CONSULTATION QUESTIONS

1. How important do you think it is that we aim to be a Good Food Nation?
   Comments

2. How would we know when we had got there? What would success look like?
   Comments

3. Do you agree with the proposed vision? How would you improve it?
   Comments

4. How would your life be better? What does being a Good Food Nation mean in your locality?
   Comments

5. Are there any other essential steps we need to take before setting out on this journey?
   Comments

6. How do you think a Food Commission could best help?
   Comments

7. In what areas should indicators be set to check we are on track towards our goals?
   Comments

8. What are your views on the different approaches that could be taken to help us become a Good Food Nation?
   Comments
9. Do you agree with the proposed initial focus on:
   - Food in the public sector
   - A children’s food policy
   - Local food
   - Good food choices and
   - Continued economic growth?

Comments

10. Which other areas would you prioritise?

Comments

11. What other steps toward achieving a Good Food Nation would you recommend?

Comments

12. What else should be considered?

Comments

13. What steps do you plan to take to help Scotland on the journey toward becoming a Good Food Nation – in the next month and in the next 12 months?

Comments

14. How did you hear about this Discussion Document?

Comments

Responding to this Consultation Paper

We are inviting written responses to this consultation paper by 17th October 2014. Please send your response with the completed Respondent Information Form (see "Handling your Response" below) to:

goodfoodnation@scotland.gsi.gov.uk

Or by post to:
Good Food Nation
Food and Drink Division
B1 Spur
Saughton House
Edinburgh
Thank you for the opportunity to comment on this. We welcome the paper and proposals. Please see below for comments.

1. **How important do you think it is that we aim to be a Good Food Nation?**
   The document defines a Good Food Nation as one in which as a nation we ‘buy, serve and eat’ the food and drink we ‘produce’. It is vital that Scotland becomes a Good Food Nation in every respect – it is crucial to our physical, mental, environmental and economic wellbeing as a nation.

   Whilst Scotland is famed for producing ‘good food and drink’, this is an opportunity to start to address the economic, health and environmental damage that results from the current position. The high levels of fat, sugar and salt consumption are driven by the differential pricing, marketing and availability of processed food and sugary drinks that transnational corporations enjoy and seek to perpetuate. This disadvantages Scottish companies and Scottish people.

   A significant proportion of the population has limited access to fresh Scottish fish, fruit, vegetables, pulses and lean meat on a daily basis. This results from a mixture of limited income: Scotland has twice the proportion of children living in poverty than in the Nordic countries; food composition, availability and marketing secondary to limited direction through limited legislation at national level or exploitation of licensing powers. Limited skills tend to reflect barriers associated with time, access to appropriate equipment, facilities and fuel. Currently Health Boards with first generation private finance initiative hospitals are unable to regulate the price or composition of meals and snacks. Obesity and nutrition-related chronic disease prevails.

2. **How would we know when we had got there? What would success look like?**
   We welcome the opportunity to contribute to the development of an outcomes framework and have highlighted coverage of short and medium term outcomes:
   - Access to affordable good food
     - Increase in health equity around food provision
     - No requirement for food banks
     - Good access for all sections of society to local, healthy and fresh Scottish food
     - More people cooking healthy and wholesome meals from scratch
     - Less reliance on food bought away from the home
     - More families or groups of people eating together
     - Work colleagues have time and opportunity to eat together
     - Limited availability of processed food that is high in fat, sugar and salt in restaurants, takeaways and ready meals
     - HLA+ status seen as equivalent to food hygiene ‘pass’
     - Differential pricing supports nutritional and environmental standards, maximising the use of tax and subsidy powers
     - Restricted advertising
     - Affordable, available, appealing food and drink enable everyone to meet their micronutrient and calorie requirements
     - Compliance with breast feeding laws is a standard requirement in food licenses
- **Production of good food**
  - Standards for food composition are introduced and each meal stands alone as meeting nutritional standards, for instance no main meal contains more than 2g salt. The 2006 United Kingdom nutritional standards for manufactured foods in schools provided a bare minimum for a single meal, not a standard.
  - Formula milk, including follow on milk, is not advertised or sold other than point of sale in pharmacy.

- **Education and advertising supports key messages**
  - All young people are equipped with the fundamental knowledge, skills and creativity to enable and motivate them to purchase, prepare and cook healthy meals on limited budgets.

- **Public Sector leads by example**
  - All public sector bodies use Scottish produce based on quality and nutritional standards. Public sector food and drink in Scotland is held in highest regard worldwide.
  - Public sector food and drink makes a positive contribution to the population’s health – the analyses undertaken by the Norwegian, Finnish and Australia and New Zealand national public health bodies indicates that this is feasible and measurable but requires long term funding – cutting the resources available to programmes such as the Scottish Health Survey that meet international standards suggest limited commitment to measuring the burden of risk, disease and improvement over time.
  - Continued support for community gardens and farms
  - Good food recognised as integral to good health and good care, not an extra for those using health and local authority services

- **Health outcomes improve**
  - Reduction in incidence/prevalence of overweight, obesity and obesity related disease – obesity and overweight has grown significantly since the 1990s; this needs to level off and reverse. Reduction in alcohol intake and in incidence/prevalence of alcohol related problems/diseases – the previous target of reducing to 1990 levels could be reintroduced.
  - Improvement in malnutrition across the age spectrum – nutrient composition meets appropriate standards and processed foods are fortified as appropriate
  - Better oral health – continued improvement in the population with no decayed, missing or filled teeth and in older adults with twenty or more natural teeth.

- **Healthier individual and organisational behaviours are the norm**
  - Breast feeding is initiated for all babies unless clinically contraindicated
  - Socioeconomic inequalities in breastfeeding are reduced by addressing maternal and infant nutrition as a core public service not an NHS project
  - All children receive sufficient nutritious, safe, appealing food
  - Providers of care to people who are older (in care at home or in care homes)
Shops, restaurants and supermarkets support purchase of nutritious, calorie controlled (through composition and portion size) fresh and processed foods. Food waste is reduced through reduced choice, restriction on multi-buy promotions and redesign of stores away from impulse purchasing.

Employers provide meal and break times that enable staff to enjoy food together.

Employers support purchase and (where possible) provision of nutritious, safe, appealing meals and snacks; sugary beverages and snacks are removed.

Reduced sickness absence as found in other countries.

Licensing Boards restrict the availability of off-sales licenses and local authorities, health and police work with Scottish Government to reduce strength, portion size and total volume of alcohol sales. Measureable improvements in the overall quality and nutritional content of food:

- Year on year increase in proportion of the population eating mostly plants across all age groups and more from Scottish produce
- Increased whole food/fibre consumption to meet micronutrient needs
- Daily salt intake does not exceed 5g made simple by changes in food composition standards
- Reduction in sugar and fat intake to within new maximum allowances made simple by changes in food composition standards
- Reduction in proportion of daily calories from snack foods

**Sustainable food and drink industry**

- Less environmental waste associated with food
- Sustainable food production in Scotland
- More visitors enjoying Scottish food and drink
- More good food and drink producers
- More fish being landed and then sold for consumption in Scotland
- Better deals for Scottish food and drink producers (including fishermen) in the European Union

3. **Do you agree with the proposed vision? How would you improve it?**

The proposed vision provides an opportunity to start to change our current relationship with food and food manufacturing in line with the current and developing evidence base. By being less dependent on the multinational food and drink industry, Scotland would improve its economic and environmental sustainability, as well as reducing the avoidable harm associated with our current diet, levels of alcohol consumption and limited availability of nutritious affordable alternatives to fast food. This document describes a more joined-up approach that goes beyond growth in the food and drink industry whatever the cost to health or the environment. It pays little attention however to the social role of food, with the potential for improved mental health and the role of food in care maximisation not addressed.
Too little attention is paid to inequalities and the limited levels of food security experienced by those who earn less than the minimum income for healthy living and the significant proportion of children living in poverty (approximately 22% in Edinburgh overall). The socioeconomic gradient in access to nutritious, affordable, appealing food must be addressed through national and local regulation. A significant amount of effort is required to develop a shared vision among the people of Scotland.

This document came out independently of at least two others on related topics. ‘Becoming a good food nation’ should be the umbrella – a flagship for implementation of Health in All Policies - with a clear read across to guidance for health, local government, other public sector bodies, third sector and businesses. These various documents should be seen clearly as a family all highlighting the importance of action by food producers, manufacturers and retailers and all providing for regulation and enforcement as well as support for improvement.

The voluntary code on Supporting Healthy Choices can only be a final opportunity for producers, manufacturers and retailers to delay regulation. Voluntary codes are ineffective and divert government and professionals away from effective regulatory action to less effective educational interventions that do nothing to alter the obesogenic environment or reduce the carbon cost of food production, delivery and consumption.

Beyond the School Gate provides opportunities for local action but will require NHS and Local Authorities to invest not cut environmental and public health staff and resources for intervention across community planning partnerships. This guidance provides minimum standards but the guidance is vague, there are few enforcement mechanisms and opportunities for misinterpretation of current statutory instruments.

4. How would your life be better? What does being a Good Food Nation mean in your locality?
   - In work
     - One aspect of a common vision designed to improve health, wealth, food security, sustainability and reduce carbon costs.
     - A significant reduction in malnutrition (obesity and undernutrition) with fewer than 50% adults obese or overweight, all of the population with a BMI above 25 having lost 5% of their body weight, a reduction in the rate of growth of Type 2 diabetes and a shift in the trajectory in the proportion of chronic disease associated with overweight and poor nutrition.
     - Workplace canteens would be the norm, serving nutritious, appealing, affordable food.
     - Public sector canteens and cafes seen by the public and visitors as places to visit for nutritious, appealing, affordable food.
   - At home, we would all be able to enjoy food provision and eating out better – sharing a meal would be a socially inclusive occupation.
   - Locally, the population would be able to realise its contribution to Scotland becoming a healthier, fairer and greener nation.
   - Access to affordable, nutritious appealing food would stabilise and perhaps reduce the proportion of income spent on food.
5. Are there any other essential steps we need to take before setting out on this journey?
There are still huge gaps in our knowledge of how to address the practical challenges faced by a significant minority of the Scottish population whose income is less than the minimum required for healthy living and for people with specific challenges such as adults with learning disabilities, those with mental health problems or multimorbidity.

The current array of national and local surveys and other forms of research need to be brought together with to develop intelligence on food and nutrition. Detailed, comprehensive, longitudinal food, nutrition and oral health surveys should be undertaken to the international standards of the Scottish Health Survey.

6. How do you think a Food Commission could best help?
If supported by reporting to the cross government Board, the Food Commission could oversee the survey, set up implementation plans for cross governmental change, monitor, report on and support transformational change.

7. In what areas should indicators be set to check we are on track towards our goals?
See 2 above. There is a range of internationally agreed indicators– the work undertaken in Finland and by Australia and New Zealand provides a good place to start and should assist with international comparability and opportunities to share effective policy and practice. The Scottish Public Health Network is already working with Scottish Government on this agenda through the lead Director of Public Health, Dr Drew Walker. A composite picture can be drawn from rates of obesity and overweight, incidence of type II diabetes, oral health indicators, breastfeeding rates, public sector quality food indicators (reduced food waste, reduced need for food banks, density of fast processed food outlets versus affordable nutritious food, high reporting of good food from sales data at small area level and from people purchasing food, all food vendors meeting Healthy Living Award.

8. What are your views on the different approaches that could be taken to help us become a Good Food Nation?
All the approaches described are required but in different measures across the life course. The input to maternal and child nutrition, tackling obesity, tackling food poverty and improving good food security needs greater emphasis and priority. The workforce that is required to deliver the changes needs to be addressed - who will deliver, implement, monitor and provide training? It is essential that communities contribute to the creation and implementation but this is not addressed in the document.

9. Do you agree with the proposed initial focus on: Food in the public sector; A children’s food policy; Local food; Good food choices and Continued economic growth?
Yes, these are vital. Progress towards a good food nation should improve economic performance by increasing physical and mental health of individuals and the wider population.
10. Which other areas would you prioritise?
Increasing food security and reducing the exclusion experience by people on low
incomes, people with multiple morbidity and those who are older or have limited
mobility, changing the social context of food.

11. What other steps toward achieving a Good Food Nation would you recommend?
- Engage those who are seldom heard in co-creating change
- Regulate food composition
- Provide additional support and powers to Local Authorities in relation to
  licensing and ensuring that Boards and legal advisers are trained.
- Implement the prevention – shift resources from secondary NHS care
to prevention and from individual behavioural change to structural
interventions at local and organisational, local and national level.
- Tackle the root causes of malnutrition (over and undernutrition)
- Optimise the use of tax, benefits and subsidies to change the relative price
  and availability of food.
- Optimise the use of tax, benefits and subsidies to increase the proportion of
  the population.
- Task the Health & Social Care Integrated Boards with delivering this agenda
  for health and social care.
- Ensure that public health departments are provided with the responsibility
  and resources to assist implementation and monitoring
- A commitment from all political parties and Scottish Government Directorates
- Scale up Healthy Start improvement work as each wave becomes reliable and
develop peer ambassadors to help co-design the further development of good
food skills across this population in Scotland.
- Fund a large scale experiment long term and align senior public health figures
  with development and evaluation.
- Cost development and implementation and benefits to be achieved and
  support public bodies to invest wisely

12. What else should be considered?
Regulation, taxation and enforcement regarding composition, portion size and
availability, sugary beverage tax, product placement and advertising. Build capacity
and use local reform, procurement reform and community empowerment legislation
to increase the number of small-scale producers of fruit and vegetables.

13. What steps do you plan to take to help Scotland on the journey toward
becoming a Good Food Nation – in the next month and in the next 12 months?
Continue to work with Scottish Government through the Scottish Directors of Public
Health, further developing our relationship with Enterprise, Environment and
Innovation and Communities Directorates, in addition to the traditional relationships
that Directors of Public Health enjoy with Health and Social Care and Justice. We will
work closely with colleagues at national and local level in licensing and trading
standards.

Locally, utilise opportunities to raise the issue, engender wider support and identify
opportunities to co-create this requirement within a wide range of fora within
community planning partnerships, across the health service and other public bodies.