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**Rt Hon George Eustice MP,  
Secretary of State for Environment, Food and Rural Affairs,  
Defra, Smith Square, London SW1 2AA**

**Duncan Selbie,  
Chief Executive, Public Health England  
Wellington House, 133-155 Waterloo Rd, Bishop's, London SE1 8UG**

**April 1, 2020**

Dear Secretary of State and Mr Selbie,

### **Food Planning for Health in a Time of Coronavirus Crisis**

We write as specialists in food policy, who want to ensure that all UK residents are well fed in the current crisis. We believe that the current set of food controls could and should be strengthened by several feasible changes that will require central UK government action.

The Government has set up extensive consultation across the food supply industries, but has yet to engage adequately with public health and consumer representatives. It has imposed restrictions on how people behave in public spaces. It has not, however, set restrictions on or advice for food purchasing. Nor has it highlighted the importance of good diets to the health of our immune systems, let alone apply its existing EATWELL health guidelines to encourage people at a time when physical exercise is seriously disrupted.<sup>1</sup>

There is considerable evidence that nutritional status crucially affects our immune responses,<sup>2</sup> as well as wider health and well-being. Those vital considerations have not yet been reflected in HM Government's policy responses to the Covid-19 pandemic. Some retailers have set limits on some aspects of purchasing, but those restrictions are neither uniform nor consistent; nor do they reflect nutritional or immunological considerations.

We recognise that many briefings and discussions are held between Defra, as lead ministry, and senior food industry representatives. We appreciate why this is the case – and also their sensitivity - but also note that tacitly this is ceding responsibility for ensuring the nation is properly and equitably nourished to industry rather than this being framed by overt, publicly accountable and public interest criteria. HMG should decide what controls and allowances should be applied, rather than expecting supply managers to be solely responsible.

In addition to current government measures, ***clear and well-informed public guidance*** is required from the government on what is nutritionally necessary and sufficient to maintain UK food security and nutritional appropriateness.

We therefore urge you to establish and operate new working structures, based on clear principles of equity and health, and with co-ordinated methods of delivery. These are needed if the country is to address the numerous and complex quantitative and qualitative difficulties emerging in many parts of the UK food system. They are also needed to prepare for further potential disruptions and shortages, if the international and national situation remains critical in the medium term.

## **1. National Guidance**

We recommend that ***a new consumer and nutritional public health co-ordinating body*** be established, to advise the government, the food industry and consumers on all matters that help to sustain healthy diets and immunological resilience. This should complement the medical advice that the Scientific Advisory Group of Experts (SAGE) already provides to the government. The new body could for example be called the Food Advisory Group of Experts (FAGE) or the Food and Health Liaison Group (FHLG). It should bring out into the open the processes and source of advice to HM Government. This is essential for trust, and food is always a trust relationship.

The new body's ***membership*** should be similar to those of previous broad-based food advisory groups in UK food history. Its chair could be from Public Health England, and include counterparts from Scotland, Wales and Northern Ireland. Its membership should include PHE's nutrition lead, the Food Standards Agency, the Faculty of Public Health, and specialists from social, nutrition, public health and environmental sciences, for example. Its advice should be fully reflected in all pandemic-response policies that have a bearing on the UK's food system. Those should include not just advice or restrictions on the quantities of particular items that shoppers can buy, but also measures to ensure that the food that is available is nutritionally appropriate, adequate and equitably distributed.

Its ***role and terms of reference*** should be to:

- advise HMG, reporting to PHE, Defra and the CMO in the first instance, as well as the food industry and consumers.
- provide an authoritative source of civic advice that informs all stakeholders about dietary health priorities.
- be a consumer-oriented voice from within government.
- apply, and modify as necessary, PHE's Eatwell Plate to shape supply priorities and consumption patterns in ways which could be operationalised at both local and corporate levels.
- give clear 'cultural' advice to the public, e.g. how much food to buy in the permitted food purchasing trip, and which foods to prioritise for health and well-being.
- make recommendations to small and local stores, wholesale markets, street markets and town centre managers to enable them to continue (and rebuild) local, independent and feeder hubs of community need.
- make recommendations to supply industries (through the Defra emergency food consultation body) about (i) food supplies and (ii) social guidance such as on shopping times for particular groups - elderly or NHS workers – which is not currently working well).

## **2. Local Guidance**

Policies at the local government level are also important for public health and well-being, and those policies also require national guidance and support. We strongly recommend increased attention to

the local level of food availability to ensure that people who are self-isolating (and all those who are vulnerable either economically or for health reasons) are provided with adequate and nutritionally-appropriate supplies.

New **Local Food Liaison Groups (LFLGs)** should be established, led by local authorities and/or Mayors. These should include the local Resilience Forums, as per the Civil Contingencies Act 2004, but also key local bodies such as Directors of Public Health, civil society, and other local expertise. These LFLGs should help many existing as well as new spontaneous initiatives already under way, and help start them where they do not exist. We stress that it is at the local (street, district and region) level that anxieties about food have already emerged and should be assuaged.

Ministers have criticised ‘stockpiling’ without understanding that it is not simply a product of selfishness, but can be a rational response to reasonable concerns. With eating-out severely curtailed, and children sent home from school, it was inevitable that consumers would buy more food from retailers. Business estimates suggest the catering market was annually worth about £91bn, and that catering had a great gross value added (GVA) greater than food retailing or manufacturing.<sup>3</sup> Yet this market employing 1.8 million people has now been severely disrupted, pushing consumers to switch to supermarkets where 9 companies already had c.95.5% of the retail market.<sup>4</sup> This consequently has threatened many small and medium-sized catering enterprises in the long-term, when they could have been part of the localised solution to feeding the people. Worse, confusion has resulted from this rapid switch being accompanied by appeals – from the Prime Minister and others - to use delivery services. Result? Deliveries and online-shopping systems are now seriously over-loaded and disrupted. Existing home deliveries were not necessarily the most appropriate mechanism for smaller households who need limited amounts of fresh food on a regular basis, or for families on low incomes. People are understandably worried about getting regular, sufficient, or even any, food if they, or a member of their household, falls ill. Those are not irrational concerns. They need to be addressed at the local level. We believe local structures must be included in how the country addresses the food challenges at the local level. This needs you to bring representatives of local organisations together, both to be a community voice and to help shape how food gets to the people where it matters most.

### **3. Putting Equity and Health first**

People who have been relying on food banks are especially vulnerable. Supplies to food banks have rapidly diminished recently, nor necessarily good policy interventions at the best of times. Some food banks have closed because their volunteers have fallen ill or are self-isolating, and the institutional mechanisms for facilitating access to food banks are being also casualties of this crisis. At the same time, some food retailers are saying that some food is going to waste. This would be scandalous. The government is rightly concerned about those who are vulnerable because of their health status, but experts argue that it is defining ‘need’ very narrowly. We believe that HMG needs to be similarly concerned about those who are economically vulnerable, especially those who are not caught by the welfare safety net.

Many lessons will have to be drawn from how food planning was and was not managed in this crisis. Resilience generally requires central direction to decentralise as appropriate and to support local resilience development. A concern is that Just-In-Time (JIT) delivery systems are very vulnerable to multiple types of disruptions. As most of the UK’s fresh fruit, vegetables and salads come from Spain and Italy, the two European countries with most cases of Covid-19, those supplies could diminish rapidly if there were too few people to pick, pack and transport them. The governments of Italy and Spain might even insist that their produce should be kept for their domestic consumers. UK domestic supplies of fruits and vegetables depend on a sufficient supply of workers, and under conditions of

lock-down, and the cessation of cross-border travel, there are very likely to be shortages of workers available, willing and able to produce, pick, pack, process and transport nutritionally vital foods. A volunteer system, akin to but improved on what happened in the Second World War, might be desirable to support the food supply, but it needs careful planning to ensure it does not spread Covid-19 infection. Calls for people to work on the land are already meeting longer-term problems such as rural housing, transport and skills.

#### 4. A Food Plan centre-stage in Government

Taking the Deputy Chief Medical Officer's advice on March 29<sup>th</sup> that this crisis may well last six months,<sup>5</sup> let alone epidemiologists' modelling, it is highly likely that food planning will be required for a longer period than the three to twelve weeks initially announced by Ministers, perhaps much longer. The National Food Strategy team at Defra had begun to fill some of the gap between the Agriculture and Environment Bills before Parliament.<sup>6</sup> Its preliminary work has already shown the serious challenges which must be resolved for the UK (as a whole) ranging from poverty and healthy inequalities to skills and access. This work has been delayed by the current crisis, when its role ought now to be brought forward and be centre stage in public engagement. The National Food Strategy is, we know, an English review led by Henry Dimbleby, and is mindful of sub-national differences. Within the UK, this review needs to be accelerated and coupled with nutritional considerations, rather than being delayed. It should also be closely co-ordinated with corresponding initiatives in the Devolved Administrations.

We very much hope these recommendations are implemented. As in 1936-40 and in the run-up to a no-deal Brexit, food strains were understood to be highly likely to appear. Now is the time to address and resolve these strains, not exacerbate them by undue reliance on a handful of retailers, important though they are, and to ensure that food advice is clear, open and seen to be shaped by the public interest.

Yours sincerely,



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Cc Dr Paul Cosford, Director for Health Protection and Medical Director, Public Health England

<sup>1</sup> NHS Eatwell Guide: <https://www.nhs.uk/live-well/eat-well/the-eatwell-guide/>

<sup>2</sup> See eg Chandra RK, 'Nutrition and the immune system: an introduction', *Am J Clin Nutr.* 1997 Aug; 66(2):460S-463S; Chandra RK, 'Nutrition and the immune system from birth to old age', *Eur J Clin Nutr.* 2002 Aug; 56 Suppl 3:S73-6; A Marcos, E Nova & A Montero, 'Changes in the immune system are conditioned by nutrition', *European Journal of Clinical Nutrition* volume 57, pages S66-S69(2003)

<sup>3</sup> Defra (2020). *Food Statistics Pocketbook* (updated March 30) London: Dept for Environment, Food & Rural Affairs, table 2: <https://www.gov.uk/government/publications/food-statistics-pocketbook/food-statistics-in-your-pocket-summary#gross-value-added-of-the-uk-agri-food-sector-2018>

<sup>4</sup> Kantar World panel data (July 2019) in T Lang (2020) *Feeding Britain*. London: Pelican, pg57

<sup>5</sup> BBC News (2020). 'Coronavirus: Six months before UK 'returns to normal' - deputy chief medical officer <https://www.bbc.co.uk/news/uk-52084517> 29 March

<sup>6</sup> Defra National Food Strategy: <https://www.gov.uk/government/publications/developing-a-national-food-strategy-independent-review-2019>