CONSULTATION QUESTIONS

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

- Becoming a Good Food Nation is vital to the physical, mental and social well-being of the Scottish population. However, the prevalence of and socio-economic inequalities in obesity and nutrition-related chronic disease show us that we are currently far from achieving this aim.

- In order to become a Good Food Nation, we need to be very clear on the outcomes we are aiming for in the short, medium and longer term.

- We feel that the description of a Good Food Nation needs to include universal access to affordable healthy food and drinks as well as promoting high quality, sustainable Scottish produce.

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

2.1 Everyone has the knowledge, confidence, skills and access needed to eat a healthy diet

- There are no food banks.
- Everyone can access affordable local, healthy and fresh Scottish food.
- More people have the skills, confidence and motivation to cook healthy meals from scratch.

2.2 Education supports key messages

- Key food and health messages are consistent across the entire education curriculum and extended to broader education settings in the community and adult learning.
- Practical food skills are mandatory. There is an emphasis on equipping children with the fundamental knowledge, skills and creativity to enable and motivate them to purchase, prepare and cook healthy meals on limited budgets. In light of a shortage of Home Economics teachers, communities should be engaged with to bridge the gap and offer vocational cookery for independent living.
Cooking skills programmes promote reduction of food waste through menu planning, smart shopping & food preparation.
Key senior personnel (public sector and NGO) who are in a position to influence others are trained to deliver on their nutrition responsibilities.

2.3 The public sector leads by example
- Increased resource is aligned with prevention.
- Consistent approaches prevail, particularly in Local Authorities where, for example, healthier choices may be available but vending machines continue to sell high sugar products.
- National procurement strongly supports change in food production and food packaging.
- Public sector food contracts include local small & medium enterprises (SMEs).
- All public sector providers (NHS and local authorities) use Scottish produce where possible based on quality and not just cost, and provide food and drinks which meet the needs of their respective populations.
- Public sector food and drink in Scotland is held in highest regard worldwide.

2.4 The food and drink industry prioritises health and sustainability
- More healthy and affordable food choices are available in restaurants, takeaways and as ready meals, e.g.
  - More commercial and non-commercial restaurants, cafes and food vendors have Healthy Living Award Plus (HLA+) status
  - The range and availability of reformulated products (lower in fat, salt and sugar) increases, including pre-packed foods and snacks which meet HLA criteria.
  - National and local events have more healthy options on offer to the public (e.g. T in the Park, Festival).
- Food production and consumption is more sustainable, e.g.
  - Less environmental waste is associated with food production
  - Packaging is reduced
  - Shoppers buy smaller quantities more frequently to reduce food waste.
- The number of food producers and retailers meeting agreed good food standards increases.
- More fish is landed and sold for consumption in Scotland.
- There are better deals for Scottish food and drink producers (including fishermen) in the EU.
- More visitors enjoy Scottish food and drink.

2.5 More people adopt healthy lifestyles
- The majority of children are breastfed
- The majority of children are weaned at or around 6 months
- The majority of children are provided with an appropriate diet which meets their needs
- The demand for healthy food increases
- The majority of early years children are offered food cooked from fresh ingredients with less reliance on ready prepared food
- Providers of care to older people (in care at home or in care homes) provide appropriate quality food and drink which meets older peoples' needs
- More families or groups of people eat together
- Fruit and vegetable consumption increases, with a reduction in socio-
economic inequalities and an increase in the consumption of Scottish produce

- Whole food/fibre consumption increases
- Salt intake decreases
- Sugar and saturated fat intake decreases
- Snack food consumption decreases
- Physical activity levels increase and screen time decreases.

2.6 Health outcomes improve and socio-economic inequalities in health outcomes reduce

- Reduction in incidence/prevalence of obesity and nutrition-related disease
- Reduction in alcohol intake and in incidence/prevalence of alcohol related problems/diseases
- Improvement in malnutrition across the age spectrum
- Better oral health.

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

We are supportive of the joined-up approach that the vision describes but believe that it should place a much higher priority on reducing inequalities—taking pride and pleasure in the food served day by day in Scotland is only possible if “good food” is accessible and affordable for everyone, and the means to prepare it is held by all.

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

A joined up national approach to improving access to affordable, high quality and sustainable Scottish produce would make it easier for the Public Health Nutrition group members to achieve the ambition of improving nutrition-related health and wellbeing across the entire population of Scotland.

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

Make clear links with other strategies which have mandatory targets e.g. food waste disposal, sustainable development (carbon reduction) and procurement (where cost is a main driver), to emphasise the joined-up nature of the aspirations and to give them the best chance of becoming a reality.

We also need more detailed baseline information on nutrition in Scotland. There are still huge gaps in our knowledge on the nutritional and dietary needs/challenges of various segments of the Scottish population e.g. adults with learning disabilities, those with mental health problems, and the poorest in our society.

There also needs to be greater emphasis and more specifics on how deprived communities will be targeted to achieve the vision.
6. How do you think a Food Commission could best help?

Firstly, the purpose and role of the proposed Food Commission needs to be clear to avoid any duplication of effort and ensure there is a coordinated strategic approach. For example, how will a Food Commission add value to and work with Foods Standards Scotland?

We feel that the recruitment of the Food Commission members needs to be transparent and potential conflicts of interest clearly communicated. Further detail on how members will be appointed, the role of local food champions and how they will be identified would be helpful. In addition, further clarity on who the Food Commission will be providing advice to and how this will be turned into meaningful action is required.

Once established, the Food Commission should identify a small number of clear aims that would make a difference to the environment, food poverty and obesity. These aims should join up policies across the public, private and third sector to work towards a common approach to improving health and sustainability through food.

Reshaping the food environment by, for example, encouraging businesses to see beyond their bottom line and put greater focus on healthy eating needs to be done in tandem with reshaping food culture and consumers’ expectations. The Food Commission needs to work closely with the big retailers and contractors including public sector PFI partners in order to achieve this.

It is important that the Food Commission sets out clear implementation plans with realistic timescales, resources and monitoring systems.

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

See 2 above. In addition to continuing to work towards the existing indicators in, e.g. the Scottish Dietary Goals, the Maternal and Infant Nutrition Framework, CEL 01, Food In Hospitals and the Food, Fluid and Nutritional Care Standards, new indicators could include:

- Cost of a realistic, healthy and sustainable diet.
- Public attitudes towards food.
- Public procurement reporting e.g. on fresh local vegetable uptake.
- Compliance with agreed standards in food production, retail and catering across all sectors.
- Waste levels.

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

There should be a greater emphasis on how the Scottish Government intends to work with manufacturers and retailers (following on from the “Supporting Healthy Choices” voluntary framework) to ensure that healthy food choices are easier to
make for everyone.

There should also be an emphasis on ensuring that there is a skilled workforce available to deliver the changes needed.

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?

9.1 Food in the public sector
We agree that this should be an area of focus and feel that it should be embedded in e.g. NHS and local authority continued performance management frameworks. More detail is required on how cost, quality, health and sustainability will be balanced.

9.2 A children’s food policy
There is a need for strong alignment between different food-related policies/initiatives (e.g. Better Eating, Better Learning; Beyond the School Gate; Maternal and Infant Nutrition Framework) and other areas of children’s health and well-being, but a new standalone food policy may not be the best way to achieve this. Work on improving children’s nutrition should target from pre-conception and encourage whole families to prepare food and eat together. We would like to see more priority on working with retailers to improve food and drinks targeted at children (particularly those leaving school at lunch time).

9.3 Local food
The points outlined in the document that emphasise the need to “extend its reach beyond the middle classes” and “help ensure that everyone in Scotland has the opportunity, skills and confidence to access an affordable, healthy diet” are particularly welcome. It is important to ensure that all people, whether living in urban or rural areas, have access to healthy food and the opportunity to get involved in growing and cooking. We would like to see more support for e.g. local shops selling local produce at affordable prices; allotments and other spaces where families can grow food together; “incredible edible” initiatives where public spaces are planted with edible foods and people are encouraged to help themselves; and community food hubs. We feel that local authorities have a major role in supporting this.

9.4 Good food choices
It is important that culture and behaviour are targeted from an evidence-based perspective, again without exacerbating health inequalities. As part of this, making breastfeeding the cultural norm should be a key target, as this could have a significant impact on the population’s long-term health. Skills and knowledge should also be addressed, including raising the public’s consciousness of where food comes from. Social marketing campaigns should demonstrate how food is grown and processed – from table to plate – with the aim of improving consumers’ relationships with food.
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We feel that this should include vegetables and fruit not just meat, fish, dairy & alcohol. Farmers / producers – should be helped to redistribute products not accepted by the big supermarkets to community projects in areas of need, e.g. where cooking sessions are taking place or Fareshare or food banks. Given that the Scottish food and drink industry employs 350,000 people, there is also an opportunity here to state the importance of a living wage for workers, emphasising the importance of this for health.

10. Which other areas would you prioritise?

- A specific focus on affordable, accessible food for all, noting the increase in food banks in recent years.
- Food in older adults.
- The wider international food agenda and the fact that the world cannot continue long-term with current high levels of energy inefficient meat production and consumption.
- Supermarkets should be discouraged from selling cheap imports when local produce is in season & available e.g. New Zealand lamb versus Scottish lamb. Product labelling should be more prominent to inform the consumer of product provenance.

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

- Invest in prevention – shift resources from secondary NHS care to prevention to tackle the root causes of malnutrition (over and under nutrition)
- Task the Health & Social Care Integrated Boards with delivering this agenda
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- Produce standards and guides for premises to make the necessary changes.

12. What else should be considered?

- Ensure that the implementation and monitoring of the next phase of the national food and drink policy is adequately resourced.
- Development and implementation of a public health nutrition workforce plan which includes a review of the function and future direction of dietetics in Scotland.

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?

The role of the Public Health Nutrition Group is to:-
- Influence/contribute to public health nutrition related policy and practice.
- Network - share learning and experiences across localities.
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- Contribute local expertise to short life working groups on specific topics.
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14. How did you hear about this Discussion Document?

Comments
**Becoming a Good Food Nation**  
NHS Public Health Nutrition Group consultation response

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