distribution (in relation to imported food as well as food produced in this country), which impact on public health.

13. The FAHAP should be clear about the industry's role in providing information to consumers about nutritional value of food products, origin and production methods.



Next steps

14. Overall, the problem analysis paper is a useful summary of the policy context, current initiatives, the major diet related health problems and trends in consumer behaviour. It is crucial the Food and Health Action Plan does not just rehearse these issues; it needs to focus on action and solutions and ways of maximising the positive impact of current policies and initiatives.

15. The SDC is taking forward a programme of work on Health and Sustainable Development (the *Healthy Futures* project). The aim of this work programme is to help enable the NHS to maximise its contribution to sustainable social, environmental and economic development, and to explore the benefits that this approach offers the NHS. In particular, the SDC will help the NHS explore how its food purchasing policies and capital development programme can promote improved health and sustainable development. This work will include gathering examples of best practice, bringing Trusts together to learn from each other and working closely with Department of Health, and others, to help integrate sustainable development thinking into health policies.

16. As part of this work, we would be happy to help develop the Food and Health Action Plan. In particular we can help ensure that the FAHAP contributes to the Government's sustainable development strategy, and makes the wider links between food production, distribution, consumption and health.

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