CONSULTATION QUESTIONS

1: Should the scope of the new food body extend beyond the current scope of the FSA in Scotland? If yes, what specific extensions of scope would you suggest, and why?

- Comments

2: Should the new food body and the Scottish Government continue the arrangements for independent and partnership work on diet and nutrition set out in Annex A? If not, what changes would you suggest, and why?

Diabetes UK Scotland believes that there should be scope for the new body to continue the good work in campaigns on areas of public health such as the salt campaign. Because of the special role of the FSA in Scotland on diet and nutrition policy and advice there needs to be a continuation of the joined approach with other organisations such as NHS Health Scotland. The "Route Map to the 2020 Vision for Health and Social Care" lays out "We will consider the whole pathway of care with a focus on people aged under 65 in areas of deprivation and high levels of health inequalities." Long term conditions and health inequalities are strongly linked to economic deprivation and diet. Part of the remit of the new food body should be identifying and analysing approaches to tackle these issues with Scottish Government.

3: Are there any additional roles, responsibilities or functions in respect of diet and nutrition that you think the new food body could take on to help deliver an improvement to the health of the people in Scotland? Please give details and reasons.

Due to the close link between diet, areas of deprivation and health inequalities there needs to be a focus written in to the role of the new body to work with Scottish Government and NHS bodies in Scotland to examine and address this. Poor diets contribute significantly to the onset of heart disease, Type 2 diabetes and some types of cancer. Diets high in fat, sugar and salt and low in fruit and vegetables account substantially contribute to the onset of Type 2 diabetes, for around 30% of all coronary heart disease and 5.5% of all cancers in the UK are linked to excess bodyweight. Being overweight or obese is a major risk factor for these diseases, and obesity levels are increasing across the UK - around a quarter of adults in Scotland are obese today. This is costing Scotland a huge human and financial cost which needs to be addressed with a consistent approach across all agencies.

4: What steps do you think could be taken to ensure the new food body is able to access the best available independent expert advice it needs to underpin its work on food safety and public health nutrition in Scotland? Please give reasons.

- Comments

5: Do you consider that the new food body should focus its research and surveillance activities on issues that are particularly pertinent to Scottish citizens or should it also contribute to science and evidence programmes on wider issues which have relevance to the UK as a whole? Please give reasons.

- Comments

6: Do you agree that the new food body should be responsible for the coordination of all Scottish Government funded research on food safety and public health nutrition? What steps could be taken to raise the profile of the new food body as a research funder across the UK and beyond? Please give reasons.

- Comments

7: Do you have any further suggestions for how the new food body could establish a strong independent evidence base for food safety, food standards and nutrition policy? Please give reasons.

- Comments

8: Do you consider that the new food body would require any further statutory powers, in addition to those that the FSA already has, to equip it to deal effectively with incidents such as the recent horse meat substitutions, and to prevent such incidents happening? Please give reasons.

- Comments

9: Do you have any further comments about how the new food body might ensure that it can deal effectively with contraventions of food standards and safety law? Please give reasons.

- Comments

10: Should the new food body take on any roles and responsibilities not currently fulfilled by the FSA in Scotland? If yes, please give details and reasons.

- Comments

11: Please tell us your views about these suggestions for changes to the delivery of official food and feed controls. Do you think that the new food body should work in a different way with local authorities? Please give reasons.

- Comments

12: Do you have any views on how the new food body should assure delivery of official controls and meet the relevant EU obligations? Please give reasons.

- Comments

13: Are there any additional or alternative relationships that you would suggest that would help the new food body achieve the Scottish Ministers' objective of longer, healthier lives for the people of Scotland? Please give details and reasons.

A new food agency should be able to take into account the diverse nature of the Scottish population. People in areas of deprivation have a higher risk of developing diabetes and related complications such as blindness, kidney disease and amputation because they do not have access to a healthy diet as well as those from the most affluent areas.

As well as deprivation there are also discrepancies in ethnicity. Currently 20 per cent of the South Asian community who are over 40 years old in the UK have type 2 diabetes compared to three per cent of the general population. People in the South Asian community have a 40-50% increased risk of developing coronary heart disease (CHD) and coronary vascular disease (CVD) when compared to the general population and a higher mortality for the condition. The knowledge of diabetes and cardiovascular risk factors are low in South Asian woman and people of Bangladeshi descent. Along with the suboptimal use of health services and economic deprivation this lack of knowledge may play an important part in the treatment of diabetes in this population. It has been reported that this population are less likely to be prescribed statins and other cholesterol lowering medication, which may be due to lower total cholesterol readings in this population compared to Caucasians with the same CHD risk.

17 per cent of the African- Caribbean community who are over 40 years old in the UK have Type 2 diabetes compared to three per cent of the general population. People with serious mental health illness (SMI) tend to have poor eating habits and live sedentary lifestyles. They tend to be from lower-socio-economic backgrounds, where not much emphasis is placed on healthy eating.

People from South Asian communities have a very different diet to people from Black African Caribbean communities; but both communities traditionally use a high level of saturated fat in everyday cooking. Cultural traditions, amongst other factors in both communities lead to sedentary lifestyles and women, in particular, do not readily receive health communications and information unless tailored to them.

These factors must be taken into account in the establishment and remit of a new food body.

14: Do you have any suggestions about how the new food body can engage effectively with consumers, both in developing policy and providing information and advice?

- Comments

15: Do you agree with the suggested approach to ensuring the new food body's independence from Government and the food industry? Do you have any further suggestions for how the new food body could best establish and maintain its position as an arms length part of Government? Please give reasons.

- Yes, there must be strong working relationship with Scottish Government and the food industry. However it is vital that any new body must be independent and work for consumers to deliver on public health.

16: Do you have any further comments, or suggestions, on the creation of a new food body for Scotland that are not covered by any of the previous questions?

- Comments