

RESPONDENT INFORMATION FORM:
A CONSULTATION ON THE SCHOOLS (NUTRITION AND HEALTH
PROMOTION) (SCOTLAND) BILL

Please complete the details below and return it with your response. This will help ensure we handle your response appropriately. Thank you for your help.

Name: BEATRICE KENNEDY

Postal Address: BRITISH MEDICAL ASSOCIATION

14 QUEEN STREET

EDINBURGH EH2 1LL

1. Are you responding: (please tick one box)

(a) as an individual? go to Q2a/b and then Q4

(b) **on behalf of** a group/organisation? go to Q3 and then Q4

INDIVIDUALS

2a. Do you agree to your response being made available to the public (in the Scottish Executive library and/or on the Scottish Executive website)?

Yes (go to 2b below)

No, not at all We will treat your response as confidential

2b. **Where confidentiality is not requested**, we will make your response available to the public on the following basis (**please tick one** of the following boxes)

Yes, make my response, name and address all available

Yes, make my response available, but not my name or address

Yes, make my response and name available, but not my address

ON BEHALF OF GROUPS OR ORGANISATIONS:

3. The name and address of your organisation **will be** made available to the public (in the Scottish Executive library and/or on the Scottish Executive website). Are you also content for your **response** to be made available?

Yes

No We will treat your response as confidential

SHARING RESPONSES/FUTURE ENGAGEMENT

4. We will share your response internally with other Scottish Executive policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for the Scottish Executive to contact you again in the future in relation to this consultation response?

Yes

No

CONSULTATION QUESTIONS

1. Do you agree that local authorities should be under a duty to ensure that food and drinks which they provide in their schools, including nurseries, meet defined nutrient standards?

Yes No

Comment (add separately if required)

2. Where children are attending independent schools, and where the provision of food and drinks are arranged or funded, by a local authority, should the food and drinks meet defined nutrient standards?

Yes No

Comment (add separately if required)

3. Should local authorities be under a duty to promote uptake of school meals in their schools, including free school meals?

Yes No

Comment (add separately if required) *although the BMA does not have a formal policy in whether all school meals should be free.*

4. Should local authorities be under a duty to ensure that those taking free school meals can do so anonymously, as far as is practicable?

Yes No

Comment (add separately if required)

5. Should local authorities have the power to provide children in local authority schools with free drinks, fruit, vegetables, bread or cereal based snacks, which meet defined nutrient standards?

Yes No

Comment (add separately if required)

6. Should there be a duty on Scottish Ministers and local authorities to endeavour to ensure that all local authority schools are health promoting schools?

Yes No

Comment (add separately if required)

7. Any other comments? (add separately if required)

British Medical Association

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Ernie Brown
Scottish Executive
Bill Team
Area 3A Victoria Quay
Edinburgh EH6 6QQ

Scotland National Office

28 July 2006

Dear Mr Brown,

Consultation on the Schools (Nutrition and Health Promotion) (Scotland) Bill

Introduction

The British Medical Association (BMA) is a registered trade union and professional association representing doctors from all branches of medicine. The BMA in Scotland represents around 13,000 doctors in Scotland, 70% of all practising doctors, and in the UK, has a total membership of around 138,000.

This letter outlines the BMA's views on the Scottish Executive's consultation on the Schools (Nutrition and Health Promotion) Scotland Bill. The completed respondent information form is also enclosed as is a copy of the BMA publication "Preventing Childhood Obesity".

Childhood obesity

Childhood obesity in the UK has increased significantly since 1995 and in 2002, 22% of boys and 28% of girls aged 2 to 15 were either overweight or obese.¹ There are many physical and mental health risks associated with being obese and inactive. Globally, obesity is estimated to cause about 10-16% of cases of breast cancer, colon cancers, diabetes and about 22 per cent of ischaemic heart disease. The psychological and social effects include low self esteem, depression and body dissatisfaction.¹

It is important to establish a healthy eating pattern early in life as there is increasing evidence that adult susceptibility to disease is associated with nutrition in early childhood and adolescence.² Improving the understanding of the benefits of healthy living among parents and children is therefore essential.

In June 2005, the BMA published a report, *Preventing Childhood Obesity*, which includes the following recommendations:

- Schools should provide food that conforms to nutritional guidelines and use the curriculum to reinforce messages around healthy eating.
- Food education and the acquisition of related practical skills should be compulsory. There should also be special emphasis on how to provide healthy meals on a low income. In order to do this effectively, teachers should receive training on what constitutes a good, balanced diet and how to prepare food.
- There should be mandatory nutrient and compositional standards for school meals. Maximum/minimum levels should be set for fat, sugar, salt, vitamins and minerals.
- In order to ensure compliance, the profile of health in Ofsted inspections should be raised.
- The sale of unhealthy food and drink products from school vending machines should be banned in secondary and upper schools to continue the healthy eating message given in primary schools.

Scottish Secretary: **Martin Woodrow**
Chief Executive/Secretary: **Tony Bourne**

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INVESTOR IN PEOPLE



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- Schools should make free water available from clean and hygienic sources.
- The free fruit and vegetable scheme should be extended to all primary and nursery school children and the cost of fruit and vegetables should be subsidised to encourage health eating.
- All manufacturers should be legally obliged to reduce salt, sugar and fat in pre-prepared meals to an agreed level within a defined time frame.

To halt the obesity epidemic, it is clear that the medical community, parents, teachers, retailers, caterers, politicians and food producers need to work together.³

All children should have access to healthy nutritious food and schools have an important role to play. Research shows that children in schools that lacked a coherent food policy had poor knowledge of food and nutrition.¹

Many schools may not get involved in schemes such as that for free fruit and vegetables because programmes can be considered bureaucratic and complex to run.¹ However, because of the importance of nutrition to the development and future health of our children, improving the nutrition of food available to children should be a priority for all schools and parents.

However, simply improving the nutrition content of school meals is not enough. Recent statistics show that the number of pupils eating school meals in Scotland has fallen to its lowest level for nearly a decade following the introduction of healthier menus.⁴ This shows that educating children of the benefits of healthy food is also essential.

Many schools offer vending machines that provide snacks that are high in sugar, fat and salt and many schools allow their students to travel off-site, providing them with the opportunity to purchase this type of low nutritious food. Schools should avoid sending mixed messages to pupils by providing snacks that complement the healthy message taught in the curriculum. The BMA recommends that all sources of food in schools should be evaluated for nutrition content and that access to alternative sources should be restricted.

Although there has been some changes at a local level within schools, many require policy-level change that reaches down to the organisation. Although, current government guidelines in England and Wales for primary school dinners do not place any upper limits on fat, sugar, salt content or lower limits on beneficial vitamins and minerals, in Scotland, guidance regarding nutritional standards for school meals is in place. Indeed, the holistic aim of Scottish Executive's Hungry for Success campaign is laudable.

In general, children and adolescents are eating more salt, sugar and saturated fats than is recommended and not enough fruit and vegetables. However, the problem is most acute for those who are born into low-income families, with inadequate income and inadequate access to healthy food making it much more difficult to improve the diet.⁵

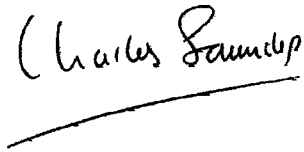
Local authorities should be required to provide snacks and meals that meet defined nutrient standards, however it should not be forgotten that parents also have a responsibility. Ensuring children have access to healthy food both at home and school as well as improving the understanding behind it will equip them with the ability to make healthy choices as they grow and develop.

Increasing the level of physical activity among children is also an important priority. The BMA believes that choice in the style of exercise offered to children would be desirable, as not all children want to play competitive sports. Indeed, activities that can be sustained after leaving school, such as walking, cycling and swimming should also be encouraged.

A sustained and consistent public education campaign to improve parents' and children's understanding of the benefits of healthy living would ensure access to healthy meals and physical activity.

If you require any further information from BMA Scotland, please email bkennedy@bma.org.uk.

Yours sincerely,

A handwritten signature in black ink that reads "Charles Saunders". The signature is written in a cursive style and is underlined with a single horizontal stroke.

Dr Charles Saunders,
Chairman of BMA Scotland Public Health Committee

Enc (2)

¹ British Medical Association. *Preventing Childhood Obesity*. London. June 2005

² Public Health Nutrition. (2001) *Early nutrition and risk of disease in the adult*. Volume 4:6(A). pp.1335-1336.

³ International Obesity Taskforce. (2004) *Obesity in children and young people, a crisis in public health*. www.iotf.org.

⁴ The Herald. *New healthy school meals fail to entice the pupils*. 7 June 2006

⁵ British Medical Association. *Growing up in Britain: Ensuring a healthy future for our children*. London: BMJ Books 1999.