

Food for Health

A food strategy for Warwickshire



Warwickshire Food for Health Group

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1.0 Introduction

1.1 Good healthy food should be obtainable by all people in a relatively rich nation like the UK, but both nationally and locally there is evidence of large variations in people's eating habits.

For instance:

€# In 1995 a third of the Warwickshire population reported that they ate fruit and vegetables less than 3 times a week ⁽¹⁾

€# In a recent survey, ¾ of the UK population expressed concern about food safety ⁽²⁾. Almost half the population had concerns about hygiene in one or more food outlets – with concern most likely to be focused on takeaways, fast food outlets and mobile food outlets. The main area of concern about food outlets is cleanliness

€# In September 2001 a poll for the Food Standards Agency asked over 1000 consumers what most influenced their grocery shopping. The top five factors were: price (46%), taste (18%), quality (17%), personal and family health (12%), method of production – organic, free range etc (10%) ⁽³⁾

1.2 This strategy has been developed by the Warwickshire Food for Health Group (FFH) (for membership list see appendix A). This multi - agency group was set up in October 2001 “to increase awareness of the relationship between food and health and to positively promote a pattern of ‘healthy eating’. Ultimately the goal is to enhance the health status of the people of Warwickshire”.

2.0 Why a strategy for Warwickshire?

2.1 Poor eating habits can cause ill health, while good ones offer protection against infection and are essential for growth and maintenance of the body throughout life.

2.2 Dietary factors are important in preventing disease – for example the antioxidant vitamins in fruit and vegetables appear to be important in the prevention of heart disease ⁽⁴⁾. They are also important in reducing the ill health caused by certain diseases – for example diabetes ⁽⁴⁾. Obesity costs the NHS at least £0.5 billion each year and possibly in excess of £2 billion to the wider economy ^(5, 6). Some potential effects of a poor diet are shown in section 5.

2.3 If food is prepared inappropriately it can become a carrier for pathogens that cause disease. Only one in five sufferers of food poisoning report it ⁽¹⁾.

2.4 There is a considerable amount of food related work taking place across Warwickshire. This strategy is based on the work areas of partner organisations. The strategy brings their work together to enable the sharing of good practice and expertise and to ensure that all stakeholders work towards common goals in a way that maximises resources and effectiveness. Areas of future development will also be identified.

2.5 The strategy has been developed to help individuals and groups improve their health through increased awareness and knowledge; and improved availability of safe and healthy food. In order to achieve this, activity needs to be co-ordinated and effective.

2.6 The food that an individual eats is not just the result of personal choice, but is also affected by circumstances such as income, housing conditions and access to affordable healthy food. See section 6 page 13. For this reason, there is particular concern about people living in socio-economic deprivation ^(7, 8, 9,10). Access to healthy food should be a right for all our population

2.7 Many people are aware of the messages concerning food and health. Some choose not to follow the guidance, others are not able to. For this reason the strategy must be multifaceted – focusing on legislation, enforcement, access to and availability of healthy food; and skill development well as information. Affordability is also an important issue. Nationally, many organisations including the Department of Health and the Food Standards Agency run initiatives based around food. This strategy must take such initiatives into account.

2.8 The strategy will also focus on the needs of young people, frail older adults and people from minority ethnic groups, as poor food choices have a greater impact on these people due to their increased health risks.

3.0 What are we trying to achieve?

'Food for Health' encompasses			
healthy eating	food hygiene	labelling	food safety
oral health	sustainable food choices	balanced diets	
healthy catering	cooking skills	complying with food legislation	
food availability	cost of foods	recycling	
information	food co-ops	food miles	
Cook and eat	food awards	food production	
weight control		growing food	

3.1 The aim of this strategy is to help people improve their food intake through awareness and knowledge of:

- ⌘ The components of a nutritious diet
- ⌘ Weight Control
- ⌘ Safety and quality of food
- ⌘ Food Choice

3.2 The Warwickshire Food for Health Group (FFH) wants to:

- ⌘ encourage positive attitudes to food for health
- ⌘ increase knowledge of current food related messages among local people, food retailers, manufacturers, caterers and educators
- ⌘ encourage partnerships where local communities work with professionals and retailers to improve access to and availability of food

4.4 The Best Start

It is generally accepted that breast milk gives a baby the best start in life ^(24, 25). Not only does the composition of the milk change as the child gets older, but it changes during a feed to ensure that the child's nutritional needs are met. Breast milk also contains anti-viral and anti-bacterial agents to protect against disease. This means that even if the milk is expressed, to be given later, the risk of it becoming contaminated is reduced. The benefits of increasing breastfeeding rates are detailed in section 8, page 14.

4.5 A Balanced Diet

4.5.1 The links between a balanced diet and disease are shown in section 5, page 12.

4.5.2 Evidence suggests that people are more able to make changes when taught a food related model of healthy eating, rather than a nutrition-based one. The Balance of Good Health ⁽²⁶⁾ was developed by the Department of Health in 1994 and is based on five commonly accepted food groups – Fruit and Vegetables, Bread, other Cereals and Potato; Milk and Dairy foods; Meat, Fish and Alternatives; Foods containing Fat and Foods containing Sugar. This compares with the more complex nutrition models in which foods containing fibre, fat, vitamins etc are highlighted. See appendix B.

4.5.3 The Balance of Good Health does not apply to children under five, those who are ill or frail older people. Local guidelines have been developed within the NHS for these groups e.g. Warwickshire Breastfeeding Guidelines ^(24 - 32).

4.5.4 Nationally, there is emphasis on a campaign to persuade people to eat five portions of fruit and vegetables each day. This issue is a priority in Warwickshire.

4.6 Weight Control

4.6.1 Nationally work to reduce levels of obesity is a priority, so work in Warwickshire must also address this.

4.6.2 The obesity work must link with increasing levels of physical activity, and a healthy lifestyle.

4.7 Food Safety

4.7.1 Food Safety legislation ⁽¹⁸⁾ was introduced to address concerns about food safety issues.

4.7.2 Local Authorities play a key role in enforcing legislation (as far as is reasonably practicable) by:

- €# ensuring the safety and quality of foods manufactured, produced, stored or supplied within the county.
- €# ensuring that businesses involved with the manufacture, preparation, storage, distribution or retailing of food achieve at least the minimum standard required by the appropriate legislation.

€# ensuring that those who handle food to receive appropriate supervision and training in hygienic food handling practices.

€# Liaising with other agencies who have influence in the fields of production and consumption of foods.

4.7.3 Having food laws does not guarantee food safety, particularly in the home. (For more information on preventing food poisoning see Appendix C.) This was recognised when the Food Standards Agency launched the 4 C's food hygiene campaign in February 2002. The campaign helps target the information to caterers and the public. The key messages are:

€# Cleanliness – work areas should be kept clean and food handlers should wash their hands regularly

€# Cooking – food, especially meat, should be cooked thoroughly

€# Chilling – perishable foods should be kept cold, and hot foods should be cooled as quickly as possible and then chilled

€# Cross-contamination – raw foods should be prevented from cross-contaminating ready-to-eat foods

4.8 Food Quality

4.8.1 Modern methods of storage and distribution offer the chance for improved food quality and greater food choice. At the same time, developments in food technology have increased choice as industry responds to demands for cheap and convenient products.

4.8.2 A large proportion of modern diets consist of processed foods. Modern processing techniques and flavourings can disguise poor quality ingredients. This can make it difficult for consumers to judge the quality and nutritional value of the food they buy. Choices are also heavily influenced by advertising, which associates happy healthy lifestyles with snack foods.

4.8.3 Given that it will be a long-term task to change peoples eating habits it will be important to maintain a high level of enforcement of food labelling regulations, particularly with regard to health claims if we are to avoid exaggerated claims by marketing departments. As much food is consumed away from the home this work should include claims made in restaurants and takeaways as well as retail shops.

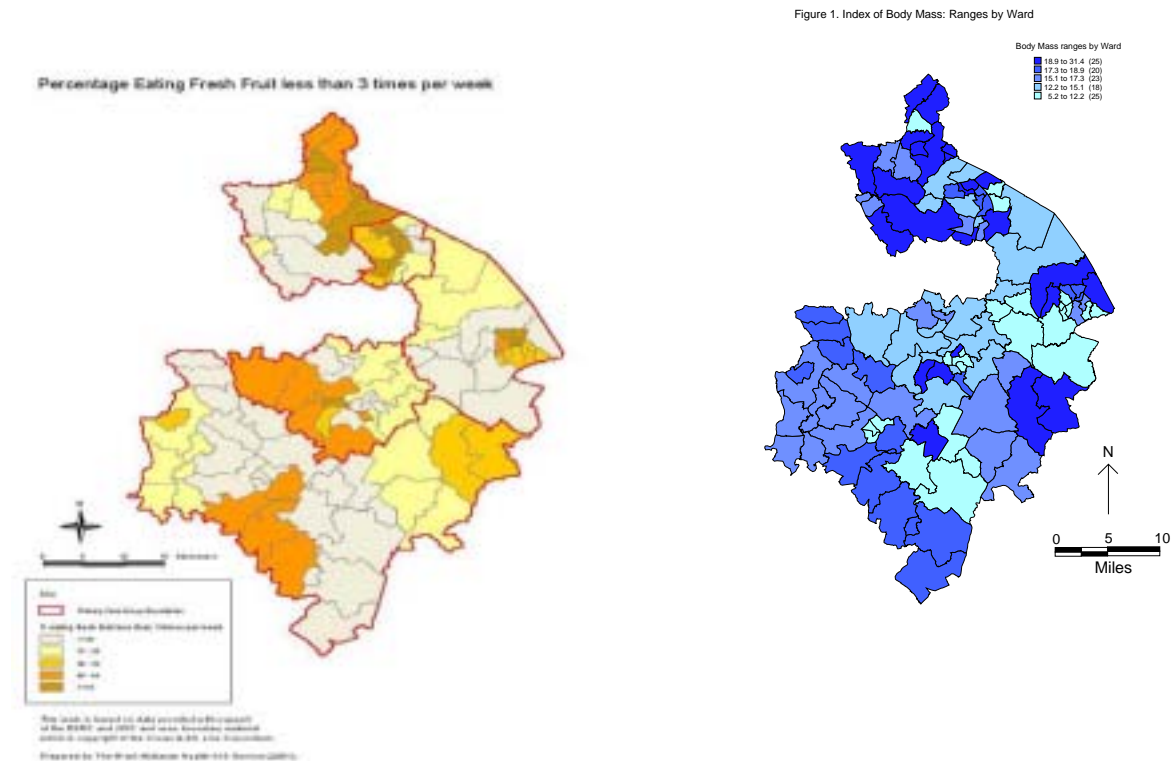
4.8.4 There does appear to be some public concern about pesticide and other residues on food. Although limited local checks suggest few problems in practice, there should be continued monitoring of fruit and vegetables in order to enhance confidence of local consumers.

5.0 Local eating habits - the evidence

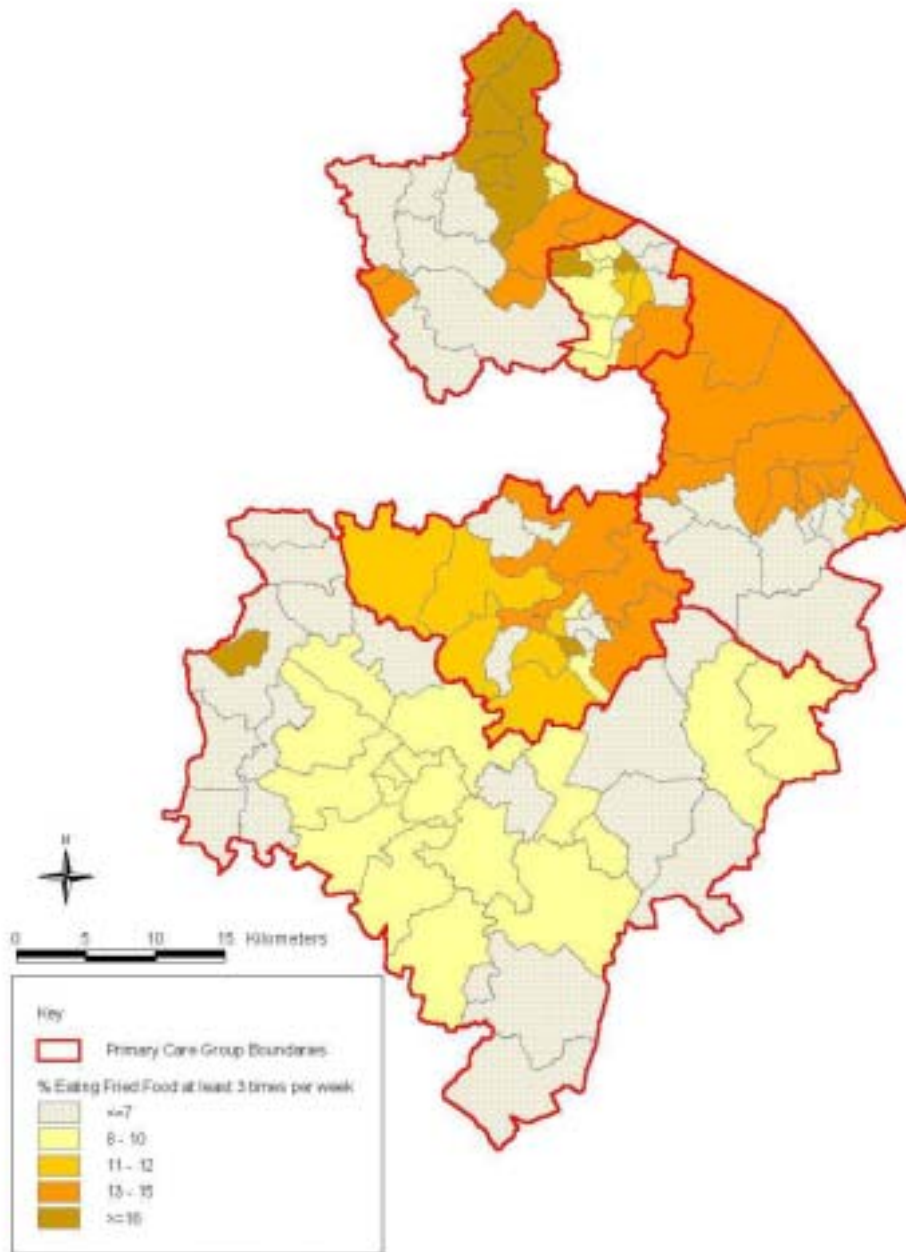
5.1 A Balanced Diet

€# In 1995 the West Midlands lifestyle survey ⁽¹⁾ identified that 33.7% people in Warwickshire ate fruit and vegetables less than 3 times a week. Of this third, more were men, young people and people living in deprivation. This compares with a minimum recommended five portions of fruit and vegetables each day (see map below).

- €# Changes in local school menus to a colour coded system resulted in an 23% increase in orders of fruit and vegetables over 2 years⁽³³⁾
- €# In a recent survey ⁽³³⁾ 1076 secondary school students were asked to select, from a long list, the items they would like to see on their cash cafeteria menu. The top five choices were:
 - 99% hand held items such as burgers or sandwiches
 - 88% wanted filled jacket potatoes
 - 84% wanted pasta
 - 84 % wanted special themed days
 - 83% wanted a salad bar
- €# The West Midlands Regional Lifestyle Survey⁽¹⁾ also identified that 15.9% of the South Warwickshire population had a body mass index above 30 (i.e. were obese). Warwick South had a significantly higher proportion of obese adults



Percentage Eating Fried Foods at least three times per week.



This work is based on data provided with support of the ESRC and JISC and uses boundary material which is copyright of the Crown & ED Line Consortium.

Prepared by The West Midlands Health GIS Service (2001).

5.2 Food Safety

- €# In a recent food Standards Agency survey, three quarters of the UK population say they are fairly or very concerned about food safety ⁽²⁾. The Midlands showed the highest levels of concern.
- €# There is an under reporting of food poisoning. This was highlighted in a recent Food Standards agency consumer survey ⁽³⁾.
 - over 80% of people who had suffered from a food-borne illness did not report it to anyone.
 - of those who did, most informed their GP rather than the suspect food outlet or local authority.
- €# The percentage of the Warwickshire population reporting episodes of food poisoning in 1998/99 were as follows:

District	Population	Total confirmed cases	Percentage (%)
North Warwickshire	61,400	3	0.005
Nuneaton	117,056	123	0.11
Stratford	113,202	227	0.2
Rugby	87,500	103	0.12
Warwick	123,093	158	0.1

- €# Basic Food Hygiene training courses are well attended and have a high pass rate. A wide variety of organisations carry out this training. For example between September 2000 and December 2001, Warwickshire College trained 524 people. Only 5 (0.9%) failed the exam.

5.3 Food Quality

5.3.1 Consumers reasonably expect the food they buy to be of acceptable quality, free from any harmful residues or contaminants, to be adequately labelled with information to help them make purchasing decision and for any descriptions to be honest and not misleading. The County Council Trading Standards Service enforces this area of food law. As part of their normal activities in the year 2000/2001 that service:

- €# Received 181 complaints from the public about food quality and labelling matters, 91 of which were upheld.
- €# In the course of inspections, left notices requiring some form of action on 499 occasions.
- €# Took 563 food samples for examination or analysis, of which 124 were reported as being unsatisfactory in some way.
- €# Prosecuted a local poultry producer for supplying over 18,000 chickens to local abattoirs that had not gone through the appropriate withdrawal period after being fed antibiotics.
- €# Took part in a regional survey with other local authorities to check on medicinal claims made with foods. The Food Labelling Regulations specifically prohibit any indication that 'a food has the property of preventing, treating or curing a human disease or any reference to such a property'. Illegal medicinal claims were found to be associated with 19 food products in the survey including olive oils, oats, fruit juices, types of mushrooms and a number of dietary

supplements. The claims ranged from dramatic ones relating to the treatment of Aids and cancer, through claims that products could protect against heart disease, to suggestions that products could treat stress and sleep disorders. Particularly explicit medicinal claims were found on the internet.

5.4 Other Food Issues

- €# Uptake of free school meals varies considerably between 33.3% and 100% ⁽³³⁾.
- €# In rural parts of Warwickshire there is a concern about ease of access to healthy food.
- €# There is also concern about the cost of food transport and how the promotion of local produce will benefit the environment as well as local commerce. Farmers markets play a role in allowing local people access to local food. Local people have expressed an interest in these issues through their support of Farmers Markets (There are now 7 held each month across Warwickshire).
- €# The Coventry and Warwickshire Good Food Awards have encouraged local caterers to use locally produced food and drink.
- €# A survey of babies born in Warwickshire in 1997⁽³⁵⁾ showed that at 6 weeks, 43% were being breastfed. This is a similar rate to national figures, however the numbers varied considerably across the county.
 - 31% of the north Warwickshire babies
 - 59% of the south Warwickshire babies
 - 42% of the Rugby babies

5.0 What are the potential effects of a poor diet throughout life?

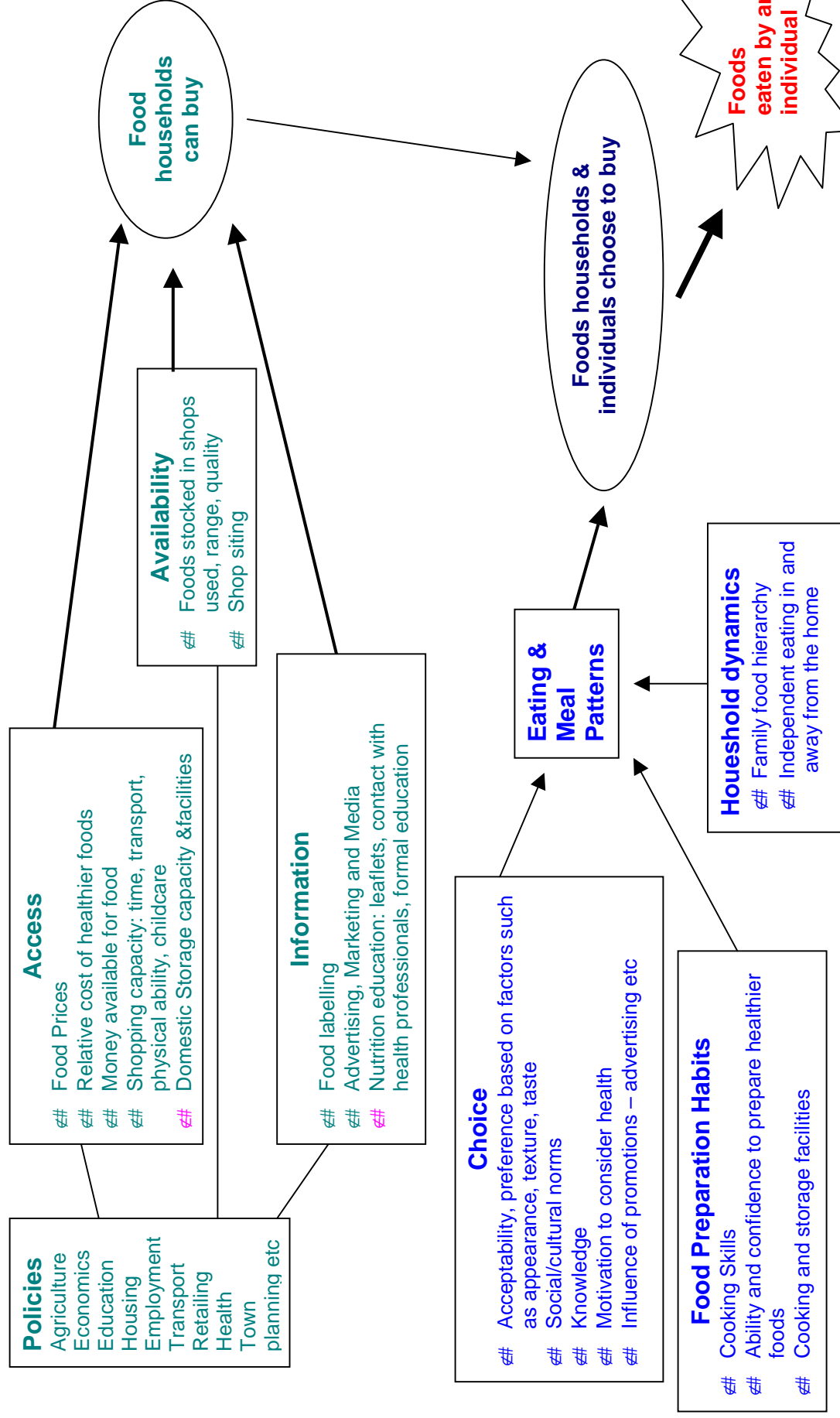
The foods people choose and risk of illness varies throughout life. Other factors may also affect dietary intake and susceptibility to food related illness:

- ## Social disadvantage ^(7, 8, 9, 10)
- ## Illness ^(30, 36)
- ## Ethnic group ⁽¹²⁾
- ## Public perceptions of issues (whether evidence based or not)

Foetus ^(27, 28, 37)	Child ^(27, 28, 37, 40)	Teenager	Pregnant Woman ⁽²⁸⁾	Adult	Old Age ^(13, 32, 44, 45)
<ul style="list-style-type: none"> ## Low birth weight ## Impaired development ## Risk of spina bifida⁽³⁸⁾ ## Poor oral health⁽³⁹⁾ 	<ul style="list-style-type: none"> ## Poor bone growth ## Asthma ## Constipation ## Iron deficiency anaemia ## Poor growth ## Poor oral health⁽³⁹⁾ ## Obesity ## Increase risk of allergy ## Inability to concentrate 	<ul style="list-style-type: none"> ## Risk of adult CHD ⁽⁴⁾ and some cancers ⁽⁴¹⁾ ## Poor growth ## Iron deficiency anaemia ## Poor oral health ⁽³⁹⁾ ## Psychological problems and risk of eating disorders ⁽⁴²⁾ ## Obesity ⁽⁶⁾ ## Inability to concentrate 	<ul style="list-style-type: none"> ## Obesity ## High blood pressure ⁽⁴⁾ ## Anaemia ## Constipation ## Poor oral health ⁽³⁹⁾ 	<ul style="list-style-type: none"> ## High blood pressure and stroke ^(4, 43) ## Obesity increasing risk of: <ul style="list-style-type: none"> Back pain Diabetes Accidents Joint injury CHD ⁽⁶⁾ ## Some cancers ⁽⁴¹⁾ ## CHD and Hyperlipidaemia ⁽¹³⁾ ## Osteoporosis ⁽¹³⁾ ## Poor oral health ⁽³⁹⁾ 	<ul style="list-style-type: none"> ## High blood pressure and stroke ## Osteoporosis ## Poor oral health ## Anaemia ## Constipation ## Obesity ## increasing the risk of: <ul style="list-style-type: none"> Back pain Diabetes ## Weight loss and associated malnutrition ⁽³⁶⁾
<ul style="list-style-type: none"> Increased susceptibility to food borne infection e.g. listeria 	<ul style="list-style-type: none"> Increased susceptibility to food borne infection e.g. in bottle fed child 		<ul style="list-style-type: none"> Increased susceptibility to food borne infection 		<ul style="list-style-type: none"> Increased susceptibility to food borne infection if frail

6.0 What affects eating habits?

What we eat is the result of many different factors, all of which must be taken into account if eating habits are to be changed. The key factors impacting upon local issues are:



8.0 The Potential Benefits

- 8.1 When the outcomes of a strategy such as this are considered, the focus tends to be on achievement of financial savings to the NHS and local authority, however personal benefits in terms of improved wellbeing when illness is prevented must be acknowledged as equally, if not more important.
- 8.2 The economic benefits of increasing breastfeeding rates have been widely reported ⁽⁴⁶⁾. The incidence of gastro enteritis in bottle fed babies is 7.8/100 compared with 1.4/100 in breastfed. In 1995 it was estimated that the NHS spent £35 million each year in England and Wales treating gastro-enteritis in bottle fed infants and that for each 1% increase in Breastfeeding at 13 weeks, a saving of £500,000 in the treatment of gastro-enteritis would be achieved. Benefits also include a reduction in certain medical conditions such as Type I Diabetes, neonatal necrotising enterocolitis, premenopausal breast cancer.
- 8.3 Obesity costs the NHS at least £0.5 billion each year and possibly in excess of £2 billion to the wider economy ^(5,6). Minimum mortality is in the Body Mass Index range of 20 – 25 kg/m². Higher and lower BMI's are associated with increased rates of mortality. Fat distribution is also important; individuals who have increased abdominal weight are at more risk than those whose excess weight is on their limbs.
- 8.4 Disability due to Cardiovascular disease or musculo-skeletal disease is higher in the overweight, as are rates of cancer, gall stones, sleep apnoea and reproductive disorders
- 8.5 Those who are overweight or obese are at increased risk of developing diabetes. Around 5% of total NHS resources and up to 10% of hospital in patient resources are used for the care of diabetes ⁽¹⁴⁾.
- 8.6 Inequalities are seen in the incidence of coronary heart disease. Unskilled working men are three times more likely to die prematurely of CHD than professional and managerial occupations. The wives of manual workers have nearly twice the risk compared with wives of non-manual workers. For people born in the Indian sub continent, the death rates from CHD is 38% higher for men and 43% higher for women than the country as a whole. Nutritionally these groups have a poorer intake⁽¹²⁾.
- 8.7 Malnutrition in patients aged 65 years and over may cost the NHS in Warwickshire between around £300,000 annually ⁽³⁶⁾
- 8.8 In 2000 the FSA estimated that the total cases of Infectious Intestinal Disease in England was £742.8 million. NHS costs were 37% of this ⁽²³⁾.

The challenge

- 8.9 Despite moves towards a healthier eating pattern, there are still many changes needed in local eating habits, both in the balance of food eaten and the way it is prepared.
- 8.10 The barriers to healthier eating which affect people, particularly those who live on low incomes, need to be addressed. It is unethical to push food targets and healthy eating messages at people who may be very willing, but unable for a variety of reasons, to change either their own eating habits or those of their children ^(8, 9).
- 8.11 Warwickshire is an “average” county in that local data matches the national averages. Differences however are seen within the county as indicated in the local data quoted on page 7. The available information on eating habits in Warwickshire therefore suggests that aspects of the strategy should target the following groups:

- # People living in circumstances of relative socio-economic deprivation to improve choice and availability of low cost food
- # young people to positively promote a healthy diet to improve health
- # Warwickshire has a high percentage of older people so the strategy must focus on these people to reduce costs of care if these people become more dependent
- # to improve cooking skills so that people do not remain too reliant on convenience foods

9.0 The Evidence –What does it tell us about what works?

9.1 As so many factors affect our eating habits, changing how we purchase, store, prepare and eat food is a complex and challenging issue to address.

9.2 There is considerable evidence of the effectiveness of interventions to change eating habits. This evidence has been used to underpin the action plan, and is shown in appendix D.

10.0 The Stakeholders

10.1 A mapping exercise ⁽⁴⁷⁾ identified a wide range of professionals, workers, groups, and organisations involved in promoting health through food in Warwickshire. These and other stakeholders are identified below.

- # Community groups and local people
- # Health community in the NHS
- # Local authorities – environmental health, trading standards, town and transport planning, housing, libraries, tourist information
- # Social care professionals/social services
- # Educators. Local schools and colleges
- # Voluntary groups and workers
- # Carers
- # Single Regeneration Budget (SRB) and other partnership community projects
- # Farmers, food producers
- # Retailers
- # Caterers, restaurants, cafes and pubs
- # Caterers in hospitals and other institutions
- # Employers
- # Media
- # Politicians

10.2 All will need to be involved in implementing the strategy.

11.0 Strategy into action – what are we doing now?

11.1 A mapping exercise ⁽⁴⁷⁾ assessed the range and quantity of food related work being undertaken across Warwickshire. It identified a wide range of professionals, workers, groups, and organisations involved in promoting health through food. A directory was compiled and 59 initiatives were identified including the following examples:

Balanced Diet	Safety	Quality
Age Concern Luncheon Clubs	Production of food safety video for school children	Warwickshire Farmers Market
Heartbeat Award Scheme	Heartbeat Award Scheme	Audit of Food and Health Claims
Young at Heart – Special Heartbeat award for premises caring for older people	Food hygiene training	Quality standards for healthy eating in Schools
Cook and eat sessions in Leamington Spa	Drama into education for National Food Safety Week (Stratford)	Fresh Food Festival run by Warwick's Agenda 21 Food Group
Fit Kiwi's in Nuneaton (Kids in Warwickshire Initiative)	Food Safety Week – quizzes, gifts and information (Rugby)	Nutritional Support Policy (all NHSTrusts)
Meals on Wheels	Healthy Eating Policy for health Services in South Warwickshire	Nutritional Standards for School Lunches
Healthy Eating Policy for health Services in South Warwickshire	Safe food awards	Healthy Eating Policy for health Services in South Warwickshire
Tuckshop Award		

11.2 All initiatives above are county-wide except when indicated. Not all activity being undertaken in Warwickshire was identified during the mapping exercise, so the directory will be updated on a yearly basis. There continues to be ad-hoc work carried out by each organisation to meet changing needs of their client groups.

11.3 A few large projects with a food focus were identified:

11.3.1 Healthy Eating Quality Standards for schools

A guidance document ⁽⁴⁸⁾ has been produced through a multi-agency and multi-disciplinary approach. This document has been distributed to all LEA maintained schools in Warwickshire. It promotes a whole school approach to healthy eating and helps schools to:

- ⌘ audit their current provision for healthy eating
- ⌘ identify priority tasks to effectively promote healthy eating
- ⌘ understand the relationship between healthy eating and WHPSS

11.3.2 There is now a need to promote and evaluate the use of this resource.

11.3.4 Warwickshire Health Promoting Schools (WHPSS) Scheme

This aims to promote the whole school approach for a range of health related topics, including food and nutrition. The scheme will help schools with the two leading interventions identified by this strategy: improving provision and effective education.

11.3.5 National Schools Fruit scheme ⁽⁴⁹⁾ The West Midlands will be the first region to implement the National Fruit to Schools Scheme. The aim of the scheme is to provide a free piece of fruit to all foundation and key stage 1 children. It is an optional scheme that LEA maintained schools can volunteer to participate in. Some schools may need encouragement to participate. The schools' catering service is interested in supporting this initiative.

11.3.6 Schemes for Catering Outlets

Two local initiatives aimed at promoting healthier food choices in catering outlets are the Heartbeat Award (HBA) Scheme and the local council's safe food schemes (for demonstrating high standards in food safety).

11.3.6.1 The HBA scheme covers a wide range of healthy issues and so must be marketed effectively to encourage caterers to participate. Establishments participating in the scheme should seek to ensure that shops and vending machines on their premises offer 'healthy options'. Provision of healthier meal options provided under these schemes should also be extended to staff working 'unsociable hours'.

11.3.6.2 Contact must also be made with those who run other schemes in order that the health aspects of food are included in their judging criteria e.g. Coventry and Warwickshire Good Food Awards.

11.3.7 The standard HBA scheme might not be relevant to all catering providers.

11.3.7.1 A special award has been developed for places that care for older people as their nutritional needs are slightly different to those of the general population, and their susceptibility to food borne infection is higher. This is called the Young at Heart Award.

11.3.7.2 The Warwickshire Heartbeat Group is considering expanding the local scheme to include premises who cater for the under fives.

11.3.7.3 A simpler and less resource intensive scheme is being developed to support providers of snacks and sandwiches to ensure that they offer 'healthy' choices to those they serve.

11.3.8 The Workplace

The workplace is a very important setting for the promotion of health amongst local people. The key health promotion initiative for the workplace in Warwickshire is the Warwickshire Health at Work Award. It is proposed that greater linkage be made between this initiative and the HBA scheme.

11.3.9 A food safety initiative that is already in place is the Nuneaton and Bedworth Borough Council's "Food Safety Matters" initiative which will strive to address all the information/advice needs of the public and food businesses in its area. The Heart of England Food Safety Forum covers North Warwickshire, Nuneaton & Bedworth and Hinkley & Bosworth areas. It provides a quarterly forum for all food businesses to discuss food safety issues.

11.3.10 Food Hazard Warnings - The Food Standard Agency periodically issue Food Hazard Warnings, these are dealt with promptly and in line with the national strategy and guidance issued by the Agency. The Food Hazard Warnings are categorised in accordance with their priority, Category A is 'For Immediate Attention' through to Category D 'For Information Only'.

12.0 Strategy into action – what we could do.

12.1 A wide range of activities that could be carried out within Warwickshire to improve food-related health have been identified. These are shown in appendix D. Whilst not all will be possible due to limits of resources the FFH group will actively seek ways to take them forward.

12.2 The action plan at the end of the strategy gives details of what organisations and their partners have committed to do.

12.3 Members of the FFH group will actively seek funding opportunities to develop new and existing activities.

12.4 Raising of awareness about food and eating habits amongst local people must be part of this strategy. Previously, there has been over-reliance on 'health education' and this strategy makes clear how health promotion has to be an integrated part of a greater whole. A model of working this way is shown in appendix E.

13.0 Where to find more information

13.1 The following web sites offer information on the issues discussed in this strategy.

- ↓# *Food Standards Agency* – www.food.gov.uk
- ↓# *Health Development Agency* – www.hda-online.org.uk
- ↓# *Health Promotion England* – www.hpe.org.uk
- ↓# *British Dietetic Association* – www.bda.uk.com
- ↓# *British Nutrition Foundation* – www.nutrition.org.uk (Tel; 020 7404 6504)
- ↓# www.warwickshire.gov.uk – for the County Caterers go to the school meals link

- ↓# *BBC online* – www.bbc.co.uk/health/nutrition
- ↓# *Vegetarian Society* – www.vegsoc.org.uk (Tel: 0161 928 0793)
- ↓# *National Dairy Council* – www.milk.co.uk
- ↓# *Caroline Walker Trust* – www.cwt.org.uk
- ↓# www.keepkidshealthy.com
- ↓# www.foodisfun.co.uk - for information about school meals week

- ↓# *British Heart Foundation* – www.bhf.org.uk
- ↓# *The Stroke Association* – www.stroke.org.uk Tel: 020 7490 7999
- ↓# *Alzheimer's Disease Society* – www.alzheimers.org.uk Tel:020 7306 0606
- ↓# *Parkinson's Disease Society* – www.parkinsons.org.uk Tel: 020 7233 8080
- ↓# *Department of Health* – www.doh.gov.uk