

## A Healthier Scotland: Consultation on Creating a New Food Body

### Overview

We welcome this opportunity to respond to the Scottish government's consultation on creating a new body for food in Scotland. We agree that a new body with a wider remit in public health is necessary to reduce obesity and improve diets. The new organisation should take a systematic approach to poor diets, coordinate research on all diet related issues and become an independent source of expertise and advice on these issues in Scotland.

### Diet, Obesity and Cancer

To achieve sustained reductions in obesity and improvements in diet among both children and adults, a comprehensive and coordinated approach is needed. The creation of the new food body in Scotland provides an opportunity to better coordinate activities as well as a hub for official advice and research on all diet related issues. In Scotland it is well established that obesity is a serious problem with 64.7% of adults being overweight or obese in 2011.<sup>1</sup> Being overweight is the second biggest preventable cause of cancer in the UK. Research suggests that 5.5%<sup>2</sup> of all cancers in the UK in 2010, or around 17,000 cases, were linked to excess bodyweight. Diets in Scotland are also poor with only 22%<sup>3</sup> of adults in Scotland in 2011 meeting the recommendation for 5 fruit and vegetables a day despite the fact that it is associated with a lower risk of cancer.<sup>4</sup> Dietary factors including the consumption of red and processed meat, salt and lack of fibre affect the risk of many cancers, including cancers of the bowel, stomach, mouth, foodpipe and breast. Together with a lack of fruit and vegetables these dietary factors are estimated to cause 9.2% of cancers in the UK in 2010, or around 29,000 cases of cancer.<sup>5 6 7 8</sup>

### The scope of the new body

A new body should have a broader remit than the FSA in Scotland to tackle the problems detailed above. The Scottish Government should provide the strategic direction for policy development within nutrition and obesity and retain overall responsibility for public health. However, it should let the new body take an active role in health improvement through greater research and policy development in obesity and diet issues. While there are several causes for current rates of obesity, it is recognised as a systemic problem.<sup>9</sup> But expanding the remit of the body will allow it take a whole system approach to improving diets. For example, in addition to looking at food labelling, the new organisation could examine how to tackle the obesogenic environment and make evidence based policy recommendations on issues including the marketing of unhealthy food. It can also take a wider view of the relationship between diet and health inequalities in Scotland where 25 per cent of children in the most deprived areas were classified as overweight compared to 18 per cent in the least deprived areas in 2010/11.<sup>10</sup>

FSA in Scotland (FSAS) is already active in policies that have a direct bearing on the diet and health of individuals. It is identified as a major stakeholder for several objectives within the Obesity Route Map Action Plan.<sup>11</sup> Moreover, under its original remit the FSA had a great influence on issues relating to diet and weight. For example, it played a key role in the debate around traffic light labelling through the provision of research on the impact of this labelling on consumer behaviour<sup>12 13</sup> as well as contributing to the debate on marketing of food by funding research into food promotion to children.<sup>14</sup>

We do not believe it is sensible to expect the new organisation to have a role in supporting the industrial expansion and growth of the Scottish food and drinks industry. As a consumer focused body this may create a conflict of interest and may undermine confidence in the body. We believe

that health improvement and the safety of food should be the paramount objectives of the new body.

### Coordinating research

Evidence based policies are needed in order to make effective progress in tackling obesity and the associated diseases. However the evidence base for such interventions is limited.<sup>15</sup> Therefore the new body should coordinate Scottish Government funded research on diet and obesity in addition to the responsibilities of the FSAS. By giving it a dedicated role in both policy development and research the new body could become a leading hub for evidence based diet and obesity policy.

The new organisation should maximise opportunities to work with other similar bodies both in policy and research across the UK and the rest of the world. The organisation should fund both detailed research with specific implications for Scotland as well as research to understand the underlying causes of unhealthy behaviour. Such work would benefit both Scotland and the rest of the UK. The body should also foster a strong relationship with researchers on policy issues in order to develop the best possible evidence based policies to improve diets and reduce obesity. It can do this by taking a lead in promoting the sharing of research findings through conferences and involving researchers in policy forums.

### Providing independent advice and expertise

The new body should give advice both to the Scottish Government and to the public on matters of diet and obesity. By moving public health policy in diet and weight into an independent body, it can allow a more evidence based approach to policy making and can help develop a consistent long term strategy to reducing the proportion of people overweight and eating a poor diet.

In order to establish confidence among the public and the health community the body must be seen as independent. In addition to Government the organisation will have to engage regularly with industry. In particular, it will play a leading role in promoting uptake of the traffic light labelling among food manufacturers following the Scottish Government's support for the scheme.<sup>16</sup> It will also need to work with industry to support the reformulation of food products and examine other ways it can contribute to public health.<sup>17</sup> But it is important that the organisation is entirely transparent in its relations with the food and drinks industry. Partnership arrangements should be clearly defined and all engagements should be recorded and made publically available. With such safeguards in place the new organisation can establish itself as independent from any vested interests and become an effective intermediary between the Scottish Government and the food industry.

For further information please contact Cancer Research UK at [publicaffairs@cancer.org.uk](mailto:publicaffairs@cancer.org.uk).

Cancer Research UK is the world's largest independent organisation dedicated to cancer research. In 2010/11 we spent £332 million on research. Our vision is that 'Together we will beat cancer'. We carry out world-class research to improve our understanding of cancer and to find out how to prevent, diagnose and treat different types of the disease. Around 300,000 people are diagnosed with cancer in the UK every year. And every year more than 150,000 people die from the disease.

<sup>1</sup> Scottish Government (2012) Scottish Health Survey 2011

<sup>2</sup> Parkin, DM, Boyd, L (2011) [Cancers attributable to overweight and obesity in the UK in 2010](#). Br J Cancer 105(S2):S34-S37; doi: 10.1038/bjc.2011.481

<sup>3</sup> Scottish Health Survey 2011

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<sup>4</sup> IARC, Fruits and Vegetables. IARC Handbooks of Cancer Prevention, ed. H. Vainio and F. Bianchini. Vol. 8. 2003, Lyon: IARC.

<sup>5</sup> Parkin, DM (2011) [Cancers attributable to dietary factors in the UK in 2010. II Meat consumption](#). Br J Cancer 105 (S2):S24-S26; doi: 10.1038/bjc.2011.478

<sup>6</sup> Parkin, DM, Boyd, L (2011) [Cancers attributable to dietary factors in the UK in 2010. III Low consumption of fibre](#). Br J Cancer 105 (S2):S27-S30; doi: 10.1038/bjc.2011.479

<sup>7</sup> Parkin, DM (2011) [Cancers attributable to dietary factors in the UK in 2010. IV Salt](#). Br J Cancer 105 (S2):S31-S33; doi: 10.1038/bjc.2011.480

<sup>8</sup> Parkin, DM, Boyd, L (2011) [Cancers attributable to dietary factors in the UK in 2010. I Low consumption of fruit and vegetables](#). Br J Cancer 105 (S2):S19-S23; doi: 10.1038/bjc.2011.477

<sup>9</sup> Academy of Royal Medical Colleges, Measuring Up, 2012

<sup>10</sup> Audit Scotland, Health Inequalities in Scotland, December 2012

<sup>11</sup> <http://www.scotland.gov.uk/Resource/0040/00402630.pdf>

<sup>12</sup> BMRB (2009) Comprehension and use of UK nutrition signpost labelling schemes, report prepared for the Food Standards Agency

<sup>13</sup> Food Standards Agency (2007) Front of Pack Nutritional Signpost Labelling Technical Guidance

<sup>14</sup> Hastings et al (2003) Review of research on the effects of food promotion to children

<sup>15</sup> Government Office for Science (2007) Foresight Report – Tackling Obesities

<sup>16</sup> <http://www.food.gov.uk/scotland/scotnut/signposting/>

<sup>17</sup> Behavioural Insights Team, Applying behavioural insight to health, 2010 Cabinet Office