

Regional Food and Health Strategy Seminar Report

27-28 August 2003

New Lanark Mill



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Scottish Community
Diet Project

Supporting local
communities tackling
inequalities in
diet and health

Scottish Community Diet Project

Our over-riding aim is to improve Scotland's food and health.

We do this by supporting work within low-income communities that improves access to and take-up of a healthy diet. Major obstacles being addressed by community-based initiatives are:

AVAILABILITY – increasing access to fruit and vegetables of an acceptable quality and cost

AFFORDABILITY – tackling not only the cost of shopping but getting to shops

SKILLS – improving confidence and skills in cooking and shopping

CULTURE – overcoming ingrained habits.

We help support low income communities to

- identify barriers to a healthy balanced diet
- develop local responses to addressing them and
- highlight where actions at other levels, or in other sectors, are required.

We value the experience, understanding, skills and knowledge within Scotland's communities and their unique contribution to developing and delivering policy and practice at all levels.

Scottish Community Diet Project

Regional Food and Health Strategy Seminar Report

Contents

| | |
|--|----|
| Summary..... | 2 |
| Introduction..... | 3 |
| Overview of Regional Strategies | 5 |
| Strategy in Action | 7 |
| Sources of Health and Well-being Data in Scotland..... | 13 |
| Community Planning | 15 |
| The Role of Government | 18 |
| Conclusions: Messages for Government..... | 21 |
| Food for Thought | 24 |
| Contacts..... | 27 |
| Useful Websites..... | 29 |
| Publications..... | 30 |
| Acknowledgements..... | 32 |

Summary

The Scottish Community Diet Project organised this seminar in response to the increasing requests for help that it received to support or feed in to regional food and health strategies. Participants came from all over Scotland to hear sessions on the changing national policy climate and network with each other.

Participants at the seminar represented a flavour of the diverse geography which makes up Scotland. Remote areas (both on the mainland and islands), cities and towns were all represented sometimes by the same region and sometimes by more than one participant.

On reflection, after the sessions on national data collection and national policy, participants agreed that national initiatives might benefit from more in-depth but focused consultation at a community level in advance. In general regional strategies especially those with funding to give out had strong links with the communities in their region. National campaigns might benefit from local consultation in advance. Regional strategies can provide a useful bridge between National campaigns and communities.

It was widely recognised by the participants that regional strategies required support in order to flourish and deliver change. Support was defined especially in terms of dedicated funding to support sustainable activity, rather than short-term funding streams. It was noted that regions which had money to support community activity locally had strategies with direction and momentum. This also helped regions to value the work being done at grass roots. People working at the regional level were keen on guidelines for statutory agencies on how to sustain community projects and service level agreements. There was universal agreement that it was important to recognise existing good practice.

Sessions at the seminar were given by people who were senior figures in their fields. They arranged to take part at short notice which showed their willingness to support regional strategies and learn from the work in the regions.

The seminar was designed so that participants had the opportunity to reflect on the main sessions and work out what conclusions they wished to present to Kim Fellows a senior civil servant at the Scottish Executive Health Department with responsibility for health improvement.

Kim's comments are therefore in response to the conclusions presented. She described the challenge of improving Scotland's health record and the need support those people who are already making changes in their communities.

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Introduction

The Regional Food and Health Strategy Seminar, organised by the Scottish Community Diet Project (SCDP), took place in New Lanark, 27-28 August 2003.

The seminar aimed to:

- facilitate an exchange of information about the development of strategies across Scotland
- inform discussion on the role of baseline data
- examine the implications of community planning
- debate the role of the relationship between central government supporting regional work
- report back to key groups including (i) those involved in developing regional food and health strategies at local level and (ii) the Scottish Executive

The delegates included two community dieticians, three health promotion officers, a project co-ordinator, a food access co-ordinator, senior representatives from three healthy living initiatives, the chair of a local authority food and health policy group and a policy officer from the Food Standards Agency. Their aims in attending the seminar?

- “I want to know what is going on in projects across Scotland and about other people’s regional strategies.”
- “I am here to get tips on how to influence people to put food and health on their agenda.”
- “We have no food strategy. I’m here basically to pick your brains, so that I can write a draft to take back to our partners.”

Geographically, participants had responsibility developing regional strategies in the following areas Ayrshire and Arran, Borders, Drumchapel, East Lothian, Fife, Forth Valley, Grampian, Greater Glasgow, Highland, West Dunbartonshire and the Western Isles.

Why here, why now?

Bill Gray, National Project Officer, SCDP

The Scottish Diet Action Plan states the Scottish Community Diet Project (SCDP) exists to promote and focus dietary initiatives within low-income communities and to bring these within a strategic framework.

The recent health improvement document, ‘Improving Health in Scotland: The Challenge’, states that the Diet Action Plan is one of

“I am very interested in what is happening in Forth Valley because there is great potential to do something like that in Grampian.”

Scotland's best developed and most mature health improvement programmes. There is so much happening in this field that it is important to meet to share good practice. There is also much to do to make sure that food and health is on the community planning agenda.

It is a long way from the Scottish Executive in St Andrews House, from UK government in Westminster – and from Brussels – to local communities and so there is a real need to work strategically locally and regionally, as well as nationally. The people who work at local and regional level know, better than anyone, what is needed and what works best.

Overview of Regional Strategies

Each participant gave a brief presentation, describing what was happening in their area.

It became clear that while some regions had a strategy and/or a framework for partnership working on food and health, others did not. More than one participant said: “Our original strategy was written in response to the Diet Action Plan in 1996, then it sat on the shelf.”

The strategic aims of the organisations represented at the seminar, as stated by participants, were to:

- implement the recommendations of the Scottish Diet Action Plan
- promote the benefits of a healthy diet
- promote the consumption of at least five portions of fruit and vegetables per day
- encourage reduction in the consumption of foods containing fat, particularly saturated fat
- improve access to and availability of affordable, healthier food
- link local food producers to local communities and outlets
- address health inequalities
- develop a strategy!

In striving to meet these goals, further aims were to:

- identify the barriers to food access and availability
- define practical solutions to tackle these barriers
- work in partnership to reduce barriers
- build community capacity to enable healthy food choices
- provide education, information and activities to encourage healthy eating
- support good practice
- reflect strategy in recruitment, training and management procedures
- make sure healthy choices are available throughout NHS premises
- encourage local food growing and supply through co-operative partnership working
- raise awareness of food issues by working with farmers, manufacturers and community-based groups

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Origins of strategies and frameworks

The Scottish Diet Action Plan 1996 – ‘Eating for Health: A Diet Plan for Scotland (1996)’ – was developed to provide a framework for strategic, collaborative action to reduce fat, salt and sugar intake and increase consumption of fruit, vegetables, fibre and oil-rich fish by 2005. Different regions developed their responses in different ways. In Ayrshire and Arran, for example, the food and health strategy was developed initially as part of a coronary heart disease prevention programme. In the Gorbals, a Strategy Group was formed after baseline research conducted for the local Healthy Living Network revealed that the Gorbals diet is significantly worse than the Scottish one.

Elsewhere, strategies and networks developed or are emerging through policies, or from events such as conferences or theme years (see Strategy in Action, p7). Some lead agencies consult and others involve. Professionals, such as Health Improvement Officers and organisations, such as Healthy Living Centres, can act as a catalyst for partnership working. One delegate commented: “Some parts of our area have forged ahead, where someone has taken responsibility.”

A survey of participants, undertaken before the event, indicated that the agencies seen most commonly to be leading the strategies are the health service (indicated by 8 participants) and the local authority (8). Also listed were: Scottish Executive, academia, agricultural organisations, voluntary organisations, community initiatives, healthy living centres and government funded demonstration projects.

The number of sectors known to be involved in the strategy process varied from 3-15 per region. Participants identified different sectors they worked with as:

| | | | |
|----|---------------------------------|---|---|
| 14 | NHS | 4 | food processors |
| 11 | health promotion | 4 | local food initiatives such as farmers’ markets |
| 10 | local authorities | 3 | other strategic agencies |
| 10 | community and low income groups | 3 | retailers |
| 6 | enterprise companies | 2 | food producers |
| 6 | environmental groups | 1 | social company |
| 5 | community workers | 1 | voluntary groups |
| 5 | local business | 1 | wholesalers |

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Strategy in Action

Participants were involved in work which covered working within strategic frameworks and work which is part of a strategic framework. Participants explained what was happening in their area by describing

Ayrshire Community Food Workers

Community food workers have been working in Ayrshire for almost three years. They are local people working in local communities on locally identified food issues. Their work encompasses many aspects of food strategy in operation – food access and availability, food growing, budgeting and cooking skills, information and links into the local economy. “We continue to search for core funding to continue the work and hope to link into the community planning process.”

Further information from Fiona Smith – see p27

Borders Community Food Grants Scheme

The Borders covers an area from Eyemouth on the East coast over to Peebles and Newcastleton. The strategy is based around three key issues:

- development of partnership working in order to develop joint action plans
- capacity building through training and project development
- improving access and availability

The Borders Community Food Grant Scheme was established in January 2003 from Health Improvement Fund monies. The scheme is one of a range of projects aimed at improving access to a healthier diet across the region. “We knew that there was interest and support for the scheme but were taken aback at the response. 45 grants were provided in the first round ranging from £50 to £1,000. The scheme has raised the profile of community food projects and sparked interest and discussion around food, providing a good reminder of what can be achieved with fairly small amounts of money.”

Further information from Clare Keenan – see p27

Drumchapel L.I.F.E.

“Although we are just embarking on the development of our ‘Food for L.I.F.E.’ (Living Is For Everyone) strategy for Drumchapel, we have been involved over the last 16 months in developing, supporting and resourcing a variety of work locally. Much of it fits within – and has been influenced by – the Glasgow-wide strategy. The big issue for us

“We knew that there was interest and support for the scheme but were taken aback at the response. 45 grants were provided in the first round ranging from £50 to £1,000...”

is access to good food. We work with community cafes and we run ‘Get Cooking’, ‘Get Shopping’ courses. We try to target all groups from babies to elderly people. We find that using free food is a good way to engage people. We work in partnership with other local agencies e.g. on the development of weaning events and information for young mothers.”

Further information from Kenny Macdonald – see p28

Fife Food Audit

“Fife is currently doing a project in regeneration areas on access to food. We also carried out an audit of food in schools. The audit was carried out by QMUC [Queen Margaret University College]. This involved a telephone-questionnaire based survey, which looked at all aspects of food in schools, including tuck shops, breakfast clubs, vending machines etc. As a result of this audit, a multi-agency group has been set up to develop a strategy, which complements ‘Hungry for success’, to improve the accessibility and uptake of food in schools.”

Further information from Claire Alison – see p27

Forth Valley Food Links

“A pilot project indicated that there was an interest in and demand for local produce,” said project co-ordinator, Chris Wond “Funding applications were made to three local councils, Forth Valley Health Board and the Scottish Executive. Forth Valley Food Links (FVFL) was set up, with funding for three years. It has now been operational for 12 months. We want to link farmers and growers with the local community. We are particularly interested in sustainability and food miles.”

FVFL offers a small grants scheme aimed at kick-starting local food-related projects in Forth Valley, such as community gardens and allotments, farm diversification, food co-ops and box schemes, food growing schemes in schools and the development of local markets and joint marketing ventures. The scheme is aimed at both commercial food producers – farmers/growers – and community-based groups/voluntary groups. It is hoped that this will stimulate food growing activity at community and farm level, and facilitate access to locally grown produce in local communities. Examples: a raspberry production unit on a local farm in Stirling was part funded by FVFL, to encourage the farmer to diversify into growing fruit and veg for local markets; an allotment project using raised beds in the grounds of a school in Stirling was funded for a local regeneration group; a polytunnel and tractor was funded for a food producers co-op.

Further information from Chris Wond – see p28 – or go to www.fvfl.org.uk

Glasgow Partnership Framework

Glasgow Healthy City Partnership’s Food and Health Action Framework was launched in November 2001. It is being developed by the Partnership’s Food and Health Working Group. In setting up the framework, the partnership:

“As a result of this audit, a multi-agency group has been set up to develop a strategy, which complements ‘Hungry for success’, to improve the accessibility and uptake of food in schools.”

- brought together key statutory agencies, community groups and the university sector to formulate and agree recommendations
- was informed by research and review of current policy and practice locally, nationally and more widely
- aimed for ready integration with existing structures and initiatives.

The resulting framework describes the national policy context, sets out local policies and reviews their recommendations, and establishes the key action plans for progressing food and health issues in Glasgow. The principal themes of the framework are: awareness of healthier eating themes; access to information programmes/services relating to food; affordability of healthy food; availability of safe and nutritious food to all.

In terms of the challenge of multi-agency partnership, Anne Gebbie-Diben, Health Promotion Officer, said: “It takes time for everyone (the stakeholders) to know and understand people’s different problems, issues and agendas but now people are saying, ‘hey! I can help you with that.’ They are starting to see how they can work together.”

Maryhill Easy Greens is an example of a project supported by the Partnership Framework:

Volunteers from Maryhill Community Health Project have produced a handy booklet, ‘Green Vegetables the Easy Way: A collection of recipes, tips and healthy eating information’. The publication was funded by Greater Glasgow Health Board, incorporated information from Cambuslang Health & Food Project, North Glasgow Community Health Project and the Comic Company, and Tesco helped with distribution. Further copies of the booklet are available from The Health Promotion Department at Greater Glasgow Health Board tel: 0141 201 4725.

For further information on the Food and Health Action Framework, go to www.glasgow.gov.uk/healthycities or request a copy from Anne Gebbie-Diben – see p27.

“...We adopted a partnership approach. We took the Diet Action Plan and we put everyone who was involved in the food chain in a hotel for a day, in workshops – trying hard not to impose our own agendas – to see what came out of it.”

Grampian Food in Focus Event

“Grampian is a very diverse region, covering urban and rural areas including Forres, Deeside, Aberdeen, Elgin, Fraserburgh, Stonehaven, and Deeside Valley,” said Caroline Comerford, Food Access Co-ordinator, NHS Grampian. “Last year we decided that the best way to focus on implementing the Diet Action Plan was to consult so we held our Food in Focus conference, supported by the SCDP and NHS Grampian. We adopted a partnership approach. We took the Diet Action Plan and we put everyone who was involved in the food chain in a hotel for a day, in workshops – trying hard not to impose our own agendas – to see what came out of it.”

The event, which was over-subscribed, was very successful despite a last-minute change of venue due to circumstances outwith the organisers’ control. Approximately 100 delegates attended, representing a wide range of interests, from food producers to consumers, voluntary agencies to statutory bodies, school teachers to University lecturers.

It raised many issues, such as the need to: listen to the ideas and concerns of communities; rediscover the health and social benefits of producing, cooking and eating food; encourage food preparation in schools; make links between food producers and consumers; involve all sectors of the food chain; extend joint working to encompass environmental and transport sectors; improve access to food in both local shops and supermarkets; ensure clarity of information about food products; give caterers clear responsibility for providing healthier foods; improve the information about and access to funding for food initiatives; develop appropriate and accurate methods of demonstrating and recording the health benefits of healthy eating. “Now we have a draft strategy which is out for consultation, an action plan for 2003-2006. What we have to do now is take it out there and make it work in partnership.”

The Food in Focus conference report is available online at www.health-promotions.com or from Caroline Comerford – see p27.

Highland’s Theme Year

“Highland region is the size of Belgium, with a population of 220,000,” said Fiona Clarke from NHS Highland. “Because it is a larger area, we have a big group of stakeholders. We usually meet in Inverness as it is the most central but we do not find that we need to pay travel expenses. Perhaps this is because, as well as meeting to discuss issues as a whole, we break into smaller groups to discuss specific projects, to give people something they can get their teeth into.

“2003 is our ‘Eat Well, Stay Well’ nutrition theme year. We have a multi-agency steering group with representatives from all areas of the food sector, from farm gate to plate, who are working well together. We have driven many pathfinder projects to help inform strategy. We have secured funding to continue the process and raised the profile of food health on the health improvement agenda. We will continue to work together to steer nutrition action in Highland and lead to strategy development.”

Further information from Fiona Clarke – see p27

West Dunbartonshire – A Virtual Co-op?

“West Dunbartonshire healthy living initiative is a community-led charity,” said project manager, Linda McGlynn. “West Dunbartonshire is a very poor area. Food and food poverty are big issues so we are interested in healthy food community cafes. We are also thinking about developing a virtual co-op with terminals where people can order food online and get good affordable food delivered, probably to a central location. That central location may be us but if the logistics of delivery are too big, we may look at distribution through community cafes.

“2003 is our ‘Eat Well, Stay Well’ nutrition theme year. We have a multi-agency steering group with representatives from all areas of the food sector, from farm gate to plate, who are working well together.”

“Our project is in its infancy but our aim is to make West Dunbartonshire ‘A Picture of Health’. Activities so far have included a Primary 3 Healthy Lifestyles project, parents’ workshops, an activity day, two fruit barrows and cancer awareness work. Our work in schools is funded by the New Opportunities Fund.”

Further information from Linda McGlynn – see p28

Tackling Access and Attitudes in the Western Isles

“In the Western Isles, getting from island to island is a big problem,” said Mary Maclean, manager, Fas Fallain (Grow Healthy) Project. “Access to fresh produce is an issue; we are very dependent on the ferry. The islands are now less self-sufficient than they used to be. Since fruit and veg became available in supermarkets, growing fruit and veg – subsistence – has become associated with poverty. The crofters’ focus is on livestock. We are now trying to encourage the local community to grow their own and to get involved in berry growing to supplement their income.”

With the support of Fas Fallain, ‘Catch 23’ – a mental health drop-in centre – has recently received funding from the Scottish Community Diet Project to run healthy eating cookery courses and develop an organic kitchen garden, which will be maintained by clients. The garden will provide fresh produce for a regular lunch club. Fas Fallain is also working in partnership with SAC [Scottish Agricultural College] and Lewes Castle College in the development of a Scottish Vocational Qualification – SVQ2 in Commercial Horticulture. “In the largest community, we have employed two long-term unemployed men and set up to the poly tunnels which we hope will be used in the SVQ course.”

Further information from Mary Maclean – see p28

Food Standards Agency (FSA) Scotland

The FSA aims to be trusted as the UK’s most reliable source of advice and information about food. Its Strategic Plan 2001-6, ‘Putting Consumers First’, states: “We want to protect and improve the safety of the food people eat and to make it possible for people to choose a healthy diet. By 2006 we aim to: (i) reduce food-borne illness by 20% by improving food safety right through the food chain, (ii) help people to improve their dietary health, (iii) promote honest and informative labelling, (iv) promote best practice within the food industry, (v) improve enforcement of food law and (vi) earn people’s trust by what we do and how we do it.”

Tracy McKen, a policy officer from the Food Standards, Diet and Nutrition Branch of the FSA Scotland, attended the Regional Food and Health Seminar. Her aims were: (i) to describe the role of the FSA, (ii) to disseminate copies of the draft Diet and Nutrition Strategy, then out for consultation (until 12 September 2003) and (iii) to share the knowledge of people who are working in the community.

“We are now trying to encourage the local community to grow their own and to get involved in berry growing to supplement their income.”

FSA Scotland will host 'A Recipe for Success', cookery demonstrations with question and answer sessions, in four locations this year. The events will be advertised locally in advance. FSA also offer a large range of leaflets and posters on food safety, food allergies and nutrition, which can be ordered direct from the website.

FSA Scotland's Strategic Plan, Business Plan and other documents are available from Tracy McKen (see p28) or online at www.food.gov.uk/aboutus/publications/busreps. Consultation documents are listed at www.food.gov.uk/foodindustry/Consultations

Sources of Health and Well-being Data in Scotland

**Bruce Whyte, Public Health Information Manager,
NHS Health Scotland**

The Scottish Executive document, 'Improving Health in Scotland – the Challenge', highlights physical activity, healthy eating, smoking, alcohol, mental health and well-being, health and homelessness and sexual health. It has special focus programmes relating to early years, teenage transition, the working age population and communities.

The 'challenge' referred to in the title is a three-fold challenge, to:

- improve the health of all the people in Scotland
- narrow the opportunity gap
- improve the health of our most disadvantaged communities at a faster rate.

We know that in addition to age, disease, genetics and other biological aspects, there are a variety of socio-economic, cultural and environmental factors which affect health.

The Public Health Institute of Scotland (PHIS, now part of NHS Health Scotland) recognised that there was an increasing number of sources of data relating to these factors and that it might be possible to combine these to produce a profile of the health of a community. As examples, a selection of national data sources were given:

- i Scottish Neighbourhood Statistics – www.sns.gov.uk
- ii Census 2001 – www.scrol.gov.uk/scrol/common/home.jsp
- iii Scottish Health Statistics within Information & Statistics Division – www.isdscotland.org/isd/index2.jsp?p_applic=CCC&p_service=Content.show&pContentID+1&
- iv Scottish Health Survey 1998 – www.show.scot.nhs.uk/scottishhealthsurvey
- v Scottish Household Survey – www.scotland.gov.uk/about/SR/CRU-SocInc/00016002/SHShome.aspx

These sources have advantages and disadvantages. Nevertheless, we thought we could combine them to produce a profile which could be useful in identifying areas of ill-health within communities and underlying factors which contribute to health differences, and need to be addressed.

“We know that in addition to age, disease, genetics and other biological aspects, there are a variety of socio-economic, cultural and environmental factors which affect health.”

The Paisley profile

Paisley is a useful illustration of how a local health profile was produced. The methodology we used included a descriptive/comparative analysis of data relating to Paisley and to Scotland as a whole. We considered:

- population demographics (e.g. comparing the life expectancy of males, the average age of first time mothers and the birth weights of babies in the different localities within Paisley)
- economic profile (e.g. unemployment, eligibility of children for free school meals in those areas)
- illness and disease (e.g. disease specific morbidity as shown by hospital stays for alcohol-related/attributed conditions, for areas of Paisley compared to Scotland overall)
- social and physical environment (e.g. lone parents, social work referrals)
- behaviour and other factors relating to health (e.g. measuring exercise plus the consumption and affordability of fresh fruit – the only food-related measure used).

The data was then integrated to produce a health profile for Paisley (and its communities), showing demographic and economic factors, illness and disease, social and environment, behaviour, etc. on one graph compared to the average for Scotland.

“The aim of community profiles is to focus the attention of politicians and planners on health rather than disease and to highlight the fact that many factors other than medical care influence the health of communities and individuals.”

Community profiles

We aim to produce 70 community profiles by the end of 2003/early 2004. The geographical spread of each profile will approximate to the current LHCC (Local Health Care Co-operative) and evolving CHP (Community Health Partnership) boundaries. The data will be postcode sector data where available (i.e. data relating to EH11, KY16 etc) and it will be based on what is available easily, nationally. However, locally relevant data can be added by local bodies.

The aim of community profiles is to focus the attention of politicians and planners on health rather than disease and to highlight the fact that many factors other than medical care influence the health of communities and individuals. It is intended to stimulate debate and lead to action targeted at the determinants of health at local level. The profile is also for local residents to inform them about the health of the area they live in.

Work is currently being done to identify common indicators which would be meaningful in all areas across Scotland. The list will be similar to that used in Paisley but more comprehensive, including e.g. behavioural data such as smoking, drugs misuse; child health data such as immunisation, obesity; 2001 census data, data from the Scottish Executive's Neighbourhood Statistics Initiative and, potentially, children's dental epidemiological data.

For further information on existing profiles of this type go to <http://www.phis.org.uk/info/sub.asp?p=bb>

Community Planning

**Tom Divers OBE, Chief Executive, NHS Greater Glasgow;
member of the Community Planning Task Force**

Community planning (CP) has been on the agenda since 1998 when a joint Scottish Office/COSLA (the Convention of Scottish Local Authorities) working group was established, which recommended that CP might represent a way for key statutory agencies to work together to improve the well-being of the community in a much more synchronised way. Five local authorities were designated as pathfinders, to develop a first attempt at a community plan and then, in the following year, all local authorities in Scotland were asked to take the lead in developing community plans for the population. At that stage it was all very much cast as a kind of voluntary effort and there was more enthusiasm for it in some parts of Scotland than in others.

Community Planning Task Force

In spring 2001, the Scottish Executive invited 22 people to participate in a Community Planning Task Force, along with the three government ministers who were enthusiastic about CP as a means of creating an overarching approach to strategy development across key agencies. Our job in essence was to try to become champions of community planning.

The task force was set up with a two-year lifespan, recognising that it was likely to take that kind of time to make the impact that we were being asked to make. I think it is fair to say that there were periods during that time when we wondered whether CP was actually ever going to see the light of day. In the beginning, two or three divisions within the Scottish Executive were very enthusiastic about CP, particularly within the health department. Others were neutral. Professor Alice Brown, currently the Public Services Ombudsman who then chaired the task force for the first year and a half, spent a lot of time working with senior politicians, including the First Minister, to try to get a clear policy statement that community planning was going to be a significant part of government. We also set up sub-groups to focus on specific areas, such as engaging and involving communities, developing partnering, and charting progress and success.

When it became clear that there was a commitment on the Executive's part to make CP a responsibility in law, a further sub group was established.

This group worked on detailed guidance that was developed alongside the passing of the Local Government in Scotland Bill, which is now an Act.

“The task force was set up with a two-year lifespan, recognising that it was likely to take that kind of time to make the impact that we were being asked to make.”

Local Government in Scotland Act

The Act came on to the statute books in the early part of this year; it changes the whole basis for responsibility on CP. It creates a statutory duty on local government to initiate and facilitate the development of community plans. The legislation also places a statutory duty on other major bodies including Health Boards, the Police, Fire Service and the Scottish Enterprise network to participate in the development and delivery of community plans.

The Act puts the whole issue of CP on a much firmer footing than was the case when the task force was created back in 2001. There has not been such a mechanism in the past whereby the statutory agencies have been able to harness the work of organisations so we can all work together. I think we will see – over the course of the coming years – a momentum develop.

All of the partnerships will take time and effort to develop. They won't just come together all of a sudden at the end of year one and be able to demonstrate all the wonderful things that have been done. Partnerships need to mature. The kinds of partnerships that already exist are often bilateral partnerships. I think the Local Government in Scotland Act will change that.

Implementation

In March this year, the task force held a final conference and was duly wound up – but it wasn't allowed to disappear. A report was produced which made recommendations on the way community planning could be taken forward. Ministers decided that the task force should be succeeded by an implementation group, with its membership recast under the chairmanship of Willie Rae, Chief Constable of Strathclyde Police. There is some continuity in that there are about half a dozen of us who are continuing as members of this Community Planning Implementation Group but we have been joined by a fresh set of colleagues who bring some quite different perspectives.

Among the group's tasks will be the development of a performance management framework which strikes a proper balance between national and local priorities, ensuring that there is indeed coherent commitment across the Executive, and improving engagements with business interests and trade unions.

There are still parts of many of the organisations involved in community planning which are relatively untouched by community planning processes, so there are key recommendations within the task force report about building up the capacity of communities to be engaged in community planning. There has also been some more money allocated to support capacity building more broadly recently.

“There are still parts of many of the organisations involved in community planning which are relatively untouched by community planning processes...”

Health Improvement Plans

How does CP draw together and connect with other important policy papers, like 'Improving Health in Scotland: the Challenge'? I see this coming together most particularly in the development of joint health improvement plans. Joint health improvement plans are a fundamental part of the responsibilities of community planning partnerships. Each partnership needs to produce a joint health improvement plan – but not just to exist in some kind of limbo, but to connect to other key related plans. In the case of health, the joint health improvement plan needs to feed into the priorities within the local health plan. If you look at the local health plan of each of the 15 health boards in Scotland, they will contain a section dealing with joint health improvement plans. In the case of Glasgow, it summarises specifically what the key areas of progress have been on joint health improvement plans with each of the six local authorities with whom Greater Glasgow is working.

My sense is that that is where this, for you, starts to come together in a policy sense. It gives you the opportunity to contribute in a way which will help you to enact the imperatives of the health improvement challenge and to get involved in a way which might not have been possible previously. There is now a specific drive for partnerships to develop these plans and to publish them annually.

I do not mean to imply that your contribution needs to be limited to joint health improvement plans. We need to identify as many cross-cutting issues as possible. I think the ground is absolutely fertile for you to go in, identify those cross-cutting issues, make connections and contribute. The Community Planning Implementation Group would be interested in hearing your views and seeing how we can support you.

“We need to identify as many cross-cutting issues as possible. I think the ground is absolutely fertile for you to go in, identify those cross-cutting issues, make connections and contribute.”

Funding

I think the Scottish Executive will route more funding through community partnerships in the next four years. It makes more sense for them to route money through one partnership than many. There has been some debate about whether community planning partnerships might become incorporated bodies. However, if you are putting funding through a multi-agency partnership, there has to be accountability. This may be a sticking point for a while. It has been interesting to see how some partnerships have been pooling their own resources e.g. in Renfrewshire.

Community planning isn't about these new partnerships taking the credit for what people are already doing. It is all our responsibilities to take this forward. Community planning is a fertile field in its early days. From now until 2007 will be a significant time for partnerships to mature and show that partnership working works.

The report of the Community Planning Task Force is available online at:
www.communityplanning.org.uk/wg3pubs.html
www.communityplanning.org.uk/wg3pubs.html

The Local Government in Scotland Act 2003 is available at:
www.scotland-legislation.hms.o.gov.uk/legislation/scotland/acts2003/20030001.htm. or see p30

The Role of Government

The Scottish Executive was represented at the seminar by Gillian Kynoch, Scottish Food and Health Co-ordinator in the Health Department and Kim Fellows, Head of Health Improvement, Strategy Division.

Delegates spent an hour with Gillian, discussing food issues and concerns in an informal way. What follows is a summary of the points that emerged.

Measuring food health

Gillian explained the food and health question in the PAF (Performance Assessment Framework) report, used by the National Health Service, has been changed. It no longer focuses on cooked vegetables but on what percentage of people are eating five portions of fruit and vegetables a day.

Participants were informed an advisory group has been set up with the FSA to map out how food intake should be monitored in Scotland, to provide a means of measuring Scottish dietary targets by the year 2005. The group has to report back on its recommendations in December 2003.

Recently the food module within the current Scottish Health Survey has been changed. Questions about cooked vegetables have been removed and the survey has gone back to the 1995 questions to preserve longitudinal aspects. The survey includes a new module that has been taken from the English Health Survey, a group of questions designed to find give a better indication of how many people are having five portions of fruit and vegetables a day.

Scotland has a slightly different emphasis in food policy from England. Scotland is particularly interested in reducing fat intake, particularly saturated fat, as well as encouraging the '5-a-day' message. The advisory group will identify what is different in the Scots' diet to the rest of the UK. From work that was done last year for the Meat and Livestock Commission, it would appear that – among other differences Scots fry significantly more food and that they eat more takeaways.

Every three years, the PAF will try to measure the process of implementing the Diet Action Plan through the Health Board and its partners, as part of the wider monitoring and evaluation package being taken forward by Health Scotland to measure the implementation of the SDAP.

Strategies and plans

There are now very few Health Boards in Scotland that are not working on a food strategy, a very different picture from 5 years ago. Many

Scotland has a slightly different emphasis in food policy from England. Scotland is particularly interested in reducing fat intake, particularly saturated fat, as well as encouraging the '5-a-day' message.

Health Boards are already moving into multi-sector, food-chain based strategies but some still have a more traditional health service focus.

Some concerns were voiced about community planning:

- that the strategic focus will be lost e.g. if public health and health promotion are devolved to the community planning.
- that the Scottish Executive has high hopes for community planning as a delivery tool for health improvement, yet the CP system is in a varied state of maturity across Scotland
- that community planning partnerships are going to be faced with an enormous agenda, with many interests vying for attention.

In order to get food strategy built into the community planning agenda, a basic route map is being developed which can be used to promote food issues within the community planning process. The Heart Health Learning Network and NHS Health Scotland were involved in setting up by one of the demonstration projects, 'Have a Heart Paisley'. This demonstration project is working to come up with 5-10 issues which the community planning partnerships could take as their priorities, e.g. food access. The route map would involve stating priorities and identifying ways in which community planning could take them forward. The deadline for developing the initial blue-print of the route map is December 2003.

Have a Heart Paisley

There is much to learn from the demonstration projects. One of the initiatives being given further consideration is whether 'Have a Heart' awards could become a national scheme. This would allow individuals or groups to undertake work related to health to get an award or award as they pass through various stages.

'Have a Heart Paisley' has been externally evaluated by Glasgow University.

For further information go to www.dph.gla.ac.uk/hppu/HaHP.htm
The Have a Heart website address is www.haveaheart.org.uk

Collecting evidence of best practice

The Scottish Executive is collecting information about best practice through Health Scotland. One piece of research involves a three-tiered approach, working through academics, health boards and then grass roots implementers. Another piece of research with Health Scotland will look beyond the individual returns of the PAF report – which are influenced by the people who happen to make the returns – to the people on the ground. The aim is to get a broader picture of what is going on by 2005 as part of the broader evaluation.

One delegate commented that although money needs to be spent on getting information, there has to be a balance between what is spent on generating evidence and what is spent on service delivery.

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Positive media

The Scottish Executive has employed PR consultants to try to get good news stories about food health improvements into magazines and newspapers. The effectiveness of the consultants in achieving press coverage would be reviewed after six months. Among the new high-profile food champions, announced earlier this year, is the editor of the Sunday Herald and celebrity chef Nick Nairn (see 'Food Champions' below). A major part of this strategy is to tell local stories to a national audience and give additional exposure to the work of community food initiatives.

Communication issues

Participants agreed the creation of the post of a Food and Health Co-ordinator within the Scottish Executive was welcomed as a very positive move. However, the Scottish Executive was encouraged to share more information about what she was doing and to foster links with local networks. Delegates would like more opportunity to comment in advance about what was happening at national level.

A sub-group drawn from Health Promotion departments is being set up, which will have direct input into planning.

A Scottish Diet Action Plan website was being developed which would include the Action Plan, the new strategic framework and the main research and evaluations.

A website which provided a picture of what was going on would be a useful start, but incorporating a facility which fostered dialogue, e.g. an e-bulletin board, would be even more warmly welcomed. "We need networks which encourage the sharing of information. We need more electronic sign-posting about new developments. It is important to generate a feeling of ownership and involvement in the national and local strategy."

Food Champions

The Food Champions group, announced at the launch of the Healthy Living campaign in January 2003, draws together key individuals from the food industry, retail and the media to support implementation of the Scottish Diet Action Plan. These individuals have signed up to lead a culture change in key areas of the food chain. They are: Jack McConnell: First Minister, Michael Gibson: Scottish Food Advisory Council, Kevin Hawkins: Safeway Stores, Nick Nairn: chef, Jeffrey John: Food and Drink Strategy Group, Jim Walker: Quality Meat Scotland, Andrew Jaspan: editor, Sunday Herald, George Patterson: Food Standards Agency, Amanda Clark: Taste of Scotland, Graeme Millar: Scottish Consumer Council, Pam Whittle: Scottish Executive's Director of Health Improvement, Frances Gallagher: Glasgow Council, Professor Mike Lean: Glasgow University, Jennifer Crow: Scottish Enterprise Grampian, Brian Simpson: Scottish Quality Salmon, George McIvor: Baxters of Speyside, Evelyn Borland: Greater Glasgow NHS Board.

For further information go to
www.scotland.gov.uk/pages/news/2003/01/SEHD288a.aspx

A website which provided a picture of what was going on would be a useful start, but incorporating a facility which fostered dialogue, e.g. an e-bulletin board, would be even more warmly welcomed.

Conclusions: Messages for Government

After considering what Bruce Whyte, Tom Divers and Gillian Kynoch had said about regional baseline data, community planning and the role of government respectively, the delegates summarised the findings of the seminar through presentations to Kim Fellows, Head of Health Improvement, Strategy Division.

Baseline data

The seminar agreed that while national data can be useful in establishing common indicators, predicting trends, supporting funding applications and as a point of comparison, it should be used and interpreted with care in a local context.

- data collected locally is more useful for regional strategies
- data collected nationally should support not drive regional strategies
- communities need to be able to influence what kind of new data is collected
- local evidence should be valued by funding bodies, policy-makers and strategists
- qualitative data is also important and should be recognised, too
- investment in the generation and collection of evidence is required
- food and health is about dealing with people, not just numbers

Community Planning

Delegates had found the session on community planning very useful and informative. The group identified a series of possible benefits, issues and challenges.

Benefits:

- community planning holds great potential for regional food and health strategies
- food is a completely cross-cutting issue which could play a key role
- community planning could provide a forum for stakeholders to come together equitably, to maximise opportunities, avoid duplication and focus resources
- it could provide a public mechanism for collective accountability on food and health issues and it offers a real opportunity to be 'bottom up'.

Food is a completely cross-cutting issue which could play a key role.

Issues:

- community planning is still an unknown: more people need more information
- how to get involved?
- who are the relevant people to champion food within the process?
- potential for conflict affecting partnerships and decision-making
- will community planning reach the groups who need it most?
- opportunity or threat in terms of funding?
- some organisations, especially small voluntary organisations, need to re-examine some areas of their remit.

Speaking for the group, one delegate commented: “The presentation that we had on community planning was great. A lot of it was new information to us, and that then took us a step on to think – how about the people in the community? What do they know about community planning? We felt quite strongly that perhaps they didn’t know very much at all.”

Challenges

To succeed, community planning needs everyone involved to be “almost visionary. not just to focus on their single issue but to keep coming back to the vision.” It needs:

- genuine collective commitment
- to identify and capture real local priorities
- clear planning and responsibilities
- rigorous consistent monitoring

Overview of what is required from national government

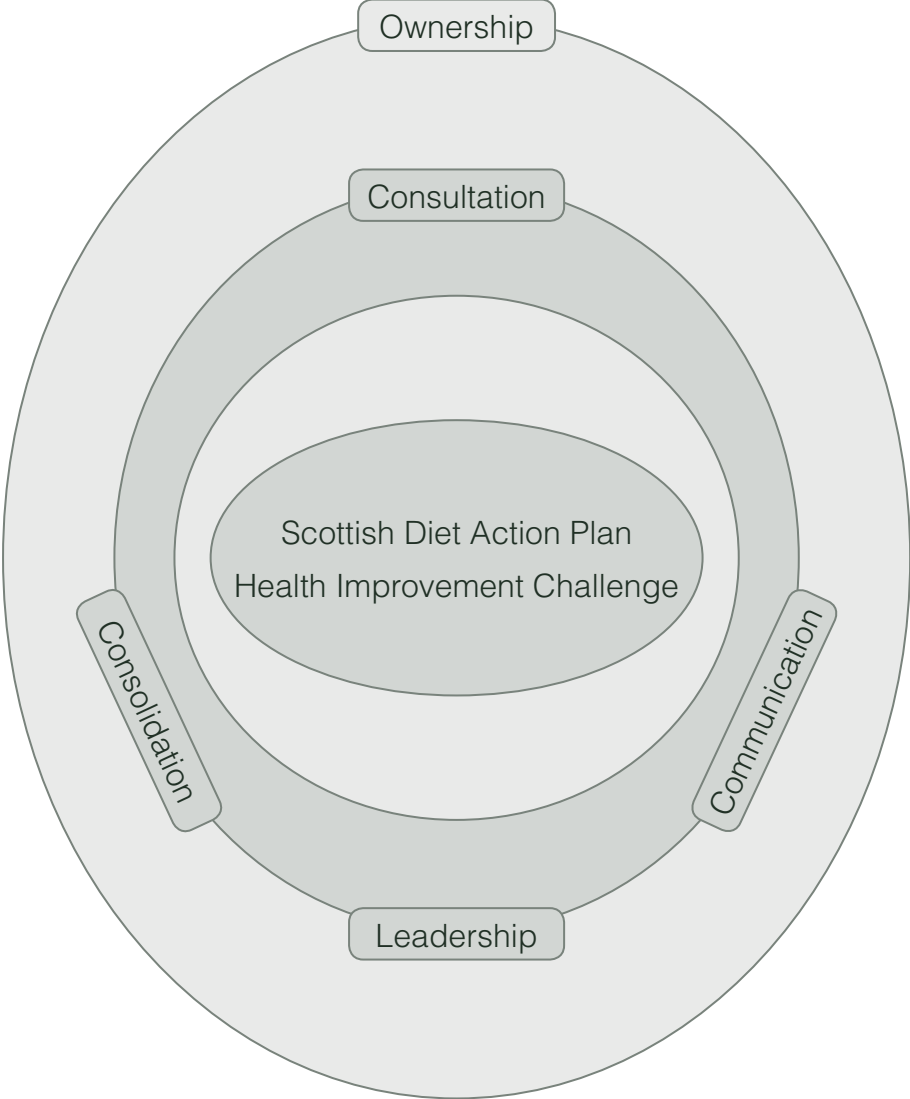
There was consensus across the group’s discussions on the role of government, that what is required from government is:

- communication and openness
- consultation
- consolidation
- support

Support for work in the regions was defined especially in terms of (1) dedicated funding to support sustainable activity, rather than short-term funding streams; (2) guidelines for statutory agencies on how to sustain projects and service level agreements; (3) recognition of existing good practice; (4) valuing the work being done at grass roots.

“The presentation that we had on community planning was great. A lot of it was new information to us, and that then took us a step on to think – how about the people in the community? What do they know about community planning?...”

Participants' representation of the processes required from Government to tackle Scotland's food and health challenge



It was also suggested that the Scottish Executive could:

- establish an e-discussion forum/bulletin board on the proposed Scottish Diet Action Plan website to promote effective communication amongst practitioners and between practitioners and the Scottish Executive
- work with manufacturers to lower salt, sugar and fat gradually in all processed foods, not just 'healthy options'
- build into best value criteria, issues of sustainability to cut down food miles
- investigate ways of bringing together primary food producers in co-operatives.

Food for Thought

Kim Fellows, Head of Health Improvement, Strategy Division

Kim Fellows is responsible for food, physical activity, health and homelessness, and health demonstration projects, within a new directorate in the Health Department of the Scottish Executive, led by Pam Whittle. Her colleague, Colin Cook, is responsible for health improvement as it relates to alcohol, drugs and smoking.

After hearing the conclusions of the group, Kim provided comment and additional information through questions and answers. What follows is a summary of the themes that emerged.

Scottish Health Survey

As the survey only happens every three years and reporting takes 12-18 months, some data in the PAF (Performance Assessment) Report can be up to 5 years old. The Scottish Executive is considering:

- setting up a users' group, including the Directors of Public Health and Health Board representatives, to discuss whether it is possible to work together to collect information more frequently, using larger local samples, to meet national and local requirements, without duplicating effort, e.g. through a major survey every 3 years and a smaller one annually
- linking standard morbidity data with the Scottish Health Survey, to see the effect of behaviours on long-term illnesses
- considering undertaking longitudinal qualitative work using panels of representatives, to assess the qualitative experience of changing services or changing people's lives over 3-5 years
- investigating the development of new quantitative indicators such as the work on Healthy Life Expectancy. This indicator may not prove useful because the early indicators are that it matches life expectancy. In England, research showed that for women, many of the years gained in life expectancy were years gained in poor health.

The Scottish Health Survey database is available at www.show.scot.nhs.uk/scottishhealthsurvey

Working together

- Where tensions, conflicts and vested interests exist, the only way forward is to face issues and tackle them together. We have to be 'critical friends'.

“Where tensions, conflicts and vested interests exist, the only way forward is to face issues and tackle them together. We have to be ‘critical friends’”

- The Health Department is considering the development of performance management indicators that can be jointly owned across the community planning partnerships for health improvement. Food indicators are useful in that they may be more measurable than other such as e.g. mental health and wellbeing.
- The First Minister has taken leadership of health improvement including food. Senior Ministers e.g. Finance, Education and Social Justice, are committed to health improvement and all departments are being encouraged to make health improvement a priority.
- Departments within the Scottish Executive are being encouraged to produce data which can be linked and cross-interrogated, rather than separate databases.
- A Ministerial Steering Group on health improvement is being established, which will seek to involve local elected politicians.

“Departments within the Scottish Executive are being encouraged to produce data which can be linked and cross-interrogated, rather than separate databases.”

NHS Reform (Scotland) Bill

The NHS Reform (Scotland) Bill was introduced in the Scottish Parliament on 26 June 2003. The Bill provides for the establishment of community health partnerships (CHPs) to co-ordinate the planning, development and provision of services, which will evolve from and build on the work of LHCCs (Local Health Care Co-operatives). The Bill places a duty on Scottish ministers and on NHS boards to promote health improvement.

For more information on the NHS Reform (Scotland) Bill, go to www.scottish.parliament.uk/bills/pdfs/b6s2.pdf

Training nurses and allied health professionals

The Scottish Executive are working with NHS Education for Scotland to change the training modules for nurses and allied health professionals so that public health is better addressed. The Primary Care Group of the Scottish Executive has commissioned research from the University of Birmingham which will be published in October 2003.

Funding

- The Scottish Executive has committed £173m extra funding for health improvement over three years.
- The ‘Quality of Life’ money which is being given to local authorities can be used for food and health e.g. West Dunbartonshire has invested some in breakfast clubs and healthy eating in schools. Moray and Fife have combined ‘Quality of Life’ money with HIF (Health Improvement Funds), for health improvement.
- The Scottish Executive is trying to establish a minimum spend on ‘healthy living’.
- The NHS Reform Bill will mean that the Scottish Executive can fund policy development in any field if it contributes to health improvement.

The challenge

In conclusion Kim Fellows said: “In 1996 the Scottish Diet Plan may have been ahead of its time but now we have a chance. It’s a big job but we have to do it. Scotland’s health is poor regardless of socio-economic class (compared to England and Wales). It is not just a poverty issue, it’s not just an exclusion issue in Scotland. A baby born in Tower Hamlets today in socio-economic class 5 has a better life expectancy than a baby born in socio-economic class 1 in Scotland. It’s that kind of statistic that really makes me want to do this job and well.”

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Useful Websites

Communities Scotland www.communitiesscotland.gov.uk

Community Planning www.communityplanning.org.uk

Constituency Profiles www.show.scot.nhs.uk/phs/constituencyprofiles

Convention of Scottish Local Authorities (CoSLA) www.cosla.gov.uk

Food Standards Agency Scotland www.food.gov.uk/scotland

Forth Valley Food Links www.fvfl.org.uk

The Healthy Living Campaign www.healthyliving.gov.uk

Have a Heart Paisley and other projects www.show.scot.nhs.uk/demonstrationprojects or www.haveaheart.org.uk

Health Education Board for Scotland (now part of NHS Health Scotland)
www.hebs.com

NHS Health Scotland (interim site) www.healthscotland.com

Public Health Institute of Scotland (now part of NHS Health Scotland)
www.phis.org.uk

Scottish Community Diet Project www.dietproject.org.uk

Scottish Diet Action Plan www.scotland.gov.uk/library/documents/diet-00.htm

Scottish Executive www.scotland.gov.uk

Scotland's Health On the Web (SHOW) www.show.scot.nhs.uk

Scottish Healthy Choices Award www.shcas.co.uk

The Scottish Health Survey 1998 www.show.scot.nhs.uk/scottishhealthsurvey

Publications

Diet Action Plan for Scotland: Eating for Health The Scottish Office Department of Health, July 1996, available online at: www.scotland.gov.uk/library/documents/diet-00.htm

Recent Government Papers and Publications

Improving Health in Scotland: The Challenge available online at www.scotland.gov.uk/library5/health/ihis-00.asp or from the Stationery Office Bookshop. Tel: 0870 606 55 66 Fax: 0870 606 55 88
Quote ISBN 0-7559-0607-1

NHS Reform (Scotland) Bill – Draft
www.scottish.parliament.uk/bills/pdfs/b6s2.pdf

Report of the Community Planning Task Force available online at www.communityplanning.org.uk/wg3pubs.html

Local Government in Scotland Act 2003 available online at www.scotland-legislation.hmso.gov.uk/legislation/scotland/acts2003/20030001.htm. A print version is also available in print (quote ISBN 0 10 590043 5) and braille from The Stationery Office – telephone TSO Customer Services on 0870 600 5522 or e-mail: customer.services@tso.co.uk

Food Standards Agency Scotland's Diet and Nutrition Strategy and annual report are available online at: www.food.gov.uk/aboutus/publications

Publications available from Scottish Community Diet Project

Fare Choice, the free quarterly newsletter from SCDP

Toolkits, including 'Growing Interest: a flavour of community growing in Scotland' and 'Breakfast Club: more of a head start.'

Guides, briefing papers and conference and study tour reports, including 'Source 2004: Guide to funding for community food projects' and a fact finding trip to Finland.

All SCDP publications are downloadable from the SCDP website www.dietproject.org.uk or available free through the post if you live in Scotland by calling the SCDP on 0141 226 5261.

Publications made available by participants

The following documents were available at the Regional Food and Health Seminar 2003:

Food in Focus: from plough to plate A conference report of a networking event for people in Grampian with an interest and involvement in food. 2003 NHS Grampian.

End of the Road? Food access and availability in Upper Loch Torridon and Thurso. A summary report on research commissioned by Highland Health Board authors D. Sarah Skerratt and Dr Linda McKie August 1997.

Ayrshire Food Network an informal network involving artisan food producers and fine food providers who use the best of Ayrshire and Arran produce.

Food and Health Policy Strathclyde Regional Council. Produced by Strathclyde region catering services 1990.

North Lanarkshire Council's Diet and Nutrition policy draft document for consultation purposes only 1997.

Skye and Lochalsh Horticultural Development Association. Annual report on Growing and Marketing 2000 – six years of growing and development, December 2000.

Eatright West Lothian: West Lothian Food and Health Action Plan 2001 Produced by the West Lothian Food and Health Group. Including a pullout with Objectives action and timescales.

Borders Food and Nutrition Strategy June 2000 produced by the Borders Food and Nutrition Strategy Group.

Green Vegetables the Easy Way: A Collection of Recipes, Tips and Healthy Eating Information. Available from Maryhill Community Health Project, Napiershall Street Centre, 39 Napiershall Street, G20 6EZ
Tel: 0141 357 4696 Fax: 0141 341 0020
E-mail: mchp@mchp.freeseerve.co.uk

Fas Fallain Fas Fallain leaflet and Community and Well-Being Forum Food and Health Action Plan available from Mary Maclean (see p28).

Food and Health Action Framework for Glasgow 2001-2006 go to www.glasgow.gov.uk/healthycities or contact Anne Gebbie-Diben (see p27).

Forth Valley Food Links Annual review, 'Local Food for Local People' leaflet, Small Grants Scheme booklet and newsletter available from Chris Wond (see p28).

Acknowledgements

The Scottish Community Diet Project would like to thank all the speakers and participants for contributing so fully to the Regional Food and Health Seminar 2003 and to this report.

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