National Food Strategy: A Response

December 2021

Context

The British Dietetic Association (BDA) is the professional association for dietitians and strives to improve the health of the nation by supporting our members to promote good food and nutrition. Dietitians and the wider dietetic workforce believe in the importance of health to the success and development of our communities.

In July 2021, the BDA Chair Caroline Bovey welcomed part two of the National Food Strategy, expressing thanks for the work that has gone into creating the plan and for the part it has played in creating new space to consider diets and our relationship with the food system.

We committed to consider the detailed report carefully and to provide a fuller response prior to the Government's anticipated food white paper in early 2022.

The strategy is a clear and comprehensive document with helpful insights and positive proposals that, if implemented, could significantly improve the UK's health and environmental sustainability.

Although it makes no direct reference to its policy predecessors, namely the 2010 Food and Farming Strategy (Department for Environment, Food and Rural Affairs (Defra) and the European Commission's 'Farm to Fork Strategy' this is an ambitious plan which is welcomed by the BDA.

Our initial response has been guided by engagement with our senior team and Board of Directors, the knowledge and expertise of BDA specialist groups, a time-limited working group facilitated by our Trade Union & Public Affairs Team and through engagement with a number of our formal alliances & partnerships.

The BDA has a variety of specialist groups whose remits are particularly relevant to the National Food Strategy and we are grateful to those volunteers from their memberships who supported a BDA working group to form the basis of this response. This included representation from our public health, obesity, paediatrics, sustainable diets, food services and optimising nutrition prescribing specialist groups as well as from a specialist sub-group on food insecurity.

This response also draws on BDA's well-established range of evidence-based resources, such as the PEN (Practice-based Evidence in Nutrition) Food Fact Sheets,

our One Blue Dot toolkit on sustainable diets and the Let's Get Cooking programme (for home or schools).

Response Sections:

Part A: *Rationed or reasoned?* The existing BDA evidence base in relation to the recommendations.

Part B: *Specific feedback from BDA specialist groups* on the recommendations.

Part C: *Ladling up?* A policy response to food insecurity.

Part D: *A Hungry Workforce?* A call for a real and meaningful pay award for 2022.

Part E: *A level playing field?* Considering future UK trade and regulation.

Part F: *Next Steps*

We have responded specifically to those recommendations we feel most relevant and commit as an organisation to further input into the forthcoming food white paper through direct engagement with the department.

Key Messages

- **The BDA expect to see greater involvement of UK dietitians to ensure that dietetic expertise of working at the public interface is collaboratively incorporated into the strategy at a national level**. Dietitians should play a key role in fine tuning the National Food Strategy's recommendations and their overall implementation. This would enable qualified nutritional and food sustainability perspectives, including assessment, intervention and bringing about positive behaviour change.

- **The ambitions of the National Food Strategy demand the application of dietetic evidence-based practice and behaviour change approaches** (supported by the profession's research contributions and wider BDA resources) to take into account the diverse needs of the population, to ensure inclusion, innovation and effective implementation through a whole systems approach.

- **The BDA supports the principles of a Sugar and Salt Reformulation Tax as a dynamic tool with which to address market imbalances and supports sugar and salt reduction modifications for foods** The National Food Strategy should consider a progressive and flexible scale of taxation, rather than a set amount of £3/£6 per kg.

- **There needs to be better recognition that healthy foods need to be accessible to those families on low incomes in order to reduce health inequalities**. Addressing the lack of food in a family is a political decision but one that is still not yet sufficiently prioritised.

- **The BDA supports the recommendation to address the very real needs of those with low levels of food security and extend free school meals** to all the children in households currently earning less than £20,000, as well as those from households with No Recourse to Public Funds (NRPF).

- **The BDA strongly supports the creation of a £150million fund to create 'What works centres'** drawing on good practice and tested activities.

- **As a member of the Obesity Health Alliance (OHA) the BDA endorses the 'KIND' framework** developed to build on existing policy progress and identifies new routes for action, as outlined in 'Turning the Tide: A 10-year Healthy Weight Strategy'.

We ask that this response is considered in the context of developments through COP26, the UK contribution to the WHO One Health project, the EU-UK Trade & Cooperation Agreement (December 2020), the COVID-19 pandemic and emerging food supply chain issues.

In progressing to a Government White Paper in January 2022 we hope that a clear plan for implementation incorporates a needs assessment which is developed through collaborative engagement with all key stakeholders and outlines appropriate mechanisms for review.

Note: To avoid confusion with the existing *Dietitians and Nutritionists for the National Food* Survey *(NFS)* we will abbreviate the *National Food Strategy* as ***NFStrat*** in this document from this point forward.

Part A: Rationed or reasoned?

In this section we review those objectives listed in the *National Food Strategy Part 2: The Plan* (NFStrat) and consider them against our existing policy positions, projects and evidence base.

NFStrat Rec (1): Introduce a Sugar and Salt Reformulation Tax. Use some of the revenue to help get fresh fruit and vegetables to low-income families. The Government should introduce a £3/kg tax on sugar and a £6/kg tax on salt sold for use in processed foods or in restaurants and catering businesses.

- This recommendation falls into two parts; (i) to promote reformulation by industry and increase the cost of High Fat Sugar Salt (HFSS) foods to encourage a change in consumer choice and (ii) to prevent tax avoiding manufacture overseas through an import duty.

- It is important to consider the whole food matrix and not just the sugar. Some foods that contain sugar come with added nutrients, and these micronutrients can form an important part of the diet.

- A high-sugar diet, typical of many people, may make excess weight gain more likely if overall calorie (energy) intake is higher than the body needs.

- Free sugars are those added to food. We need to continue to define and assert this to enable a better understanding.

- In our response to the Government's Sugar reduction 'report on progress between 2015 and 2019' in October 2020 we expressed concern that industry would not hit its agreed 20% target by 2020 and that a voluntary approach is clearly not working on its own. Despite some reform in how HFSS will be advertised online this change will rely on enforceable measures to drive sugar reduction and reformulation across retailers, manufacturers and out of home.

- The BDA supports the principles of a Sugar and Salt Reformulation Tax as a dynamic tool with which to address market imbalances. The NFStrat should consider a progressive and flexible scale of taxation, rather than a set amount of £3/£6 per kg. Whilst we appreciate that these figures have been used to create a fund and allow for an indicative sum, it may be better to set a percentage figure to allow for greater flexibility and indeed revenue.

- Government needs to be clear if the proposed taxation increases will be locked or capped at a set level and whether or not the resulting funds will be ring fenced to targeted spend on the initiatives suggested in the strategy.

NFStrat Rec (2): A statutory duty for all food companies to publish an annual report on sales of (HFSS) excluding alcohol, protein by type (of meat, dairy, fish, plant, or alternative protein) and origin, vegetables, fruit, major nutrients & food waste.

The Food Standards Agency should develop the portal and ensure standardised reporting, so that there is a common set of definitions and data standards in place.

- The BDA believes that as regulated nutrition experts, dietitians can protect and improve public health by working with commercial companies and welcomes these transparency measures.

- We would work with the FSA to ensure the quality of the proposed portal and that the standards on which it is based are both up to date and evidence based. Furthermore, we would help to promote an awareness and openness of the data it collects and ensure that trends are reflected in future continuing professional development (CPD) and professional learning.

NFStrat Rec 4: Extend free school meals to all the children in households currently earning less than £20,000, as well as those from households with No Recourse to Public Funds (NRPF), to whom the Government has extended free school meals during the pandemic.

- The BDA supports this recommendation to address the very real needs of those with low levels of food security.

- Schools providing healthy and sustainable menu will not only help the environment and the health of children, but in doing so will promote healthier eating habits and choices for the future.

The following four recommendations are considered together:

NFStrat Rec 3: Launch a new "Eat and Learn" initiative for schools. Eating well is much easier if you know how to cook from scratch.

NFStrat Rec 5: Fund the Holiday Activities and Food programme for the next three years. HAF programmes provide social contact, exercise and enrichment activities.

NFStrat Rec 6: Expand the Healthy Start scheme. Healthy Start is a means-tested scheme for low-income pregnant women and families with children under the age of four. helping pregnant women and their children access healthier foods

NFStrat Rec 7: Trial a "Community Eatwell" Programme, supporting those on low incomes to improve their diets. We recommend that the Government should trial a "Community Eatwell" Programme, which would give GPs the option to prescribe fruit and vegetables – along with food-related education and social support – to patients suffering the effects of poor diet or food insecurity.

- The BDA supports recommendations that highlight the importance of increasing food literacy and food skills across the UK population. Furthermore, when children eat better, they do better academically and socially, as well as improve their life chances.

- The proposed initiatives have strong links to existing BDA projects and campaigns, as well as a number of other partners working within this policy space.

- The BDA is proud to host Let's Get Cooking which works to inspire children to learn to cook and enjoy good food, giving them the confidence and skills, they need to get hands-on in the kitchen and to make healthier food choices throughout their lives. Our clubs have run over 235,000 Let's Get Cooking sessions for children, young people and their families across the country and trained almost 11,500 club leaders and helpers.

- BDA has provided a range of services and resources for Holiday Activities and Food (HAF) to people who regularly cook at home, understand recipes and basic kitchen skills but need the support of safe procedures and systems to cook with groups of children in a variety of HAF settings. Our recent work has included working with local authorities to maximise the Department for Education HAF investment and deliver meaningful food and nutrition experiences to some of our most deprived children and communities.

- In addition, BDA's Work Ready is a dietitian led programme to help answer workplace health and nutrition needs. It offers bespoke nutritional wellbeing services to engage employees and support positive working culture across busy lifestyles. Partner businesses choose the level of support required to meet current wellbeing priorities or achieve workplace wellbeing awards.

- Schools providing a healthy and sustainable menu will not only help the environment and the health of children, but help promote the development of the sustainable habits for the future which are crucial to change across the UK food system. The BDA believes that learning to eat well, make health conscious choices and prepare cost effective, healthier meals should be embedded firmly into the school experience.

- Any future 'Community Eatwell Programme' should use schools as the hubs of their local communities. The BDA supports the creation of a £150million fund to create 'What works centres' drawing on good practice and tested activities.

- Obesity is a complex condition influenced by many factors. These include diet, activity levels, genetics, other diseases or conditions, poverty and environment. Helping the population to reach and maintain a healthy weight will require lots of different policy changes – there is no one solution that will have enough impact, it requires the whole system to change. The National Food Strategy needs to be reinforced and complemented by a series of changes to our economy and society, such as economic consumption, environmental impact and civic engagement.

- As a member of the Obesity Health Alliance (PHA) the BDA endorses the 'KIND' framework developed to build on existing policy progress and to identifies new routes for action, as outlined in 'Turning the Tide: A 10-year Healthy Weight Strategy' (Sept,

2021). It's 30 recommendations detail vital actions needed to prioritise an evidence-informed approach to healthy weight for the whole population.

- The BDA wants to do all it can to avoid and end weight stigma by addressing the negative language and professional culture of our health and care services.

Part B: Feedback from BDA specialist groups

Food Services Specialist Group

- Hospital food and beverage service budgets need to increase and be ring-fenced to meet the proposed increased quality standards, rising food costs, more admin required to process mandatory accreditation programs and proposed taxes, more skilled resource is required to collect nutritional target data, and produce eco-labelling.

- 'The Plan' is heavily focused on obesity management and often does not take into account the other end of the malnutrition spectrum namely undernutrition. We are concerned that this will penalise people living with undernutrition who require nutrient and energy dense diets high in fat and sugar, and who are also often living on low incomes.

- Undernutrition affects approx. 3 million people in the UK at a cost of £20bn per year. In 2019 BAPEN found that 42% of people in hospitals and care homes were at risk of undernutrition, 29% at high risk. A blanket proposal for foods to reduce their energy content may worsen the picture for this significant population group. It will also disproportionately affect manufacturers and food service operators who specifically cater to this sector[1].

- It will also penalise food service organisations who cater to this market, whether that be at home, in the community, or in hospitals and care homes. We recommend that hospitals comply with the BDA Nutrition & Hydration Digest as one of the DHSC Hospital Food Standards within future legislation.

  There are no guarantees that the Government will allow healthcare food provision to be exempt as publicly there is a lot of support for hospital food to meet the same 'healthier' criteria as other public sector organisations. This is consistent with new European proposals which feel that hospitals should be leading the way in offering 'healthy' food. This may be appropriate for staff and visitor dining but not for patients[2].

[1] Malnutrition | British Dietetic Association (BDA)
[2] NutritionHydrationDigest.pdf (bda.uk.com)

- The strategy ignores the existing proposed legislation from the Government's obesity strategy which is due to come into force next year and is intended to positively change consumer behaviour, so some of these recommendations, which will have a huge knock-on effect on food service organisations, seem premature.

- NFStrat Rec (1): '*Introduce a Sugar and Salt Reformulation Tax'* ignores the fact that as part of the Government's Obesity Strategy there are other measures forthcoming[3] which are expected to influence consumer behaviour, such as;

    - mandatory calorie labelling being introduced in restaurants, cafes and takeaways (from April 2022)
    - implementing new legislation in supermarkets (including online) to change the way foods high in fat, sugar and salt (HFSS) are marketed (from October 2022). It will mean no foods classed as HFSS can be sold at till points/cashier desks, ends of aisles or store entrances, and multibuy promotions such as BOGOF can no longer be used
    - new restrictions for the advertising of HFSS products before 9pm on TV and online will come into force (before the end of 2022)
    - salt reduction targets for 2024 have already been published for industry to work to, while the WHO sees the UK as a global leader in this area.

- Therefore, the timing of this recommendation is key, as we have yet to see the impact of these new legislative measures on consumer behaviour.

- The European Union '*Farm to Fork Strategy'* will restrict promotion of HFSS foods and offer tax incentives for healthier sustainable foods such as organic fruit and veg and wholegrain carbohydrates (as opposed to adding tax to sugar and salt). Making healthier foods more affordable could help lower income households have healthier diets and make them more affordable for public sector menus.

    "*Current food consumption patterns are unsustainable from both health and environmental points of view. While in the EU, average intakes of energy, red meat, sugars, salt and fats continue to exceed recommendations, consumption of whole-grain cereals, fruit and vegetables, legumes and nuts is insufficient*." This is also reflected in the latest UK National Diet and Nutrition Survey

[3] Promotions of unhealthy foods restricted from October 2022 - GOV.UK (www.gov.uk)

Restricting promotions of products high in fat, sugar and salt by location and by price: government response to public consultation - GOV.UK (www.gov.uk)

findings so we have the same challenge but different approaches to tackling it[4][5].

- A sugar and salt reformulation tax (NFStrat Rec (1) aims to steer food manufacturers to reformulate products to contain less salt and sugar. However, recent consumer research data from the IGD showed that most shoppers do not welcome recipe changes in the categories included in the reformulation programme. 50% of consumers questioned do not want to change the way they consume confectionery, 23% would rather consume the products less frequently, 15% would rather the portion sizes were reduced, with only 3% stating they would consider buying a reformulated product[6].

- This tax is just aimed at manufacturers, it is not intended to be passed on to consumers in the supermarket. Yet, in cases where products cannot be reformulated (like honey or jam) and would remain high in sugar or salt, the increased cost may be passed onto the consumer which they believe would make them less appealing.

- It is undecided how this tax would be calculated. The NFS suggests either taxing sales of the raw ingredients to manufacturers or taxing sales of products as they "leave the factory gate". However, the latter would be much more difficult to accurately calculate if the salt and sugar declaration on the food label is used as this is total sugars and salt, and does not specify how much is naturally occurring. There is no easy way to calculate this so businesses could be overcharged or have to spend more money on skilled nutritional resource to calculate this time-intensive method which not all food businesses will have. It will also incur additional finance administrative resource time and cost to process payments.

- The timing is poor when the food service industry has been under unprecedented pressures for the last 18 months to keep the nation fed and with rising food costs due to global supply chain challenges due to the pandemic and UK-EU exit this seems extremely unfair to food manufacturers, especially SMEs, many of whom may not be able to absorb the additional costs.

- The European Commission will ensure tailored solutions to help SME food processors and food service operators to develop new skills and business

[4] EUR-Lex - 52020DC0381 - EN - EUR-Lex (europa.eu) (Section 2.4 in particular).

[5] National Diet and Nutrition Survey (publishing.service.gov.uk)

[6] Sugar reduction: a consumer perspective (igd.com)

models while avoiding additional administrative and cost burdens. There is no similar proposal in the UK strategy[7].

- Furthermore, it is curious why only salt and sugar has been targeted and not saturated fat? This could be a really great opportunity to get the whole of the British food industry to reduce its consumption of palm oil, which is highly saturated and has a huge detrimental cost to the environment because of deforestation, which is completely in line with the aims of this strategy[8]. We believe this is a missed opportunity.

- With regards to the proposed use of potassium chloride as a replacement for sodium chloride (salt), the BDA Renal Nutrition Group would strongly warn against this. It is not only people with chronic kidney disease (CKD) who are at risk of hyperkalaemia, a potentially life-threatening condition which results in over 65,000 hospital admissions each year, but also those on certain cardiovascular/blood pressure medications. As potassium values are not declared on food labelling, as it is not a legal requirement, people at risk would be making largely uninformed food choices with potentially life-threatening consequences[9,10,11,12,13].

- NFS Rec (2)[14] to introduce a statutory duty for all food companies to publish an annual report on sales of (HFSS) excluding alcohol, protein by type and origin, vegetables, fruit, major nutrients & food waste will demand a high level of complex data and would be difficult for a system to calculate. To achieve it will require skilled nutritional resource which has a cost attached. It appears that industry is expected to bear the cost of resources at a particularly challenging

[7] EUR-Lex - 52020DC0381 - EN - EUR-Lex (europa.eu)

[8] Palm oil – deforestation for everyday products - Rainforest Rescue (rainforest-rescue.org)

[9] Review of case reports on hyperkalemia induced by dietary intake: not restricted to chronic kidney disease patients | European Journal of Clinical Nutrition (nature.com)

[10] Salt substitutes: Are they safe? (nih.gov)

[11] Life-threatening hyperkalemia in a patient with normal renal function | Clinical Kidney Journal | Oxford Academic (oup.com)

[12] https://www.bmj.com/rapid-response/2011/11/03/life-threatening-hyperkalaemia-due-commercially-available-table-salt

[13] https://www.theguardian.com/society/2021/sep/02/salt-substitutes-are-risky-for-those-with-kidney-disease

[14] NFStrat Rec (2): A statutory duty for all food companies to publish an annual report on sales of (HFSS) excluding alcohol, protein by type (of meat, dairy, fish, plant, or alternative protein) and origin, vegetables, fruit, major nutrients & Food waste.

time with no direct support from Government. This comes in addition to all other guidelines and legislation that industry must comply with (such as traffic light labelling, front and back of pack labelling, salt reduction targets, Natasha's law, FIRs, gluten reg's).

- If these recommendations are adopted, they should start with a small number of metrics, rather than the full range, due to the potential scale of data collection. This is a huge task for food service companies with wide product portfolios, compared to manufacturers who may only make a handful of products.

- In addition, some manufacturers specifically cater to malnourished consumers (such as Wiltshire Farm Foods and hospital food manufacturers). This recommendation seems likely to penalise such companies compared to those who cater to the general population and can more easily make products 'healthier'. This is a concern for industry.

- We support NFStrat Rec 10 to Define minimum standards for trade and a mechanism for protecting them. European Union food standards (that we still currently work to) are the gold standard and we should advocate to protect them. In its 2019 manifesto, the Conservative Party pledged that "*in all of our trade negotiations, we will not compromise on our high environmental protection, animal welfare and food standards*". Government must specify which standards it wishes to protect and the mechanism with which it will protect them (presumably the Trade & Agriculture Commission). Without such a mechanism, there is serious threat of new international trade deals enshrining lower standards than our own.

- In response to NFStrat Rec 11 Invest £1 billion in innovation to create a better food system. We would suggest that current systems like the national Composition of Foods Integrated Dataset (COFID) are significantly invested in so that data is more comprehensive and accurate to reflect up to date nutritional data used in commonly consumed products, as currently much of the data is out of date and caterers, dietitians and manufacturers rely on it to calculate nutrient intakes and composition of foods[15].

- This would be particularly crucial if the proposed use of potassium chloride instead of sodium chloride in recommendation 1 is approved, as much of this data does not reflect modern additives containing potassium that are now widely used in the food industry. The BDA Renal Nutrition Group have previously proposed their concerns of not having potassium declarations on labelling to the British Food and Drink Federation and requested that the UK

[15] Composition of foods integrated dataset (CoFID) - GOV.UK (www.gov.uk)

goes down this route, like the US. If this is to be seriously considered going forward, then accurate potassium food tables would be an essential investment[16].

- We also suggest Government invests in food science innovations like trying to develop a healthier more sustainable alternative to palm oil, as this has such a detrimental impact on the environment due to deforestation, species extinction and human rights abuses, and is highly saturated[17][18]

- We think dietitians should be invited to be included in these teams outlined in NFS Rec 12 Create a National Food System Data programme to ensure that the valuable skills our profession has to offer are not missed.

- Although the new Hospital Food Standards will refer to the BDA Digest with regards to nutritional parameters for foods for patients, the NFS does not and should emphasise the need for that.

- The NFS is overly critical of the quality of hospital food. It states "*much of the food served by public bodies is bad*." And "In hospitals, 42% of patients rated the food as either satisfactory, poor or very poor; 39% of the staff rated the food as poor." (Source: 2019 CQC Survey Results). It also highlights the fact that the current GBSF are self-reported and there are no external checks or punishments for hospitals who are not fully complying. It states,

  > "*To make sure the benefits of higher standards are achieved in practice, proper monitoring and enforcement mechanisms are essential*."
  >
  > "*Even in the NHS, it is incomplete: not all food standards are monitored, hospitals are not required to submit evidence and the process has become a "tick box" exercise. While the latest figures from the NHS's PLACE indicated that 90% of hospitals were compliant, the recent independent review of hospital food raised concerns that this number might not be accurate*."

- With regards to local procurement, buying locally can be more time-intensive for public sector organisations so can generate an oncost in resources, so a national rollout of the suggested method may not be practical.

- Rising food costs continue to impact hospital food budgets and there is a growing need for them to be ring-fenced so that quality is not compromised.

[16] https://www.mdpi.com/2072-6643/13/7/2472/pdf
[17] Palm oil – deforestation for everyday products - Rainforest Rescue (rainforest-rescue.org)
[18] Palm oil | Greenpeace UK

NFStrat Rec 13 to strengthen government procurement rules to ensure that taxpayer money is spent on healthy and sustainable food states that the GBSF should be redesigned to emphasise the importance of quality over cost. It does not, however, mention that budgets should be adjusted to match rising inflationary costs and ring-fenced. Furthermore, this recommendation would make accreditation schemes like the Soil Association's Food for life mandatory. This will require additional resource in the catering department to process the administrative requirements and incur additional cost. While the report authors suggest the Government pick up this cost, this has yet to be agreed and will need to be ringfenced.

- NFStrat Rec 14 Set clear targets and bring in legislation for long term change states that Part of this would be creating a UK Reference Diet that all public procurement would have to comply with. The NFS appears to criticise the Eatwell Guide for not taking sustainability into account. Caution should also be exercised if updating national food recommendations as a more sustainable diet does not necessarily equate to a 'healthier' diet[19].

- The report also criticises "the absence of mandatory dietary guidance for public procurement" and cites it as "a reason for the poor quality of food on offer in public settings". Apparently, it doesn't recognise the GBSF as these are not mandatory in ALL public settings, and because 2017 data showed only 52% of hospital caterers were fully compliant with it[20].

- The proposed UK Reference Diet (of which I could find no details but an example on link below) could increase costs, e.g., greater consumption of wholegrain carbohydrates, less processed foods. I think it needs to be highlighted that this is likely to increase the cost of public sector menus and that the Government then need to increase public sector catering budgets accordingly for this to be achieved.

- The proposed environmental impact labelling will again impact industry by manufacturers having to calculate lots of potentially complex data to calculate, for example, the estimated carbon footprint or water consumption or number of trees that would need to be planted to offset the carbon emissions used in its production. Again, for healthcare food providers with such a broad product portfolio and so many raw ingredients and suppliers, this would be a lot of

[19] one blue dot reference guide.pdf (bda.uk.com) p35

[20] Alignment Of US School Lunches With The EAT-Lancet Healthy Reference Diet's Standards For Planetary Health - ThePressFree

additional information to collect and calculate. Again, increasing the amount of resource needed with no support mentioned.

Paediatric Specialist Group

- To escape the junk food cycle there need to be restrictions on the number of fastfood outlets allowed to open in any one area, next to early years and school settings, and hospitals. These aspects are not included or considered within NFS Part 2: The Plan.

- The NFS outlines that money used from the sugar and salt taxation will be reinvested in some of the initiatives from the report, however taxation often hits the poorest the hardest and there are loop holes for manufacturers to escape. Therefore, using this model for funding critical elements of the plan (such as free school meals, holiday food fund and health start) ultimately relies on the consumer to keep purchasing high sugar/salt content products which could undermine the aim of the long-term strategy.

- We know that Childhood obesity impacts children from some of the UK's most deprived areas and disproportionately those from ethnic minority backgrounds, but there seems to be only some consideration of income within the strategy. The NFS needs to ensure the plan includes and accounts for the differences in both the levels of understanding and engagement amongst those from minority groups¸ who may have poor food literacy, and address and their specific needs within the food system.

- We welcome mandatory cooking and nutrition education up to secondary schools, and fully support that provision of ingredients is provided by schools instead of parents, where those on the lowest of incomes would be impacted by the burden of cost the most. We also welcome sensory education in the early years settings, however in light of historic closure of many early years centres (such as Sure Start Centres), we would like to understand how this will be realistically implemented.

- We fully support extension of the free school meals eligibility criteria so more families qualify though all households on universal credit should be able to qualify (only supporting 82% of children in very low food security is not good enough; the benchmark should be 100%).

- We welcome the holiday food fund programme but subsequent funding beyond 3 years is essential as it would be short sighted to expect households to increase their earnings by then, when the threat of rising cost of food and energy co-exists, and given that the average household income for the poorest

does not keep up with inflation. The plan should not be so presumptuous (median income of the poorest fifth fell by an average of 3.8% per year between financial year ending 2017 and 2020; National Office of Statistics). Furthermore, the most deprived schools who work with the most vulnerable communities need to be targeted for funding, to ensure they are not left without[21].

- We fully support expansion of the Healthy Start scheme to all children under 5 years (instead of 4 years) as this the age when they go onto to qualify for free school meals[2223].

- We welcome that some of the large retailers are stepping up to provide additional money, though for the poorest households, shopping in Waitrose is not sustainable or cost-effective in the first place. Based on a report from The Food Foundation, the weekly cost to feed a child aged 0-1 years and 2-4 years based –(on the Eatwell guide) costs £6.19 and £12.37 respectively. The value of the voucher should not remain fixed given that it costs more to feed an older child healthily. Furthermore, given the high-profile court proceeding for child 'A' who won the right of entitlement for the scheme who initially wasn't eligible due to immigration status (though her mother had the right to live and work in the UK), we would like to understand if eligibility is being reconsidered regardless of immigration status, as some of the poorest children in need (from migrant or refugee backgrounds) may still be missed off.

- The NFS must provide more detail on the community eat well scheme is required to understand if families with young children qualify. It is important to recognise that a report from The Food Foundation found that for household earning less than 15,860, 42% of after-housing disposable income would have to be spent to eat healthily, based on the recommendations from the Eatwell guide. Whilst yet the most deprived decile households would spend 75% of their disposable income to eat healthily based on the Eatwell guide (based on a report from the Institute of Health Equity)[24].

[21] https://foodfoundation.org.uk/publication/affordability-uks-eatwell-guide

[22] https://www.instituteofhealthequity.org/resources-reports/marmot-review-10-years-on/the-marmot-review-10-years-on-full-report.pdf

[23] https://www.theguardian.com/society/2021/jun/03/baby-mother-win-right-access-healthy-start-food-scheme

[24]https://www.ons.gov.uk/peoplepopulationandcommunity/personalandhouseholdfinances/incomeandwealth/bulletins/householddisposableincomeandinequality/financialyear2020

- More work is needed on identifying food insecurity and on building a pathway of management that dietetics can use (based on local, national resources) effectively on a day-to-day basis.

Optimising Nutrition Prescribing Specialist Group

- We feel that there should be a better recognition of the already stretched resources within primary care and advise against GP prescription of fruit and vegetables as the NHS is already tackling the significant issue of optimal prescribing and the issue of overprescribing highlighted by the Department of Health.[25]

- The prescription of fruit and vegetables would be of limited nutritional benefit in the context of weight management as the addition of a few portions of fruit and vegetables would not majorly impact on overall diet without addressing many more of the social issues for families on low income (such as freezer space, bulk purchasing, access to bigger supermarkets and food preparation time and food skills).

- We would like to see a commitment that the net financial gain from sugar and salt reformulation would fund more resources in primary and social care, as well as support social prescribing services which are still embedding.

- The NFStrat team need to provide a better cost-analysis of the different options (prescriptions, vouchers such as extending healthy start, third sector opportunities such as food banks dedicated to fruit and vegetables) for providing access to healthy foods to those of lower income individuals and families.

- Effective evaluation is essential[26]. The NFS needs more detail on how we are monitoring and encouraging the promotion of healthier foods both should be implemented, as well as more emphasis on producing, buying and distributing food that comes with reduced non-environmentally friendly packaging and that is both seasonal and local.

- A clear message that the suggested healthier eating strategies promoted are aimed at the general population and it is essential to recognise those with medical conditions may have different dietary priorities. “Healthier eating” is not

[25] The findings and recommendations of the national overprescribing review led by Dr Keith Ridge, Chief Pharmaceutical Officer for England https://www.gov.uk/government/publications/national-overprescribing-review-report

[26] https://onlinelibrary.wiley.com/doi/full/10.1111/spol.12583

the same for all age groups. For example it would not necessarily be healthy for an older person at risk of frailty[27] to have a low fat, low sugar diet and they would often benefit from having more protein in their diets[28].

- An over focus on HFSS foods alone may be to the detriment of some nutritious and beneficial foods such as dairy products[29] if not carefully considered eating for good health should be put in context of other healthy habits and lifestyle changes.

Older People Specialist Group

- The Strategy discusses the need to reduce animal proteins and increase usage of alternative protein sources. Older adults have increased protein requirements than the general population to support them to age well. Current research leans towards animal-based protein as high biological value and supporting protein synthesis in older adults compared to plant proteins. We strongly encourage that there is recognition that the nutritional needs of older adults are different to the general population.

- We strongly agree with the paediatric group and would like to emphasise this point too:

  "The NFS outlines that money used from the sugar and salt taxation will be reinvested in some of the initiatives from the report, however taxation often hits the poorest the hardest and there are loop holes for manufacturers to escape. Therefore, using this model for funding critical elements of the plan (such as free school meals, holiday food fund and health start) ultimately relies on the consumer to keep purchasing high sugar/salt content products which could undermine the aim of the long-term strategy."

- The first recommendation uses strong language with 'escape the junk food cycle'. Food insecurity is complex and interrelated with poverty. There are minimal references or recommendations on how to tackle this within strategy. We eat food rather than nutrients, so rather than 'demonising' a specific nutrient, there should be a greater emphasis on consuming more vegetables, fruit, fibre and less sugar, salt and fat. We welcome a revision to a more positive national food strategy.

[27] Effect of dietary sources of calcium and protein on hip fractures and falls in older adults in residential care: cluster randomised controlled trial | The BMJ

[28] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1019475/good-for-you-good-for-us-good-for-everybody.pdf

[29] https://onlinelibrary.wiley.com/doi/full/10.1111/spol.12583

- The overall focus appears to be on household or family food insecurity. There needs to be inclusion and emphasis on other risk areas for insecurity including: those who are homeless, the hidden housebound, those with severe mental health issues. Many older people live alone and can often struggle with food access. The strategy needs to think harder about how to meet the needs of older adults who are at risk alongside those within other at-risk groups.

Public Health Specialist Group

- We welcome the NFStrat proposals as an initial starting point for collaborative work to significantly improve the health, sustainability and equity of the food system.

- We recommend that action and planning should be firmer and fairer, with further details and insight included for strategic consideration.

- We encourage policy makers to more specifically address improving food environments and the underlying issues leading to social inequalities in health and access to healthy foods.

- We support the need for much greater involvement from the health sector, including nutrition and dietetic professionals to further refine and implement the listed recommendations.

- A greater emphasis on consultation with key stakeholders is needed, particularly those food systems actors, such as industry, communities, consumers, and healthcare professionals who can be engaged to work together these aims. These stakeholders are best placed to harness and develop relevant, effective, and existing initiatives to grow impact in the area of food to support population health.

- There is need to further strengthen the ambition of the proposed strategy to reduce food insecurity and inequity of access to healthy food across the UK- which is vital if we are improve diets and health.

Part C: Ladling up?

The BDA believes that nobody should live in food poverty. Dietitians have the knowledge and skills to support people directly, and should also work in public health to prevent and reverse food poverty.

There needs to be better recognition that healthier foods need to be accessible to those families on low incomes in order to reduce health inequalities[30].

The lack of food in a family is a political decision. Distribution of food within a family is often uneven, but where the budget for food is very restricted this may result in some family members not receiving enough quantity and/or quality of food in favour of others in the family.

For example, some parents may miss meals or go without certain food items in order to feed their children and/or to ensure the main or alternative income provider receives enough food first.

A reduction of food waste both in farming, growing and along the wider food supply chain will require targeted intervention by Governments (current and future), supported by better policies regarding the types of waste (from retailers and supermarkets), the use of plastic, generated food miles and a sharper consideration of seasonality.

At present food insecurity levels are increasing. This is in parallel with current price rises and growing supply issues for both food and fuel, as well as growing inflation.

This has been exacerbated by a recent reduction in universal credit allowances for vulnerable families and the on-going impact of the covid-19 pandemic on the economy and wider jobs market. This situation has significant implications for malnutrition with relatively high levels of consumption of HFSS foods and consequent health inequalities.

Food insecurity increases risk of diabetes[31] (Seligman HK, 2007) in addition to making diabetes management more challenging. Evidence regarding the food insecurity – obesity paradox is more complex, depending on population studied or gender[32].It is recognised that obesity and food insecurity are associated with stigma, and variable availability of food which will have consequences for self-care, access to healthier foods and relationship with food and risk of disordered eating. Food Insecurity also

[30] https://www.bda.uk.com/resource/response-government-to-restrict-unhealthy-food-promotions.html

[31] Seligman HK, Bindman AB, Vittinghoff E, Kanaya AM, Kushel MB: Food insecurity is associated with diabetes mellitus: results from the National Health Examination and Nutrition Examination Survey (NHANES) 1999–2002. J Gen Intern Med 22:1018–1023, 2007

[32] Hernandez DC, Reesor L, Murillo R. Gender Disparities in the Food Insecurity–Overweight and Food Insecurity–Obesity Paradox among Low-Income Older Adults, Journal of the Academy of Nutrition and Dietetics, Volume 117, Issue 7, 2017, Pages 1087-1096

impacts on likelihood of eating disorders[33] which have increased significantly during the pandemic. Overall, this is a complex situation with increased clinical risks, the stress of uncertainty and the stigma associated with food poverty

Furthermore, there is now a higher risk of developing obesity and its co-morbidities such as diabetes, as well as undernutrition, particularly concerning micronutrients, fibre and protective plant-based phytochemicals. A campaign for the right to healthy (and sustainable food) is already by various organisations and alliances and BDA continues to support these. They include our key alliances with Sustain and NOURISH Scotland.

Food and Nutrition Insecurity working group

The Food and Nutrition Insecurity working group of registered dietitians is formed from a variety of specialisms and came together in response to a growing crisis in food and nutrition insecurity in the UK. It is a working group of the BDA Public Health Specialist Group. Without recognising and addressing access to food as fundamental, we are unable to effectively address wider health concerns.

We strongly encourage endorsement of the Right to Food for everyone in England, Wales, Northern Ireland and Scotland. Access to adequate, healthy, sustainable food is a basic human right, without which it is impossible to achieve optimal nutrition and health, with further implications for wellbeing, quality and quantity of life.

We also recommend that consideration throughout the national food strategy needs to be given to stigma, and the barriers this causes to accessing and engaging with services. People experiencing food insecurity are more likely to have health conditions or disabilities and minority groups are over-represented[34].

Multiple stigmas create huge barriers to behaviour change and dietary change, and the psychosocial impact of stigma both exacerbates and causes ill health. Plans to address and reduce stigma, demonstrate empathy, and support dignity, and also improve access to services need to be specifically included in all behaviour change aspects of the strategy, and we highlight the importance of co-production when designing interventions that will work for communities.

We support a whole systems approach and the need for more interventions that are designed, funded, suitably resourced, and periodically reviewed for long-term impact.

We also caution on the “over medicalisation” of food[35] Prescribing fruit and vegetables oversimplify the complexity of behaviour change which requires active choice and autonomy in personal decisions as well as wider community and environmental

[33] Hazzard VM, Loth KA, Hooper L, Black Becker C. Food Insecurity and Eating Disorders: a Review of Emerging Evidence Curr Psychiatry Rep. 2020; 22(12): 74. Published online 2020 Oct 30. doi: 10.1007/s11920-020-01200-0

[34] https://enuf.org.uk/vulnerability-food-insecurity

[35] https://www.bmj.com/content/369/bmj.m2482/rr-0

considerations. This also introduces further stigma whereby individuals will have to go through their GP to access healthy food, rather than having the dignity of being able to access food independently. By integrating dietitians into clinical teams, they can educate, negotiate and agree on nutrition interventions to enhance motivation and confidence. This includes access to cooking skills, workshops and ongoing follow up to sustain impact.

Nutrition interventions don't necessarily need to be centred in healthcare but should consider how we can enhance and build on existing food initiatives to support research, development, and sustainability to aim for the greatest health and wellbeing impact. Where available, current nutrition interventions such as community kitchens are reporting that they are under-utilised as a referral option, suggesting the need to strengthen data on impact to increase awareness amongst and collaboration with health providers.

The BDA General Education Trust (GET) recently made an award to support further research into the capacity and capability of the public health nutrition (PHN) system in a pre-pandemic, during and post pandemic context. The national survey was published earlier this year: Is England's public health nutrition system in crisis? A qualitative analysis of the capacity to feed all in need during the COVID-19 pandemic

The research speaks to the constraints on the PHN system in relation to continued austerity and organisational restructuring. As exploratory research it provides important and unique insight into the challenges the system faces as a whole.

Further case studies are currently being conducted which explore the findings at a local authority level in two areas of England: Chester and London Borough of Newham.

Part D: A Hungry Workforce?

Our members have been working on the front line in COVID- 19 wards and across the NHS during what has been one of the most dreadful health emergencies this country has ever seen.

A newly qualified band 5 dietitian earning just £24,904 per year would receive a little over £5 a week before tax, NI and student loan payments are deducted.

The BDA's Trade Union National Executive Committee (TUNEC) have determined that a major campaign should be mounted to demand a real and meaningful pay award for 2022. We are aware that NHS staff have been working beyond expectation during the pandemic and many are exhausted and suffering the mental and physical effects of work and illness and many would not be in a position to give proper consideration to taking industrial action.

Along with our sister unions in the NHS, the BDA will be ensuring that every aspect of the current economic situation is considered including the rise in national insurance, rising inflation and increased pension contributions. We are clear that in the event that the pay recommendation for 2022/23 is insufficient then a ballot for industrial action should be considered with a significant campaign to build maximum participation.

A significant proportion of the population work in low paid jobs and often struggle to make ends meet. This is known to make them vulnerable nutritionally, due to reduced quality and /or quantity of food consumed and, in some cases, can restrict access to healthy food.

On 25th October 2021 the Chancellor of the Exchequer announced that the UK Government will raise the 'National Living Wage' from April 2022 to £9.50 an hour. That is from the current £8.91 an hour (for those 23 and over) but with the 'Minimum Wage' figures (which are staggered by age for 16-17 years upwards- currently starting at only £4.62/hr) to be raised to £4.81/hr in April 2022. Younger workers are then particularly vulnerable, even with the proposed increases, when balanced against increasing food, fuel and living costs.

The Government furlough scheme and an agreed deferring of rent payments to landlords has now ended. For some individuals and families this is resulting in increased financial pressures and less funds to spend on food.

Those on low wages are experiencing a greater food insecurity than those on benefits and we are witnessing an increasing, over reliance on food banks across the country. Radical changes are needed to address this given that provision of (and dependency on) such assistance rose significantly from the onset of the COVID-19 pandemic and continues to increase with no immediate sign of abating.

Whilst the support provided by Food Banks is valued, they are not a sustainable long-term solution and can be associated with poor nutritional intakes, loss of dignity, mental and physical health problems and increased vulnerability to health inequalities. This situation needs urgent review by the Government.

The UK exit from the EU, in parallel with the Covid -19 pandemic, has seen a considerable number of businesses going into liquidation or experience hardship that threatens their long-term viability. This has further affected the capacity of the work force and compounded poverty issues, with people losing jobs or businesses and suffering financial difficulties. This has particularly hit those who were already struggling on low wages.

Although the UK economy has improved since the lifting of COVID-19 lockdown restrictions, recovery remains fragile.

Post EU membership, the UK has experienced a shortage of workers in some key areas which adversely affected supply chains, including the food supply chain (such as crop harvesting and transportation) and contributed to an on-going increase in the use of and dependency on Food Banks and other charitable sources of food. Some

supply problems have increased food waste, especially of UK produced food and produce.

Consumer food habits are important factors which determine dietary intake. Behaviour change approaches used by dietitians can assist in making improvements and supporting the development of skills and food literacy.

A future white paper must encompass the whole systems approach envisaged by the National Food Strategy. This should also link to the 'One Health' (WHO) holistic, community–focused, approach identified to ensure consideration is given to the full range of health and sustainability issues for the planet.

Government needs to acknowledge that dietitians with experience of community participation nutritional interventions possess the specific knowledge and skills to help implement an effective national food strategy. Dietitians have not been specifically consulted, despite their expertise in those areas key to the future implementation of an effective strategy. This demands improved funding, but also a collaborative deployment of dietitians at a community level, alongside capacity building to create more specialists in community and public health dietetics.

Dietetic service leads across the UK were surveyed from September 2019 to September 2020. Key findings[36] included:

- 15% of the workforce capacity is at risk due to maternity leave, retirement and vacancies.
- Career progression and staff morale are in the top five workforce development issues.
- 65% of services did not feel they had adequate staffing levels for demand going into the COVID-19 pandemic.
- 85% of services anticipated the demand for dietetic services increasing in 2021 and believe additional staff and resources will be required to meet the demand.
- 97% of services took on practice-based learners and, in the face of current pressures, 78% did not believe they could take on more.

These findings need to be considered in relation to how the National Food Strategy will be both articulated and realised on the ground.

[36] Source: NHS and HSCNI Dietetic Workforce Survey, 2020.

Part E: A level playing field?

The UK will continue to deal with the consequences of its decision to leave the EU for years to come, not least the full implications of a last-minute deal.

The BDA reiterates the need for the UK's trading circumstances with the EU and the wider world to be clarified. A continued state of uncertainty and unplanned change is unhelpful.

We keep in close contact with the specialist nutrition industry and caterers to assess whether this will have a significant impact on the provision of essential products to the most vulnerable. They seem confident that it will not, and we know from our conversations with the Department of Health and Social Care that contingencies are in place. However, the impact it will have on food prices and food security remains to be seen.

A lack of clarity from the Government and a lack forward has been further complicated by the pandemic. The new independent UK Trade and Agriculture Commission (TAC) is neither visible, nor understood. The recent trade agreement with Australia is a worrying development in relation to its potential effect on imports (particularly meat) and impact on domestic production. It is not clear how an assessment has been made through the TAC from a longer term economic and sustainability perspective.

We agree that effectively exporting UK carbon-linked methane (through increased lamb & beef imports from Australia or New Zealand) is counterproductive.

Despite our best efforts alongside colleagues at Sustain and elsewhere, we were unsuccessful in altering the Trade Bill to ensure that the Trade and Agriculture Commission (TAC) had a role in scrutinising the health aspects of future trade deals. Even though the TAC is now on a statutory footing, it will not be considering the full scope of deals and much of the negotiation will go on behind closed doors.

We understand that regulation can only go so far and wider change relies on the development of a progressive food culture. Government seems reticent to commit to any new food taxes or provide advice regarding levels of meat consumption. This should be reconsidered.

However, there must be clear government support for a strong communication of meat and dairy reduction as stated by the statutory committee on climate change (CCC). A reduction of meat and dairy are already stated in the Eatwell Guide (vs current typical UK diet), and more communication or the development of an updated reference diet, would support a better understanding of healthy sustainable diet choices.

Further devolution in health and nutrition policy are welcomed and we will continue to reflect the distinct needs and identities of the UK through our four BDA by the four country boards.

The BDA Northern Ireland Board have recently responded to a consultation NI Food Strategy Framework[37] welcoming a food systems approach that addresses "all the activities and elements involved in feeding a population.

Next Steps

We will focus our efforts on the following four areas:

- **Continued and constructive engagement** with the Government Food White Paper (expected Jan 2022) through direct consultation with departmental teams and through coordination with our partner alliances.

- **A targeted campaign to support our objectives to limit food insecurity** in the short-term and remove it in the long-term.

- **A Food Insecurity 'Toolkit' Project developed across BDA Specialist Groups** (including Paediatric and Public Health) to understand the knowledge and experience of dietitians and other nutrition professionals working in this area with the aim of developing targeted resources to help support affected individuals and families and those groups providing support and services. The project will also aim to strengthen the integration of dietitians working across acute, community and voluntary sectors.

- **Increased campaigning to achieve a real and meaningful pay award** for the dietetic workforce in 2022.

[37] https://www.bda.uk.com/resource/consultation-response-ni-food-strategy-framework.html

With thanks to our contributors:

- Avril Aslett-Bentley, Public Health Specialist Group (PHSG) and Food Insecurity working group (of PHSG)..
- Ursula Arens, BDA Member and Writer on nutrition and dietetic topics.
- Kiran Atwal, Paediatric Specialist Group (PSG).
- Ruth Smith, Food Services Specialist Group (FSSG).
- Priscilla Yan, Optimising Nutrition Prescribing Specialist Group (ONPSG).
- Amanda Avery, Obesity Specialist Group (OSG).
- Isabel Rice, Food and Nutrition Insecurity working group (of PHSG).
- Sharon Noonan-Gunning, Food and Nutrition Insecurity working group (of PHSG).
- Vittoria Romano, Older People Specialist Group (OPSG).
- Sally Moore, Public Health Specialist Group (PHSG).

The BDA would also like to acknowledge the wider membership and staff team who made this response possible.

This response was edited and compiled by James Sandy, Policy Officer, BDA Public Affairs Team, December 2021.

3rd Floor, Interchange Place, 151-165 Edmund Street, Birmingham, B3 2TA

email: info@bda.uk.com

bda.uk.com