



Welsh Food Alliance

Volume 2

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We wish all our readers health and happiness in 2003.

Improving School Lunch Standards

Meeting 27th February 2003, 5.30 – 7.00pm

We are fortunate in arranging for Alison Montgomery, the Sodexo School Specialist Dietician to make a presentation on the 'School Meals and Lifestyle Survey 2002', to be followed by discussion on (a) the *impact of mandatory food standards on school lunches*, and (b) public and private sector catering experiences. Venue: The Regeneration Institute, Cardiff University. To reserve a free place see 23rd January details.

Food and Wellbeing

You are most welcome to attend our Food and Health meeting on 23rd January 2003, to listen, ask questions and contribute your views. Following the Welsh consultation on the former Food Poverty Eradication Bill, we now have the opportunity to listen to Dr Elizabeth Dowler - the Food Justice Campaign Adviser and joint author of a recent Child Poverty Action Group report 'Poverty Bites'

Dr Dowler contributed to the Welsh Food Alliance (WFA) World Health Organisation – Europe 'Food and Nutrition Action Plan' consultation in May 2000, and is able to make available a wealth of knowledge and experience of interest to people in Wales. This will be followed by a lively 'Any Questions' Panel.

Public participation will be at the heart of achieving ambitious health gain targets.

Food and nutrition are an important part of the public health agenda. It will be interesting to see how the views of the main political parties are formulated on this issue in the various manifestos to be put to the electorate in May 2003.

UK School Meals Survey 2002

For the seventh year running Sodexo have produced a most useful survey. In October, 13 months on from the introduction of the long awaited national mandatory food group standards for school lunches in Wales the Sodexo Research Institute published its School Meals and Lifestyles Survey.

As in previous surveys parents are largely supportive of school catering and feel that lunch makes up an important part of the school day for their children, both nutritionally and socially. They also recognise that exercise is important for the future of their children's health, and

Food, Health and Families –

23 January 2003, 6.15 – 8.15pm

Council Chamber, Glamorgan Building,

Cardiff University, King Edward VII Avenue, Cathays Park, Cardiff.
(Near the Central Police Station)

We are fortunate to obtain Dr Elizabeth Dowler, the UK expert to speak on *Food, Health and Poverty: examining the facts*. This is followed by an Any Questions Panel, comprising Jane Hutt AM, Kirsty Williams AM, Dr Dai Lloyd AM, David Melding AM, and a Green Party representative, chaired by Professor Kevin Morgan.

Please arrive with your questions for the Panel by 5.45 pm. ALL WELCOME from 5.45pm. Meeting organised by Welsh Food Alliance. Venue kindly provided by the Regeneration Institute, Cardiff University. To reserve a free place contact (0845) 3304926 (local call rate) or (01633) 66311444, or e-mail: j.sullivan70@ntlworld.com

Welsh Food Alliance

The WFA is a non-profit making knowledge based policy development and promotion network comprising members in Wales, and Europe. It brings together multi-disciplinary expertise to link all aspects of food policy in an integrated way, which is disseminated in its quarterly newsletter. We aim to provide a new perspective on food policy founded on the principle of informed public participation in the policy development process. WFA uses an extensive network of contacts to help stimulate positive action at all levels of government. Join us today and help us in this crucial enterprise (See page 4)

that performance is related to diet. Interestingly parents have also expressed a desire for their children to be taught to prepare nutritious meals.

UK Public Health Forum 18-20 March 2003, Cardiff

Improving Public Health and Well-being: building national and local capacities. For further details: Tel 0870 010 1931

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Key Food and Wellbeing recommendations

Improving the nutrient quality of school lunches

The *'food group' method* used to 'regulate' school lunches in England and Wales is insufficiently prescriptive to achieve, or measure, the desired improvement in nutrient quality. Scotland, with appropriate software support, is now moving towards nutrient standards, following an extensive public and Parliamentary debate. When will Wales follow this path?

Limited finance within 'best value' budgets is driving the provision of school meal products high in salt, sugar and fat; and therefore increasing obesity and the current epidemic in food related diseases, including growing problems of mental health. We recognise that *the overriding importance of the nutrient quality of food will be a measure of its success*. It would also make the best possible use of available professional catering arrangements, rather than alternative schemes that put a burden on teaching rather than using existing support staff.

By **spending an extra 20p per meal on improving the quality of ingredients we could begin to address known deficiencies in young people's diets** (National Diet and Nutrition Survey 2000) This seems reasonable given that (a) parents apparently gave their children 99p per day spending money other than for lunch; (b) 83% of parents wanted the school to provide a traditional lunch, and 85% wanted food freshly prepared at school. Both (a) and (b) were the highest response rates in all the UKTV regions ('School Meals and Lifestyle Survey 2002': Wales/South West Region).

Parents paying an extra 20p for school meals will not necessarily achieve the desired result unless we can guarantee that value is translated into the food consumed. The reasons for an extra 20p will need to be clearly understood by

parents. New local authority audit performance indicators could be established to promote and sustain best nutrient value at the best procurement price. Further, *if pupils remained in school at lunchtime* then healthy eating policies could be better managed.

Whilst we support local procurement, we also need to focus upon food quality when designing public policies and programmes, to have the desired effect of improving the **nutritional quality**. This means that parents / pupils, and or local authorities will need to pay more for purchasing quality ingredients for school lunches. Food ingredients are only a small part of the costs. Therefore extra money spent upon ingredients will bring about a disproportionate increase in the nutrient value of the food served. This will be of long term benefit for all pupils.

Free school meals are the only universal state benefit that varies in terms of price and quality across local authorities. *What better targeted intervention could there be to improve learning and future health* than the Assembly allocating an extra 20p for improved nutritional quality of food for children entitled to free school meals? Within the Assembly inequalities agenda this would be an excellent use of agricultural subsidies.

To improve the quality of food ingredients in school lunches an Assembly Government is already committed to establishing **School Councils** in every school by 2003/04. This should actively encourage local authorities, private contractors and individual schools. A very necessary process in changing behaviour patterns that will be needed if we are to engage young people in local Health and Wellbeing strategy. In 'pay as you dine' schools how could we influence pupil choice or, the content of their packed lunch? The inclusion of food, diet and nutrition as a core element in School Council

meetings could stimulate education, involvement and debate with pupils, parents, and governors representing the wider community, on all these issues.

Food Access in Wales

There are a number of key questions:

Roles and responsibilities need clarity at all tiers of government in ensuring adequate food access for all. This will require a concerted effort. Should there be incentives to local government to take a proactive lead? What is the role of food retailers and caterers themselves in promoting and sustaining access? What is the role of the consumers' voice? What is the place for community food initiatives, how can we monitor and evaluate their diverse activity?

Definition and measurement?

There is currently no nationally agreed definition of what constitutes adequate food access. Without an agreed definition, regulation and enforcement ensuring adequate access is not a practical proposition. Such a definition needs to cover both:

(a) **Economic access**, or having sufficient money to buy appropriate food, which depends on both food prices and how much money can be allocated to food expenditure. (b) **Physical access**, which refers to the range and quality of food commodities available in shops which people, can actually reach, whether by foot, or public transport.

Costs and benefits of inadequate food access. The focus has been on making sure that people have information to make healthy food choices, reflecting a widespread perception that the costs of health inequalities in poorer diets of low income groups is because of ignorance and poor budgeting rather than a lack of money or inadequate transport. But much more must be done to draw out the associations between low income, diet and health, and health inequalities.

Food Poverty Eradication Bill

On September 27th, Jane Hutt AM, the Health and Social Services Minister, launched a Wales consultation on the (then) UK Private Members Food Poverty Eradication Bill. Interestingly the Minister mentioned the possibility of piloting certain aspects in Wales. The Regeneration Institute, Cardiff University, kindly provided the venue for this WFA meeting.

UK Food Poverty Eradication Bill and the Welsh draft Health Social Care and Wellbeing Regulations (2003)

Following the Food Poverty Eradication Private Members Bill consultation WFA responded with a recommendation that the draft Welsh Health, Social Care and Well Being legislation should include “*Food standards, safety, access and nutritional inequality*”. This enables a range of food factors to be considered together when developing local Health and Well-Being Strategies. Readers may be aware that the original draft did not mention food. Following representations, food safety and nutrition were included as separate factors. The proposed amendment provides (a) a *sharper national focus* for local cross cutting policies to *tackle food poverty*, (b) includes *food standards* (often a neglected local authority function relevant to low income consumers, and ethnic minorities needs), and (c) *food access* aspects relevant to local planning, transport, and other issues. If this can be done will UK primary legislation be required?

Creative Public Procurement

During November, National Assembly Health, Education and Environment Ministers hosted the launch of a Cardiff University Regeneration Institute report ‘Re-localising the Food Chain: the Role of Creative Public Procurement’. This did much to articulate the ‘multiple dividend’

of locally sourced nutritious food. Powys Public Food Procurement Partnership will shortly issue a report on the same theme. Further details from: The Regeneration Institute, Cardiff University, Glamorgan Building, King Edward VII Avenue, Cathays Park, Cardiff, CF10 3WA email: regen@cardiff.ac.uk Tel: +44(0) 29 2087 6412 www.cardiff.ac.uk/cplan/ri

UK Welfare Food Scheme Reform – ‘Healthy Start’

In response to this consultation the proposed change in direction is long overdue, but this requires further public debate related to a range of Assembly Government policies, programmes and initiatives. ‘Healthy Start’ should be open to any pregnant woman under 18 irrespective of benefit entitlement. Black and Ethnic Minorities require effective health education and communication to overcome cultural barriers.

In Wales adverse nutritional outcomes identified by COMA such as folic acid supplements, vitamin D deficiency, iron deficiency anaemia should be remedied, for eligible women of child bearing age, as appropriate, *through free GP prescriptions*. Concern was expressed that ‘*Healthy Start*’ does not (a) *address the enormous importance of preconception nutrition*, and an early start (in infancy) for both short and long term optimum pregnancy outcome, and (b) the scheme is only available from attending a *week 12* antenatal booking visit *with* a midwife, but requires an immediate response.

Without more resources government will not make a significant difference to the nutrition of poor women and children. Milk is important for nutrition. We recommend that to help address **food poverty** the current 7 pints of milk voucher should be retained as an addition to the new food voucher. A Welsh Regulatory Impact assessment is required. This should include the impact upon **employment**, in the

dairy industry, and in the administration of the scheme. WFA ask is it economic, practical, and desirable to devolve Healthy Start?

Along with the Maternity Alliance, we proposed further research into:

- The rates of *low birthweight* in areas of deprivation.
- A nutritional and dietary survey of pregnant women.
- Specific research into the *food purchasing and food consumption patterns of pregnant women in receipt of Income Support*, as recommended by the Health Select Committee in 1991, to inform decisions about the appropriate level of benefits and Healthy Start support.
- *piloting and ongoing evaluation of Healthy Start*, including evaluation of beneficiaries’ views as well as outcomes.

Health and Social Care Review

With a substantial increase in the health budget, Assembly Finance Minister Edwina Hart is seeking improved performance and modernisation of services in Wales. To provide a food policy contribution WFA will copy this and previous newsletters to the Welsh Wanless Review Team. *Community nutrition services, school meals, and how the NHS keeps people out of hospital* require substantial new investment as a key aspect of any long-term preventive strategy. Pupils must learn to cook and prepare nutritious meals at school as part of the national curriculum, and should have homework where they cook meals for their family and friends - not opening packets – but *how to make basic meals from scratch*. The voluntary sector requires effective *data capture and analysis* to enable effective monitoring and evaluation of the policy development process and the delivery of services. More details from the Review Team on 02920 402434.

Consultation responses

Regular readers will have observed that this edition is over due. As a small organisation, with finite resources, we decided to focus upon a number of government consultations requiring thoughtful responses. Many members of the public may be unaware of the opportunities to influence government policies that this provides.

We support people unable to attend public meetings, for example our Older Persons Food and Health survey, and pupils through our second National Youth Food Assembly (see Vol. 2, Issue 3). Here we summarise our responses, or go to our web site for more detail.

'Well Being in Wales'

To support Assembly action on *food and health inequalities*, the First Minister and the Health and Social Services Minister jointly launched the 'Well Being in Wales' consultation last year. This cuts across all the Assembly Government's policy areas. It emphasised the need for more to be done to prevent ill health and to reduce inequalities in health, and proposes action. It also emphasised that we all share responsibility for health.

In Wales we have a very practical way of providing solutions to problems. WFA provided detailed evidence highlighting the importance of addressing both demand and supply issues in developing overall coherence and strategic thinking. Detailed examples were provided across a wide range of Assembly

powers and resources. We also provided additional evidence on targeted action within the Assembly inequalities agenda. (See page 3).

Nutrition Strategy for Wales

The Wales Assembly Government and the Food Standards Agency in Wales developed a national nutrition strategy, which was launched for consultation in July 2002, to which WFA made a detailed response on many issues. We are pleased that low-income older people have been given a high priority status. In particular we wish to thank all the respondents and volunteers involved in our Older Person's Food and Health survey.

We are pleased that at an Assembly Plenary session in October the Minister stated that a national nutrition strategy:

- Will lead to the development of an action plan for a 'Food Equality Programme' to "tackle the issues of food poverty and diet related ill health in Wales" within the Assembly inequalities agenda; and that
- There is "scope for action across many of our policies and programmes - rural support, procurement, planning policy, the Older Persons Strategy, and Communities First, to name but a few". The action plan will be launched in the New Year.

Assembly Older Person's consultation

WFA proposed a co-ordinated approach to food access between

health, and local authority social, economic and physical planning. This should include business support and training, community transport, and business rate relief to local shops to support improved access to healthy food.

The Prison system has a more rigorous food inspection system than is available to vulnerable older people. The Social Work Inspectorate, and the Wales Audit Commission, with appropriate research and technical support, should give detailed attention to food and health. These within mechanisms for inspecting the delivery, and monitoring the effectiveness of appropriate social, health and related services for vulnerable people. This should feature in the future work programmes of the Social Work Inspectorate, and include monitoring and evaluation of care settings, supported by national public sector computerised catering management information systems (See Vol. 2, Issue 2).

Food and health should be given careful attention within all eight Older Person's National Service Framework standards. Further investment in a 'new community nutrition service' (that is a revitalised 'meals on wheels' service) will be essential for: (a) patients awaiting elective surgery, (b) patients discharged from hospital to aid recovery, and (c) to prevent or defer readmission, or just to enable older people to have a healthy and a more satisfactory life style. These are our recommendations to the (Welsh Wanless) Health and Social Care Review.