

# Food For Health

*2007 - 2009*



## Foreword

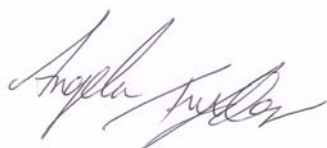
The association between Food and Health and how one impacts upon the other features prominently in our lives today, through the media, work, home environment, schools, leisure and even the political arena. Healthy eating is 'everybody's business' and Health Challenge Wales clearly endorses the need for a whole population commitment to making achievable and sustainable lifestyle changes. The benefits of healthy eating have been well documented, the challenge therefore is to create opportunities to encourage and support individuals and communities to adopt healthy eating habits that are sustainable and **that can be incorporated into daily life.**

The commissioning, development and implementation of *Food For Health* is a key element of the Good Health Strategy, and confirms the commitment by the Health Social Care and Well-Being Partnership Board to support activities that contribute to a reduction in the key conditions and diseases causing most ill-health and premature death in the county, as well as proactively promoting positive health.

*Food For Health* details the actions planned for 2007 – 2009, to support all who live, work or visit Flintshire to benefit from access to and opportunities for healthy eating. It forms one of three action plans being developed in Flintshire: *Food for Health* has been developed simultaneously with *Active for Life* in recognition of the importance that both healthy eating and being more active will have for health and well being, and the third action plan, outlining Flintshire's responses to the management of obesity, will be produced in 2007.

Joined up action between partners and engagement with communities and target groups identified in the action plan is essential if maximum impact of existing and new projects and activities is to be achieved for health improvement in Flintshire.

I have welcomed the opportunity to be involved in the development of this action plan, and *Active For Life*, and I look forward to continuing to work in partnership with others across Flintshire to implement and monitor all of the action plans.



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On behalf of the Health, Social Care & Well Being Partnership Board

## **Acknowledgements**

Sincere thanks are offered to everyone who helped develop this plan. This includes the steering and reference group members (listed in the appendix) and countless colleagues who identified and agreed the part they and their organisation or services will play in increasing the opportunities for improved health and well being.

Thanks are also given in advance for the hard work and effort that will now be required to turn the plan into reality.

Full acknowledgement is also given to the work and achievements of a wide range of committed and enthusiastic individuals and organisations that have, and continue to work to encourage and support healthy eating.

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### \*Important Note

There are some actions in this section that will also be applicable to adults who study at, work in or visit the colleges of further education

## **Introduction**

This plan is entitled “Food For Health”, in recognition of the positive contribution that the food we eat makes to our health and well being.

Eating a balanced and varied diet throughout life is fundamental to a healthy way of living, helping to protect the body from a range of life threatening conditions and maintaining energy for life. In addition, there is a growing body of evidence that links nutritional intake to our mental health and well being, and it is well recognised that the state of our mental health can influence the foods we choose to eat. The preparation of food and eating is also central to many social occasions and celebrations and the increased popularity and opportunities to eat a range of food originating from around the world reflects our increasing cultural diversity.

However, nationally as well as locally, the benefits both to individuals and society as a whole are not being realised, with rising levels of obesity for example adding to concerns that many people are not following the principles of a healthy diet. In addition, it is also recognised that Flintshire residents do not all have the same opportunities to benefit from a health promoting diet.

The commissioning, development and implementation of “Food for Health” is in response to objectives within the Good Health Strategy and confirms the commitment by the Health, Social Care and Well being Partnership to support and develop activities which will contribute to a reduction in risk for the conditions and diseases causing most ill health and death in the County and to promote good health and well being.

“Food for Health” details the actions planned for the next 3 years to increase the opportunity for everyone who lives, works and visits the County to benefit from a healthy, balanced diet.

## **Aim**

The aim of this plan is to contribute to a reduction in diet related risk factors for the chronic and acute conditions which cause most ill health and death in the County and to promote good health and well being.

## **Scope of the Plan**

It is recognised that the food and nutrition agenda is extremely wide ranging and to address all of the factors known to contribute to a health promoting diet, is beyond the scope of a plan of action for 3 years. It is anticipated however that this plan will set solid foundations for future developments by:

1. Improving the policies and practices of the key stakeholders who provide food in the statutory and voluntary sector.
2. Supporting local activity by improving access to appropriate information, and:
3. Building capacity and skills at a local level to deliver consistent and appropriate key messages and support change.

Whilst regrettable, it is possible that this plan may not address everyone's priorities or concerns.

A detailed Needs Assessment (which will be called Stage 2), will be used to inform the next Health, Social Care & Well being Strategy and will seek to identify and prioritise these issues in order to help determine the next steps in a longer term approach.

It is also important to stress that this plan has been developed as a primary prevention plan to contribute to the prevention of ill health as opposed to addressing the diet related issues involved in the treatment and support of individuals with a long term condition. Therefore, there are no actions specifically addressing the acute hospital environment as this falls within the remit of other groups.

## **National Context of the Plan**

The food and nutrition agenda is high on the National agenda both in Wales and in the rest of the UK.

Health Challenge Wales reminds all individuals and organisations of the shared responsibility to take positive steps to improve the health and well being of the people in Wales.

The Food for Health steering group considered the nutrition priorities and actions identified in the following key documents upon development of the action plan. (See appendix for further details)

1. Food and Well Being -Reducing inequalities through a nutrition strategy for Wales, 2003<sup>7</sup>
2. Healthy Ageing Action Plan for Wales (Welsh Assembly Government, 2005)<sup>9</sup>
3. Food and Fitness – Promoting Healthy Eating and Physical Activity for Children and Young People in Wales (Welsh Assembly Government, 2006)<sup>12</sup>
4. National Service Framework for Children, Young People and Maternity Services in Wales (Welsh Assembly Government, September 2005)<sup>15</sup>
5. Investing in a Better Start: Promoting Breastfeeding in Wales (National Assembly for Wales, 2001)<sup>17</sup>
6. National Service Framework for Older People in Wales (Welsh Assembly Government, Consultation Document, July 2005)<sup>10</sup>
7. The Diabetes NSF Standards (Wales), (Welsh Assembly Government, Spring 2003)<sup>16</sup>

Standard 1 of the NSF states that the NHS will develop, implement and monitor strategies to reduce the risk of developing Type 2 diabetes in the population as a whole and to reduce the inequalities in the risk of developing Type 2 diabetes.”

8. The National Service Framework for Coronary Heart Disease, (National Assembly for Wales, July 2001)<sup>13</sup>

Standard one of the NSF states that the NHS and partner agencies should develop, implement and monitor policies that reduce the prevalence of coronary risk factors in the population, and reduce inequalities in risks of developing heart disease.

9. Designed For Life, (Welsh Assembly Government, May 2005)<sup>18</sup>

10. Nutritional Standards for School Meals (& Appetite for Life)<sup>14</sup>

Food For Health has been developed at the same time as “Appetite For Life” which contains 41 proposals subject to consultation by 31<sup>st</sup> October 2006. These proposals suggest what is required across Wales to ensure a whole school approach to improved nutrition. This document outlines an approach which is considered necessary to ensure a consistent and coherent approach to improvement.

If the final document is as proposed in the consultation document, full implementation will be required by 2010. It will be necessary to agree how to implement the requirements contained within the final document and this will be considered when the full details are known.

11. Healthy Schools Scheme Guidance

Guidance is available along with networking opportunities which support local action to meet the aims of the Healthy Schools Scheme. A health promoting school actively promotes and protects the physical, mental and social health and well being of its community through positive action. Promotion of a health promoting diet is one of the areas of activity which can be included. NB “Appetite For Life” and the “Food and Fitness” plans provide further proposals regarding the Healthy Schools Scheme

12. Food Poverty and Older People (Welsh Consumer Council, August 2006)

## **Local Context**

“Food for Health” is the first Flintshire wide action plan of its kind.

However, the production of this plan is consistent with the aims and objectives of a number of County plans, strategies and partnerships including the Community Strategy, Children and Young People’s Partnership, Communities First, Health and Well being Plans and the Strategy for Older People.

## **Nutrition trends**

The recent *Welsh Health Survey* (NAfW 2005) indicated that

- 52% of adults in Flintshire are currently overweight or obese, compared to 54% in Wales
- 39% of adults in Flintshire said that they had eaten 5 or more portions of fruits and vegetables the previous day, the same as the average for Wales

This Survey also noted that 40% of adults in Flintshire reported that their usual alcohol consumption was above the recommended daily guidelines, with 17% reporting that their heaviest drinking day in the previous week was above the ‘binge drinking’ threshold.

The National Diet and Nutrition Surveys<sup>19</sup> have provided evidence of socio-economic differences in food patterns and nutrient intakes. For example, among adults, intake of fruit and vegetables was lower in both men and women in receipt of benefits compared with those not receiving benefits, e.g. less than 2 servings per day compared to over 3 per day in women. Similar findings were reported in children.

The *Young People in Wales, Health Behaviour in School Aged Children* (HBSC) study (WAG 2002) indicated that girls are less likely than boys to consume breakfast, lunch and dinner on a daily basis, particularly those aged 15-16. In 2000, fewer than half of girls aged 13-16 reported eating breakfast every day. There has been an increase in the consumption of confectionery and drinks containing sugar among boys. Consumption of fat-reduced milk has increased but the proportions of boys and girls aged 15-16 eating fresh fruit every day were lower in 2000 than 1990. Fewer than half of this age group reported eating fresh fruit every day in 2000. As part of the HBSC series of surveys, obesity levels have also been measured in 11, 13 and 15 year olds (WAG 2004).

The proportion of 15 year olds who are pre-obese (overweight) and obese in Wales is higher than for Scotland and England. International comparisons suggest that the diet is similar to other western European countries in the study, however daily consumption of fruit is lower in Wales relative to many other countries, particularly among boys.

### **Breastfeeding.**

Breastfeeding is the normal way to feed a baby and confers significant health protective benefits to the mother (reduced risk of breast and ovarian cancers and osteoporosis) as well as their baby (reduced risk of developing diabetes, heart disease and obesity as well as various infections). However, less than half of the babies born in Flintshire are offered their mother's milk. The Welsh Assembly Government have recommended that initiatives such as achieving Unicef Baby Friendly Initiative Accreditation, are developed which have a positive effect on the promotion and protection of breastfeeding in every county of Wales. A 2% rise in numbers of mothers initiating breastfeeding and a 5% rise in the numbers of babies still breastfed at 8 weeks, year on year is the current target set by WAG.

### **Learning From Experience**

Food for Health has been informed by evidence of effective ways of working to improve nutrition. A framework for action in relation to nutrition, and a summary review of evidence of interventions can be viewed by following the links to the National Public Health Service website<sup>20</sup>

## What is a Health Promoting Diet?

Generally, a healthy diet (other than for infants) is based on breads, potatoes, and other cereals and is rich in fruits and vegetables. A healthy diet will include moderate amounts of milk and dairy products, meat, fish or meat/milk alternatives (for example including vegetarian/vegan options), and limited amounts of foods containing fat or sugar. No single food can provide all the essential nutrients that the body needs. Therefore, it is important to consume a wide variety of foods to provide adequate intakes of vitamins, minerals and dietary fibre, which are important for health.<sup>3</sup>

“The Balance of Good Health” illustration below is used to show the proportion of each type of food which should be eaten each day to maintain health.



Throughout this plan, a health promoting diet is used to describe a diet which will:

- ✓ help to maintain a healthy body weight (this means neither being underweight or overweight/obese)
- ✓ promote general wellbeing
- ✓ reduce the risk of a number of diseases including heart disease, stroke, some cancers and diabetes.

In addition, a health promoting diet will include sufficient intake of non alcoholic fluids to promote health and well being.

There are some general facts about food and health contained in the appendix. Further details and information about the latest nutritional guidelines are available on [www.eatwell.gov.uk](http://www.eatwell.gov.uk)

## Food - Society, Culture and Religion.

In the introduction, the strong link between cultural, religious and other beliefs and food was highlighted. In developing and implementing the actions in this plan there will be due consideration given to how to ensure that actions are appropriate to the needs of the increasingly diverse population who live and work in Flintshire.

## What will help people benefit from a health promoting diet?

Simply telling people that eating a healthy, balanced diet is good for their health will not be enough in most cases. Most people will need support and encouragement to make any necessary changes to their lifestyle. The Good Health Strategy recognised that a comprehensive approach is required to effectively promote health and reduce the risks of ill health. “Food For Health” has developed its actions in line with internationally recognised best practice for health promotion<sup>8</sup>. These state that in order to improve health, actions must result in all of the following:

1. Policies which encourage health and well being
2. Environments in which we live, work and spend leisure time need to support health.
3. Individuals and communities must be involved in decisions and have the opportunities to have a level of control and choice.
4. Individuals and communities being helped to develop skills and increase their understanding about factors influencing health.
5. Health and social services which are effective, efficient and accessible to all, and having a stronger role in (*for example*) preventing illness and disease.

## Fundamental Principles

When implementing actions in this plan, consideration will always be given to:

1. Reducing inequalities  
This includes producing information which is in accessible formats (including large print, a range of appropriate languages, plain language and that which is suitable for individuals who have a learning disability or low levels of literacy)
2. Promoting involvement
3. Developing sustainable actions.  
This includes consideration of the wider environmental impacts of actions.

## Who Is This Plan For?

By increasing opportunities and addressing some of the factors which make it difficult to eat a balanced diet (the barriers), this plan has the potential to benefit everyone who lives, works in or visits Flintshire. However, in developing and agreeing actions, specific consideration has been given to the needs of the following groups:

- **People who are more likely to experience difficulties accessing healthy food.**

Food poverty has been defined as “the inability to afford, or have reasonable access to, food which provides a healthy diet.”<sup>7</sup> Therefore, it extends beyond economic aspects to include issues such as access, ethnicity and education. Typically, those experiencing food poverty may have limited money for food after paying for other household expenses, live in areas where food choice is restricted by local availability and transport to larger

supermarkets, or be lacking in the knowledge, skills or cooking equipment necessary to prepare healthy meals.<sup>7</sup>

This is more likely to include:

Older people, carers, people with physical disabilities, sensory impairment or learning difficulties, people living in rural locations (due to the reduced availability of local amenities, isolation etc), people on a low income, people who abuse alcohol or other substances or experience mental health problems.

▪ **People who have specific nutritional needs due to their “Age or Stage in life”**

Nutritional needs can change during our lifetime.

This will include infants, children and young people (including looked after children), women of child bearing age (especially pregnant women) and older people.

## **Monitoring and Evaluation**

It is proposed that following consultation and final drafting of this plan, a new group will be formed. The “Food For Health” implementation group will support and monitor the implementation of the actions and report progress to the Well being Network Co-ordinating group.

Progress reports will be submitted via the Chair of the Well being Network Co-ordinating group twice a year to the Health, Social Care & Well being Partnership Board.

## **Action Tables.**

The action tables have been developed under the following headings:

1. **Whole population:** including home and community settings, education and awareness raising, promotion of benefits of / access to a health promoting diet.
2. **Children and Young People (0-25):** School and College\* settings
3. **Children and Young People (0-25):** Health Service and Social Care Service settings.
4. **Children and Young People (0-25):** Home and Community Settings.
5. **Older People (50+):** Health Service and Social Care Service settings
6. **Older People (50+):** Home and Community Settings.
7. **People at risk of poor nutritional intake**

### **\*Important Note**

There are some actions in this section applicable to all young people (aged 16+) and adults who study, work or visit colleges of further education

**Table 1**

**Actions to address needs of the whole population:**

***Including education and awareness raising; promotion of benefits of / access to healthy diet and healthy weight***

Rationale: These actions aim to:

- Raise awareness of the importance of good nutrition to positive health and well-being and the prevention of ill-health
- Increase knowledge and understanding of the importance of a healthy balanced diet
- Develop skills to choose and prepare healthy meals for self and families
- Improve access to affordable 'healthy' food

Ref	Action	Outcome	Tasks (Outline)	Time-scale	Lead responsibility (partners)	Resource implications	Performance measure (and baseline)
1.	Increase availability and promotion of healthy food options within FCC Leisure facilities	Reinforces 'healthy lifestyle' messages  Creates an environment to support healthy choice.	Undertake baseline of provision  Develop food policy for Leisure Centres  Promote point-of-sale marketing of healthy food options	End of Feb 2007  April 2007  October 2007	Food and Leisure group (new task and finish group of WBN) Head of Leisure Services, Centre Managers, Catering Supervisor, NEWT Dietetics Dept, Good Health Team	To be considered	Increased availability of healthy options from baseline  Implementation of a food policy  Introduction of marketing techniques
2.	Facilitate attainment of Healthy Options Award for catering premises	Members of the public are supported in making healthy choices  Promotes business sector involvement in health improvement agenda	Promote uptake of the national Award  Carry out assessments of premises  Issue (time limited) Award	National Scheme launch April 2007	Food Safety Section, FCC Environmental Health Department		Number of premises achieving the award

Ref	Action	Outcome	Tasks (Outline)	Time-scale	Lead responsibility (partners)	Resource implications	Performance measure (and baseline)
3.	<p>Ensure the availability of relevant, appropriate and consistent information about a health promoting diet, maintaining a healthy body weight and the calorific content of alcoholic drinks.</p> <p>(This may also include information on food quality, labelling and food safety)</p>	<p>Increased awareness of benefits of balanced diet and health risks of poor diet.</p> <p>Increased awareness of the benefits of adequate hydration and health risks of poor hydration</p> <p>Improved health literacy</p>	<p>Convene group of relevant partners and develop list of 'recommended resources'</p> <p>Identify mechanism for distribution and monitoring – including the need to ensure that people who do not access services are targeted.</p> <p>Conduct 'awareness raising' activity</p>	<p>Jan 2007</p> <p>Apr 2007</p> <p>Ongoing from Apr 2007</p>	<p>Well-Being Network</p> <p>Flintshire County Council</p>	<p>Production and provision of information in a range of languages and formats creates a resource implication which will require consideration.</p>	<p>Available list of recommended resources</p> <p>Distribution mechanism identified</p> <p>Number and range of activity undertaken</p>
4.	<p>Explore potential for recruiting and providing accredited training to volunteers to deliver community based 'healthy eating' sessions and/or basic support to prepare or cook food.</p>	<p>Increased knowledge and skills re 'healthy eating' of volunteers and participants</p> <p>Increased community participation in health agenda</p>	<p>Identify appropriate courses e.g Community Food &amp; Nutrition Skills Course</p> <p>Identification of volunteers</p>	<p>Work to begin September 2007</p>	<p>Heart of Flintshire</p> <p>Communities First Coordinators</p> <p>Food Solutions Co-ordinator – Age Concern North East Wales</p> <p>NEWT – dietetics department (potential delivery of courses)</p>	<p>HoF can provide some support until March 2008</p> <p>Funded until Spring 2007</p>	<p>Number of volunteers trained</p> <p>Number of courses delivered</p>

Ref	Action	Outcome	Tasks (Outline)	Time-scale	Lead responsibility (partners)	Resource implications	Performance measure (and baseline)
5.	Design and produce community generated recipe book and healthy eating guides within Communities First areas	Meets need identified in Communities First needs assessment mapping  Promotes and actively engages local residents in 'healthy eating' and 'health improvement' agendas	Identify local community members who wish to take part in the work.  Collate menus and guidance information  Design and produce community resource	April 2007  Summer 2007  By end of 2007	Communities First Coordinators  Local residents  NEWT – Dietetics Dept (advisory capacity)	To be considered	Recipe books and eating guides produced
6.	Develop capacity for and deliver further 'cook and eat' sessions in the county.	Meets need identified in Communities First needs assessment mapping  Promotes and actively engages local residents in 'healthy eating' and 'health improvement' agendas	Identify quality assured training "programme"  Promote training opportunity to local residents / other potential volunteers  Organise venues, equipment and facilitate sessions	Ongoing	Communities First Co-ordinators		Number of cook and eat sessions delivered
7.	Explore opportunities to develop/increase the number of food co-ops in the County	Increases access to affordable food.  Promotes community involvement	Identify priority areas for consideration and mechanism to introduce new schemes	Ongoing	Community First Co-ordinators  Age Concern North East Wales (Food Solutions Project)  Food Co-op facilitators		

Ref	Action	Outcome	Tasks (Outline)	Time-scale	Lead responsibility (partners)	Resource implications	Performance measure (and baseline)
8.	Existing and any new food co-ops will be encouraged to provide information to customers related to healthy eating and hydration	Increased awareness of benefits of balanced diet and health risks of poor diet  Improved health literacy  Creates supportive environment	Identify or develop relevant material  Supply information for distribution by Food Co-ops		Community First Co-ordinators  Food Co-op Organisers		Agreed health information material is available via Food Co-ops
9.	Develop and promote the Community Food and Nutrition Skills course	Increased knowledge and skills re 'healthy eating' for individuals working with vulnerable people	Continuous review of materials used.  Advertising and recruitment of applicants.  Securing venues	Ongoing	North East Wales NHS Trust – dietetics department  Facilitated by the Well being Network	This course can only be delivered by NEWT dieticians	Number of courses held  Number of participants completing course
10.	Develop materials to promote healthy eating at the point of sale in County Council catering facilities	Creates supportive environment	Develop and display promotional materials	By October 2007	Corporate Health Group  Flintshire Catering Services		Promotions at the point of sale
11.	Develop a food policy to cover all events and meetings held by HSCWB partners  Principles will include the availability of healthy food and drink choices at events, meetings etc.	Creates supportive environment  Reinforces key health promotional messages  Demonstrates commitment to the healthy eating agenda	Develop catering policy  Develop guidelines to support officers to organise catering for externally hosted events.		FCC FLHB NEWT – dietetics department	Relevant to level of work required within each organisation	

Ref	Action	Outcome	Tasks (Outline)	Time-scale	Lead responsibility ( <i>partners</i> )	Resource implications	Performance measure (and baseline)
12.	Completion and implementation of the Rural Development Strategy	Support and promotion of local food production (incorporating Mold Food Town initiative)  This will primarily look at supporting producers, joint marketing, transport and packaging, and stimulating demand. It may also include people growing their own food, community supported agriculture and community orchards.		Draft 2006  Implement Summer 2007	Rural Partnership	To be considered	
13.	Explore the potential to develop a combined market garden/cooking/educational resource in the County.	Develop personal skills and knowledge	Form a task group to identify potential stakeholders, funding etc.	Work to begin June 2007	Well being Network	Substantial funding will be required.	

**Table 2****Actions to address needs of Children and Young People (0-25): School and College\* settings**

Rationale: These actions aim to:

- Ensure children and young people attending school have access to mid-day meal and snacks of good nutritional content
- Comply with new school meals catering standards and whole school approach to diet and nutrition contained within “Appetite for Life”
- Implement Welsh Assembly Government breakfast club recommendations
- Address and support the ‘healthy eating’ theme within Healthy Schools scheme

**\*NB –applicable to all young people and adults who study, work or visit the colleges of further education**

Ref	Action	Outcome	Tasks (Outline)	Time-scale	Lead responsibility ( <i>partners</i> )	Resource implications	Performance measure (and baseline)
14.	Continue the development of the Healthy Schools programme and work towards ensuring that all schools include food activity within the programme.	Inclusion of ‘healthy eating’ as action area in schools participating in HSS  Whole school approach to food and nutrition supported	Provide information and training to staff in schools to highlight importance of adequate nutrition for educational attainment	Ongoing	FCC: Healthy Schools Co-ordinator  LEA in partnership with the Head teachers and school governing bodies	HSS funded by WAG	Number / % of schools including ‘healthy eating’ as identified theme
15.	Implement recommendations /standards within “Appetite for Life”	School pupils have access to mid-day meal of approved nutritional content.  Whole school approach to food and nutrition promotes healthy food choices and the development of personal skills.	Agree a local implementation plan/process	In line with dates contained in the final document to be published in 2007	Directorate of Education, Children’s Services and Recreation  Flintshire Catering Services  Healthy Schools Co-ordinator	Yet to be confirmed.  WAG is currently consulting across Wales.  Resource implications should be expected.	

The school based actions detailed below were agreed prior to the publication of “Appetite For Life”. These actions are consistent with the anticipated standards but do not demonstrate an exhaustive list of what will be required and may be subject to change.

Ref	Action	Outcome	Tasks (Outline)	Time-scale	Lead responsibility (partners)	Resource implications	Performance measure (and baseline)
16.	Increase understanding of principles of a balanced diet amongst cooks in charge of menu preparation, i.e. within secondary schools	Staff are more knowledgeable and confident about making positive changes to menu planning and food services	Conduct training needs assessment  Plan and deliver ongoing programme of in-service training	By Mar 2007  May-Jul 2007	Flintshire Catering Services  NEWT - Dietetics Dept		Number / % of cooks attending training  Evaluation and feedback from cooks
17.	Establish a County wide 'Food in Schools Forum' for primary schools and secondary schools.	Improved communication between schools.  Sharing of good practice between schools.  Identification of common issues and solutions, particularly in relation to the Appetite for Life standards	All schools will be invited to send a representative via the head teachers forum, governing bodies and school councils.	By October 2007	Healthy Schools Co-ordinator.  Flintshire Catering Services	Funding opportunities will be sought to allow the first meeting/event to take place in October 07.	Twice yearly meetings and review of progress.
18.	Develop and promote a food policy within all schools in Flintshire.	Policy developed and agreed.  Whole school approach to food and nutrition supported	Sample policy distributed and explained.  Existing policies shared between schools		To be facilitated via the Food in Schools Forum  SNAP Project (funded until end of March 2007)	Short term funding only via Healthy/Community Focussed Schools	Number of schools with a food policy in place
19.	Develop resources to promote healthy choices at the point of sale in secondary schools.	To support healthy choices and a whole school approach.  To provide an opportunity for children and young people to be involved.	Children and young people will be invited to design a logo and branding for promotional materials highlighting healthy options at the point of service.  Materials produced		Flintshire Catering Services  School councils.  Young People's Forum  Healthy Schools Co-ordinator.  School Nutrition Action Groups (SNAG)	Funding will be required and sought.	The materials will be available for use in schools

Ref	Action	Outcome	Tasks (Outline)	Time-scale	Lead responsibility (partners)	Resource implications	Performance measure (and baseline)
20.	Increase in healthy vending/tuck shop options in schools	Supports healthy choice and create supportive school environment	Removal of inappropriate vending machines / items from school premises  Ensure availability of fruit / healthy snacks		LEA, Healthy Schools Co-ordinator, Headteachers, Flintshire_Catering Services, School Councils	Vending in schools provides a source of revenue. Loss of revenue may impact on schools.	All school based vending / snack provision to offer / promote 'healthy' options by Sept 2008
21.	Extend the free breakfast initiative in primary schools	Improved nutritional intake in pupils attending Breakfast Club  Improved concentration and potential for learning	All primary schools are to have been given the opportunity to take part by January 2007.  Ongoing promotion to schools not involved is included within Appetite for Life recommendations	Ongoing	LEA	Welsh Assembly Government funded scheme	Number of schools offering free breakfasts
22.	School nurses will support the school staff to enable the promotion of a healthy diet, including breast feeding education in schools.	Children and young people will have the correct information to make informed choices.	Partner agencies to identify and discuss opportunities	Considered from April 2007	NEWT: School nurse service (dietetics department) infant feeding co-ordinator  Healthy Schools Co-ordinator	Resources to be considered within the "Food & Fitness" funding provision to NEWT.	Record of meetings/ discussions and response to any findings.

Ref	Action	Outcome	Tasks (Outline)	Time-scale	Lead responsibility (partners)	Resource implications	Performance measure (and baseline)
23.	Review availability, use and contents of school nutrition boxes	To ensure consistent access and use of the resource within schools	Nutrition boxes will be identified an audit of contents undertaken and replenishment where required	Completed by March 2007	School Nurse Service for primary schools Secondary Schools SNAG co-ordinators  (Flintshire Catering Services)	No financial commitment required.	Location of all boxes is clear and communicated to head teachers
24.	Support schools in Community Focussed Schools programme to implement activities which will promote consumption of a health promoting diet	Improved links between school and local community  Increased knowledge / skills / access to health promoting diet	Action plans developed by participating schools	Ongoing until March 2008	LEA  NEWT – Dietetics Dept (until Dec 2006)	The community focussed schools programme is funded by WAG until end of March 2008 - approx £160k per annum.	Number and range of activities undertaken within participating schools.  Plans in 3 secondary schools expected by Dec 2006
25.	Develop further opportunities for staff, students and visitors to Deeside College to benefit from a health promoting diet	Increased knowledge and skills  Supporting healthy food choices	To be developed	Ongoing	Deeside College		

Ref	Action	Outcome	Tasks (Outline)	Time-scale	Lead responsibility (partners)	Resource implications	Performance measure (and baseline)
26.	Increase opportunities for staff, students and visitors to the Welsh College of Horticulture to benefit from a health promoting diet	Increased knowledge and skills Supporting healthy food choices	Plan and establish an annual health awareness day.  Review menu and other food provision to identify further ways to offer healthy food choices  Develop materials to promote the healthy options at the point of sale  Develop food and nutrition policy for the college.	Annually from January 2007  From January 2007  From January 2007  From January 2007	Welsh College of Horticulture		Review completed  Materials developed and implemented  Policy developed and implemented

**Table 3: Actions to address needs of Children and Young People (0-25): Health Service and Social Care Service settings**

Rationale: These actions aim to:

- Ensure vulnerable children and young people receive an adequate and nutritious diet according to their age and stage
- Ensure that the needs of children and young people receiving social care or community based health support are met

Ref	Action	Outcome	Tasks (Outline)	Time-scale	Lead responsibility (partners)	Resource implications	Performance measure (and baseline)
27.	Provide support and information to staff and carers of looked after children and young people	Individual nutrition needs of children looked after are met  Benefits of balanced diet and healthy eating habits for physical, social and mental health and well-being are developed / maintained	Establish / liaise with appropriate group to ensure Looked After Children's nutritional needs are included within their overall care plans  Explore need for development / provision of information resources for foster carers	January 2007	LAC Nurse	To be considered  Possibility that this could be supported by a new 2 year half time equivalent post within NEWT to address Food and Fitness Plan.	Policy statement re Looked After Children nutrition needs by August 2007  Resources for foster carers and staff developed and disseminated by December 2007
28.	Promote and encourage initiation and continuation of exclusive breastfeeding until 6 months of age  Encourage continuation of breastfeeding during healthy weaning, until at least 1 year  Information regarding safe introduction of artificial milk formulae provided to	Increased numbers of babies receive breastmilk which directly improves health outcomes  Babies receiving artificial milks will have reduced risk of infection  Community Health Care settings will achieve Unicef baby Friendly Initiative Accreditation	Training of volunteer Peer Breastfeeding Supporters to continue  Develop improved, mandatory training in infant feeding, especially breastfeeding management for all health professionals	End 2007  2007-2010	NEWT – infant feeding co-ordinator FCC FLHB  NEWT- infant feeding co-ordinator FLHB  FCC	WAG grant to be secured  NEWT estimated cost in year 1 £56k Subsequent years £25K, reducing as skills of staff develop	Changed NEWT and WAG breastfeeding statistics  30 new peers trained  All staff re-skilled  Unicef Accreditation achieved

Ref	Action	Outcome	Tasks (Outline)	Time-scale	Lead responsibility (partners)	Resource implications	Performance measure (and baseline)
	parents and carers		giving feeding information to parents  Proceed towards Unicef Accreditation			Financial implication as Accreditation fee required  Staff required to drive Accreditation process	Policies in place
29.	Develop the support offered to children with a physical and or learning disability and their parents/carers	To increase knowledge and skills  To contribute to a reduction in a potential health inequality	Consider need/opportunity to develop staff awareness and knowledge.  Develop the assessment process to include consideration of food and nutrition  Review resources and information available for staff and parents	During 2007	Children's Integrated Disability Service	To be considered	Staff training needs identified and appropriate training undertaken  Review and appropriate amendments made to assessment system

**Table 4: Actions to address needs of Children and Young People (0-25): Home, Community and Leisure settings**

Rationale: These actions aim to:

- Ensure that children and young people have access to a healthy diet in their home/family setting and in the places they spend their leisure time.

Ref	Action	Outcome	Tasks (Outline)	Time-scale	Lead responsibility (partners)	Resource implications	Performance measure (and baseline)
30.	Support providers of pre-school day care to ensure availability of healthy meal & snack options	Encourage healthy eating habits in young children  Support / reinforce home based healthy eating and wider nutrition messages	Implement policy recommendations issued to registered childcare providers by WPPA  Continued delivery of training on nutrition for pre school years via PPA diploma course	Ongoing	Wales Preschool Playgroup Association  Mudiad Ysgolion Meithrin  Children's Information Service  NEWT – dietetics department (training and resource support/production)  Childcare providers and childminders		Policy implemented in all pre school settings  Survey of meals/snacks provided shows an increase in healthy options
31.	Promote healthy snack and drink options in youth clubs	Encourage healthy eating habits in young people  Support / reinforce home based healthy eating and wider nutrition messages	Develop food policy for Youth Service settings and activities  Policy implemented	June 2007	FCC Youth Services  Young People's Forum  NEWT – dietetics department	No resource implications which are beyond current capacity	Policy developed  Survey of available provision in youth clubs
32.	Promote workplace and business premises awareness of, and inclusion in, WAG Breastfeeding Friendly Award	Increased numbers of babies receive breastmilk which directly improves health outcomes	Introduce necessary training to extend the WAG scheme which was launched in May 2006	Ongoing	NEWT – infant feeding co-ordinator Children's Information Service FLHB FCC		Number of premises holding the award to increase.
33.	Increase uptake and	Increased numbers of	Ensure that all	Ongoing	NEWT – infant feeding	Professional	2% increase in

Ref	Action	Outcome	Tasks (Outline)	Time-scale	Lead responsibility (partners)	Resource implications	Performance measure (and baseline)
	continuation of breastfeeding	babies will receive breastmilk which directly improves health outcomes	mothers can make an informed choice regarding method of infant feeding during the antenatal period.  Inform women of local breastfeeding support available		co-ordinator FCC FLHB	time	initiation and 5% increase in continuation of breastfeeding will be measured by NEWT and WAG data
34.	Review resources available and support offered to expectant and antenatal mothers who have: Learning Disability Mental Health Problem Low literacy	Significant health advantages arise from being breastfed.  To contribute to a reduction in health inequalities	Scope out resources (literature etc) and suitability for use with target groups.  Develop proposal to address any issues raised for consideration e.g training	To be completed by April 2007  To be completed by April 2007.	NEWT- Health Visiting Teams	Unknown at this stage.	Identification and provision of resources which are appropriate to the needs of the target groups.
35.	Promote and encourage healthy weaning onto solid food at 6 months of age.  Encourage parents to continue healthy diets in childhood	To increase the number of infants commencing solids at the recommended time, thereby decreasing the risk of obesity, allergies, anaemia and other nutritional deficiencies.	Review current practice.  Increase the education and support offered to families regarding weaning, particularly considering the needs of vulnerable groups.  Develop proposals for the improvement/	April 2007  April 2007	NEWT Health Visiting teams  Sure Start  Community First	The review will not require resources  Resource implications from any review findings will require consideration	Findings of the review will inform proposals and any action plan to ensure all parents receive accurate and appropriate weaning advice.  Health assessments will reflect improved health outcomes

Ref	Action	Outcome	Tasks (Outline)	Time-scale	Lead responsibility (partners)	Resource implications	Performance measure (and baseline)
			development of appropriate initiatives e.g. cook and eat session				
36.	Develop a parent led recipe and healthy eating guide for weaning in Sure Start areas	To increase knowledge and skills To encourage parent involvement	Parent led initiative with the support of Sure Start staff to identify recipes and develop appropriate format for dissemination	Work will begin January 2007	Sure Start	To be considered	Production of weaning recipes and guide
37.	Parents entitled to Healthy Start Vouchers under the revised Department of Health initiative (replacing milk tokens) should be enabled to apply and utilise vouchers appropriately via Health Professionals	Parents receive Healthy Start vouchers to exchange for healthy food for their babies or themselves if breastfeeding	Health professionals are informed regarding the scheme and how to assist parents to apply for the vouchers	Nov 2006	WAG NEWT FCC FLHB	No anticipated costs other than staff time	
38.	Develop and implement the 'Movers and Munchers' lifestyle programme for children aged 8-11	A family-centred healthy lifestyle programme. Aims to help and support sustainable lifestyle changes fundamental in managing overweight and obesity. Additional outcomes should include improvements in health and well-being and a reduction of risk factors associated with disease prevention for both adults and children.			NEWT – dietetics department	WAG funded until March 2008	Evaluation data

**Table 5: Actions to address needs of Older people: Health Service and Social Care settings**

Rationale: These actions aim to:

- Support adequate nutrition and hydration in older people receiving social care or community based health support are met
- Reduce the health risks associated with poor diet and/or dehydration

Ref	Action	Outcome	Tasks (Outline)	Time-scale	Lead responsibility (partners)	Resource implications	Performance measure (and baseline)
39.	Ensure adequate hydration of older people living in nursing or residential care homes, attending day care services or receiving home care services	To increase awareness amongst staff and service users about the importance of good hydration.  Potential contribution to improved well being.	Develop a 'hydration policy'  Develop or access relevant supporting information/resources to promote key messages including those relating to continence.  Provide appropriate information for staff and older people  Incorporate hydration issues into ongoing training and staff development programmes	Ongoing from Sep 2006  To be completed by end November 2006  Work to commence April 2007	Living Longer and Healthier sub-group of Strategy for Older People  NSF Implementation Group	Financed by Strategy for Older People  Financed by Strategy for Older People  To be considered	Policy developed  Resources identified and obtained  Information disseminated  Promotion of adequate hydration within training and development programme.
40.	Review catering provision with respect to nutritional content / healthy options	Older people receiving care or support in these settings will have access to	For each setting:  Conduct review of	From April 2007	FCC – Directorate of Adult Social Care	Capacity within the NEWT	Review completed  Recommendations

Ref	Action	Outcome	Tasks (Outline)	Time-scale	Lead responsibility (partners)	Resource implications	Performance measure (and baseline)
	<ul style="list-style-type: none"> <li>In day care setting</li> <li>In residential care home settings</li> <li>Within Community Hospitals</li> </ul>	appropriate food / nutrition according to their need	<p>current practice</p> <p>Assess current practice against relevant guidelines / best practice advice</p> <p>Draft recommendations and implementation plan where appropriate</p>	nb refer to Healthy Ageing Action Plan – WAG are considering need to produce guidance for care homes.	<p>Flintshire Catering Services</p> <p>North Wales Care Association</p> <p>FLHB – clinical support nurses</p> <p>North East Wales NHS Trust – dietetics departments</p>	dietetics department to be considered	implemented
41.	Develop a Food / Nutrition policy relating to all services available via Adult Social Care	Health promoting policy in place to support wider health promotion agenda		From April 2007	<p>FCC – Directorate of Adult Social Care</p> <p>Good Health Team</p>		Policy developed and implemented
42.	Review the diet and nutrition component (within the health and well-being domain) of the Unified Assessment process	Consideration of diet / nutrition related issues has the potential to improve overall health and well-being of the individual	<p>Identify key assessment criteria</p> <p>Consider and develop referral pathways, etc</p> <p>Agree final assessment content</p>	Jan – Jun 2007	Unified Assessment Implementation Group in consultation with NEWT – Dietetics Dept		Revised element of Unified Assessment introduced

**Table 6: Actions to address needs of Older people (50+): Home and Community Settings**

Rationale: These actions aim to

- Contribute to a reduction in the difficulties faced by older people living in their home in accessing a health promoting diet
- Promote the importance and key messages of a health promoting diet to older people

Ref	Action	Outcome	Tasks (Outline)	Time-scale	Lead responsibility (partners)	Resource implications	Performance measure (and baseline)
43.	Develop the work of the Food Solutions post to identify and address some of the barriers older people face in accessing health promoting foods.	To provide sustainable solutions. To provide a mechanism for other agencies e.g Wellcheck to refer residents requiring more detailed support.	Separate action plan has been developed.		Age Concern North East Wales Wellcheck	Post currently funded until May 2008	
44.	Review and maximise the contribution of the Wellcheck project to the healthy eating agenda.  Ensure clear referral and monitoring arrangements with the Food Solutions Co-ordinator (Age Concern North East Wales)		Review level of staff knowledge about the key issues and messages to promote a healthy diet.  Develop activity to increase level of knowledge amongst advisors.  Review information and advice offered to older people to ensure it is appropriate and up to date.  Review the	June 2007  September 2007  Ongoing	Wellcheck Co-ordinator  Age Concern North East Wales	Wellcheck funding  Funding for the Food Solutions post is currently until Spring 2007 but work is ongoing to extend funding.	Training need identified June 2007  Training/awareness activity completed  Assessment

Ref	Action	Outcome	Tasks (Outline)	Time-scale	Lead responsibility (partners)	Resource implications	Performance measure (and baseline)
			assessment process to consider if more detailed consideration is required.  Agree and maintain effective mechanisms between Wellcheck and Age Concern North East Wales to provide transparency in relation to referral criteria and outcomes	May 2007  Dec 2006			completed and any changes implemented by Sept 2007  Referral and feedback arrangements established.
45.	Promote the importance of adequate hydration to older people	Adequate hydration is important in maintaining good health in older people, especially those who may be at increased risk from deteriorating kidney function, hormonal changes, prescribed medication or a reduced thirst response	Provide awareness raising training to relevant staff / volunteers  Run local campaign to raise awareness of issues, linked to KWTW 2006	Oct 2006	Living Longer and Healthier sub-group of Strategy for Older People	Financial support provided by the Keep Well This Winter Grant and Strategy for Older People	
46.	Ensure that healthy eating/hydration is featured within the annual Keep Well This Winter campaigns	To provide appropriate information and/or resources to older people	Liaise with KWTW group to ensure that materials can be included.	Annually	KWTW Group	None	Inclusion of appropriate information at events etc.

**Table 7: People at risk of poor nutritional intake**

Rationale: These actions aim to:

- Raise awareness of the importance of, and risks to achieving, adequate nutrition in particular vulnerable groups
- Develop relevant skills to support individuals to meet their own nutrition needs

Ref	Action	Outcome	Tasks (Outline)	Time-scale	Lead responsibility (partners)	Resource implications	Performance measure (and baseline)
47.	Investigate opportunities and potential within the voluntary sector to contribute to an increase in access to healthy food by vulnerable groups.	To reduce health inequalities  Increased knowledge amongst network members	Review level of interest/activity within the voluntary sector.  Develop and agree appropriate guidelines /food policies and resources for use by voluntary agencies.  Identify potential funding which may be available to the voluntary sector		FLVC - Health & Social Care Facilitator  Bridges Network  Good Health Team		
48.	Provide information and appropriate support to people who <ul style="list-style-type: none"> <li>• misuse alcohol</li> <li>• have substance misuse problems</li> </ul>	Increased skills and knowledge amongst staff and service users  Reduced risk of malnutrition amongst both groups.	Provide information about local sources of affordable food (e.g. food coops)  Deliver cook-and-eat sessions in appropriate venues  Provide appropriate information about	July 2007	Community Drug and Alcohol Team	To be considered	Number of sessions developed and undertaken  Information is developed and utilised

Ref	Action	Outcome	Tasks (Outline)	Time-scale	Lead responsibility (partners)	Resource implications	Performance measure (and baseline)
			the importance of a balanced diet and how it can be achieved  Deliver training on nutrition issues to key staff				Number of staff receiving training / update training
49.	Support for nutritional needs of people who are <ul style="list-style-type: none"> <li>• Homeless</li> <li>• Living in temporary accommodation</li> </ul>	To contribute to a reduction in health inequalities	To be agreed		Directorate of Community and Housing		
50.	Continue to develop the support and information to adult and young carers/	Reduction in potential health inequalities.	Continue to include the promotion of healthy lifestyles in annual work programme  Review information to carers ensuring it remains appropriate and includes opportunities which exist in the County.  Explore opportunities to support carers to increase basic cooking skills when appropriate	Ongoing  Ongoing  To begin September 2007	NEWCIS	Within core activity  Extension of core activity  To be considered	
51.	Review policy and systems in place to support adults with mental health needs to	Staff and key workers know the key messages for health promotion around	Establish a task and finish group to consider issues	Task and Finish group to be	Mental Health Planning Group	To be considered upon	

Ref	Action	Outcome	Tasks (Outline)	Time-scale	Lead responsibility (partners)	Resource implications	Performance measure (and baseline)
	access a health promoting diet as part of a wider consideration of healthy lifestyles	<p>healthy eating, active lifestyles etc</p> <p>Staff, service users and carers are able to easily access information about opportunities to support healthy living that exist in the community</p> <p>Service providers are encouraged to ensure that the opportunities they provide are sensitive to the needs of adults with a mental health problem</p>	<p><u>such as:</u></p> <p>Policy relating to the healthy living agenda.</p> <p>Training needs assessment (of staff supporting service users)</p> <p>Review information provided to service users and their carers.</p>	established by May 2007	Heart of Flintshire Officer	completion of the review.	
52.	Review policy and systems in place within Adult Social Care to support adults with a physical disability and/or sensory impairment to attain and maintain a health promoting diet.	To contribute to a reduction in health inequalities	<p>Establish a task and finish group to consider issues <u>such as:</u></p> <p>Training needs of support staff</p> <p>Provision of information and resources available to support staff, service users and their carers.</p>	Task and finish group established by April 2008	Directorate of Adult Social Care	To be considered	Review completed by September 2008
53.	Review policy and systems in place to support adults with a learning disability to access a health promoting diet.	To contribute to a reduction in health inequalities.	<p>Establish a task and finish group to consider issues <u>such as:</u></p> <p>Policy relating to the food and</p>	Task and finish group established by Sept 2007	<p>Learning Disability Planning Group.</p> <p>Heart of Flintshire Officer</p>	To be considered upon completion of the review.	<p>Review completed by March 2008</p> <p>Action plan developed by June 2008</p>

Ref	Action	Outcome	Tasks (Outline)	Time-scale	Lead responsibility (partners)	Resource implications	Performance measure (and baseline)
			<p>nutrition agenda.</p> <p>Training needs assessment (of staff supporting clients)</p> <p>Menu planning and record keeping.</p> <p>Review information provided to service users and their carers.</p> <p>Review the food and drink provision and level of compliance with recommendations</p>	Review and recommendations to be completed by March 2008			
54.	Support people who are overweight / obese to lose weight	Reduce health risks attributable to overweight / obesity	<p>Secure continuing resources to support and extend LUTU programme</p> <p>Review evidence base for endorsed use of commercial slimming clubs; develop policy guidance</p>		NEWT Dietetics Dept NPHS FLHB		<p>LUTU data</p> <p>Policy guidance re use of commercial slimming clubs</p>

## **Consultation Feedback.**

The steering group are grateful for the comments and proposed additions to the plan. Where possible these have been incorporated into the final draft. Other useful comments that were received will be used to support the implementation of the actions.

A number of specific actions were suggested for inclusion:

1. Consideration of the role of care assistants who are employed by Flintshire County Council or the independent care sector.
2. Ensuring that the needs of children and young people not in a school setting are fully met.
3. Consideration of the role of wardens within sheltered accommodation.

These issues will be further explored during the early stages of this plan and outcomes included within the monitoring and evaluation arrangements.

## References

Number	Original Source	
1.	Food Standards Agency	<a href="http://www.eatwell.gov.uk">www.eatwell.gov.uk</a>
2	Food Standards Agency	<a href="http://www.salt.gov.uk">www.salt.gov.uk</a>
3	British Nutrition Foundation	<a href="http://www.nutrition.org.uk">www.nutrition.org.uk</a>
4	Department of Health. 2000. NHS Cancer Plan. London: Department of Health.	<a href="http://www.5aday.nhs.uk">www.5aday.nhs.uk</a>
5	Department of Health. 2000. The NHS Plan. London: Department of Health.	<a href="http://www.5aday.nhs.uk">www.5aday.nhs.uk</a>
6	Department of Health. 1994. Nutritional Aspects of Cardiovascular Disease. London: HMSO.	<a href="http://www.5aday.nhs.uk">www.5aday.nhs.uk</a>
7	Food and Well being – A Nutrition Strategy for Wales	Welsh Assembly Government
8	Ottawa Charter for Health Promotion First International Conference on Health Promotion. Ottawa, 21 November 1986 - WHO/HPR/HEP/95.1	
9	Healthy Ageing Action Plan for Wales, 2005	Welsh Assembly Government
10	National Service Framework for Older People in Wales. Welsh Assembly Government, March 2006.	<a href="http://www.wales.nhs.uk/nsf">www.wales.nhs.uk/nsf</a>
11	The effectiveness of public health interventions to promote the duration of breastfeeding <i>Systematic review 1st edition, May 2005</i>	<a href="http://www.nice.org.uk">www.nice.org.uk</a>
12	Food and Fitness – Promoting Healthy Eating and Physical Activity for Children and Young People in Wales. 5 Year Implementation Plan. 2006	Welsh Assembly Government
13	National Service Framework for Coronary Heart Disease, March 2000	
14	Appetite for Life. Consultation document June 2006	Welsh Assembly Government
15	National Service Framework for Children, Young People and Maternity Services in Wales. September 2005	Welsh Assembly Government
16	National Service Framework for Diabetes (Wales)	Welsh Assembly Government
17	Investing in a Better Start: Promoting Breastfeeding in Wales, 2001	The National Assembly for Wales
18	Designed for Life	Welsh Assembly Government
19	<a href="http://www.food.gov.uk/multimedia/pdfs/ndns5full.pdf">www.food.gov.uk/multimedia/pdfs/ndns5full.pdf</a>	Food Standards Agency
20	<a href="http://nww2.nphs.wales.nhs.uk/page.cfm?pid=823">nww2.nphs.wales.nhs.uk/page.cfm?pid=823</a>	
21	Food Poverty and Older People	Welsh Consumer Council, 2006

## Appendix

### **Basic Facts about Food and Health**

“A poor diet is one of the main causes of ill-health and premature death”<sup>7</sup>

The information provided in this section is used to illustrate some key messages relating to food and health.

#### **Fats**

Controlling or reducing the overall amount and type of fat in the diet is an important part of weight control.

Consuming too much saturated fat can also increase the amount of cholesterol in the blood, thereby increasing the risk of coronary heart disease.

Unsaturated fats don't raise cholesterol in the same way and provide us with the essential fatty acids that the body needs.

Omega 3 found in oily fish is also known to reduce the risk of Coronary Heart Disease if eaten at recommended levels.

#### **Salt**

Cutting down on salt reduces blood pressure<sup>2</sup>

When blood pressure goes down, so too does the risk of developing heart disease and stroke, both major causes of death and ill health<sup>2</sup>

Most people in the UK eat too much salt (approximately 75% of which on average comes from processed foods<sup>2</sup>). This means that most people would benefit from cutting down on the amount of salt they eat.

Current advice is that adults should not be consuming more than 6g of salt per day and children less, depending on age:

- 1 to 3 years - 2 g salt a day (0.8g sodium)
- 4 to 6 years - 3g salt a day (1.2g sodium)
- 7 to 10 years - 5g salt a day (2g sodium)
- 11 and over - 6g salt a day (2.5g sodium) <sup>2</sup>

These levels referred to the recommended maximum level of consumption

#### **Sugar**

Sugar which is added to food can be described as “empty calories” – they add to the calorific content of foods without providing essential nutrients. Cutting down on the amount of sugar in the diet can help to control excessive weight gain, contributing to a reduction in risk for conditions such as diabetes for example.

In addition, sugary food and drinks are associated with a higher risk of tooth decay and a breakdown in general oral health.

## **Fruit and Vegetables**

It has been estimated that eating at least 5 portions of a variety of fruit and vegetables a day could reduce the risk of deaths from chronic diseases such as heart disease, stroke, and some cancers by up to 20%<sup>5</sup>

Increasing fruit and vegetable consumption has been claimed to be the second most important cancer prevention strategy, after reducing smoking.<sup>4</sup>

Eating fruit and vegetables also contributes to a balanced diet by increasing fibre intake, reducing fat intake and helping to maintain a healthy weight.

## **Dietary Fibre**

Dietary fibre is found mainly in cereal foods, beans, lentils, fruit and vegetables. It promotes a number of health benefits including helping to prevent constipation (which affects the quality of life of about 20 per cent of older people for example<sup>9</sup>), and helping to lower blood cholesterol and/or glucose levels. A low fibre intake has also been associated with an increased risk of bowel cancer.<sup>3</sup>

In the UK most people do not eat enough fibre (the average intake is 12g per day). The recommended intake for adults is currently 18g per day.<sup>3</sup>

## **Drinking Water**

The World Health Organization advises that "Water is a basic nutrient of the human body and is critical to human life".

Water makes up about two-thirds of our body weight. Maintaining sufficient water intake is important because most of the chemical reactions that happen in our cells need water and it is also needed in our blood to carry nutrients around the body. Being dehydrated can also lead to an increased risk of falls in older people following dizziness or fainting for example.

**For further guidelines and information about food and health visit :  
[www.eatwell.gov.uk](http://www.eatwell.gov.uk)**

## National Priorities and Targets

Required/recommended areas for action	National Strategy / Policy / Report Context	Food For Health Reference / Comment
All LEA maintained schools to be in the Healthy Schools Scheme and to include food and fitness actions.	NSF For Children, Young People & Maternity Services in Wales,  Food and Fitness Plan (Children and Young People)	14.
Organisations to work together to develop and implement a policy to include health promoting infant nutrition including breastfeeding.  Develop local strategies to address locally identified breastfeeding and weaning issues	NSF For Children, Young People & Maternity Services in Wales,  Investing in a Better Start, Promoting Breastfeeding in Wales.  Food and Well being	33 34 35 36
Extend the primary school free breakfast initiative	Food and Fitness Plan (Children and Young People)  Appetite For Life	21
Provide guidance on packed lunches for schools	Food and Fitness Plan (Children and Young People)  Appetite For Life	
Explore ways to develop teaching/nutrition skills to children and young people  Develop cookery skills courses for children, young people and their parents (including for hard to reach groups)	Food and Fitness Plan (Children and Young People)  Food and Fitness Plan (Children and Young People)  Appetite For Life	Contained within <i>Appetite for Life</i> consultation document.
Develop/identify materials for the Foundation Phase (3-7 yrs) Materials to be developed by March 2009	Food and Fitness Plan (Children and Young People)	

<b>Required/recommended areas for action</b>	<b>National Strategy / Policy / Report Context</b>	<b>Food For Health Reference / Comment</b>
<p>All settings where food is provided to children and young people have healthy food policies</p> <p>Improve access to healthier foods in settings such as leisure centres, youth centres, care homes, preschool and after school settings.</p> <p>Investigate new approaches to the promotion of healthy eating through colleges and Youth Organisations</p>	<p>NSF For Children, Young People &amp; Maternity Services in Wales,</p> <p>Food and Fitness Plan (Children and Young People) Target leisure and youth centres from April 2006, preschool and out of school clubs from April 2007 and hospitals/care settings from April 2008</p> <p>Food and Well being</p>	<p>1 11 18 25 26 27 31 32</p>
<p>All settings that deliver services to children and young people have free drinking water which is suitably located and readily available</p>	<p>NSF For Children, Young People &amp; Maternity Services in Wales,</p> <p>Appetite For Life – Consultation Document</p>	<p>25 26</p>
<p>The WAG will work with partners to identify if there is a need for guidance for care homes on health promotion issues, including healthy eating (2005-2007)</p>	<p>Healthy Ageing Action Plan For Wales -endorsed by NSF for Older People in Wales</p>	
<p>Investigate extent of provision and content of “meals on wheels” scheme</p>	<p>Healthy Ageing Action Plan For Wales – endorsed by NSF for Older People in Wales</p> <p>Food and Well being</p>	
<p>The WAG will explore the feasibility of buying in training for caterers, nursing staff and healthcare assistants working with frail older people, especially those with dementia (2205 – 2007)</p>	<p>Healthy Ageing Action Plan For Wales – endorsed by NSF for Older People in Wales</p>	

<b>Required/recommended areas for action</b>	<b>National Strategy / Policy / Report Context</b>	<b>Food For Health Reference / Comment</b>
<p>Review free transport schemes to supermarkets, particularly from rural areas and investigate the feasibility of free delivery</p> <p>Explore opportunities for door to door service and improved publicity of home delivery to older people</p> <p>Review and increase availability of assisted shopping</p> <p>Increase awareness about range of appropriate equipment available to assist food preparation</p>	<p>Healthy Ageing Action Plan For Wales – endorsed by NSF for Older People in Wales Food and Well being</p> <p>Food Poverty and Older People</p> <p>Food Poverty and Older People</p> <p>Food Poverty and Older People</p>	<p>46 (in part)</p>
<p>Ensure recognition of the importance of adequate water intake amongst older people</p>	<p>Healthy Ageing Action Plan For Wales – endorsed by NSF for Older People in Wales</p>	<p>42 48 49</p>
<p>Practical advice on healthy eating for community and home care staff.</p>	<p>Food Poverty and Older People</p>	<p>43</p>
<p>Increase the number of workplaces promoting healthy eating ....inc Corporate Health Standard</p>	<p>Food and Well being</p>	
<p>Examine the impact of teaching cooking skills in extracurricular activities among children and young people</p>	<p>Food and Well being</p>	
<p>Support “grow your own” and local food sourcing initiative</p>	<p>Food and Well being</p>	
<p>LHB and strategic partnerships to specify actions to improve nutritional status within their required strategies</p>	<p>Food and Well being</p>	
<p>Monitor provision and intake of meals and water in hospitals, particularly among elderly...</p>	<p>Food and Well being</p>	<p>The scope of Food For Health does not include hospital settings.</p>
<p>Provide training for local social service personnel on needs of children and young people in care</p>	<p>Food and Well being</p>	<p>27</p>
<p>Investigate food provided by childcare providers and produce information where appropriate</p>	<p>Food and Well being</p>	<p>31</p>
<p>Investigate potential for “healthy take away” food in the school setting.</p>	<p>Food and Well being Appetite for Life</p>	

## **Food For Health Steering and Reference Group**

Karen Chambers – Well being Development Officer, Good Health Team

Andrea Basu – Community Development Dietician, Team Lead, North East Wales NHS Trust.

Kate Newman – Heart of Flintshire Project Co-ordinator, Flintshire County Council.

Fiona Lee - Health Visitor/Infant Feeding Coordinator, North East Wales NHS Trust  
(representing Children & Young People Partnership)

Sarah Wisbey – School Nurse Team Leader, North East Wales NHS Trust

Samantha Greatbanks – Sure Start

Vicki Edwards – Sure Start

Marina Carter – Healthy Schools Co-ordinator, Flintshire County Council

Peter Hughes – Facilities Manager, Flintshire County Council

Vicky Bell – Catering Manager, Flintshire County Council