



ASSOCIATE PARLIAMENTARY FOOD & HEALTH FORUM



Minutes of the FHF Meeting on children's food

6pm 10 January, 2006

Committee Room 15, House of Commons

Present: Lord Rea, *Chairman*
Baroness Miller of Chilthorne Domer

Patricia Constant, Secretariat
Rob Hailey, Secretariat
15 Associate members, names recorded.

Apologies: 8 members sent their apologies, which have been recorded.

Speakers: **Dr Tony Williams, Consultant in Neonatal Paediatrics and Senior Lecturer at St George's, University of London.**

Dr Helen Crawley, Senior Lecturer in nutrition at Kingston University and part-time Science Director for The Caroline Walker Trust.

Charlie Powell of Sustain, Campaign Co-ordinator of the Children's Food

Please note that powerpoint slides provided by the speakers are being circulated with these minutes and provide additional detailed information on the issues raised.

Introduction

1. Lord Rea welcomed members to the meeting and apologised for the late start of the meeting as a result of a division in the Lords. Lord Rea (NR) introduced the first speaker, Tony Williams. Tony Williams is a Consultant in Neonatal Paediatrics and Senior Lecturer at St George's, University of London. He has a longstanding interest in infant nutrition, particularly breast feeding.

Tony Williams

Introduction

2. Tony Williams (TW) began by explaining that although his clinical work at St. George's Hospital is focussed on very young babies in the neonatal unit, he has for many years been interested in the effect of diet in our earliest years on our future health.

Chairman: Lord Rea
Vice-Chairmen: Tony Baldry MP, Dr Ian Gibson MP
& Baroness Miller of Chilthorne Domer
Secretary: The Earl Baldwin of Bewdley
Treasurer: Baroness Gibson of Market Rasen

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Breast feeding

3. The positive health outcomes of breast feeding for mothers (in terms of bone health, reduced risk of diabetes and breast cancer) and for babies are increasingly evident. TW noted, however, that a lower proportion of mothers in the UK breast feed their babies than in Scandinavian countries. Only two thirds of mothers start breast feeding in the UK and the drop out rate is quite significant so that after six months the proportion still breast feeding in the UK is only a quarter of that observed in Scandinavia.
4. Breast feeding in the UK is affected by social class: breast feeding is much more common in social class 1 than 5, as illustrated by slide 4. TW noted, however, that there does seem to have been an increase in breast feeding among lower social classes in the UK in recent years.
5. Breast feeding in the UK is also affected by the mother's education: the longer the mother remains in full time education the greater the chance that she will initiate and sustain breast feeding (slide 5).
6. Breast feeding in the UK is not simply a matter of maternal choice (slide 6). Over 80% of women who stop breast feeding in the early weeks say they would like to have continued longer. If breast feeding stops relatively early it is likely to be due to problems with breast feeding, at a later stage it is more influenced by employment factors.
7. In the UK efforts are being made to increase the prevalence of breast feeding. Where hospitals support breast feeding, for example through the Baby Friendly Initiative, breast feeding is more likely to be initiated and sustained. The overriding message is that health workers need to be trained about breast feeding and that help for mothers needs to be proactive. A comprehensive, multi-agency approach is needed to support breast feeding and we need to achieve a cultural change in support of breast feeding through better education.

Nutrition in pre-school children

8. Research published in 2005 has revealed some interesting and important evidence about the significance of rapid growth in children as an influence on long term health. A study which looked at the growth trajectories of Finnish children found a significant link with coronary events in later life. Children who were smaller and relatively thin at birth and who grew rapidly between the age of 2 and 10 were more likely to have coronary events later in life.
9. Mothers with vitamin D deficiency are likely to produce children with similar deficiencies because transfer to the fetus and suckling is reduced.
10. Vitamin D deficiencies are more common in Bangladeshi, Pakistani and Indian children than in the population at large. Vitamin D deficiency is probably also common in children of Afro-Caribbean children, but there has been no national study of this group. Health professionals have long recommended the use of vitamin drops until age 2 or older for such children, but this has not been broadly taken up (slides 11 & 12).

Adolescents

11. The National Diet and Nutrition Survey of children aged 4 – 18 revealed nutritional problems including a high consumption of soft drinks, which in addition to boosting sugar consumption, dilutes children's micronutrient intakes and impairs status (slide 13). Unfortunately, the life

cycle means this pattern is likely to be perpetuated as the mother's health status influences her babies, who will grow into adolescents and ultimately into young mothers themselves (slide 14).

12. There is a clear correlation between a mother's vitamin D status and her child's bone mineral content at age 9 (slide 15). If the mother's vitamin D status is at the lower end of normal in late pregnancy, the child's bone mineral content is also low at school age. There is a widespread problem: half the women of child bearing age in the UK have plasma vitamin D levels within this range. This is one more, very topical, indication of the intergenerational consequences of suboptimal nutrition before and during pregnancy.

Key conclusions

13. TW's key conclusions were that: a mother's nutritional status inescapably influences her child's health; deficiency in certain micronutrients is a significant population problem, certainly in respect of vitamin D; much of the variation in the population in terms of the nutrient status of mothers is attributable to social class and education; obesity is important, but it is a symptom of a wider problem; and cardiovascular risk and the risk of glucose intolerance in later life is influenced by the rate at which children are changing in size between the ages of 2 and 14.

Questions

14. **Lord Rea (NR)** asked TW to outline the benefits of breast feeding on adult health. TW, taking a broad interpretation of "health", indicated that there is evidence from Brazil that indicates that breast feeding not merely aids cognitive development but later school achievement. TW acknowledged that it is difficult to adjust for confounding factors, including social class, which influence cognitive development. There is pretty good evidence from large studies that breast feeding reduces the risk of breast cancer and improves glucose tolerance for mothers and that it is beneficial for the mother's skeletal health in later life.
15. **Alan Long of Vega Research** asked if there is any benefit in having set times for breast feeding and whether the change from mother's milk to cow's milk affected growth rate. TW said that breast feeding on demand is encouraged and that mothers who feed on demand are more likely to go on breast feeding for longer. There is quite good evidence that children grow in spurts rather than steadily. A certain amount of work, which is not totally conclusive, suggests that early protein intake may promote an increase in BMI (fat deposition) in later years.
16. **David Godfrey of the Food Additives and Ingredients Association** asked TW why breast feeding is more common in Scandinavian countries than in the UK. TW attributed this to social support for breast feeding, noting there had been a cultural change in Norway, which used to be more like the UK, and where breast feeding practices in post-natal wards were radically altered by active lay support groups in the community.

Helen Crawley

17. **Lord Rea** declared an interest as a trustee of the Caroline Walker Trust (CWT) and introduced his fellow trustee, Helen Crawley. Helen Crawley is also part-time Science Director of the CWT and the author of "Eating Well at School", the recently updated Caroline Walker Trust guidelines on nutritional standards for school food. Helen is a Registered Public Health Nutritionist and Dietician with 25 years experience in applied human nutrition and health related research. She has worked in Government and policy development within the NHS, in research and academic teaching. Helen is a Senior Lecturer in nutrition at Kingston University.

She is currently involved in a review of the Scottish Diet Action Plan and in writing new nutrient-based standards for under 5's in child care.

Introduction

18. HC began by explaining that in considering new standards for school meals the CWT had been trying to address health inequality issues and the need to address the sort of nutritional imbalances in children described by TW.

Why nutrient based standards?

19. The CWT supported nutrient based standards for school food (and indeed throughout life) because they provide a clear framework and base line which is monitorable. The framework adopted is one that is designed to meet the needs of most children within a given age group. If menus are produced to achieve these standards then the food will be varied and nutrient dense.
20. Arguments, which prevailed, were advanced against nutrient based standards in 2001. It was argued that nutrient based standards would be too difficult for schools and caterers to achieve. It was also argued that these would set standards for what is served rather than what is consumed. There was also a view that standards should be set according to food types.
21. Nutrient based standards have now prevailed because the last set of standards did not work: they did not produce positive change. Moreover, there is greater acceptance now that schools meals are critical for many children's nutrient status. A third factor was the successful example set by Scotland's "Hungry for Success" programme, which proved that nutrient based standards could be achieved.
22. The School Meal Review Panel reported in September, the Government's consultation finished at the end of December, and we are now waiting to hear the Government's conclusions. The proposals set new nutrition based standards for school lunches with additional notes on certain food types, including fruit, vegetables and oily fish, and proposed reductions in certain types of food offered at lunch. The School Meals Review Panel is now considering standards for school food other than lunch. The CWT is optimistic that nutrition based standards will be accepted.

Will nutrition based standards make a difference to public health?

23. Nutrition based standards will only make a positive difference if they are part of a wider change. HC suggested that we need to promote wider change in schools, led by the School Food Trust. A whole school approach is needed engaging both teachers and parents. It is also essential that standards are monitored effectively; self-evaluation on the part of schools, LEAs and caterers may not be enough by itself. Achieving positive change will also, of course, depend on ensuring that children do eat school meals. It is possible that we might end up with a two tier system with the children of well informed parents eating schools meals and those most in need of them failing to eat them. Cost is also a significant issue. Some parents on low incomes may not be able to afford the new school meals for all their children even though they would like their children to eat them.
24. In Scotland advice and monitoring best practice is shared between LEAs, but in England there is a laissez-faire approach, which will make it much more difficult to ensure that better standards are being achieved across the country as a whole. HC believes England should follow Scotland's example in terms of advice and monitoring.

25. If nutrition based standards for school food is not seen to work it may bring nutrition based standards into disrepute which would be a shame and is likely to mean that urgent needs are not met as part of a wider programme. HC illustrated the critical importance of nutrition rich school food by referring to the example of food currently consumed by a young boy, Kevin, aged 8, during his school day which lasts from 8am to 6pm (slide 26)

The Caroline Walker wish list

26. HC believes it is essential that full support and training is provided for caterers, schools and LEAs if nutrition based standards for school food are to achieve positive change.

27. Effective monitoring should be ensured by making Ofsted responsible for the inspection of school food.

28. There must be changes in public procurement to support sustainable consumption and there must be changes in the supply chain to ensure that foods are produced and developed which support the process.

29. Finally HC recommended that there should be a holistic approach to food in schools and that a National Food and Health Coordinator should be appointed by the Government to ensure that joined up thinking is achieved across Government departments.

Charlie Powell

30. **Lord Rea** introduced Charlie Powell, the author of book on TV dinners and Sustain's campaign coordinator for the Children's Food Bill. Charlie joined Sustain in 2001 after completing a Masters Degree in Human Nutrition at Sheffield University. He has a particular interest in the factors which influence children's diets and their nutritional status.

The Children's Food Bill

31. Charlie Powell (CP) began by reminding members that the Children's Food Bill has been introduced in Parliament three times: twice in the last session by Debra Shipley MP and once in this session by Mary Creagh MP. The Bill achieved a second reading debate on 28 October 2005. It has the support of 270 MPs, more than 150 national organisations and thousands of parents, grandparents and other concerned individuals.

Purposes of the Children's Food Bill

32. The purposes of the Children's Food Bill are: to protect children from the marketing of unhealthy food and drink products; to improve standards to ensure that all school meals are healthy; to prevent the sale of unhealthy food and drinks from school vending machines; to teach food education and practical food skills, such as cooking to all children; and to ensure the government promotes healthy foods, like fruit and vegetables, to children.

33. CP noted the good progress that has been made towards achieving these goals, not least due to the work of the Caroline Walker Trust, Jamie Oliver and the School Meals Review Panel. He is optimistic about what can be achieved, but stressed the vital importance of addressing the crisis in children's health. Figures for the National Diet and Nutrition Survey show that 92% of children consume more saturated fat, 83% of children consume more sugar and 50% of children consume more salt than the maximum recommended levels for adults.

Food Promotion

34. CP demonstrated that healthy foods are not promoted to children at anything like the same extent as less healthy foods. Ofcom have accepted that “the range of food products advertised on television and portrayed in the media conflict with what is officially considered a healthy and balanced diet” (see slide 4).
35. Food Standards Agency research shows that food promotion has a significant effect on children’s diets. This effect is independent of other factors affecting food choice and operates at both a brand and category level. As the research focuses on TV advertising, and does not take account of the combined effect of other forms of food promotion, the FSA’s findings understate the extent of this influence. Furthermore, Ofcom’s research also notes the potentially powerful influence of the indirect effects of advertising on children’s food consumption. These include the influence of advertising on family norms and peer group behaviour.
36. CP noted that the food industry spends some £743 million advertising food and drinks each year in comparison with an annual Government budget for food campaigns of some £7 million. He argued that the food industry would not spend so much money on advertising unless they felt it had a large effect on purchase and consumption patterns.
37. The Government has accepted the strong case for acting to restrict further the advertising and promotion to children of those foods which are high in fat, sugar and salt. Ofcom’s proposals to amend its code to restrict broadcast advertising of fatty, sugary and salty foods to children have been further delayed and are now expected in February.
38. CP argued that we should not rely on industry voluntary controls. Voluntary compliance is inherently ineffective because industry-owned codes are weak, there are typically few sanctions for non-compliance and independent monitoring is rare. Sustain wants to see statutory regulations so that no company is placed at a competitive disadvantage by not promoting unhealthy foods.
39. CP was critical of people in the food industry who have argued that obesity is not a significant problem because most children are not obese, arguing that this ignores the rate of increase of obesity among children. He also thought that focussing on exercise, although part of the solution, would be insufficient by itself to address the problem of obesity. He suggested that food companies’ keenness to focus on physical activity was because it was a way of trying to shift responsibility away from themselves.
40. The Children’s Food Bill Early Day Motion is the sixth best supported EDM out of more than 1400 tabled so far this Parliamentary session. It will be re-introduced in November 2006, but it will be tailored to reflect the progress in school food standards that has been achieved by then. It is likely to focus on a ban on marketing “junk” food to children and the need for compulsory practical food education in schools. CP urged MPs to support EDM 378 in support of the Children’s Food Bill objectives.

Questions

41. **Sarah Jayne Stanes** of the Academy of Culinary Arts suggested food education should be on the national curriculum for all children from the age of 5. HC commented that the School Meals

Review Panel has made some strong recommendations on this to Government and CP agreed that education about food for children was important.

42. **Andrew Opie (AO) of the British Retail Consortium** disagreed with CP's comments about the value of voluntary commitments on the part of the food industry with regard to food promotion and argued that the Government should try to engage the food industry and other stakeholders. He also pointed out that many businesses were labelling their food to indicate its nutritional quality to an extent that far exceeded mandatory standards or standards elsewhere in Europe. CP said he would be interested to see what was achieved by the Department of Health Food and Drink Advertising and Promotion Forum which is considering voluntary codes on non-broadcast food promotion. However, pointing to the failure of many voluntary codes across a range of industry sectors, he was not optimistic. He noted that legislation had been necessary to stop the tobacco industry advertising and promoting their products to young people. He also stated that it was necessary to ensure that food labelling provided easy to understand advice for consumers on healthy food, noting that "daily guideline" labelling could be misunderstood by consumers.
43. **AO** argued that CP was focusing on one part of the supply chain, the industry, and that more attention should be paid to food education and the importance of exercise.
44. **Baroness Miller of Chilthorne Domer (SM)** argued that restrictions on food promotion would not be so necessary if the food industry were simply promoting raw ingredients, but the promotion of relatively unhealthy ready meals made it essential. She noted, moreover, that responsible firms were currently placed at a competitive disadvantage.
45. **SM** also suggested that better quality school meals should not necessarily cost more and cited the example of Bideford College in Devon, where significant improvements have been achieved at no additional cost. HC accepted the example, but said the CWT had accepted that better quality school food would cost more – although the cost of the ingredients might not be more expensive – because it would involve increased labour costs.
46. **Lord Rea** agreed that statutory restrictions on food promotion would provide a level playing field which restricted the promotion of relatively unhealthy foods to children and asked if any firms were supporting regulation with this aim in mind. CP suggested the Co-op would support regulation, but the food industry generally opposed it.

Conclusion

Lord Rea thanked the speakers for their impassioned and very interesting presentations. He reminded members that the next meeting of the Forum, in February, would be on the subject of nutrient profiling, when many of these issues would be further pursued.

CLC, January 2006