

DUDLEY FOOD FOR HEALTH ACTION PLAN 2010 – 2013

INTRODUCTION

This Action Plan outlines actions to promote healthy eating throughout Dudley Borough as agreed by agencies represented on the Dudley Food for Health Steering Group. To access previous reports (*Dudley Food for Health Action Plan Report 2004 – 2007* and *Dudley Food for Health Action Plan Report 2007 – 2010*) contact NHS Dudley, Public Health Nutrition Team. www.dudley.nhs.uk/foodandnutrition

Healthy eating continues to play a key role in both the national and local health agendas, particularly in relation to the prevention of CVD, diabetes, some cancers, obesity and other dietary related conditions such as dental caries. Furthermore, access to healthy food, to nutrition information and the acquisition of food skills continue to play an increasing part in a variety of agendas including education (schools and community), regeneration (retail, transport and planning) and sustainable environments (procurement and good corporate citizenship). This planning framework involves a multi-agency Steering Group to encourage key decision makers to influence, develop and support policies that positively impact on food availability and health. Each agency is committed to the overarching action plan and attendance at two meetings each year.

70,000 deaths in UK each year could be avoided if diets improved in line with Department of Health (DH) recommendations. 60% of these, i.e. 42,000 could be prevented just by increasing fruit and vegetable consumption (Cabinet Office, 2008). Up to a third of deaths from cancer and coronary heart disease could be prevented by better diet, in addition to reductions in hypertension, diabetes and obesity (DH, 2002).

It is estimated that food related ill health is responsible for about 10% of morbidity and mortality in the UK and costs the NHS in the region of £6 billion annually (British Heart Foundation, 2005). It concluded that the cost of dietary related disease to the NHS is twice the amount attributable to car, train and other accidents and more than twice that attributable to smoking. The vast majority of the burden is due to unhealthy diets rather than to food borne diseases. In addition to national evidence, a local research project was conducted and supports action at a local level (Dudley Food Network, 2003).

This plan supports broader work across Dudley Borough to improve the health and well-being of Dudley residents. It aims to tackle the key contributory issues – education and training (knowledge, skills), access to healthy food (making the healthy choice an easy choice) and attitudes to food and eating. It aims to address the need to develop policies and strategies across a variety of directorates that impact upon a sustainable food supply and food choices - such as planning, retail, education, neighbourhood management, regeneration, transport, catering and sustainable development. It includes practical initiatives and the support needed to ensure that consistent action will be effective in the longer term and be appropriate to the needs of all sectors of the population, their preferences and circumstances at each stage of life.

This plan supports other national and local plans and campaigns to prevent obesity, promote mental health (DH, 2011), prevent malnutrition, CVD and cancer. Actions aim to support all age groups in the settings where they live, learn and work.

Inequalities exist in many contexts for individuals, groups and communities whether related to broad socio-economic factors such as poverty and unemployment, or with regard to individual characteristics such as age, culture, disability, ethnicity, gender, race, religion, sexual orientation, spirituality or any other status. In terms of a healthy diet, equality is about creating a fairer society where everyone has the opportunity and capacity to eat well. The

socio economic position of individuals and families shapes their access to material resources, including food, to every aspect of experience in the home, such as cooking and food storage facilities, neighbourhood, such as local food shops and the workplace. These factors are key determinants of health outcomes. Under equality legislation (Equality Act, 2010), public bodies are accountable in terms of clear duties to work towards eliminating discrimination and promoting equality of opportunity. Some groups and communities experience limited or no access to a wide range of local shops, services and support. Marmot (Marmot, 2010) advocates a universal approach that recognises the need for 'a greater intensity of action' for those at 'greater social and economic disadvantage'.

In its efforts to reflect the commitment of the Dudley Food for Health Steering Group, a multi-agency active coalition, to partnership working, this plan recognises that whilst individuals are to an extent responsible for their own lifestyles, the environment and circumstances in which they live are major influences on their food choice. The food environment is affected by food production technology, marketing tactics and food retail provision and these also impact upon an individual's dietary choices. These are not always within the control of individuals but do have an impact upon an individual's food choices. They are addressed within this plan in terms of support for national health promotion initiatives that are undertaken by a variety of statutory, voluntary and commercial organisations.

The actions in this plan support individuals to take responsibility for their eating behaviour and set out to enable people to have a 'sense of control' and gain the knowledge, skills and resources to make healthy choices. At a community level the plan aims to improve the environment so that individuals are supported to make healthy choices, a sustainable local economy is promoted and includes activities that bring people together. Some of the actions in the plan are funded as integral work of the various agencies involved. Where additional funding is required to take specific actions forward, members of the steering group are required to investigate possible sources of funding and make bids accordingly.

References:

Department of Health, 2011, No health without mental health: A cross-government mental health outcomes strategy for people of all ages, Department of Health

Marmot Review, 2010, Fair Society, Healthy Lives: a strategic review of health inequalities in England post 2010 – Executive Summary. London

Membership / Invitees / Consultation

Consumer / Community Representation

Young Adult
 Lead on family food
 Older person

Voluntary and Community Sector:	Local Authority	NHS	Commercial Sector
Age UK Council of voluntary services Diabetes UK BHF Alcohol Community Group Self help Groups	Lead for Older People Lead for Early Years Young People’s lead Trading Standards Environmental Health Physical and Learning disabilities lead Looked After Children Lead Green spaces / Allotments Transport Catering Planning Community Renewal Libraries Adult and Community Learning Waste and recycling services Social services Procurement Lead Older peoples partnership board	HV Lead Public Health Nutrition Lifestyle Services Dietetics Catering / facilities Health Promoting Schools (Public Health Procurement Lead Mental Health Promotion (Public Health) Health Inclusion (Public Health)	Food Industry - producer / manufacturer / grower Food retailer Caterer

Plan of Action

Who needs support?	Why?	How? Intended actions	Evidence for this support	Who will take action forward?	Timescale
Infants	<p>Promote Breastfeeding Exclusive breastfeeding lowers risk of atopic dermatitis and gastroenteritis in infants and breast and ovarian cancers in mothers. It is estimated that if all babies were exclusively breastfed, the number hospitalised each month with diarrhoea would be reduced by 50% and the number hospitalised with respiratory infection cut by 1/3.</p> <p>Babies who are not breastfed are five times more likely to be admitted to hospital with gastroenteritis. <i>PH 11 NICE Guideline</i></p> <p>2009 – 10 Breastfeeding Rates: Dudley BF initiation rate: 60% (national average 76%). Dudley 6 – 8 wk BF duration rate: 26% (national average 48%)</p> <p>In 2006, 300 babies under 1 year were hospitalized in Dudley at a cost of £300k and £8,200 was spent on Formula milk.</p> <p>Women in disadvantaged and vulnerable groups are significantly less likely to access maternity services early, maintain contact throughout their pregnancies, eat a well-balanced diet or breastfeed their babies. They are more likely to have</p>	1. Implement and evaluate UNICEF Community Baby Friendly Status	UNICEF BFI has been shown to improve rates of breastfeeding through the comprehensive training and coordination of breastfeeding activities in acute and community settings. Potential savings are linked to the reduction in incidence of gastroenteritis, otitis media and asthma.	NHS - PH Nut Team supported by LA Children's Centre Lead.	2013
		2. Commission breastfeeding Buddies support service	Commissioners and managers of maternity and children services should provide local easily accessible breastfeeding peer support programmes and ensure that PSWs are part of a MDT team. Service models should focus on women who are least likely to breastfeed: young women, women with low educational achievements and those from disadvantaged backgrounds.	NHS - PH Commission from DCS	2015
		3. Support schools to ensure that teaching and resources reflect breastfeeding as the normal way to feed infants		HPS / PH Nut	
		4. Link schools with Breastfeeding Buddies	<i>NICE PH Guidance 11</i>		

	poorer maternal and neonatal outcomes such as infant mortality, low birth weight, smoking in pregnancy and postnatal depression.	5. Ensure schools can signpost parents and staff who are breastfeeding to appropriate facilities			
		6. Support the uptake of Healthy Start vouchers and vitamins.	Nutritional status of pregnant woman influences the physical and mental development of the foetus. <i>Maternal and Child Nutrition NICE, 2006</i> Healthy Start focuses on low income and disadvantaged families to encourage earlier contact in pregnancy, support breastfeeding and good nutrition (through milk, fruit and veg and vitamin supplements).	NHS - PH Nut Team supported by LA Children's Centre Lead	
		7. Train professionals to run workshops / sessions for parents on introducing solid foods.		NHS - PH Nut Team	Ongoing
Pre-school children	An extensive two year study found that none of the nurseries which volunteered to be involved met all of the current guidelines on food for this age group - despite many putting a lot of effort into providing healthy menus. National trends reflect high salt levels, portion sizes too large and sometimes too small, fat levels	1. Deliver nutrition training to all staff in statutory and PVI day care settings.	Studies show nutritional standards improve after childcare providers have accurate information about their menus and how to give very young children the right diet.	PH Nutrition Team	Ongoing

	<p>too low and both starchy carbohydrates and red meat levels too low. <i>Local Authority Coordinators of Regulatory Services (LACORS), 2009</i></p> <p>Children aged 1 ½ – 6 yrs do not eat enough fruit and veg, but do eat a lot of added sugars (<i>Gregory et al, 2000</i>)</p> <p>Children of less privileged mothers are at greater risk of both ‘growth faltering’ (gaining weight too slowly) in infancy and obesity in later childhood. (<i>Armstrong et al 2003</i>)</p> <p>13% children overweight and 10% obese at start of school. <i>DH National Child Measurement Programme</i></p>	<p>2. Promote and deliver DFHA to caterers in PVI and statutory day care settings.</p>	No national standard in place therefore work required locally.	PH Nut Team	Ongoing
		<p>3. Develop Early Years Health Charter and encourage all early years day care providers (statutory and PVI) to sign up.</p> <p>Monitor and record sign up to inform future plans.</p>	Whilst some local child care settings have been successfully supported to implement healthy food policies, efforts to implement food policies across all early years settings, especially day care, has remained challenging. It is hoped that a Health Charter will engage more professionals so that supportive partnership work can be progressed.	LA Extended Services and Early Years Teams in partnership with PH Nutrition Team	
School aged children	<p>92% of children consume more saturated fat than is recommended 86% consume too much sugar 72% consume too much salt 96% do not get enough fruit and vegetables. <i>National Diet and Nutrition Survey 2009</i></p> <p>DH National Child Measurement Programme shows number of overweight children rises from 13% to 14% and obese children from 10% to 17% whilst at primary school.</p> <p>Type 2 diabetes is now seen in children aged 7yrs (<i>Diabetes UK, 2006</i>)</p>	<p>1. Pilot implementation of Food Dudes in primary schools</p>	Food Dudes results from studies with 450 children, showed substantial increases in consumption of a wide range of fruit and veg eaten at home as well as school with long lasting results (as long as 15 months after the intervention)	PH Nutrition and HPS Teams	2011 - 13
		<p>2. Support and monitor schools to implement effective Whole School Food Policies that include lunchboxes</p>	School Food Trust advises Packed Lunch Policies are most effective when introduced as part of a Whole School Food Policy.		

	25% 11-15yr olds obese (ONS, 2005)	from home.			
		3. Support schools to run Get Cooking! sessions with pupils and parents.	72% of Dudley Get Cooking! Service participants increase their consumption of fruit and veg or improve one or more other area of their diet		
		4. Support schools to achieve the DFHA / Platinum award	The platinum award links catering (Dudley Food for Health Award) with education and skills (Get Cooking!) and the school environment (Healthy Food Policy) – ensuring a whole school approach. Dudley Food for Health Award effectively improves healthy catering, increases healthier choices and contributes to positive dietary change (DFHA Report, Sept 2010)		
		5. Expand Food Labelling in Schools scheme – including an evaluation of effectiveness	Understanding food labels enables healthy dietary choices	Trading Standards / PH HPS	2010-2013
		6. Promote healthy eating, provide healthy food and run healthy cooking sessions at youth clubs.	Knowledge, skills and environment effect food choice.	LA – Youth Service	2010-13
		Children in care homes	Diets of ‘looked after’ children and young people are a particular cause for concern	1. Support caterers in residential homes to	Currently no national guidelines

	<p>because many of them have already experienced deprivation and poor health care before they arrive in care. Looked after young people have an increased vulnerability to ill health <i>Caroline Walker Trust 2002</i></p>	<p>achieve DFHA</p> <ol style="list-style-type: none"> 2. Support residential care settings to adopt healthy food policies 3. Support colleges to implement healthy food policies 	<p>Dudley Food for Health Award effectively improves healthy catering, increases healthier choices and contributes to positive dietary change (DFHA Report, Sept 2010)</p>		
<p>Young adults not in education, employment or training (NEET)</p>	<p>In UK, 19 – 24 yr olds eat less fruit and veg than any other adult age group and are more likely to eat fatty and sugary foods and drinks <i>Nations Diet and Nutrition Survey 2009</i></p> <p>A Dudley Public Health Survey, 2010, <i>Reducing Health Inequalities Amongst Targeted Groups of Young People in Dudley</i> reports the following regarding NEET young people:</p> <p>49% think their diet is unhealthy, compared with 39% of young people at Further Education College.</p> <p>45% ate fruit or veg on at least 2 days a week (suggesting that 55% eat fruit or veg on less than 2 days a week).</p> <p>50% eat crisps or similar snacks on most days compared to 36.5% year 10 pupils.</p> <p>53% ate sweets or chocolates on most days (compared to 44% of year 10 pupils)</p> <p>44% ate fast food at least 2 days a week and drink sugary drinks on most days.</p> <p>National food and health action focuses</p>	<ol style="list-style-type: none"> 1. Undertake focused qualitative enquiry with young people who are NEET 	<p>Need to develop further insight and a supportive strategy.</p>	<p>NHS – PH Nut Team</p>	<p>2010 - 11</p>

	upon schools, with no support planned for NEET young people.				
Adults in the workplace	<p>Saturated fat intakes in adults have dropped slightly to 12.8% of food energy - still above the recommended level of 11%</p> <p>People are still eating too much added sugar, currently 12.5% of food energy intake compared to the recommended 11%.</p> <p>2/3 men and women are not eating the recommended '5-a-day' fruit and veg.</p> <p>Average intakes of fibre are 14g per day for adults against the recommended 18g. Consumption of oily fish is below the recommended one portion per week.</p> <p><i>(National Diet Nutrition Survey, 2008/2009)</i></p>	1. Establish effective healthy eating policy across all LA work sites		DUE Env. Health Team	2010 - 13
		2. Evaluate Healthy Eating Policy in Russell's Hall Hospital		Dietetics Team	2010-12
		3. Maintain effective healthy food policy across all PCT workplaces		PH Nut Team	Ongoing
		4. Support commercial, voluntary and public sector caterers to achieve DFHA in work settings.	Dudley Food for Health Award effectively improves healthy catering, increases healthier choices and contributes to positive dietary change (DFHA Report, Sept 2010)	PH Nut Team	Ongoing
Adults and families in the community	<p>In UK, 19.8% of people in the most deprived areas eat 5 day compared to 33.1% in least deprived areas. These people also consume less oily fish, chicken and whole grains.</p> <p><i>Henderson, Gregory and Swan, 2002</i></p> <p>In the least deprived areas of Dudley 31% adults report eating 5 a day. This reduces to 18% in the most deprived areas. 15.8% people in 20% most deprived areas eat less than 1 portion of fruit and veg per</p>	1. Use Accession accessibility modelling software to produce a baseline indicator of poor food access	Need a baseline indicator to annually monitor Against.	Transport Planning Team	2010 - 2012
		2. Continue to undertake qualitative needs assessment enquiry across 40% most deprived communities and vulnerable groups	Need to develop further insight and a supportive strategy.	PH Nut Team	Ongoing

	<p>day compared with 9.1% Dudley Average.</p> <p>Poor mental health is linked to a range of health damaging behaviours including a poor diet. <i>National Mental Health Development Unit, 2010</i></p> <p>The average person in UK eats 1 in 6 meals away from home <i>Food Service and Eating Out: An Economic Survey, DEFRA, 2007</i></p> <p>Rates of heart disease are higher in South Asian and African Caribbean populations <i>Sprostan & Mindell, 2006</i></p> <p>Hospital admission data shows that BME patients with heart disease tend to present a decade earlier than average population <i>Ethnicity and Inequalities in Health and Social Care, Vol 3, Issue 2, June 2010</i></p>	<p>including: mental health service users, people with physical or learning difficulties, people from minority ethnic communities, people on low incomes, young offenders and homeless people.</p>			
	<p>Diabetes is 4x more prevalent in Pakistani and Bangladeshi men compared to general population.</p> <p>Black women (African and Caribbean) significantly higher rates of high blood pressure.</p> <p>White ethnic groups less likely to eat 5 a day <i>(DH Health Survey for England)</i></p>	<p>3. Commission provision of the Get Cooking! Service to 40% most deprived communities and vulnerable adults to support dietary improvement – increased 5 a day, oily fish and whole grains and decreased salt, sugar, trans and saturated fats.</p>	<p>Average 72% of Get Cooking! Service users increase consumption of fruit and veg. Average 71% improve one or more other aspect of their diet (salt, fat and / or sugar intake).</p>	<p>PH Nutrition Team</p>	<p>Ongoing</p>
		<p>4. Increase number of libraries involved with national initiatives to promote healthy eating (e.g. Men's health day).</p> <p>Source new relevant titles to refresh stocks of Healthy Eating books, leaflets and posters (in variety of appropriate languages).</p> <p>Monitor / audit libraries provision of healthy eating</p>	<p>Improved access to healthy eating information.</p>	<p>Library Service</p>	<p>2011-12</p>

		information, workshop / sessions and breastfeeding welcome environment.			
		5. Take accurate and up to date food and nutrition information to local community and professional.		PH Nutrition Team	Ongoing
		6. Support commercial caterers to achieve DFHA	Dudley Food for Health Award effectively improves healthy catering, increases healthier choices and contributes to positive dietary change <i>DFHA Report, Sept 2010</i> FSA Sandwich Shop Initiative key findings included healthier catering practices lead to businesses saving money.	PH Nutrition Team	
		7. Prepare outline plans of work to support snack retailers to offer healthy choices.	FSA front of pack traffic light labelling of sandwiches in supermarkets reported 40% increase in sales of 'green' and similar decreases in 'red' labelled sandwiches.	PH Nutrition Team	2010-2011
		8. Encourage butchers, bakers and local food manufacturers to use less salt in bread and		Trading Standards	2010-2013

		sausages making - using an online calculator.			
		9. Support national and local strategy and policy to impact positively upon food security / access to healthy food (including Healthy Start, fast food planning policy, transport policy, education and regeneration).		All partners / Steering Group	Ongoing
		10. Investigate available sources of land (derelict ground?) for community food growing / allotments / urban agriculture.		LA - Parks Development	2010-2012
		11. Investigate and promote opportunities for more people to grow their own food			
		12. Ensure that clean drinking water is available in all parks			
		13. Provide healthy food options in Leisure Centres		LA - DUE	

Vulnerable adults (with physical and learning disabilities)	<p>People with learning disabilities are more likely than those in the general population to have avoidable, diet related ill health. These include overweight, underweight, diabetes, bowel disorders and oral health. <i>Caroline Walker Trust 2007</i></p>	1. Support caterers in care settings to achieve DFHA	Dudley Food for Health Award effectively improves healthy catering, increases healthier choices and contributes to positive dietary change (DFHA Report, Sept 2010)	PH Nutrition Team	Ongoing
	<p>Less than 10% of adults with learning disabilities in supported accommodation eat 5 a day. <i>Robertson et al, Research in Developmental Disabilities, 2000</i></p> <p>People with learning disabilities have a shorted life expectancy than the general population. <i>LD Observatory & DH, Health Inequalities and People with LD in UK; 2010</i></p> <p>Carers of adults with LD generally have a poor knowledge of recommended dietary intakes <i>Melville et al, Journal of Applied Research in Developmental Disabilities, 2009</i></p>	2. Train carers to promote healthy eating with their client groups	No national nutritional standard.		
Older people	<p>Estimated 40% older people living in own homes are / at risk malnourished. Key issues income, access (shopping/mobility) cooking (especially men).</p> <p>Malnutrition affects up to:</p> <ul style="list-style-type: none"> • 14% over 65s • 10-14% people in sheltered housing • 25% receiving care in their own home 	<p>1. Use BAPEN Tool Kit to:</p> <ul style="list-style-type: none"> • quantify numbers at risk (survey/enquiry, MUST) • Assess current provision • Develop pathways • Implement MUST training to professionals, carers and managers working 	Currently no clear picture of numbers at risk in Dudley or understanding of what needs / support local older people need – food access- Skills? Finances? Ability to prepare food? Motivation?	Age UK / PH Nutrition Team/ DGH Dietetics Team	2011

	<ul style="list-style-type: none"> 30-42% recently admitted into residential care homes 	<p>across health and social care with older people in variety of settings (independent, sheltered housing, care homes, hospital/out patients).</p>			
		<p>2. Investigate feasibility of local colleges support to help older people do their shopping.</p>	<p>Need to develop further insight and a supportive strategy.</p>	<p>PH Nutrition Team</p>	<p>2011</p>
<p>Professionals, carers and volunteers who serve all of the above population groups in Dudley.</p>		<p>1. Provide Get Cooking! training: e.g. SHAs, HVs, CCs, Youth Workers, carers in disability, early years, older people, looked after children, school staff, young people's services, family and housing support services, mental health services.</p>	<p>72% of Dudley Get Cooking! Service participants increase their consumption of fruit and veg or improve one or more other area of their diet</p>	<p>NHS – PH Nut Team</p>	<p>Ongoing</p>
		<p>2. Provide nutrition training to professionals whose work impacts upon health e.g. pharmacists, caterers, falls advisors and professionals who serve minority ethnic groups</p>			

		3. Deliver healthy eating awareness raising activities to above groups			
		4. Maintain accurate and up to date Food and Nutrition information on all appropriate web sites			
		5. Ensure all caterers in health and social care sector achieve DFHA (residential and day care, workplaces)	Dudley Food for Health Award effectively improves healthy catering, increases healthier choices and contributes to positive dietary change (DFHA Report, Sept 2010)	PH Nutrition Team	Ongoing
		6. Maintain Healthy Eating Directory			
		7. Encourage professionals with responsibility for buying food on behalf of organizations to buy through sustainable systems and suppliers and to support the local food industry.	To minimize adverse environmental impact and address consumer concerns.	All Members	Ongoing