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Discussion Paper

Policy Councils on Food, Nutrition and Physical Activity: the UK as a case study

Tim Lang[1,*], Geof Rayner[1], Mike Rayner[2], David Barling[1] and Erik Millstone[3]
[1]Department of Health Management & Food Policy, City University, Northampton Square, London EC1V 0HB, UK: [2]British Heart Foundation Health Promotion Research Group, Department of Public Health, University of Oxford, Old Road Campus, Oxford, UK: [3]Science Policy Research Unit, University of Sussex, Freeman Building, Falmer, Sussex, UK

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Summary

- International experience of Policy Councils on food and nutrition has developed over recent decades but they have not received the attention that is due to them.
- The 1992 International Conference on Nutrition recommended that governments create Food Policy Councils but few have been created.
- There has been more experience in local and sub-national policy councils, particularly in North America.
- Developing country experience of attempting to improve food policy integration stems from the 1970s.
- The UK's House of Commons' (Parliamentary) Health Committee, in its 2004 report on obesity, reviewed current policy determinants of the rise in obesity, concluding that national food and health policy lacked coherence, integration and effectiveness. To address this vacuum, it proposed the creation of a new 'Council of Nutrition and Physical Activity to improve co-ordination and inject independent thinking into strategy'.
- The case for creating such a Council in the UK is reviewed, as are possible organisational options, functions and remit.
- A Council could be created under the forthcoming Public Health Act.
- The purpose of the new Council would be to provide independent advice and strategic advice as well as monitor the linkages between policies on food, nutrition and physical activity, noting their environmental implications.

Keywords
Food policy councils
Nutrition policy
Organisational reform
Public health

Against the background of evidence of rising health problems associated with the nutrition transition, this paper considers how national food, nutrition and health policy and practice might be strengthened by one central measure of institutional reform. It takes the UK as a case example, partly because the UK's food and health problems have been particularly troubling for policy-makers over the last two decades, but also because the UK illustrates how even countries with a historically strong institutional base in public health may lack a modern and appropriate institutional architecture with which to address the new health burdens linked to diet and lifestyle. The paper proposes that improvements to that policy-making architecture are required in developed countries such as the UK, whereas historically global attention has tended to focus more on developing countries. The integration of environmental determinants alongside public health issues poses particular challenges.

Global concerns on diet, physical and health are already well rehearsed. In early 2003, the joint World Health Organization (WHO)/Food and Agriculture Organization (FAO) Technical Report 916 set out the global challenge for tackling non-communicable diseases (NCDs), laying considerable stress on the role of nutrition[1]. This report built upon the growing literature on the human and financial burden of avoidable chronic diseases[2,3]. In May 2004, the World Health Assembly approved a global strategy to tackle the determinants of current diet-related ill health, noting that the burdens afflicted both developed and developing countries, the latter being particularly

*Corresponding author: Email t.lang@city.ac.uk

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hampered by the scarcity of resources for tackling them[4]. This strategy, despite being subject to considerable political and policy debate between and within Member States, was a landmark report in that it made clear that a whole-society approach to the prevention of NCDs is required. Although many nation states have policies on NCDs, few have succeeded in creating successful mechanisms for reducing their enormous burden; indeed in most countries rising obesity rates, as one indicator of the problem, have taken an apparently inexorable upward path. Alongside these public health issues, there is a policy debate and evidence base on sustainability issues, with food supply chains under pressure to alter practice in areas such as biodiversity, water use, pesticides, soil management and energy use[5,6].

Within the European Union, similar analyses and concerns are emerging, for both public health and environmental aspects of food supply[7]. Following the commitment to an Action Plan 2000–05 by the WHO European Region's 50 member states in September 2000[8], the European Union's 15 member states, under the French Presidency, produced a new Council Resolution in December 2000 to improve nutrition and health policy[9]. Quietly shelved after pressure from industry interests concerned at undue interference by the State in food markets, in 2003 the Commission returned to this policy arena with strong statements in its report on nutrition and health in the Community. The report on the state of health in the EU concluded that nutrition-related disease, especially obesity, was a growing problem for Member States, with the UK 'leading this tendency'[10].

In the UK, the profile of nutrition-related disease has risen rapidly. This has been largely due to a series of reviews undertaken not from within the Government's health ministry, the Department of Health (DoH), but more significantly by the official auditing body, the National Audit Office (NAO), and through the UK Treasury-sponsored Wanless inquiries[11,12], which made a powerful case for modernisation of health care and refocusing on prevention. Most recently the House of Commons' Health Committee produced major criticisms – and recommendations – requiring a fundamental overhaul of food and nutrition policy and of governmental policies which influence levels of physical activity[13].

In particular the Health Committee's year-long inquiry took evidence in public, which itself generated understanding of how different 'arms' of the state concerned with advertising, children's education, sports, transport, health promotion, and food supply collectively failed to address, and indeed compounded, obesity trends. Having produced damning evidence of policy failure, the Inquiry focused on solutions and on the policy aspects of why obesity is a multi-factorial problem that requires co-ordination across government, society and the food supply chain. Having found little or no evidence that the required 'joined-up' governance or institutions were in place, the Health Committee report made 70 formal recommendations, including the creation of a new 'Council of Nutrition and Physical Activity to improve co-ordination and inject independent thinking into strategy'[14].

Although obesity attracts press headlines, a key public health indicator is the dramatic appearance of type II diabetes among the young. The implications for health-care costs alone are considerable[15,16]. As the Chief Medical Officer has noted, unless this health 'time bomb' is defused, 'the consequences for the population's health, the costs to the National Health Service (NHS) and losses to the economy will be disastrous'[17]. These NCDs have turned the spotlight onto food and health governance and onto what are arguably anti-health forces, i.e. whose business model is actively opposed to public health action on a population basis. The sugar industry, for example, is currently determined to resist any proactive global health initiatives that lessen demand for its product[18].

Obesity is a visible indicator of the wider problems of NCDs and the complexity of the required society-wide changes. Creating the conditions for populations to eat more appropriately and to build physical activity into daily life is an enormous policy challenge. Even if obesity has a genetic component, the impact of an obesogenic environment is likely to be considerable and, as a source of change, one open to public policy and intervention[19]. This is why the Health Committee drew upon the international experience of Policy Councils to propose one for the UK. Its argument was that the policy failures it had catalogued required a mechanism to help the state, corporate sector and civil society to change in a concerted effort.

Policy councils are not a new idea and the suggestion by the Health Committee gives them a further twist. As will be evidenced below, they have a long pedigree in Scandinavia. The first recorded Nutrition Councils were created in Norway (1937) and Finland (1954). In the UK consumer bodies have begun to lobby for one[20,21].

In the last quarter of the 20th century, such Councils emerged as possible solutions to perceived failures of co-ordination. The joint FAO/WHO International Conference on Nutrition held in Rome, December 1992, had called for improvements in co-ordination at national and international levels[22]. Following the World Food Summit in 1974[23], which focused on the food crisis of the developing world, there was some recognition that multi-sectoral, cross-disciplinary thinking could aid policy formation. This was mainly at the global level[24]. In 1975, the International Food Policy Research Institute was founded, based in Washington, DC. In many developing countries, efforts to produce multidisciplinary specialist bodies followed. Bodies with the formal title of 'policy councils' took shape in Scandinavia and from the late 1980s in North America.

To this extent, the present interest in Policy Councils to improve co-ordination in the field of nutrition and

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physical activity is reviving and updating an old idea. The present article explores what such a Council, for a rich, developed country, might be.

The institutional challenge to UK diet-related public health

Until recently, the UK, like many developed countries, possessed an administrative structure for food and public health policy that exhibited some tension between a production-oriented Ministry of Agriculture and a health care-oriented Department of Health[25]. The modernisation of food governance (i.e. the accountability, decision-making and institutional architecture) has been ongoing and – generally in response to a series of crises at least from the late 1980s on, culminating in the transmission of bovine spongiform encephalopathy to its human form, variant Creutzfeld–Jakob Disease, in 1996 – led to institutional reform in two phases.

In 1997 a new Food Standards Agency (FSA) was announced, and then, following the outbreak of the foot-and-mouth epidemic of 2000, the Ministry of Agriculture, Fisheries and Food was abolished and key components merged with the Department of Environment to create, in 2001, the new Department for Environment, Food and Rural Affairs (DEFRA). The change of label from Agriculture to Food is significant. Agricultural interests are now less powerful than processors or retailers in the modern food economy, which is increasingly characterised by tight supply-chain management[26]. At the same time, the DoH has become progressively less prominent in food policy in part because of the creation of the FSA in 2000. The Health Protection Agency (HPA) was created in 2003 and merged various public health state components such as radiological protection and infectious disease surveillance and control. It too has a technical support rather than policy advisory role on some food and health matters. Its emphasis is mainly on transmissible diseases[27].

The UK Government hoped that these reforms would be sufficient to deal with food crises and health scares. Certainly, they have centrally addressed food safety. The European Commission had noted that sufficient numbers of Member States had experienced food safety problems for it to propose and win agreement for a new European Food Safety Authority (EFSA), set up in 2002[28], following a recommendation in the White Paper on Food Safety, 2000[29]. However, such measures leave unanswered the more complex issues of food-related disease, which have a broader, more diffuse aetiology and a substantially greater cost impact.

The case emerges for further improved co-ordination in the UK

At the turn of the century, the issue of integrated policy action was already on the agenda, although led from the production standpoint. After the 2001 foot-and-mouth crisis, the UK Government set up a policy review chaired by Sir Donald Curry, former head of the Meat & Livestock Commission[30]. The Curry Report proposed deeper integration between farming and the rest of the food chain, coupled with stronger commitment to environmental protection, but gave little attention to public health, other than microbiological safety, as a policy driver. The Government's implementation plan following the Curry Report promised that the DoH would develop a Food and Health Action Plan, one of nine strands of a new integrated food policy[31]. In draft, this rehearsed problems rather than solutions and there has been a year's delay in the production, but on 23 February 2004, the DoH held a stakeholder meeting to help further its policy development[32]. At the stakeholder meeting[33], there was wide agreement to create a Food Policy or Nutrition Council.

It could be argued that there is no shortage of bodies providing evidence and therefore a new Council is unnecessary. The major underlying problem is how to make sense of evidence and interpreting it for government- and society-wide policy change. Where there is a lack of evidence is at the interface between what is known and what is done. There is also a continuing need for modelling the impact of the nutrition transition (i.e. thinking of evidence prospectively rather than retrospectively). It could be argued that such research and policy deficits could be resolved merely by DoH taking a stronger public health role; or it might be resolved by a split, for instance, into one ministry responsible for health care and another for public health. A reorganisation of this scale would require some political finesse and an easier option would be to create a new Public Health Agency, perhaps expanding the HPA. The HPA currently focuses on evidence generation and direct intervention on communicable diseases rather than policy advice or NCDs. In any case it is a new agency, still grappling with the task of integrating and managing the diverse functions it has inherited.

As evidence to the House of Commons' Health Committee 2003–04 Obesity Inquiry has shown, there is no single UK body with an overall remit, function or policy role to give a lead on food and health policy. The UK is not alone among developed countries in this failing. Furthermore, tackling obesity requires action on dietary intake and energy output. In the UK the promotion of physical activity is largely subsumed under the promotion of sport – focused therefore on a narrower population set – and as the Inquiry found few official bodies have addressed reasons for the rapid decline in cycling and walking. These are broadly environmental factors, requiring action in the areas of urban redesign, transport policy and the integration of macro-level policies in sustainable development with micro-level action at the level of the individual's use of personal energy as opposed to fossil energy.

Even a relatively narrow interpretation of what the Council could do involves the following Government

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departments: DoH, DEFRA, the Department for Transport, the Office of the Deputy Prime Minister, the Department for Education and Skills (DfES) and the Department of Culture, Media and Sport (DCMS), and advisory bodies such as the FSA, the joint DoH/FSA Scientific Advisory Committee on Nutrition (SACN), the Chief Medical Officer and others. None of those bodies or functions has responsibility for giving overall coherence to action and, as the Chief Medical Officer has noted himself, action on obesity. A Policy Council would provide focus within government, as long as it could speak across Government. Table 1 summarises key arguments for and against such Councils.

It could be argued the key policy co-ordination role could be played by the FSA. The Health Committee suggested that, if the UK creates a Council, it should be based under the FSA. The FSA, however, is not primarily a policy advisor; its function is meant to be science-based. It has recently taken a higher-key role in nutrition, and is well served for evidence by the SACN, but it has no environmental remit nor is in any way concerned with physical activity. Crucially, it is not empowered to review or provide policy co-ordination although it is one of the bodies within the co-ordination matrix. Formally a Non-Ministerial Departmental Body, the FSA is answerable to the Parliamentary Under Secretary of State for Public Health, but this line of accountability is thus far weak; it acts more as a Government Department without a Minister. When the FSA was created, part of the political agenda was to create 'clear blue water' between politicians and any damage that might accrue from food safety failures. Protecting ministers and protecting public health are very different tasks.

The Health Development Agency (HDA), the body that replaced the Health Education Agency and the Health Education Council before it, might perhaps have taken on the functions required today, but it too moved into evidence provision rather than policy advice or co-ordination. Its future is limited and it is due to be broken up in reorganisation under the imminent Public Health Act.

Another viable alternative to our suggestion is to widen the functions of the HPA but it, too, would need specialist advice of the kind Policy Councils are designed to offer. The SACN, which replaced the Committee on Medical Aspects of Food and Nutrition Policy that at least had policy in its title but was abolished in 2001, advises the FSA and DoH on purely scientific issues with little policy role or input. A joint Nutrition Forum set up by the FSA and the DoH two years ago as a discussion forum has no coherent advisory function, is widely perceived as ineffective and will probably be abolished.

A (physical) Activity Co-ordination Team, formerly – and briefly – known as the Sports and Physical Activity Board, has been established in Britain. This is jointly led by the DoH and DCMS and involves 14 bodies, with the exception of the Local Government Association, all within government[34]. Its remit extends from encouragement of sport to the promotion of walking, cycling and swimming initiatives, to clinical-based programmes that are focusing on diabetes and weight management. It has a potential role to play in promoting a physical activity culture but has no remit for food, and, as its name and membership implies, its primary purpose is co-ordination within government rather than having a public, outward role.

This review of existing UK institutions and architecture suggests that, at present, no current body provides the functions which a Policy Council could offer. These are summarised in Table 2.

Even within the UK Whitehall tradition, let alone internationally, there are useful lessons to be gleaned from environmental bodies with a similar policy-making function to a potential Nutrition and Physical Activity Policy Council. These include the Royal Commission on Environmental Pollution, the Sustainable Development Commission, the Commission for Integrated Transport or the National Consumer Council. Table 3 gives information on these bodies, with Norway's reformed Council on Nutrition and Physical Activity (i.e. a wider remit) and Denmark's (with a narrower nutrition remit) as benchmarks. The secretariat cost, in relation to overall budget, is some indication of how the bodies differ in their research capacity.

The critical issue is the remit given to such Councils. Clearly, the scope for a British Council has been mapped and influenced by the Health Committee report. It should therefore be wider rather than narrower. However, its role should not be to duplicate effort but rather to draw upon, and potentially refocus, efforts already being made. A further influence in shaping the remit are the Wanless Reports, with their emphasis on establishing the 'fully

Table 1 Some arguments for and against a Policy Council

For	Against
Give coherence and co-ordination across hitherto discrete policy sectors	Create tensions with other advisory bodies (e.g. food safety agencies)
Provide leadership for policy development and reflection	Act as just a 'talking shop'
Promote public engagement	Lacks a champion inside government
Provides strong health focus on determinants of (ill) health	Adds to 'policy cacophony' and multiplicity of advice
Provides an overview of both sides of the energy consumption/energy use equation	Possibility of 'policy over-stretch'

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Table 2 Function and scope

To provide policy advice, not just technical and scientific advice
To build consensus on the actions needed
To be a forum for policy learning
To encourage and stimulate good practice
To monitor implementation
To identify any relevant processes or policies which undermine progress
To advocate improvements
To liaise with international bodies, particularly at EU level
To conduct and encourage policy research programmes
To take evidence and hold hearings
To provide leadership and 'voice' for rational, evidence-informed policy
To offer clear, simple messages and a policy framework for industry, consumers and government

engaged scenario' – meaning both fully co-ordinated and modernised services, centrally the NHS, but also a fully engaged public.

It would be helpful, Scandinavian experience suggests, for the Council to have a strong public face, which implies being able to have an overview of efforts being made across government but also in areas of public health practice. A national Council is not predicated on the formation of local policy councils – as found in many localities in North America – but could be enhanced by drawing upon, and influencing, the activities undertaken by local health services and local government. Toronto, for example, set up a city Food Policy Council in 1991[35]. It is funded by the Board of Health but works in partnership across communities, professions and business, as well as across the city administration[36].

In defining the Council's remit, a full option appraisal would be a necessary first step. Basic questions range from whether its style would be technocratic or whether it should engage in 'blue skies' thinking, whether it would commission research and reviews independently or work through existing bodies (such as NAO or HDA), and how far it would be integrated within government or act alongside government. Of course, these options and dilemmas are shared by many government-supported agencies already, prominently the National Consumer Council. In our view, the remit of the Council should be shaped by the job it has to do: this being centrally that of developing policies on a population-wide basis (although in the light of a life-course analysis) to improve food and nutrition, to promote physical activity, to reduce health inequalities and to take account of other national policy, in particular that of promotion of environmental sustainability.

In defining the remit of the Council, the experience of UK and foreign commissions or councils is a useful guide in terms of cross-sectoral remit, sponsorship, staffing and budget, as set out in Table 3.

Norway and Finland are often rightly cited as having taken important policy leads on food and health[37,38]. Norway set up its National Council on Nutrition and Physical Activity in 1999, incorporating the pioneering work by a long-established predecessor body, the National Council on Nutrition set up in 1937[39]. The new merged Council's objective is to 'give expert advice and produce evaluations for public authorities, research environments, health and social services, schools, places of employment, voluntary organisations, the catering trade, the food industry, the grocery trade, the media and consumers'. Council members are appointed for a limited period and drawn from independent bodies and academia. The Danish Nutrition Council has a structure not dissimilar to the Norwegian one as it was until around a decade ago and focuses on dietary guidelines[40].

The Swedish Government began to create an integrated Nutrition and Physical Activity Policy in 2002 and is

Table 3 Some existing UK bodies, with Denmark and Norway Councils as benchmarks

Body	Founded	Cross-sectoral remit?	Department sponsor	Commission members	Staff	Budget	Of which secretariat cost
Commission for Integrated Transport	2000	yes	Department for Transport	18	NA	£1.5 million	£0.3 million
Sustainable Development Commission	2000	yes	Prime Minister/ DEFRA	18	11	£0.7 million	£0.7 million
Royal Commission on Environmental Pollution	1970	yes	DEFRA	14	10	£0.9 million	£0.9 million
National Consumer Council	1956	yes	Department of Trade & Industry	12	39	£3 million	£1.66 million
Norwegian National Council on Nutrition and Physical Activity	1999 (based on earlier National Nutrition Council 1937)	yes	Ministry of Health & Social Affairs/ Directorate for Health and Social Welfare	24 (12 each for nutrition & physical activity)	18	40 million krone (£3.2 million)	NA
Danish Nutrition Council	1998	no	Minister of Food, Agriculture and Fisheries	11 (+9 observers)	4	DK 3 million (~£272 000)	NA

DEFRA – Department for Environment, Food and Rural Affairs; NA – not available.

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currently deciding what the policy framework and working of the new body will be. Nutrition and physical activity are to pursue sustainable development and environmental goals. There is a big difference, for instance, between seeing physical activity as something that occurs only on sports fields or in gyms, and seeing it as something to be built into daily life, producing health gains and reducing reliance on fossil fuels. The latter requires 'joining up' with transport, schools and work policies, as they frame the possibility for people taking exercise in their daily lives.

In taking an integrative overview the Council is likely to encounter contradictions between the purposes and activities of government departments. For example, on nutrition grounds, consumers are encouraged to eat fish, rich in nutrients[41]. The UK's FSA for instance advises consumers to eat 'at least two portions of fish a week, one of which should be oily'[42]. Yet there is strong environmental evidence of dwindling wild stocks, pollution and other sustainability problems associated with the supply side[43]. The need to address this policy tension emerged in the recent debate and response to a study suggesting high contamination levels in farmed salmon[44].

A not dissimilar tension is manifest in policy on fruit and vegetables. The welcome (but still too small) rise in UK fruit and vegetables consumption in recent years (although distorted by severe social class differences) has been achieved largely by importation[45]. Importing such foods puts significant pressure on transport systems, climate change and represents a policy failure for British agriculture[46], a judgement recognised by the Curry Commission. No-one expects UK farmers to grow bananas or mangoes, but why is the production of traditional fruit crops like apples and pears, suited to the UK climate, in such long-term decline? These examples go beyond what is strictly defined as nutrition but are real consumer problems with which food and health policy has to grapple. Table 4 summarises main strengths and weakness of possible Council remits.

What difference would a Council make?

The prevalence of obesity has increased by about 10–40% in most European countries in the past 10 years[47]. The most dramatic increase has been in the UK, where it has trebled in the last 20 years despite a target for reducing it[48]. The 1992 target was to reduce obesity to 6% in 2005 for men, and 8% for women. In fact, the rates continued to rise[49]. It is telling that the first official recognition within UK government of the need to make a policy response to obesity was made by the NAO, a body that is led primarily by an interest in value-for-money. In Scandinavian countries, the increase has been less and there is some evidence that it may be levelling off particularly among women[50]. It is unclear whether this effect is due to the Scandinavian Nutrition Councils or to a highly consensual culture of governance. Certainly, those countries have moved faster from evidence to policy than has the UK, and coronary heart disease rates have fallen faster in Norway and Finland.

The value of a creating a Policy Council in countries such as the UK is that they would provide a focus on policy to accompany recent decades' emphasis on evidence. What is needed is a policy body that would provide the coherence which is currently lacking at the policy level. As a small but well-connected body, the value of a new Policy Council would be to aid policy formulation. The Council would not implement policy itself. It would not be a 'super agency' of government; nor could it replace existing executive functions. That would have to remain within the political and administrative framework. However, it could establish sorely needed neutral ground between departments of government.

What would it do? There are a number of key functions that emerge from the outline presented here. A policy council could:

- Review policies. It would provide a dedicated focus on policy to accompany the many other bodies that focus

Table 4 Weaknesses and strengths of possible Policy Council remits

Possible Council remit	Possible weaknesses	Possible strengths	Previous experience
Nutrition	Ignores physical inactivity as factor in obesity	Single issue focus	Norway, Sweden, Finland, Denmark
Nutrition and Physical Activity	Responds to obesity but not other health agenda	Integrates food intake with energy output	Norway; in creation in Sweden
Food (in all aspects)	Too general; hard to delineate where the food remit stops	Provides the overview currently lacking across the food supply chain	At local level, e.g. California and New England, USA and Toronto, Canada. At global international level, the International Food Policy Research Institute (created 1975)
Food, Nutrition, Physical Activity and their environmental implications	Too broad?	Coherence and consumer-friendly	Untried but Sweden and Norway are moving in this direction

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on scientific evidence. It would act as a gateway between evidence and policy and examine obstacles to policy coherence. In the case of salt and alcohol, for example, decades' worth of evidence was not accompanied by a comprehensive or adequate policy response[51].

- Set scenarios. It needs to consider futures, to scan horizons, to examine trends and to inquire whether existing policy responses and capacities are appropriate and adequate. The Curry and Wanless reports – the first on the implications for the supply chain, the second for the implications for public health – brought new thinking into government but were not established as permanent mechanisms for cross-sectoral policy learning.
- Appraise solutions. It would critically review policy instruments on offer and explore the conditions for their success. It would draw upon international and European experience to compare and contrast their likely effectiveness and compliance with other governmental policy goals. For example, given that obesity in richer developed societies is found disproportionately in poorer social groups, is a policy that focuses on health education or social marketing going to lead to more effective fiscal policy?[52]
- Monitor progress. World-wide goals for key public health nutrition and physical activity issues, and the means of achieving them, were set by the World Health Assembly in May 2004[4,53]. Comparable global targets for sustainability also exist. The Council would examine such goals and their achievability.

Some parts of industry and government might find such a Council threatening, and argue that it is either 'nanny state' or a regulatory burden. The form of opposition will be country-specific and there has already been interest shown for the concept in Scotland. The UK has had a particularly tense policy discourse between state, food supply chain and civil society[54]. Industry has been generally resistant to considering nutrition, except in the most narrow and individualistic way as personalised choice. The obesity crisis and the failure of previous voluntary efforts to address hidden health risks (such as salt) until there was confrontation have forced industry's role in nutrition onto the negotiating table. In the UK such is public concern about the lack of action that there is now a political opportunity to improve policy-making. Governments should be firm and give such Councils the long-term and broad remit they need, as has occurred in Norway. They should be given terms of reference that are framed by an ecological public health agenda – recognising the society-wide complexity of the issues – rather an approach limited to advice to individuals.

There are dangers, too. One is of Councils being limited to discussion or submerged under the complexity. A second is that they might be distracted by the political agenda of the day. A third is of 'corporate capture'. A fourth is of delivering delays rather than change; laden by the constant demand for evidence, for instance, rather than making best use of existing evidence, while calling for still better. The UK's second Wanless report rightly observed that the need for evidence should not be a block to experimentation and policy development[12]. Councils have to be open about where there are or might be deficiencies of evidence and yet make policy suggestions on the best information available.

In the UK, a leading option to improve policy coherence might be for the Council to report to a combination of ministries: DEFRA, DoH, DCMS and DfES. Another option – but for reasons explained above – is for the HPA to be given a wider function including responsibility for this Council. Decisions would have to be taken on how it liaises with existing evidence-gathering agencies, such as the FSA.

The creation of Policy Councils is in the hands of governments. To that extent, their creation is a matter of political timing and expediency. Since 2003, the UK Government has been reviewing its public health functions. A Public Health White Paper is due in autumn 2004 and a new Public Health Act by 2005, after consultations. The creation of a UK Policy Council could fit that strategy and policy process. Practical issues such as scope and remit, staffing, budget, placement and style all require clarification, to ensure that the Policy Council adds value rather than further confusion. Assuming governmental support, a Council could be created under the Public Health Act, and begin work as a 'shadow' body as soon as early 2005. Other countries would have to fit their policy councils in a framework appropriate to them.

Public health researchers and practitioners would need to engage in this policy process, and to inject past and existing experience both within and beyond national borders. While countries have health profile peculiarities due to history, tradition, trade and food culture, the May 2004 WHO global strategy is a reminder of the similarities of health profile and challenges to governance across borders. If public health nutrition is to be improved, attention should be given to the institutional architecture and style by which this is delivered. Policy Councils, focused on integration and policy coherence, might be a useful mechanism, worthy of more critical scrutiny as international experience develops.

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