



Please find below The Paediatric Group of the British Dietetic Association response to the FSA's Nutrient Profiling consultation launched 25th November 2004.

The Paediatric Group represents most of the Paediatric Dietitians working in the NHS and in health promotion in the UK.

We are able to advise families and children on healthy eating and use a range of methods to assess and treat children with obesity. We engage in a range of health promotion and public health approaches to improving the diets of children. Where appropriate we have used the questions posed by the FSA, but we have also included some more general recommendations.

Q. Does the model succeed in appropriately classifying foods?

1. The proposed model SSCg3d, is one way of looking at this area. However, it lacks proportionality at the 'Less Healthy' end of the score. To illustrate the point we have scored 3 foods:

- butter = 29 (you would not normally eat 100gms of butter)
- sausage roll= 21
- shepherd's pie= 12

So all of these foods would be considered 'Less Healthy'. We would, however, prefer patients to have shepherd's pie rather than a sausage roll, so at the unhealthy end it still will not inform families and children, and could lead to further confusion.

Q. Have the appropriate nutrients been included?

On the whole yes, but Fruit and Vegetables are a food, not a nutrient. They are a very 'blunt instrument' and there is no way to show the benefits of high fibre foods that are not fruit and vegetable based e.g. oats or porridge would be 5 and *Special K* would be 8, so they would both fall into the Intermediate category. Perhaps fibre or GI can be built into the score also.



Recommendations:

1. To have a 'Very Unhealthy' category over 15-20, the actual cut off would need to be debated. If this is not possible then the intermediate category needs to be extended to try to ensure that the message does not get confused and to help inform consumer choice.
2. Ensure supermarkets/ the food industry engage in the process. It will fail without them and the policy will need the marketing weight that they could collectively contribute. It is also important to ensure that they do not add to the confusion by developing nutrient profiling in a counterproductive or different way to the FSA plan.
3. This may require legislation and it was one of the recommendations of the Health Select committee on Obesity that labelling be improved and there be a consistent approach to healthy eating. We are dealing with an epidemic which is worsening year on year, if the food industry is not going to engage in delivering a robust labelling system, we feel that the public health implications are so dire that the government should put some 'teeth' in to the FSA's ability to ensure that this is done properly and consider legislation.
4. Look at how fibre can be included into the Model and how perhaps some form of GI can be added. This will need to be considered carefully, to ensure that all current healthy eating messages are incorporated.
5. Consider developing Guideline Dietary Amounts (GDA) for each age group, which could be calculated from the Estimated Average Requirement (EAR). So there are clear amounts of fat/protein and CHO/starchy foods for food labelling. The Paediatric Group of the BDA could easily calculate these figures to help inform industry and consumers.



Summary

We feel it is important that we help to give consumers and our patients the information they need to eat a healthier diet. We are concerned from feedback that we have had from industry that this whole mechanism will fail if supermarkets and food companies are allowed to develop this idea in a different direction:

- Sainsbury has developed its own Nutrient profiling model
- Tesco is labelling foods with the Glyceamic Index (GI) level
- ASDA is developing a Food and Drink policy that includes different nutrients from those being discussed in this consultation

This only leads to further confusion in consumers' minds. Nutrient Profiling will not work unless the FSA and health professionals can gain the commitment of supermarkets and the food industry, who in reality will have to deliver this message, if it is to be successful.

We have addressed what we feel are the areas which were particularly pertinent to Paediatrics and this document complements the full response by the BDA.

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Chair of the Paediatric Group of the BDA
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