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](mailto:goodfoodnation@scotland.gsi.gov.uk)

Or by post to:
Good Food Nation
Food and Drink Division
B1 Spur
Saughton House
Edinburgh
EH11 3XD

If you have any queries please contact Eugenia Christie at 0131 244 9574.
Recipe for Success: Scotland's National Food & Drink Policy - Becoming a Good Food Nation.

Contact on behalf of the Consultants in Dental Public Health & Chief Administrative Dental Officers Group (CsDPH & CADOs);

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The CsDPH & CADOs Group consist of all Consultants in Dental Public Health, Honorary Consultants in Dental Public Health and Chief Administrative Dental Officers in Scotland.

Dental Public Health is the specialty of dentistry that is primarily concerned with preventing oral disease, promoting oral health and improving the quality of life for whole populations. The formal definition of Dental Public Health is; The science and art of preventing oral disease, promoting oral health and improving the quality of life through the organised efforts of society.

Dental Public Health is recognised as a specialty by the General Dental Council and the Faculty of Public Health. The skill set for Dental Public Health is transferable to public health. The group objectives are to plan, initiate and co-ordinate matters relating to dental public health in Scotland; to act as an information base and as a means of disseminating relevant information and to liaise with the Scottish Government, the office of the Chief Dental Officer and other national bodies.

The Consultants in Dental Public Health & Chief Administrative Dental Officers Group response to “Recipe for Success: Scotland’s National Food & Drink Policy - Becoming a Good Food Nation.”

1. The Consultants in Dental Public Health & Chief Administrative Dental Officers Group welcomes the Scottish Government’s discussion document Recipe for Success: Scotland’s National Food & Drink Policy - Becoming a Good Food Nation. We note that previous reports have been published on food and health and we refer to the recommendation and lessons from “Eating For Health - A Diet Action Plan For Scotland” which was published in 1996 which gave the findings and
recommendations of a study of dietary habits in Scotland. In 2003 there was a review of this document entitled “Review of the Scottish Diet Action Plan” which set out to examine the limited progress and impact made by the recommendations in the original 1996 report, when published in 2006. It stated;

In a world where vast sums of money are spent trying to frame consumer demand for products that have little health value, it is obvious that the public health world must engage with the food supply chain to ensure that health is central, not peripheral, to current food and drink strategies and supply chain dynamics. So pervasive is poor diet, that reliance on individual choice as the prime ideology in shaping food supply is no longer an adequate policy or ideology. If Scotland’s diet and food culture is to change, the quality and nutritional value of the food grown, processed, retailed and catered in Scotland will have to alter. The ‘push’, as well as ‘pull’, will have to change so that all parties – state, supply chain and civil society – are moving in the same direction.


2. The CsDPH & CADOs Group do not want their views to be kept confidential. They are content for them to be published.

QUESTION SUMMARY

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

It is essential that diet and nutrition within Scotland improves, along with better local sustainability of food production. This must be a high priority for the Scottish Government. Many of the huge and seemingly intractable health inequalities within Scotland result from both poor diet and the poor access and availability of good (healthy) food choices. The discussion document is very optimistic and inclusive where food is suggested as a catalyst for transformational change for individuals, communities and the country as a whole. However, the same approach must be adopted for health. Health is typically framed as a problem of individual ill health, such as obesity, and we welcome the change of emphasis to a systems approach as in a good food nation.

We feel that a tight definition of “a good food nation” is required, which encompasses health (rather than disease) and which can be shared across Scottish society.

One area of interest was how the policy sat with ‘place’. If we accept a community is a combination of the physical environment, with the people living in it and their opportunities/capacity to engage and socialise. The document does support the theory that you can’t have a good food nation without good food communities but doesn’t get close enough to all of the dimensions that a good food community would require from addressing food poverty through income levels and adequate retailing, through to such things such as food banks, home grown food, allotments, lunch clubs and school/nursery breakfast clubs.
Food security should be included in the definition.

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

Success must focus on improving health outcomes across the social gradient in Scotland, which has a direct link with diet and nutrition. This will ensure that any potential benefits derived from a good food nation also address health inequalities.

We suggest that in comparison to the best countries in Europe;

- rates of tooth decay will continue to fall.
- the rise in both childhood and adult obesity will plateau and start to fall.
- the rise in diabetes within the Scottish population will start to fall.
- sales of alcohol per head of population will start to decline.
- the proportion of A&E attendances associated with alcohol with start to fall.
- the increasing rate of alcoholic liver disease will start to fall.
- the proportion of people eating 5 portions of fruit and vegetables would rise.
- there should be an overall reduction in “food miles.”

What success would look like for health inequalities is that the social gradient of these conditions (such as the Scottish Index of Multiple Deprivation quintiles) should start to level out.

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

We agree entirely with the proposed vision as detailed on page 5. We welcome the recognition of the potential improvements in child wellbeing and outcome that good nutrition can provide; such as academic achievement and health outcomes and we welcome the references to sustainability and declining environmental impact.

We do note that the vision contains no reference to drink and in particular alcohol containing drink.

Sugar containing drinks contribute to our growing challenges regarding obesity and are also one of the major causes of tooth decay.

We recognise that alcohol can be consumed responsibly, but a reduction in alcohol intake is required. On page 9 you state that “Food is, after all, the stuff of life.” However, alcohol is neither essential for life nor beneficial to human health. Recent research suggests that any intake of alcohol is harmful with a linear dose response. The more alcohol consumed, the greater the harm. We suggest that Scotland becoming a good food nation should reflect these findings and that a decline in alcohol consumption in Scotland is both desired and required. In particular we question the actions of the Scotch Whisky Association and other European wine and spirits trade groups representing global producers in pursuing their legal challenge to the minimum unit pricing of alcohol to improve the health of the Scottish population, as legislated by the democratically elected Scottish Government.
4. How would your life be better? What does being a Good Food Nation mean in your locality?

If the Government legislated to improve the Scottish diet. Then every locality and individual would benefit, not simply those who have the resources to benefit.

We would have fewer Scottish hectares growing barley for beer and whisky production, and more arable land devoted to producing fresh fruit and vegetables.

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

Becoming a good food nation must first endorse existing food policies to reduce health inequalities and improve health.

Careful consideration needs to be taken regarding the role of alcohol in a good food nation, particularly given the adverse health and social impacts that excess consumption of alcohol can have.

The production of food in Scotland attracts farming subsidies and consideration needs to be given as to the type of food production that attracts these subsidies so that they are in alignment with the good food nation vision.

We must stop doing things which don’t work and may widen health inequalities such as social marketing, and concentrate on statutory and structural changes which will produce equitable changes for everyone.

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

In regulating the manufacture, advertising and sale of safe and healthy food in Scotland.

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

Potential indicators include health inequalities data (life expectancy, etc.)

Tooth decay in 5-year-old children is an excellent early warning health outcome which can be used to follow changes in the health of our population. Stratification by the Scottish Index of Multiple Deprivation (SIMD) also allows an early indication of changes to health inequalities.

See 2 above for other health outcomes.

8. What are your views on the different approaches that could be taken to help us become a Good Food Nation?

Better regulation of the manufacture, advertising and sale of safe and healthy food in Scotland.
9. Do you agree with the proposed initial focus on:

- **Food in the public sector**

We do not believe that the evidence suggests an initial simplistic focus on food in the public sector will lead to significant improvements in general health within the Scottish population. The food retail sector is where all efforts must be directed to improve the availability of affordable healthy food. However, we acknowledge that as with the private and retail sectors, food in the public sector should also improve. The use of hospitals using cook-chill food production which excludes local sourcing of food and increases food miles should be stopped. All new public service buildings should be required to have proper kitchens for the production of more locally sourced ingredients to produce healthy meals.

- **A children’s food policy**

Of course; good early nutrition (even including ante natal nutrition) is essential to prevent health inequalities as measured by almost every outcome of human health. Food provision throughout the educational journey of every Scottish child should be so nourishing and of such good quality that parents and carers prefer their children to eat at nursery, primary and secondary schools.

Banning advertising aimed to children must also be enforced.

- **Local food**

Of course, locally grown food should be a priority. Good food choices and through regulation of the food manufacturing and retail industry the government need to make the good food choice, the easy food choice.

- **Continued economic growth?**

Economic growth which relies on selling and promoting unhealthy food and excess consumption of alcoholic drink to the Scottish population is a false premise. Scotland’s economic growth must be reliant on the provision of healthy products to the entire population.

10. Which other areas would you prioritise?

A good food nation needs to concentrate on narrowing health inequalities which must be a central aim of the Scottish government.

A total ban on all advertising of junk food and drink aimed at children.

A levy on sugar containing food related to the amount of sugar added during the processing and manufacture of food and non-alcohol drinks. Sugar should be less than 5% of energy intake (WHO draft recommendation 7th March 2014). Recommended levels of sugar will remain at less than 10 percent of total calorie intake per day, but people should try for less than five percent).
11. What other steps toward achieving a Good Food Nation would you recommend?

Mandatory salad buffets might be introduced in restaurants; if (as part of a meal) a restaurant is obliged to sell customers a salad every time they dine out then, even in Scotland, customers will probably eat it!

Food labelling. We need a simplified, front of pack, traffic light labelling system to enable consumers to make informed and healthier choices.

In relation to the specific labelling of sugar content, we believe that greater clarity is required to prevent confusion between total and added sugars. In particular those products which promote themselves as low fat need to be explicit about their sugar content which is often very high due to the reduction in fat.

12. What else should be considered?

Introduction of a statutory ban of dietary trans fats as implemented in other European countries over 10 years ago (e.g. Denmark’s trans fat law: Executive Order No. 160 of 11 March 2003 on the Content of Trans Fatty Acids in Oils and Fats etc.)

We suggest a ban on all advertising aimed at children. Younger children cannot distinguish between television advertising and genuine programmes. Therefore to hand influence and control back to parent and carers, ban all advertising aimed at children. Not just junk food, and not just TV advertising, but all advertising and promotion methods.

Good nutrition in residential and care home settings is fundamental to the health and wellbeing of residents.

Give consideration to better nutritional standards in all Scottish prisons.

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?

We plan to refocus upstream and to try to get the Scottish Parliament to do the same. Complete this consultation response in the next month or so, and then lobby for improved diet and nutrition within Scotland for the next 12 months and beyond.