

PROF IAN YOUNG, SCIENTIFIC ADVISORY COMMITTEE ON NUTRITION (SACN) - SUPPLEMENTARY WRITTEN EVIDENCE (FDO0142)

Question for Chair of the Scientific Advisory Committee on Nutrition (SACN)

Lords Select Committee Inquiry on Food, Diet and Obesity 29th April 2024

Question:

Could you provide us with a list of all your recommendations that have not been implemented by various governments, especially if you know why they have not been implemented?

Answer:

The Scientific Advisory Committee on Nutrition (SACN) is a committee of the Office for Health Improvement and Disparities (OHID) and provides independent scientific advice to Ministers and risk assessments on nutrition and related health issues.

SACN undertakes robust consideration of the evidence for its risk assessments and provides dietary recommendations.

Ministers are informed of SACN publications and risk assessments on the same basis as official statistics. Following publication, Ministers consider the recommendations and policy options for implementation, including application across the UK and involvement of the devolved governments where appropriate.

To date, all of SACN's dietary recommendations have been accepted by government. However, on occasion recommendations have been adapted for implementation. See table 1 for examples of SACN publications, recommendations made to government and details of action taken as a result of publication.

At every SACN meeting, members are provided with an update of government activity and how this relates to SACN's work and recommendations (for example see [SACN government updates paper](#) from November 2023). SACN has the opportunity to review its recommendations at its horizon scan meetings, held every two years. Any recommendations which government have been slow to adopt (for example folic acid fortification) or other topics of concern, remain on SACN's watching brief: see [SACN horizon scan meeting minutes](#) from June 2022.

In addition to dietary recommendations, SACN makes research recommendations within its reports and position statements. On occasion this has led to a direct research call, for example following publication of SACN's report on Feeding young children aged 1 to 5 years in July 2023, in which SACN recommended further research, [the National Institute for Health and Care Research \(NIHR\)](#) published a research call on early years nutrition.

SACN also feeds into guidance from the National Institute for Health and Care Excellence (NICE) as appropriate and the SACN secretariat provide technical advice

as needed. SACN recommendations are reflected in relevant NICE guidance and SACN have worked directly with NICE in the past, for example on [the rapid guideline on vitamin D and COVID-19](#).

Table 1: Examples of where SACN recommendations have been accepted by government, and implemented, to a greater and lesser extent.

SACN report (year)	SACN dietary recommendations	Progress on implementation of recommendations	Monitoring and evaluation
Feeding young children aged 1 to 5 years (2023)	<ul style="list-style-type: none"> Between 1 to 2 years of age, children’s diets should continue to be gradually diversified in relation to foods, dietary flavours and textures. Current UK dietary recommendations as depicted in the Eatwell Guide should apply from around age 2 years (with some exceptions): Formula milks (including infant formula, follow-on formula, ‘growing-up’ or other ‘toddler’ milks) are not required by children aged 1 to 5 years. Specialised formula, including low-allergy formula, are also usually not required after the first year of life. Foods (including snacks) that are energy dense and high in saturated fat, salt or free sugars should be limited in children aged 1 to 5 years in line with current UK dietary recommendations Commercially manufactured foods and drinks marketed specifically for infants and young children are not needed to meet nutritional requirements 	<p>Accepted by government.</p> <ul style="list-style-type: none"> All nhs.uk and Start for Life pages have been updated to reflect the updated advice, and Eatwell guidance amended. Fed into the development of the voluntary industry guidelines for commercial baby food <p>Links to NHS.uk and Start for Life pages that have been revised:</p> <ul style="list-style-type: none"> Drinks and cups for babies and young children Your baby's first solid foods What to feed young children Baby and toddler meal 	<p>Nutrient intakes and status for this age group are monitored by National Diet and Nutrition Survey (NDNS) and the Infant feeding survey 2023 - GOV.UK (www.gov.uk)</p> <p>Other data sources are also considered, for example Kantar data are used for monitoring purchasing.</p>

- Salt should not be added to foods given to children aged 1 to 5 years.
- Children aged 1 to 5 years should be presented with unfamiliar vegetables on multiple occasions (as many as 8 to 10 times or more for each vegetable) to help develop and support their regular consumption.
- Deliberate exclusion of peanut or hen's egg (and foods containing these) beyond 12 months of age may increase the risk of allergy to the same foods. Importantly, once introduced, these foods should continue to be consumed as part of the child's usual diet in order to minimise the risk of allergy to peanut or hen's egg developing after initial exposure.
- Children aged 1 to 5 years should continue to be offered a wide range of foods that are good sources of iron. They do not require iron supplements unless advised by a health professional.
- Children aged 1 to 5 years should be given a daily supplement of 10µg (400 IU) vitamin D and 233µg vitamin A unless, contrary to recommendations, they are consuming more than 500ml of formula milk a day,
- It is recommended that government considers a range of strategies and actions to improve the diets of children aged 1 to 5 years, and continues to monitor dietary intakes, and the nutritional, weight and oral health status

[ideas](#)

- [Young children and food: common questions](#)
- [Eating a balanced diet](#)
- [Water, drinks and hydration](#)
- [The Eatwell Guide](#)
- [Dairy and alternatives in your diet](#)
- [8 tips for healthy eating](#)
- [What to feed over 12 months - Start for Life - NHS \(www.nhs.uk\)](#)

Following publication of SACN reports on Feeding in the first year of life (2018) and Feeding young children aged 1 to 5 years (2023), and the related changes to dietary advice, the Department for Health and Social Care (DHSC), Department for Education (DfE) and Food Standards Agency (FSA) are working together to update the [Example menus for early years settings](#) to ensure the guidance aligns with government advice on feeding infants and young children.

Fed into the DfE nutrition content on the [Help for Early Years providers platform](#), a

	of young children.	resource for childminders, nursery leaders and pre-school practitioners.	
<p>Lower carbohydrate diets for type 2 diabetes (2021)</p> <p>Co-chaired and co-badged with Diabetes UK</p>	<ul style="list-style-type: none"> For adults living with T2D and overweight or obesity, a lower carbohydrate diet can be recommended by clinicians as an effective short-term option (up to 6 months) for improving glycaemic control and serum triacylglycerol concentrations. Individuals living with T2D and overweight or obesity, who choose a lower carbohydrate diet, should include wholegrain or higher fibre foods, a variety of fruits and vegetables and limit intakes of saturated fats, reflecting current dietary advice for the general population. Since the majority of individuals living with T2D have overweight or obesity, weight management remains the primary goal for improving glycaemic control and reducing CVD risk. Health professionals should support any evidence-based dietary approach that helps individuals with T2D to achieve long-term weight reduction. 	<p>Accepted by government. Fed into considerations on dietary advice for individuals living with type 2 diabetes.</p> <p>See government news story: A lower-carb diet is an effective short-term option for type 2 diabetes - GOV.UK (www.gov.uk)</p> <p>Diabetes UK published details of the recommendations: Low-carb diets position statement (May 2021) Diabetes UK</p>	
<p>Saturated fats and health (2019)</p>	<ul style="list-style-type: none"> Dietary reference value for saturated fats remains unchanged: the [population] average contribution of saturated fatty acids to [total] dietary 	<p>Accepted by government. Government advice remained the same. No update required</p>	<p>Population nutrient intakes and are monitored by NDNS.</p>

	<p>energy be reduced to no more than about 10%. This recommendation applies to adults and children aged 5 years and older.</p> <ul style="list-style-type: none"> • Saturated fats are substituted with unsaturated fats. More evidence is available supporting substitution with PUFA than substitution with MUFA. • This recommendation is made in the context of existing UK Government recommendations for macronutrients and energy. • It is recommended that the government gives consideration to strategies to reduce [population] average contribution of saturated fatty acids to [total] dietary energy to no more than about 10%. Risk managers should be mindful of the available evidence in relation to substitution of saturated fats with different types of unsaturated fats and ensure that strategies are consistent with wider dietary recommendations. 	<p>to Eatwell guide messaging. SACN reports on saturated fat, salt and carbohydrates collectively reinforce the need to tackle foods high in saturated fat, salt and sugar (HFSS) which is the basis for many government interventions.</p> <p>Government advice is detailed on NHS.uk: How to eat less saturated fat - NHS - NHS (www.nhs.uk)</p>	<p>The topic of omega-3 fatty acids are currently on SACN’s watching brief due to recent evidence questioning the potential benefits of fish oils for some health outcomes such as cardiovascular disease.</p>
<p>Feeding in the first year of life (2018)</p>	<ul style="list-style-type: none"> • Retain existing advice for women to exclusively breastfeed for around the first 6 months and to continue breastfeeding for at least the first year of life once solid foods have been introduced. • Infants are not introduced to solid foods until around 6 months of age. • A wide variety of solids foods, including 	<p>Accepted by government. Fed into messaging on infant feeding.</p> <p>Following publication of SACN reports on Feeding in the first year of life (2018) and Feeding young children aged 1-5 years (2023), and the related changes to dietary advice, DHSC, DfE and FSA are</p>	<p>Nutrient intakes and status for this age group are monitored by NDNS and the Infant feeding survey 2023 - GOV.UK (www.gov.uk)</p> <p>SACN and Committee on Toxicity (COT) keep a watching brief on newly available evidence</p>

	<p>iron-containing foods should be introduced in an age appropriate form from around 6 months of age. The types of food, flavours and textures offered should become increasingly diverse throughout the complementary feeding period.</p> <ul style="list-style-type: none"> • Advice on complementary feeding should state that foods containing peanut and hen’s egg can be introduced from around 6 months of age and need not be differentiated from other solid foods. The deliberate exclusion of peanut or hen’s egg beyond 6 to 12 months of age may increase the risk of allergy to the same foods. 	<p>working together to update the Example menus for early years settings to ensure the guidance aligns with government advice on feeding infants and young children.</p> <p>In 2022, Start for life launched a weaning marketing campaign to encourage parents to wait until their baby is around 6 months before introducing solid foods. The campaign was repeated in 2023 and promoted our healthier weaning content across the website.</p> <p>Additionally, in 2024, Start for Life plan to promote the announcement of new baby food guidelines for industry alongside weaning and dental advice for parents.</p> <p>Fed into the development of the voluntary industry guidelines for commercial baby food.</p> <p>In the new NDNS contract the annual sample size is being increased and data collection is being expanded to include children from 1 year of age and pregnant and lactating</p>	<p>regarding the recommended timing of introduction of potentially allergenic foods and the risk of developing food allergy.</p>
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		<p>women.</p> <p>Government advice is detailed on NHS.uk: Baby - NHS (www.nhs.uk) Start for Life home - NHS (www.nhs.uk)</p> <p>Through the Family Hubs and Start for Life Programme, DHSC is investing £50million in infant feeding services. This is enabling participating local authorities to design and deliver a blended offer to ensure all mothers can meet their breastfeeding goals. The investment is being used to increase the range of advice and support available, including peer support.</p> <p>DHSC is also using programme investment to increase the capacity of the National Breastfeeding Helpline. In March 2024, DHSC launched a trial of extended helpline opening hours so that support and advice is available at any time of the day or night, every day of the year.</p>	
Vitamin D and health (2016)	<ul style="list-style-type: none"> Reference nutrient intake (RNI) of 10 micrograms of vitamin D per day, throughout the year, for everyone in the 	<p>Accepted by government. Government issued advice</p>	<p>Population nutrient intakes and status are</p>

	<p>general population aged 4 years and older</p> <ul style="list-style-type: none"> • RNI of 10 micrograms of vitamin D per day for pregnant and lactating women and population groups at increased risk of vitamin D deficiency • 'Safe intake' of 8.5 to 10 micrograms per day for all infants from birth to 1 year of age • 'Safe intake' of 10 micrograms per day for children aged 1 to 4 years 	<p>recommending supplement intake.</p> <ul style="list-style-type: none"> • during the autumn and winter months for the UK population (based on the assumption that in spring and summer, the majority of the population get enough vitamin D through sunlight on the skin and a healthy, balanced diet). • throughout the year for groups at risk of vitamin D deficiency <p>Government advice is detailed on NHS.uk: Vitamin D - NHS (www.nhs.uk)</p> <p>During 2020 to 2022 SACN considered the evidence on vitamin D and immune function, respiratory tract infections and COVID-19.</p> <p>In 2020 SACN published and updated a rapid review on vitamin D and acute respiratory tract infections (ARTI).</p> <p>In collaboration with SACN, NICE published and updated a rapid guideline on vitamin D</p>	<p>monitored by National Diet and Nutrition Survey (NDNS)</p> <p>SACN have carried out a rapid review of international fortification policies and bioavailability of different forms of vitamin D, in response to a request in 2022 from the Secretary of State for Health to consider options for improving vitamin D intakes and vitamin D status of the UK population and for reducing disparities. This review is due to be published later in the spring 2024.</p> <p>SACN is also due to consider vitamin D recommendations for dark-skinned population groups. Timing of this work to be discussed further at horizon scan meeting in June 2024.</p>
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		<p>and COVID-19.</p> <p>SACN's recommendations, along with data on vitamin D intakes and status from the NDNS supported policy to provide free vitamin D supplements to vulnerable groups during the winter months during the COVID-19 pandemic.</p>	
<p>Carbohydrates and health (2015)</p>	<ul style="list-style-type: none"> • It is recommended that the dietary reference value for total carbohydrate should be maintained at an average population intake of approximately 50% of total dietary energy • Free sugars should account for no more than 5% daily dietary energy intake. • The term free sugars is adopted, replacing the terms Non Milk Extrinsic Sugars (NMES) and added sugars. Free sugars are those added to food or those naturally present in honey, syrups and unsweetened fruit juices, but exclude lactose in milk and milk products. • Consumption of sugar-sweetened beverages (e.g. fizzy drinks, soft drinks and squash) should be minimised by both children and adults. 	<p>Accepted by government.</p> <p>Led to consideration of what levers are needed to reduce population sugar intakes (Sugar reduction: the evidence for action: 2015) and the voluntary sugar reduction programme which has been replicated in other countries.</p> <p>As a result of new sugar and fibre recommendations, the Government launched its Soft Drinks Industry Levy (SDIL), refreshed the eatwell model to create the new Eatwell Guide (2016) and reviewed its 5 a day programme, resulting in</p>	<p>Population nutrient intakes are monitored by the NDNS</p>

	<ul style="list-style-type: none">• It is recommended that the dietary reference value for the average population intake of dietary fibre for adults should be 30g/day• It is recommended that the average population intake of dietary fibre for children aged 2 to 5 years should approximate 15g/day, for children aged 5 to 11 years 20g/day, for children aged 11 to 16 years 25 g/day and for adolescents aged 16 to 18 years about 30g/day	<p>updated advice on fruit juice and smoothies.</p> <p>The government's Nutrient Profile Model (NPM) was reviewed following these recommendations. An updated NPM was consulted on in 2018 and is awaiting final publication. The NPM review collections page contains documents that went out for the consultation: UK Nutrient Profiling Model 2018 review - GOV.UK (www.gov.uk).</p> <p>SACN reports on saturated fat, salt and carbohydrates collectively reinforce the need to tackle foods high in saturated fat, salt and sugar (HFSS) which is the basis for many government interventions.</p> <p>Government advice detailed on NHS.uk:</p> <p>Sugar: the facts - NHS (www.nhs.uk)</p> <p>How to get more fibre into your diet - NHS (www.nhs.uk)</p> <p>5 A Day: what counts? - NHS (www.nhs.uk)</p> <p>Eating a balanced diet - NHS</p>	
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<p>Dietary reference values for energy (2011)</p>	<p>SACN derived new reference population subgroup specific values for energy including revised population Estimated Average Requirements (EAR) values for all adults, calculated using a Physical Activity Level (PAL) value of 1.63 and Basal Metabolic Rate (BMR) values calculated at weights equivalent to a Body Mass Index (BMI) of 22.5kg/m² at current mean heights for age, are:</p> <ul style="list-style-type: none"> • 2605kcal/d for men • 2079kcal/d for women 	<p>www.nhs.uk</p> <p>Accepted by government. Used as basis for government recommendations on calories.</p> <p>The updated SACN energy requirements for men and women were slightly higher than previously recommended by the Committee in Medical of Food and Nutrition policy (COMA).</p> <p>In light of the high levels of overweight and obesity in the UK population, the Government continues to advise that, as a guide, males and females aged 11 to 64 years should consume 2500 kcal/day and 2000 kcal/day, respectively. These values are readily understood and are in line with SACN's recommendations.</p> <p>Combined with modelling data on excess calories these recommendations helped to establish the voluntary calorie reduction programme and fed into other legislation to deliver reduction in food and drink high in saturated fat, salt and</p>	<p>Population nutrient intakes and are monitored by the NDNS</p> <p>The NDNS includes a regular sub study to assess energy expenditure in a sub-sample of survey participants using the doubly labelled water (DLW) methodology. These studies are undertaken to assess underreporting of energy intakes and also contribute to understanding of population energy expenditure.</p> <p>Evaluation of change in dietary methodology in NDNS rolling programme: stage 2 - GOV.UK (www.gov.uk)</p>
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		<p>sugar (HFSS). Fed into the Better Health NHS weight loss app: Calorie counting - Better Health - NHS (www.nhs.uk)</p> <p>Government advice is detailed on NHS.uk: What should my daily intake of calories be? - NHS (www.nhs.uk)</p>	
<p>Early life nutrition (2011)</p>	<ul style="list-style-type: none"> • Optimisation of fetal development requires achievement of adequate nutritional status of the mother prior to conception. • Strategies that promote, protect and support exclusive breastfeeding for around the first six months of an infant's life should be enhanced, and should recognise the benefits for long-term health. The greatest impact is likely to be achieved by intervening in the early postnatal weeks, when the rate of discontinuation is greatest 	<p>Accepted by government. Fed into messaging on maternal health and infant feeding.</p> <p>Government advice is detailed on NHS.uk: Baby - NHS (www.nhs.uk) Start for Life home - NHS (www.nhs.uk)</p> <p>Through the Family Hubs and Start for Life Programme, DHSC is investing £50million in infant feeding services. This is enabling participating local authorities to design and deliver a blended offer to ensure all mothers can meet their breastfeeding goals. The investment is being used to increase the range of advice and support available, including peer support.</p>	<p>Nutrient intakes and status for this age group are monitored by the NDNS and the Infant feeding survey 2023 - GOV.UK (www.gov.uk)</p>

		DHSC is also using programme investment to increase the capacity of the National Breastfeeding Helpline. In March 2024, DHSC launched a trial of extended helpline opening hours so that support and advice is available at any time of the day or night, every day of the year.	
Iron and health (2011)	Adults with relatively high intakes of red and processed meat (around 90 g/day or more) should consider reducing their intakes. A reduction to the UK population average for adult consumers (70 g/day cooked weight) would have little impact on the proportion of the adult population with low iron intakes.	Accepted by government. Led to the UK government advice that high consumers of red and processed meat (i.e. more than 90g per day) reduce their consumption (to no more than the 70g per day). Advice to consume less red and processed meat was incorporated into the Eatwell Guide when it was developed in 2016. Government advice is detailed on NHS.uk: Red meat and bowel cancer risk - NHS (www.nhs.uk)	Population nutrient intakes and status are monitored by the NDNS
Folic acid: updated recommendations (2017)	All women who could become pregnant should take 400µg/day folic acid as a medicinal or food supplement prior to conception and until the twelfth week of	Accepted by government. In September 2021, government published a press release announcing its intention to proceed with mandatory	Population nutrient intakes and are monitored by the NDNS . The introduction of the

[Report to CMO on folic acid and cancer risk \(2009\)](#)

[Folate and disease prevention \(2006\)](#)

pregnancy

Individual long-term intakes of folic acid from fortified foods and supplements above the Guidance/Tolerable Upper Intake Level (GL/UL) per day for folic acid should be avoided.

Mandatory fortification of flour with folic acid would improve the folate status of women most at risk of NTD-affected pregnancies. Mandatory fortification should only be introduced in the UK if it is accompanied by:

- action to restrict voluntary fortification of foods with folic acid;
- measures for careful monitoring of emerging evidence on any adverse effects of long-term exposure to intakes of folic acid above the GL/UL per day; and
- guidance on supplement use for particular population groups.

For people who choose to take supplements, as a precaution, it would be advisable for those aged over 50 years not to consume supplements containing folic acid above the recommended nutrient intake (RNI) for folate of 200 µg/day since the risk of developing colorectal adenomas/colorectal cancer increases after this age

For people with a previous history of colorectal adenomas, folic acid supplementation should also not exceed 200 µg/day without medical guidance.

fortification of flour with folic acid.

[Start for Life](#) plan to include promotional messages regarding folic acid intake in paid media activity for 2024.

Government advice is detailed on NHS.uk:

[Vitamins and minerals - B vitamins and folic acid - NHS \(www.nhs.uk\)](#)

new mandatory folic acid fortification requirement is being progressed along with other proposed changes as part of the review of the Bread and Flour Regulations 1998 (BFR).

A four nations monitoring group has been set up to develop the evaluation of the proposed implementation of the amendments to the BFR, relating to micronutrient levels.

The topic of folic acid remains on SACN's watching brief to monitor progress as an active policy area.

[Review of dietary advice on vitamin A \(2005\)](#)

Advisable for

- regular consumers of liver (once/week or more) not to increase liver intakes or take supplements containing retinol (including those containing fish liver oil).
- population subgroups at increased risk of osteoporosis, such as postmenopausal women and older people, not to consume retinol at intakes greater than 1500 µg/day.

Based on evidence for the teratogenic risk of retinol, pregnant women or women planning to become pregnant are still advised not to consume liver, liver products, or supplements containing retinol (DH, 1990).

A reduction in retinol content of poultry and livestock feed as part of a strategy to reduce the retinol intake of regular consumers of liver should be explored further.

Consideration should also be given to reducing the levels of retinol in supplements. Dietary supplements can contain 30-65% more retinol than the amount stated on the label.

Accepted by government. Led to government advice not to eat liver or liver products, such as pâté, more than once a week.

Pregnant women advised to avoid:

- taking supplements containing vitamin A, including fish liver oil
- liver or liver products, such as pâté

Women who have been through menopause and older men are advised to avoid taking more than 1.5mg/day of vitamin A from food and supplements. This means:

- not eating liver or liver products more than once a week, or having smaller portions
- taking no more than 1.5mg of vitamin A/day in supplements (including fish liver oil) if you do not eat liver or liver products
- not taking any supplements containing vitamin A (including fish liver oil) if you eat liver once a week

Population nutrient intakes are monitored by the [NDNS](#)

		Government advice is detailed on NHS.uk: Vitamins and minerals - Vitamin A - NHS (www.nhs.uk)	
Advice on fish consumption (2004) Joint risk assessment with COT.	Majority of the UK population does not consume enough fish, particularly oily fish, and should be encouraged to increase consumption. The Inter-Committee Subgroup endorsed the COMA population guideline recommendation that people should eat at least 2 portions of fish a week, of which one should be oily. Consumption of this amount would probably confer significant public health benefits to the UK population in terms of reducing CVD risk. There may also be beneficial effects on fetal development	Accepted by government. Government recommends that we should all try to eat at least two servings of fish a week, of which one should be oily, as part of a healthy balanced diet. This features within the Eatwell Guide. Government advice is detailed on NHS.uk: Fish and shellfish - NHS (www.nhs.uk)	Population food consumption data are monitored by the NDNS The topic of omega-3 fatty acids are currently on SACN's watching brief due to recent evidence questioning the potential benefits of fish oils for some health outcomes such as cardiovascular disease.
Salt and health (2003)	Maximum salt intakes (per day): <ul style="list-style-type: none"> • 0-6 months - less than 1g • 7-12 months - 1g • 1-3y - 2g • 4-6y - 3g • 7-10y - 5g • 11 years and over - 6g To achieve recommended reduction in salt intakes, a reduction in the salt content of processed food and drinks is necessary.	Accepted by government. Led to salt reduction programme, which has resulted in a reduction in salt intakes seen through the NDNS. This programme has been replicated by many other countries around the world: Sugar, salt and calorie reduction and reformulation - GOV.UK (www.gov.uk) SACN reports on saturated fat, salt and carbohydrates	Population nutrient intakes and status are monitored by the NDNS, For salt this is assessed through a series of urinary sodium surveys. NDNS: results from years 9 to 11 (2016 to 2017 and 2018 to 2019) - GOV.UK (www.gov.uk)

		<p>collectively reinforce the need to tackle foods high in saturated fat, salt and sugar (HFSS) which is the basis for many government interventions.</p> <p>Government advice is detailed on NHS.uk:</p> <p>salt - Search - NHS.UK (www.nhs.uk)</p>	
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13 May 2024