



## External reference group – eatwell plate

### **Paper for information: includes correspondence received**

This paper provides a summary of the key points from comments and views that PHE has received since the external reference group was established.

The reference group is invited to:

- Note the summary of correspondence received and discuss any implications to the review of the eatwell plate

**Agenda item 4**



## eatwell plate external reference group – correspondence and comments

ID No.	Contributor	Key points for consideration in review of eatwell plate	Feedback/contributions on review approaches
1.	Academia	<ul style="list-style-type: none"><li>* Food pyramids may be a more user-friendly alternative to the eatwell plate which is confusing due to the knife and fork design that could mean that the plate is interpreted to represent each meal</li><li>* The eatwell plate should include foods that reflect the UK's cultural diversity</li><li>* The <i>Food and drinks high in fat and/or sugar</i> section should be separated into those high in fat, high in added sugar and high in salt, in recognition that specific oils are known to be key constituents of healthy diet patterns such as that of the Mediterranean Diet, while other foods in this section do not have positive health benefits</li><li>* Foods without positive health benefits should not be on the plate – inclusion of items such as cola, cake and chocolate on the plate implies that they should be</li></ul>	<ul style="list-style-type: none"><li>* The most identifiable measures of portion size should be determined before deciding on portion sizes</li><li>* Portion sizes should reflect consensus of opinion from health experts</li></ul>

		consumed and are important for health	
2.	Academia	<p>There are five key areas of consideration for the update of the eatwell plate:</p> <ul style="list-style-type: none"> <li>* Clearer advice on which foods each food group contains (in particular, a reconsideration of whether the fruit and vegetable group should include fruit juice)</li> <li>* Should <i>Food and drinks high in fat and/or sugar</i> be included? The place of these foods in the diet should be acknowledged</li> <li>* Identification of healthier and less healthy foods within food groups (including within the <i>Food and drinks high in fat and/or sugar</i> group if it is present)</li> <li>* Are the angles of the segments of the plate still appropriate in light of nutrition findings? (with reference to SACN's carbohydrate report; meat)</li> <li>* Taking into account environmental considerations</li> </ul> <p>Blog entry on the same topic:  <a href="https://theconversation.com/official-healthy-food-guide-hasnt-changed-in-20-years-five-things-that-need-updating-33265">https://theconversation.com/official-healthy-food-guide-hasnt-changed-in-20-years-five-things-that-need-updating-33265</a></p> <p>[FULL CONTRIBUTION PROVIDED IN ANNEX 2]</p>	<ul style="list-style-type: none"> <li>* Looking at the issue of portion size advice acknowledges that what the segment proportions represent (and should be) is a problem but this seems to be a strange approach</li> </ul>
3.	Academia	<ul style="list-style-type: none"> <li>* Portion sizes should be developed to accompany the different food group segments on the plate, and quick decisions should be made on the basis of advice from expert health scientists; the absence of perfect information should not provide reason for delay</li> <li>* Foods high in fat and/or sugar and sugary drinks are</li> </ul>	<ul style="list-style-type: none"> <li>* In the portion size paper prepared for the reference group, the assertion that there is very little evidence underpinning the portion sizes included in other countries' FBDGs is a biased and incorrect interpretation of the evidence:</li> <li>- The choice of Western diets as comparators is a</li> </ul>

		<p>unequivocally harmful to health and should not be included in the plate</p> <ul style="list-style-type: none"> <li>* Meat, meat alternatives and poultry should no longer be grouped together with fish, legumes and beans</li> <li>* The media attention surrounding pizza being considered for vegetable classification in the USA supports the idea that food and drinks high in fat and/or sugar should not be included in dietary recommendations</li> <li>* The eatwell plate is potentially very important and influential and therefore needs to provide advice that is evidence-based, and independent of vested interests</li> </ul> <p>[FULL CONTRIBUTION PROVIDED IN ANNEX 2]</p>	<p>fundamental flaw because, when compared with a healthy diet pattern, the Western Diet consistently increases obesity, diabetes and non-communicable diseases</p> <ul style="list-style-type: none"> <li>- Comparison with prevailing consumption patterns is also flawed</li> <li>- There is no recognition that some of the five FBDGs were biased by vested interests, with commercial pressures from agriculture ministries, or industry representatives or both</li> <li>- Even the sparse and selected information demonstrates an evidence base. There are some potential exemplars to consider.</li> </ul> <p>* A more systematic literature review should be undertaken to inform the development of portion size recommendations</p> <p>* 'Healthy diet' is a preferable term in place of 'balanced diet'</p>
4.	Academia	<ul style="list-style-type: none"> <li>* The concept of a single plate for the whole day may be problematic because the 3 main meals are likely to have different proportions</li> <li>* It may be hard for consumers to visualise the current food group proportions being based on weight</li> </ul>	<ul style="list-style-type: none"> <li>* Updating food group proportion recommendations to align with the likely new carbohydrate recommendations would be best worked out using the linear programming or designing prototype diets using the eatwell week approaches, in either case using foods frequently consumed in the NDNS</li> <li>* Using diets of NDNS participants who meet the new guidelines is not a favourable approach to identify recommended food group proportions as they may not be representative of the wider population's dietary</li> </ul>

			preferences
5.	Industry	<ul style="list-style-type: none"> <li>* Graphics on the eatwell plate should include a variety of forms of fruit &amp; vegetables and meat &amp; fish to show that frozen/canned/atmosphere modified packed foods have nutritional value – with the added advantage of less waste</li> <li>* Alternative forms to fresh food can be just as nutritious (or sometimes more so with frozen foods)</li> </ul>	
6.	Industry	<p>The revised eatwell plate should picture foods so as to make dietary fat guidance clearer to consumers, with particular consideration of polyunsaturated fats. Amendments to the <i>Food and drinks high in fat and/or sugar</i> section of the eatwell plate should be considered because:</p> <ul style="list-style-type: none"> <li>* Government recommendations make a distinction between saturated and unsaturated fat, encouraging consumption of unsaturated fats (NHS Choices)</li> <li>* Current UK intakes do not meet recommendations: too much saturated fat is consumed while mono- and poly-unsaturated fat consumption is lower than recommended (NDNS, Pot <i>et al.</i> (2012) Br J Nutr.107(3): 405–415)</li> <li>* There is evidence of consumer confusion about fats (Diekman, Malcolm (2009) Ann Nutr Metab 2009;54(suppl 1):25–32; Industry commissioned Populus Survey, March 2014).</li> </ul>	<ul style="list-style-type: none"> <li>* The Nordics Nutrition Recommendations make specific emphasis on the quality of the diet (for both fats and carbohydrates) rather than focusing on limiting total and saturated fats</li> </ul>
7.	Industry	Summary of feedback from the British Nutrition Foundation industry forum meeting provided in Annex 1	
8.	Industry	Nuts are now clearly within the “fruit and vegetable” category for nutrient profiling purposes in the view of the Food Standards Agency and the European Food Safety	

		Authority.	
9.	Voluntary Sector	<p>* Portion sizes should be developed to accompany different food group segments on the eatwell plate because there is evidence that the public are confused about what constitutes an appropriate portion size (British Heart Foundation, Portion Distortion Report 2013) and in the context of increasing portion size and the association between portion size and consumption, action needs to be taken to help consumers understand what a correct portion looks like</p> <p>* Developing portion size recommendations for the eatwell plate presents an opportunity to unify portion size recommendations for consumers and guide manufacturers' product portion sizes, because the Government 'Food Portion Sizes' publication was last substantially updated in 1993, and it could be that food manufacturers seek their baseline of average portion recommendations from elsewhere due to the date of this publication</p> <p>* A full review of typical portion sizes in the UK should be conducted, with a parallel analysis of what constitutes a healthy portion</p> <p>* The <i>Food and drinks high in fat and/or sugar</i> group should stay represented on this plate, as the aim of the plate is to demonstrate what an overall healthy balanced diet looks like, and this group shows consumers the small part that this group has in the context of a healthy diet</p> <p>* Foods pictured within <i>Food and drinks high in fat and/or sugar</i> as examples should be everyday foods such as oil</p>	

		and margarine, rather than items such as chocolate and sugar sweetened beverages	
10.	Voluntary Sector	<ul style="list-style-type: none"> <li>* Including example portion sizes would be helpful</li> <li>* <i>Food and drinks high in fat and/or sugar</i> should be depicted on the plate as they will still be consumed by most people and therefore should be visible; it is unlikely that the removal of these items from the plate will result in non-consumption of these items</li> <li>* Nutrition criteria could be useful to help consumers identify products grouped in <i>Food and drinks high in fat and/or sugar</i></li> </ul>	* The Caroline Walker Trust have developed resources which could help to inform the development of portion sizes



## ANNEX 1

### Feedback from a British Nutrition Foundation Forum, 8 January 2015

The following points were made in the general discussion, which focused around a list of outstanding questions/action points from the Reference Group meeting. The audience comprised 26 food industry representatives (from retail, manufacturing and food service). The structure of the session was to collate information and opinions that could be fed back to the Reference Group, rather than to provide answers.

- Starchy foods are poorly perceived, and messages around their health effects are often communicated poorly by the media. There is also a lack of awareness of the recommendation regarding fibre intake and no current campaigns to promote the health benefits of fibre to consumers. Despite recommendations to eat wholegrain foods, consumers struggle to identify these, particularly as the benefits cannot be highlighted on food labels. There is no Reference Intake for fibre and nutrition labelling regulations do not require fibre to be listed on food labels by law, although it can be declared voluntarily.
- Consumers welcome positive messages about diet and health rather than being told what they shouldn't eat. The fibre and wholegrain messages are consistent with this approach.
- The *eatwell plate* is widely used by health professionals and there seems to be improved awareness of its existence amongst consumers but information about portion size would seem to be required to enable people to put its messages into practice. Such information needs to demonstrate how portion sizes may differ for various groups e.g. those trying to lose weight, children etc. The evidence base for serving sizes may not be strong but a pragmatic approach is needed to ensure advice can be given in a practical and meaningful way.
- As there is no Reference Intake (RI) for fibre, more needs to be done to promote its consumption. The draft report from the Scientific Advisory Committee on Nutrition (SACN) led to considerable media coverage around sugars and it is hoped that the government will initiate activities to promote dietary fibre when the final report is published.
- It would be helpful to raise awareness of the scientific foundation for the development of the *eatwell plate*. In particular, one document outlining its scientific substantiation and credentials would be helpful for teachers, health professionals and others promoting its use or those defending the model from criticism, for example, by the media.
- Consideration should be given to the communication of the definitions for total and free sugars, which is recognised as being challenging, to avoid confusion about the status of sugars in milk and in fruit and fruit dishes e.g. fruit salad. Product reformulation may cause confusion, for example, if the free sugars content of a product is halved and the fibre content doubled, the energy content per 100g will fall but the proportion of energy from sugars will rise.



- As total sugars are provided on food labels but the SACN recommendation relates to free sugars, consumers are going to find it difficult to quantify their intake of the latter. They will need help.
- The position of beverages, particularly tea, coffee, diet drinks, milk and water, is being considered within the *eatwell plate* by the Reference Group. It was suggested that an image of a drink with the plate may be helpful (a *drinkwell glass*) and that alcohol should also be included.
- Supportive information around the *eatwell plate* would aid consumer understanding and encourage health professionals, particularly those with limited nutritional knowledge, to give consistent advice when using the model with patients and clients.
- The *eatwell plate*'s use should be encouraged via modern, consumer-friendly initiatives (e.g. apps).
- There is confusion about the timeframe to which the *eatwell plate* should be applied (i.e. a meal, a day or a week) and depiction of a knife and fork in the image suggests a meal approach.
- The increasing complexity of modern diets can make it challenging to marry such diets with the types of foods depicted in the *eatwell plate*.
- The *eatwell plate* is designed for those over 5 years of age and does not apply to infants and small children. This needs to be highlighted. Concern about free sugars and the release of sugars from fruit during processing (such as pureeing) has created a negative perception of purees amongst mothers and it is difficult to communicate the need to puree foods to avoid choking in young children vs the labelling declarations on sugars content.
- There has been discussion within the Reference Group regarding the 'Foods and drinks high in fat and/or sugar' group of the model – i.e. whether it should continue to be included and the Reference Group has been asked to consult their networks on this point. In discussion it was suggested that as the *eatwell plate* depicts a healthy diet in a realistic context, inclusion of such foods remains appropriate when accompanied by messages to limit intake frequency and portion size. However, it was also suggested that consideration should be given to whether oils and spreads (which contribute essential fatty acids) should feature alongside cakes, biscuits etc. or whether these should be presented separately.
- The *eatwell plate*, which was relaunched in 2007, still depicts the foods that were most commonly consumed at the time when the fore-runner, the *Balance of Good Health*, was developed in the 1990s. These 'commonly consumed' foods are likely to have changed to some extent over the past 20 years. PHE is carrying out consumer research to look at the types and way in which foods are represented, the results of which should be available shortly. In any revisions, consideration needs to be given to representing foods other than fresh (e.g. frozen and canned foods) as these are now commonly consumed.

## ANNEX 2

### Full contribution (#2)

As you know Kremlin Wickramasinghe and I set out five things that we thought PHE should consider in the review of the Eatwell plate in our blog for the Conversation to be found here: <https://theconversation.com/official-healthy-food-guide-hasnt-changed-in-20-years-five-things-that-need-updating-33265> i.e.

- (i) Providing clearer advice on what foods each food group depicted in the plate contains involving (in particular a re- consideration of whether the fruit and vegetable group includes fruit juice and whether a glass of fruit juice should be depicted in the diagramme).
- (ii) The issue of whether to include a depiction of a 'fatty and sugary foods' group within the diagramme (Incidentally I do think the place of such foods in the diet does need acknowledging.)
- (iii) Identifying healthier and less healthy foods within food groups (including the fatty and sugar food group – a related but bigger issue to deciding whether or not to depict fatty and sugary foods within the diagramme
- (iv) Revisiting the issue of what the angles of the segments of the plate represent, whether they remain appropriate (e.g. in light of SACN's new advice on sugar and fibre) and in particular a re-consideration of whether the angle for the meat group needs to be made smaller.
- (v) Taking into account environmental and not just health considerations when redesigning the guide.

It is good to see that PHE are at least tackling the second of these five issues but deeply troubling to see that they have neglected – it appears – to consider the other four. By tackling the issue of advice about portion sizes PHE at least acknowledge that our fourth issue (what the angles of the segments represent and should be) is a problem but seem to be tackling that problem in a rather odd, and back-to-front, fashion.

I am always happy to talk to you or anyone else (including PHE) about the central importance of the Eatwell plate to public health nutritionists' work in the UK and how it could be improved. Whilst I think that a review of the Eatwell plate is long overdue it seems this review might even lead to undermining the credibility of the guide rather than to enhancing it. I am copying this to Sophia Cook, Louis Levy (with whom I had some discussion about this review) and Alison Tedstone. (Incidentally in the PHE's note of the meeting it should say linear programming not linear regression).

## Full contribution (#3)

### Response to PHE consultation on Eatwell Plate and Portion Sizes

#### External reference Group – Eatwell Plate. Food portion sizes.

The Eatwell Plate is potentially very important and influential. It therefore needs to provide advice that is evidence-based, and independent of vested interests.

**Background-** this is fine

**Method-** this is problematic. Five Western diets are chosen as comparators. This represents a fundamental flaw, because, when compared with a healthy diet pattern, the Western Diet consistently increases obesity, diabetes and non-communicable diseases.

**Results,** para 4. The same flaw is reinforced here, by comparison with prevailing consumption patterns. These are the harmful patterns of excess consumption which have doubled diabetes prevalence and tripled obesity prevalence since the 1980s!

The phrase “**balanced diet**” is also problematic and should be deleted. It appears frequently in food industry PR releases to justify continuing consumption of junk food and sugary drinks. “**Healthy diet**” is a far preferable phrase.

**Para 6** says that serving sizes vary across countries. That is surely a statement of the obvious? It is NOT a useful excuse for then saying that things are complicated and no further effort therefore need be made. Indeed, the routine abuse of serving and portion sizes in the USA is striking, and serves as a warning to all.

**Table.** Generally informative. But section 1 currently ignores the last two decades of public health nutrition science. It is SURELY time that meat, meat alternatives and poultry, were NOT all grouped together with fish, legumes and beans?

**Para 8, Evidence.** Here we seem to have repeated use of the Perfect to suffocate the Good:

“no CLEAR evidence”..., “do not ALWAYS understand the difference between servings and portions etc”. Again, this lack of perfect information should not be used as an excuse for then saying that no further effort need be made.

#### Conclusions.

These conclusions are flawed.

**Para 9.** There is no recognition that some of the five FBDGs were biased by vested interests, with commercial pressures from agriculture ministries, or industry representatives or both.

**Para 10** states: *“With the exception of total fruit and vegetables, there is no apparent evidence base underpinning the use of either the serving size or frequency used in national dietary guidelines.”*

This is simply wrong. Even the sparse and selected information earlier in the document demonstrates an evidence base. Furthermore, even in this document, there are some

potential exemplars to consider. For instance, the UK might benefit from emulating Ireland's 25g/day of cheese (as a maximum), Australia's 2+5 (two fruit plus five veg per day), or Canada's EIGHT portions of fruit and veg (split 50/50).

FSA and PHE have spent a decade on developing **Nutrient Profiling** and **Traffic Light Food labelling**. Both are evidence based. Both are proven to inform consumers and pressure industry into healthy reformulation. It is therefore absurd to then dismiss efforts to also consider and communicate Portion Size.

Are we really going to tell British consumers and citizens that portions don't matter? That they might as well eat a pound of cheese per day, rather than an ounce? Such advice will receive adverse comment from the media and from health NGOs. And that criticism will be well deserved.

**PHE have a duty of care to adults and children in Britain. That includes providing clear, evidence-based advice on which foods are healthy, and which unhealthy. That advice should include what portion sizes might best promote a long and healthy life.**