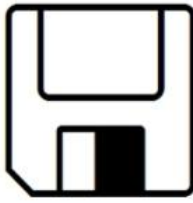
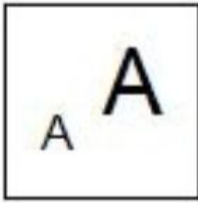


Draft Food and Health Strategy 2009 - 2018



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1.0	21 st October 2009	Philip Mepham, Environmental Health Manager
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1.0 Introduction and context for the strategy

- 1.1 Food is vital for sustaining life and the quality and sufficiency of that food plays a large part in determining the quality of life of consumers. The food that is consumed is the outcome of a complex pattern of activities and influences involving farmers, importers, contract caterers, restaurants, advertisers, consumers and many others. Their decisions and actions have an effect on the types, quantities and quality of food eaten and therefore any action in relation to food and health needs to impact on all parts of the food chain.
- 1.2 What we eat can make a big difference to our health and wellbeing. A poor diet can affect your heart, contribute to obesity, diabetes or mineral deficiency and tooth decay. Unsafe food can result in food poisoning, both acute and chronic conditions, and allergenic reactions. Impurities in food can cause poisoning, physical damage, and even cancer. Consumers need information to help them make the best choices and, where they cannot check for themselves, they need to trust food agencies to ensure that they are being protected and can rely on the information available to them. Different parts of the community have different abilities to access healthy food for a range of reasons and this can result in health inequalities.
- 1.3 The National Consumer Council published a report in 2005 “Putting food access on the radar – how to target and prioritise communities at risk”. This recommended that Local Authorities should identify areas where food access difficulties exist, assess the nutritional quality of food in local outlets and improve the quality of data about food premises.
- 1.4 The Government’s White Paper “Choosing Health: making healthy choices easier” outlined the Government’s commitment to tackling the causes of ill health and reducing inequalities, representing a shift in emphasis towards health promotion and prevention. The role of diet is an integral part of this as diet has a range of influences on people’s health.
- 1.5 “Healthy Weight, Healthy Lives: a Cross Government strategy for England”, was published on 23 January 2008 by the Cross-Government Obesity Unit, Department of Health and Department of Children, Schools and Families. This identified a number of key plans for immediate implementation. A toolkit was published in October 2008 to aid the development of local strategies. ‘Delivering Better Oral Health’, an evidence based toolkit for prevention, was published in 2007 and updated in 2009.
- 1.6 In July 2008 the Cabinet Office published the results of a ten-month Strategy Unit project looking at food policy across Government in a report entitled “Food Matters: Towards a Strategy for the 21st Century”. This study found that issues concerning food production and climate change, local food production and production methods, wastage of food and poor nutrition required attention. The report also recommends that the Food Standards Agency takes forward work to make it easier for consumers to access food information and access

healthier options and further work on the whole food chain approach to food safety risks.

- 1.7 The Foresight Report “Tackling Obesities: Future Choices – Project Report” published in 2007 estimated that about 28% of women and 33% of men in the UK will be obese by 2010. Similar trends are seen in children. The report sets out the key recommendations and actions of the Foresight Report and its relevance to local government. The publication of a survey in March 2008 by the School Food Trust described the rising level of obesity being fuelled by the ready availability of fast food to schoolchildren.
- 1.8 The North West Public Health Observatory issued a synthesis report in November 2008 that brought together policy, evidence and intelligence regarding the healthy weight in the North West population. This report highlights that although the most deprived populations in the North West have 1.6 to 1.8 times higher prevalence of obesity in children than the more affluent groups, “unhealthy weight” is a problem across the entire region and cannot be tackled by only targeting deprived areas.
- 1.9 Ambition Lancashire – Strategic Vision for the future of Lancashire 2005-2025 contains ambitions 93-95 which, amongst other things, relate to the need to tackle the underlying causes of ill health, reducing health inequalities and helping people make good lifestyle choices about diet.
- 1.10 Rossendale’s Local Strategic Partnership, in its Vision for Rossendale “Rossendale Alive”, identified the Health Theme as one of their priorities for working together to improve the lives of local people. The strategic objective is to make Rossendale a place where vulnerable people are looked after and all residents can look forward to a long healthy life. Making the right food choices will contribute to the achievement of this objective. The food industry contributes in many ways towards the local economy and is a significant local employer.
- 1.11 The Lancashire Local Area Agreement 2008-2011 (LAA) is intended to focus attention and resources on the priorities of local partners, came into effect in June 2008 and included 35 national indicators. Rossendale Partnership agreed to focus on 20 of the 35, two of which are:-
 - a) NI 119 – Self-reported measure of people’s overall health and wellbeing
 - b) NI 120 – All-age all cause mortality rateOther indicators of relevance to food issues contained in this Strategy, and part of the LAA, are:-
 - c) NI 55 – obesity amongst primary school age children in reception year
 - d) NI 137 – healthy life expectancy at age 65
 - e) NI 139 – the extent to which older people receive the support they need to live independently at home
 - f) NI 192 – percentage of household waste sent for reuse, recycling and composting.
- 1.12 The health of people in Rossendale is varied. Around two-fifths of the indicators of deprivation are significantly worse than the England average,

including healthy eating adults (an estimate) and life expectancy (Rossendale Health Profile 2009. Association of Public Health Observatories). There are inequalities by deprivation and gender. For example, men in the least deprived areas can expect to live over eight years longer than men from the most deprived areas.

The health of children and young people is also varied. For example breast feeding initiation is significantly worse than the national average and GCSE achievement is significantly better. Obesity levels amongst children rise considerably between reception class and year 6 (National Child Weight management Programme 2008/9).

Other areas where health of people in Rossendale is significantly worse than the England average are children's tooth decay and early deaths due to heart disease and stroke.

- 1.13 Rossendale Borough Council's Corporate Plan 2009-2012 has two priorities of direct relevance. "Encouraging healthy and respectful communities" has a key outcome that people live longer. An increase in levels of recycling and minimization of waste is an outcome within the priority "Keeping our Borough clean, green and safe".
- 1.14 SMYL (Save a Million Years of Life) is a programme led by East Lancashire PCT. It concentrates attention on six key issues within a three year programme. Issues raised in this Strategy will contribute to achievements in relation to cardiovascular disease, geographical inequalities and infant mortality. Much of the activity resulting from this Strategy will be aimed at helping the public understand what impact lifestyle choices have on their health and wellbeing.

2.0 **The Current Situation**

- 2.1 The Food Standards Agency has recently published its Strategy for 2010 to 2015. Their stated purpose is to ensure "Safe Food and Healthy Eating for all". Their strategic objective is to improve food safety and the balance of people's diet.

The outcomes to be achieved for 2011/12 onwards are that:-

- Food produced or sold in the UK is safe to eat
 - Imported food is safe to eat
 - Consumers understand about safe food and healthy eating and have information they need to make informed choices
 - Food products and catering meals are healthier; and
 - Regulation is effective, risk-based and proportionate is clear about the responsibilities of food business operators, and protects consumers and their interests from fraud and other risks.
- 2.2 A Food and Nutrition Alliance is currently being convened by the Department of Health Northwest to develop a workplan in support of current food and health priorities and take forward the ongoing monitoring of the Food and

Health Action Plan. These priorities will be reflected in a refresh of the North West Food and Health Action Plan.

3.0 Results of Consultation

- 3.1 Strategy has been discussed by members of the Rossendale Food Forum, a group representing many of the local agencies involved in food. Comments have been incorporated into the strategy as it has been developed.
- 3.2 The draft Strategy was publicised in Rossendale Alive newspaper delivered to households throughout the Borough in Autumn 2009. No responses were received.
- 3.3 The Strategy was circulated amongst managers within Rossendale Borough Council in January 2010. Comments were received and also incorporated into the final document.

4.0 Vision and Aims of the Strategy

- 4.1 By 2018, the Vision is that Rossendale's residents, visitors, employees and organisations will be:-

- Taking responsibility for their food choices and for the choices made by people in their care.
- Showing respect for all parts of the food chain and the elements involved in food production.
- Taking care not to waste the resources used in growing, processing, distributing, preparation and sale of food and the disposal of waste materials.
- Reaping the benefits of access to a healthy, affordable and appropriate diet.

- 4.2 These Aims will contribute to the achievement of the above Vision:-

Aim 1 - to increase the availability of a healthy diet and reduce the prevalence of obesity

Aim 2 - to ensure that food provided to people is safe, nutritious and appropriate to their needs

Aim 3 - to ensure that food purchased in Rossendale is stored, prepared and handled in compliance with best practice and appropriately labelled

Aim 4 - to reduce the environmental impact of food and minimise food waste

Aim 5 - to increase people's awareness and knowledge of the food chain and its potential effects on health and to increase people's skills in using and preparing nutritious meals

Aim 6 - to work collectively to deliver local, regional and national initiatives to the benefit of Rossendale's people and businesses

4.3 Measures of success

Measures of success are related to national Indicators and performance measures in order to evaluate progress. Food is a global and national

commodity, food behaviours are influenced by national promotions and practices and cannot be isolated from these effects. Benchmarks and improvement targets for the following measures need to be developed:-

1. Percentage of compliant food businesses
2. Incidence of foodborne disease
3. Reductions in levels of salt, saturated fat and calories in retail products and catering
4. Number of consumers using messages about food safety and healthy eating
5. Adoption and involvement in food related initiatives.
6. Initiation of breastfeeding
7. Percentage of food waste collected and composted

Further measures need to be developed in relation to each individual initiative that contributes to the implementation of this Strategy.

5.0 **Aim 1 – Food Access**

Overall aim - to increase the availability and take-up of a healthy diet and reduce the prevalence of obesity

5.1 Background

As well as location of supermarkets and small shops, physical and socio-economic factors, such as the bus route, car ownership, income and age of population can combine to create barriers to accessing a healthy diet. Obesity is recognised nationally and locally as an increasing problem. This has considerable implications on health care with potential lost work hours and decreased physical activity.

5.2 Implications

Many disadvantaged consumers face significant barriers to accessing a healthy diet thereby contributing to the high rates of diet-related diseases and conditions and lower life-expectancy in low-income communities. Those in rurally isolated communities can face increased barriers to accessing healthy food.

5.3 Objectives

- a) To identify and tackle the scale and extent of barriers preventing access to a healthy diet.
- b) To provide encouragement to premises or businesses to support the availability of a healthy diet.
- c) To encourage the provision of facilities whereby local people can produce their own food and improve food security.
- d) To encourage arrangements for increasing the availability of healthy food to low-income communities.
- e) To contribute to a reduction in levels of obesity.

5.4 Examples of actions and initiatives

- a) Food availability – e.g. local agriculture, farmers markets, fresh fruit and vegetables in small retailers, healthy food options in retailers and caterers
- b) Information – e.g. about local food sources

- c) Food growing – e.g. allotments, school growing schemes
- d) Food poverty – e.g. food co-operatives
- e) Baby friendly scheme i.e. facilities for breastfeeding
- f) Planning and development control initiatives e.g. hot food takeaway SPD.

6.0 **Aim 2 – Food Provided by Others**

Overall Aim - to ensure that food provided to people is safe, nutritious and appropriate to their needs

6.1 Background

People's behaviour in relation to food consumption is influenced in many ways and places. Choices made by children and young people are influenced by their parents, peers as well as advertising. School meals may be nutritious but social pressures, that may be unrelated to food, affect take-up of school meals. However, extended schools can become the means by which a child's diet can be improved.

Throughout working life, food is consumed which has been prepared by others, whether it be businesses or in the home. Older people may consume food in sheltered housing, care facilities, through meals on wheels or other arrangements over which they may have little direct control.

6.2 Implications

There is a special responsibility on those who provide food consumed by others. Consumers may have their own preferences which can be met in most instances. However, other factors such as cost, convenience and availability might influence those providing the food. Food needs to be appropriate to the particular needs of the individual.

6.3 Objectives

- a) To support arrangements relating to healthy start, school meals and extended schools to increase take-up of healthy food options.
- b) To ensure recognition is given to the particular needs of older people and their particular vulnerability to infection.
- c) To encourage employers and employees to create and use facilities that support the adoption of a healthy diet in the workplace.

6.4 Examples of actions and initiatives

- a) Special groups – e.g. vulnerable or minority groups within the community
- b) Children and young people – e.g. healthy start, early years
- c) Older people – e.g. catering for those in care, sheltered housing
- d) School meals – e.g. provided meals, healthy lunchbox
- e) Extended schools – e.g. breakfast clubs
- f) Food in the workplace – e.g. vending machines, healthy lunchbox
- g) Training in the provision of healthy meals.

7.0 **Aim 3 - Food Hygiene and Safety**

Overall Aim - to ensure that food purchased in Rossendale is stored, prepared and handled in compliance with legislation and best practice and is appropriately labelled

7.1 Background

Food safety involves the provision of food to a consumer without jeopardising their health. Whilst nutritional aspects of food have implications for long term health, food safety involves minimising risks arising from bacteria, viruses and other organisms, allergens and extraneous materials including physical and chemical contaminants. People may be affected to varying degrees by food contamination and the resulting impact will also vary according to the nature of the contamination. The vast majority of harmful contaminants will be invisible and incapable of being identified by the consumer and are invariably the result of mis-treatment somewhere along the food chain. An exception is an allergic reaction experienced by a particular individual.

7.2 Implications

Food poisoning is a continuing problem throughout the world and, although levels of recorded food poisoning in Rossendale are low, such is the nature of food distribution that Rossendale's consumers are exposed to food and its potential risks originating from the whole world. Young children, older people and the immuno-compromised may be especially vulnerable to the effects of food poisoning and its complications. Issues relating to specific organisms such as E. coli 0157 and Listeria have recently become more prominent.

7.3 Objectives

- a) To maximise the proportion of compliant food businesses in Rossendale.
- b) To ensure that food produced in Rossendale for consumption by others is produced in compliance with good food hygiene practice.
- c) To ensure that food displayed for sale complies with relevant labelling and description legislation.

7.4 Examples of actions and initiatives

- a) Food labelling – e.g. nutrition labels, best before/use by dates
- b) Food hygiene and safety – e.g. food inspections etc
- c) Food hygiene knowledge e.g. promotion of food hygiene in the home

8.0 **Aim 4 - Food Sustainability**

Overall Aim - to reduce the environmental impact of food and minimise food waste

8.1 Background

In recent years, the UK has benefited from a greater choice of food, better labelling and improving food safety. Despite fluctuations in price, food has, in general, become more affordable over the past 30 years. Over that time global production has grown consistently faster than population, but with serious environmental costs. The Lancashire Waste Partnership's Strategy "Waste to Resources 2001-2020 includes a key feature to extend the segregated

collection of food waste for composting and also to reduce and stabilise waste production to 0% growth each year. The drive for the collection of food waste comes from the requirements of the Waste Framework Directive and an associated desire to reduce the greenhouse gas emissions traditionally associated with waste disposal. Food waste has been identified as occupying a significant part of the waste stream.

8.2 Implications

We cannot assume these trends will continue for the following reasons:-

- Global production cannot keep pace with population increases without considerable impact on soil, energy, water and biodiversity.
- Food contributes around 20% to EU greenhouse gas emissions.
- Climate change will alter what we can grow both adversely but also beneficially.
- While many people cannot obtain enough to eat, within the UK obesity and diet-related ill-health are increasing problems.

8.3 Objectives

- a) To support the local food industry.
- b) To encourage purchasing food produced locally and reduce food miles.
- c) To encourage the minimisation of wasting food and the recycling of waste food and left-over food – making sense of use by/best before dates
- d) To encourage people to grow their own – use of allotments, gardens and other spaces
- e) To encourage community food initiatives
- f) To link food production with the need to maintain and enhance biodiversity.

8.4 Examples of actions and initiatives

- a) Food miles – e.g. cost of transport
- b) Food waste – e.g. recycling waste food, use of left over food
- c) Sustainable food choices – e.g. local suppliers
- d) Promotion of Fairtrade
- e) Training to increase awareness of environmental factors involved in food production and transportation.

9.0 **Aim 5 - Food Knowledge and skills**

Overall Aim - to increase people's awareness and knowledge of the food chain and its potential effects on health and to increase people's skills in using and preparing nutritious meals

9.1 Background

People involved in producing, distributing, storing, preparing and selling food need specific knowledge and training to enable them to perform their activities correctly. In addition consumers increasingly want food to be healthier, more convenient and more ethical as well as to taste and look better. However there is a gap between what people do and what they say. This gap is manifest in the positive attitude to healthy eating and the environment not being matched by spending patterns. People are eating out of the home more frequently, but television programmes featuring “celebrity” chefs are becoming more numerous.

Food preparation skills are sometimes inadequate to maintain a healthy diet. This is compounded by the varying availability of food items and social pressures resulting from family life, food preparation facilities or employment.

9.2 Implications

People, whatever their role in the food chain, cannot be expected to fulfil their responsibilities without the necessary information, training, knowledge, experience or motivation.

9.3 Objectives

- a) To increase the level of awareness of what constitutes a healthy diet.
- b) To increase knowledge of the effects of food and drink on, and the importance of, good dental hygiene.
- c) To encourage the development of sufficient preparation, cooking and food handling skills.
- d) To provide information to enable people with food-related allergies to be able to access a healthy diet.
- e) To ensure businesses and their employees are adequately trained and competent.

9.4 Examples of actions and initiatives

- a) The Eatwell Plate and 8 tips for making healthier choices
- b) Oral health – e.g. reducing frequency of sugar intakes, implementation of sugar free snacking policies.
- c) Food preparation skills – e.g. cooking skills, temperature control
- d) Allergies
- e) Advice and training for businesses and households – targeting young parents and their families.

10.0 **Aim 6 - Food Initiatives**

Overall Aim - to work collectively to deliver local, regional and national initiatives to the benefit of Rossendale's people and businesses. This is a cross-cutting Aim which supports all the others.

10.1 Background

Initiatives to promote a healthy diet originate from, and are implemented by, a range of organisations and individuals. Government Agencies and Departments may lead national initiatives. Regionally the North West Food and Health Strategy and Action Plan promote a range of issues. More locally, the Rossendale Food Forum leads on the creation and implementation of a range of projects. Examples of all these initiatives currently include Change4Life, Salt and Saturated Fat targets, 5-a-day, Scores on the Doors, Recipe4Health, Cook4Life, Smiling for Life, Healthy Schools, LifeChecks, Healthy Start Scheme and many others.

10.2 Implications

Resources provided to develop and implement national and regional projects are external to Rossendale. They have the advantage of access to many expert and dedicated staff and resources to do the research, develop the initiative and prepare and disseminate promotional materials. There is also a

wealth of knowledge available from other Authorities and organisations that can demonstrate good practice and outcomes achieved elsewhere. Rossendale can benefit through learning from others and make use of materials and implement those initiatives locally where they are appropriate to the needs of Rossendale. They can also be targeted more accurately at particular communities in greatest need within Rossendale.

10.3 Objectives

- a) To assess national and regional initiatives and consider their local implementation in relation to specific areas of need.
- b) To bid for additional resources to enable initiatives to be developed and implemented according to need and evaluate their impact.
- c) To learn from experiences available elsewhere.

10.4 Examples of actions and initiatives

- a) Various local and regional initiatives – e.g. Rossendale Food Forum initiatives, Food Safety Week
- b) National initiatives – e.g. Change4Life, 5-a-day, Healthy Start Scheme
- c) Local promotional events

11.0 **Monitoring and Review**

11.1 The Rossendale Food Forum would be responsible for developing and monitoring this Strategy, for co-ordinating the production and monitoring of an annual action plan and for reporting progress and achievements to the Rossendale Local Strategic Partnership Health and Wellbeing Theme Group and to the Rossendale Children's Trust.

11.2 The Strategy will be reviewed annually and in the light of significant developments.