

Rich Pickings

*An opportunity to share news
and views with others
tackling inequalities in diet
and health*

**Tuesday 4 December
2001**

**Dunfermline Business
Learning and
Conference Centre**



Scottish Community
Diet Project

*Supporting local
communities tackling
inequalities in
diet and health*

Thank you

Rich Pickings would not have run as smoothly as it did without the support of the people who work at The Business and Learning Centre in Dunfermline.

Debbie, Donna and Yvonne the note takers, and all the workshop leaders.

Last, but certainly not least, we would like to thank all those who attended the conference. Everyone's opinions were not only welcome but essential in ensuring the event reflected the needs and concerns and hopes for the future of all those working in Scotland on issues of health, inequality and diet.

Other reports from SCDP

The Scottish Community Diet Project has published reports from all the conferences and seminars which it has run. All reports can be downloaded free from the SCDP website www.dietproject.co.uk or be ordered free by calling 0141 226 5261.

Overview

The Scottish Community Diet Project (SCDP) organised Rich Pickings because there was a need expressed by people tackling inequalities in diet and health to get together. Throughout 2001, many new initiatives were launched locally and nationally and this conference was an opportunity for participants to find out more about them.

The conference was designed to allow as much time as possible for participants to network and swap ideas. Gillian Kynoch, the newly-appointed Food and Health Co-ordinator, and Lydia Wilkie, Assistant Director Policy, the Food Standards Agency Scotland helped set the scene with keynote presentations. There were five workshops in the morning and five workshops in the afternoon for participants to choose from. These allowed a great range of issues to be discussed in small manageable groups.

About the Scottish Community Diet Project

The SCDP was set up in October 1996 as a result of recommendations in the Scottish Diet Action Plan published a few months earlier. It is funded by the Scottish Executive Health Department and operates under the auspices of the Scottish Consumer Council based in Glasgow.

The SCDP has the overriding aim of contributing to the government's national strategy to improve Scotland's diet and health, and the inequalities that exist within both, by increasing the effectiveness of those working within and with Scotland's low income communities to improve access to take-up of a healthy, varied balanced diet.

To find out more about the SCDP visit www.dietproject.org.uk or call 0141 226 5261 and order a free information pack. The project publishes Fare Choice, a quarterly newsletter, which can be obtained either by downloading from the internet or calling the project to be put on the mailing list.

Programme

- 9.45 Registration
- 10.15 Introduction
- 10.30 Gillian Kynoch, Scotland's Food and Health Co-ordinator
- 11.00 Workshops
- ◆ Finland
 - ◆ Learning from the retailers
 - ◆ Local diet action plans
 - ◆ Lay food workers
 - ◆ What is a health demonstration project?
- 12.15 Lunch and marketplace
- 13.15 Lydia Wilkie, Assistant Director Policy, the Food Standards Agency Scotland
- 13.45 Workshops
- ◆ Working with the private sector
 - ◆ Healthy living centres
 - ◆ Welsh nutrition strategy
 - ◆ Food Futures
 - ◆ Food in schools
- 15.00 Summing up
- 15.20 Tea and coffee
- 15.30 Finish

Keynote presentations

Gillian Kynoch Scotland's Food and Health Co-ordinator

'We are going to have to work hard and be clever to capture the public's interest in healthy eating.'

When it was published back in 1996 the Scottish Diet Action Plan, 'Eating for Health'¹ was a far-reaching policy. A document of actions and expectations, it inspired me then and it still does now. A Scottish Community Diet Project; A Scottish Healthy Choices Award; a Food Standards Agency; a renewed emphasis on food and health by the Health Education Board for Scotland (HEBS); new tools and educational materials; the prospect of local authorities rising to the challenge of unlocking their potential to impact upon the diet and health of their populations; the prospect of real joined-up government approaches to policy development to increase all Scots' access to healthier food, through enterprise, community development, education, health improvement, targeted welfare. The Diet Action Plan recommends action for all the key sectors influencing the food we eat, including food producers, manufacturers and processors, retailers, the community, the NHS, local authorities, schools, government, consumer organisations, the voluntary sector and the media. The Plan is being pursued actively by the Executive with £1million per annum, plus a large share of the Health Improvement Fund being spent to ensure its implementation. The real investment needed, however, will come through partnerships.

How are we doing? — 'Steady as she goes' I think is an honest analysis. Much to be proud of, but still I think we all feel, lots yet to do.

Next to smoking, poor diet remains the most significant contributor to Scotland's poor health. It is a major source of our 'big three' – heart disease, cancer and stroke, and also contributes to other health problems such as obesity, high blood pressure and diabetes. The good news is that the health surveys show encouraging signs that Scotland is beginning to adopt a healthier diet, for example there has been a 6% rise in the number of people eating fruit daily, so that now nearly half of men and over half of women have a piece of fruit every day. There has been a 10% rise in the number of people eating potatoes, pasta or rice five or more times a week. There has also been a decrease in the number of us who choose to add salt regularly to our food at the table. And soon-to-be published data shows that the salt levels in some of our basic foodstuffs is falling substantially.

There is still a long way to go. We are a nation with a sweet tooth, and a frying pan pressed into active service in most households. We all need to reduce our intake of fatty and sugary foods and far more of us need to become used to eating fruit and vegetables regularly throughout the day. Changes are difficult though, for a wide range of reasons; financial, cultural and associated with our lifestyles, as you are all too aware. We are going to have to work hard and be clever to capture the public's interest in healthy eating.

And what else was promised in the Diet Action Plan?: a co-ordinator, or Food and Health Co-ordinator as is my Sunday best title. What is all that about and what is that going to add to the scene? Well, if you are the football team then perhaps I am the coach, the one who runs on at half-time with the water bottles and of course the pieces of fruit!

Bringing about a wholesale change in the nation's diet will require joined-up approaches between government departments and I will be working to help pull together government strategies and policies across health, education, social justice, development and sustainability. Building effective partnerships: with the food industry, with all the different agencies involved. Looking constantly for gaps and for opportunities to join things up, where that would make them stronger. Learning from the best - moving projects into national programmes where there is that potential, building a high profile for the task in hand so the media participate and contribute positively to our work.

My immediate priorities have been to work closely with the Food Standards Agency and the Health Education Board for Scotland to develop plans for a widespread national campaign to promote healthier eating and build upon this positive climate for change.

I have also been getting out and about meeting key elements of the Scottish and UK food industry. Together we have to ensure that the people of Scotland have widespread access to affordable, healthier food choices, and that development of these supports a sustainable and vibrant food economy within Scotland.

Healthier food choices must be available everywhere. I am working successfully with colleagues in other government departments to ensure this becomes an early reality in schools. We have recently announced the setting-up of an expert committee to establish nutritional standards for school meals and ensure that all children have access to a quality service. The removal of any stigmatism or discouragement in the provision of free school meals is a priority.

There is a need to expand basic understanding of healthy eating both within the industry and amongst the wider community, so I am working with others to develop national training courses in food and health for the food industry, voluntary and community sectors.

One of my key partners is the Scottish Community Diet Project. Developed by the Scottish Consumer Council (SCC) and HEBS in 1996, to work with low-income communities, the project is supported by almost £400,000 of Scottish Executive funding per year. Our National Health² gave the commitment to 'invest in success by funding the Scottish Community Diet Project to allow it to help at least 50% more projects for 2001/02'. This has been done, benefiting a plethora of initiatives, including tasting sessions, breakfast clubs, community garden and allotment schemes, healthy food stores, cookery courses, home food delivery services, training and supporting local people to participate in food initiatives in rural communities. A total of 36 organisations will receive grants in 2001/02.

There is much to do, but by harnessing the enthusiasm and constantly looking for ways to pull efforts and energies together, there is much we can achieve.

Lydia Wilkie Assistant Director Policy, the Food Standards Agency
Scotland

'We need to show people how healthy eating can make them feel and look better and how they can lead a more enjoyable life without following a strict dietary regime.'

The Food Standards Agency (FSA) was created to: 'Protect public health from risks which may arise in connection with the consumption of food, and otherwise to protect the interests of consumers in relation to food'. The FSA is a non-Ministerial government department, accountable to Westminster and the Scottish Parliament through Health Ministers and similarly accountable to the Welsh and Northern Ireland Assemblies. It is not an executive agency of health departments. The FSA's relationship with Ministers is 'arm's length' as it operates through its independent board, on which there are two Scottish members. The overriding aim of the FSA is the protection of public health in relation to food.

The FSA has three key principles:

- ◆ Putting the consumer first - setting rigorous standards for food safety and ensuring people have the information they need
- ◆ Being an open and accessible organisation - explaining the reasons for our decisions and advice through consultations
- ◆ Being an independent voice within the government - basing decisions on an impartial assessment of the best scientific advice.

The FSA Board sets our strategic direction. The key priorities for the next five years³ include: help people to improve their dietary health; promote honest and informative labelling to help consumers, and earn people's trust by what we do and how we do it.

In addition the FSA aims to: reduce food-borne illness by 20% by improving food safety right through the food chain, promote best practice within the food industry and improve enforcement of food law.

The FSA does not aim to tell people what they should and should not eat, but rather aims to enable consumers to make informed healthy dietary choices for themselves.

The FSA has developed a strategic framework for taking forward its work to improve people's diet and nutrition. The first element of the framework requires the FSA to secure a sound evidence base for action. In the past year the FSA has conducted several valuable surveys in relation to consumer attitudes to food. The FSA UK-wide poll in Sept 2001 asked a thousand people to list 'What most influences grocery shopping?'. Price (46%) was the top factor influencing purchase, coming ahead of taste, quality and health issues. A further UK survey, 'The Consumer Attitudes to Food Standards Survey 2001'⁴ showed that nearly half of Scots interviewed (42%) consumed convenience foods regularly (two to three times per week) and 48% knew they should eat five or more portions of fruit and vegetables a day, but only 23% had done so the day before.

The 2001 Consumer Attitudes to Food Standards Survey revealed that there clearly is a 'gap between what respondents know they should eat and what they actually do eat'. This formed the basis of the Scottish focus group research launched at this conference. This qualitative research consisted of ten focus groups split by age, socio-economic group and geographical area. The research aimed to help inform FSA Scotland on possible ways of targeting healthy

eating information to address this gap between awareness and behaviour. The research included questions to try to identify barriers to eating more healthily and to gather views on how these may best be addressed. Participants were also asked about their current eating habits, key influences on their eating patterns, what they associated with healthy eating and what motivated them to eat a healthier diet.

Results⁵ revealed that eating and food preparation is of low importance to many Scots, although this tends not to be the case among the ethnic minorities. Healthy eating is associated with an 'all or nothing' approach, linked with dieting, regimented, boring and usually consisting of tasteless foods. Overall healthy eating has negative connotations, particularly for the 18-45 age group. The report indicates a considerable difference between age groups both in terms of *eating behaviour* and *attitudes towards healthy eating*. Socio-economic and geographical differences were not as apparent as the differences between age groups. For the younger groups (18-45 years) fast food and convenience meals tend to be the preferred option, with grazing taking the place of the traditional three meals a day. Young people tended to be motivated by appearance. In older age groups (50-65 years) appearance remains a motivating factor, but general health and wellbeing, both personally and for the family, also assumes importance. As the research has discovered 'healthy eating' as a concept does not seem to appeal to most people. This study suggests a move towards 'better eating', as we need to show people how it can make them feel and look better and how they can lead a more enjoyable life without following a strict dietary regime.

The research generated some interesting findings about what people consider the main barriers are, both perceived and real, to adopting a good diet. It also provided a useful insight into the main motivations which encourage people to make improvements to their diet. The information gathered will help inform the FSA Scotland's future work with consumers and provides a good basis for further research. It will also feed into wider UK consideration. FSA Scotland is currently developing a nutrition strategy to dovetail with the FSA's overall UK strategic framework on nutrition. As the Scottish strategy is taken forward the emphasis will continue to be on working in partnership with the Scottish Executive Health Department, HEBS and our other external Scottish contacts, as well as with our colleagues elsewhere in the FSA.

Finland

Participants from the study tour to Finland recounted their experience and answered questions. The study tour visited the National Public Health Institute Finland in Helsinki to find out about policy initiatives, which helped decrease the rates of heart disease. Then the study tour visited North Karelia, an area with the worst rate of heart disease and where the National Public Health Institute had set up a pilot project.

Workshop leaders:

Moyra Burns, Senior Health Promotion Officer, Lothian Health

Christine Reilly, Renfrewshire Community Health Initiative

Lucy Gillie, Development Worker SCDP

Participants:

Angela Heaney, Sustainable Communities Officer, Stirling Council

Carole Inglis, Food and Drink Development Manager, Skye & Lochalsh Food Futures

Claire Alison, Health Promotion Officer, NHS Fife

Deborah Vanstone, Dietitian, New Ways Healthy Living Centre Project

Emma Witney, Programme Manager, Health Education Board for Scotland

Gillian Kynoch, Health Department, Scottish Executive

Helen Douse, Dietitian, Inverclyde Royal Hospital

Lesley Brannen, Earth Bound

Marjorie Shepherd, Development Officer, Edinburgh Community Food Initiative

Michael Clapham, Lecturer, Queen Margaret University College

Nicola Barron, Dietitian, Fife Primary Care Trust

Questions raised by participants in the workshop:

- ◆ Do the theoretical models really work? What is the reality?
- ◆ Find out what is transferable from the Finnish model....
- ◆ What resources were needed?
- ◆ How do the Finnish work with families and schools?
- ◆ What are the barriers to transferring the model here?
- ◆ What works and what would work here?

Lucy explained that the Scottish Community Diet Project organised a study tour to Finland⁶ so community volunteers could find out about the policy initiatives implemented by the National Public Health Institute⁷, which had contributed to an improvement in the Finnish diet.

Christine told the group about the lay-worker schemes implemented in North Karelia and how they used members of the community who were considered to be influential and good role models. However, the group who went to Finland did not get the opportunity to meet or talk to any lay workers, community representatives, volunteers or even non-professional people who had taken part in the project.

Moyra explained that the health service in Finland is de-centralised and many of the public

health initiatives were based on outcomes and results for tests and surveys instead of consultation with the public.

Unfortunately, Carole Sligo, a volunteer for Roots and Fruits who was also on the study tour to Finland could not make it to the workshop to share her experience as she was stuck in traffic.

Lucy, Christine and Moyra explained that they all had reservations about the transferability of the Finnish model of public health just because the nature of people and the culture of Finland and Scotland were so completely different.

Participants were interested in the fact that Finland had encouraged a traditional dairy producing area to increase berry production. This initiative was implemented because health professionals recognised that berries were rich in nutrients and consumption of dairy products contributed to heart disease.

Participants were also interested to learn that through collaboration between supermarkets and local health professionals in Finland, shoppers were able to find out what their blood pressure and cholesterol levels were by testing them while in the supermarket.

Participants also discussed the fiscal differences between Scotland and Finland. It was noted that, since the Second World War, Finland had directed more tax revenue towards public health. An example of this was free school meals with nutritional standards in all Finnish schools for over fifty years.

Learning from the retailers

Who better than an area supermarket store manager to answer questions on food retailing? This area manager is from a Co-op supermarket that currently runs several initiatives to encourage a healthy diet. Barriers for shoppers in achieving a healthy diet were discussed and listed by participants.

Workshop leader

Linda Simpson, Co-op Area Operations Manager, Scottish Co-op

Participants:

Billy Lynch, Community Worker, Inverkeithing Community Partnership

Cathy Higginson, Research Specialist, Health Education Board for Scotland

Charlie McKay, Family Support Worker, Rainbow Family Centre

Creag McLellan, Greencity Wholefoods

Gordon McAlonan, Community Worker, Fresh Loaf

Janie Gordon, Head of Nutrition and Dietetics, Fife Primary Care

Maureen Wright, Rural Economic Development Officer, Perth and Kinross Council

Sam McKeown, Policy Advisor, Food Standards Agency Scotland

Yvonne Garry, Development Officer, Scottish Healthy Choices Awards

Questions and areas of interest raised by participants at beginning of the workshop included:

1. How can healthy eating be sold to the public with the retailers' help?
2. Concerns over the percentage of convenience foods available in shops and the idea of convenience foods versus healthy eating.
3. Help with marketing ideas.
4. Any relevant information for starting up a community shop.
5. How can the non-commercial sector work in partnership with the retailers?
6. How can the retailers promote local food?

Linda answered the participants' questions by describing what the Co-op⁸ are doing in relation to some of the above issues.

- ◆ The Co-op has an honest labelling policy with leaflets on the following areas: environment, fruit and vegetables and access to all. These leaflets address subjects that the Co-op believes are important to their customers.
- ◆ The Co-op's fresh fruit and vegetable sales in Scotland range from 3% - 8% of total shop sales. In areas where sales are lower, stores are unable to order such a wide range of produce and so the consumer has less choice.
- ◆ The issue of sourcing more local produce seemed unfeasible at present to the Co-op.
- ◆ The Co-op has a policy not to aim food advertising at children.
- ◆ The Co-op can offer 'Local Community Dividend Awards'. To apply for an award ask for an application at your local Co-op.

Barriers for shoppers to achieving a healthy diet were discussed and the group made the following list:

- ◆ Affordability of fruit and vegetables.
- ◆ Lack of cooking experience, linked to increased demand for convenience foods or takeaways which may be less healthy.
- ◆ Lack of cooking demonstrations, younger people unsure of how to follow a recipe or what to do with ingredients.
- ◆ Information on how to achieve a healthy diet not received at school – especially cooking skills.
- ◆ Some areas don't have access to supermarkets. Supermarket supported-bus services won't stop in certain areas.
- ◆ Lifestyle barriers, for example working mothers have less time to prepare meals.
- ◆ Fruit and vegetables are seen by some as a luxury rather than everyday food.
- ◆ Some children are unfamiliar with the taste of fruit.

Local diet action plans

Glasgow has launched a diet action plan. The Senior Health Promotion Officer explains why and how the local diet action plan was drawn up and Govan Health Matters Project Co-ordinator identifies the role of the community in the plan.

Workshop leaders:

Jan Cresswell, Senior Health Promotion Officer, Greater Glasgow NHS Board

John McKechnie, Project Co-ordinator, Govan Health Matters

Participants:

Carola Donald, Administration Worker, Inverkeithing Community Partnership

Caroline Comerford, Health Promotion Assistant, Grampian Heart Campaign

Caroline Trotter, Community Worker, Flourish House

Chris Clark, Integrated Care Manager, Inverkeithing Medical Group

Claire Little, ECHO

David Dave, Café Co-ordinator, Partick Community Association

Donna Heaney, Policy Manager, Scottish Consumer Council

Fiona Burrell, Tutor, W.E.A Fife

Geraldine O’Riordan, Community Worker, Flourish House

John Brennan, Health Promotions, Edinburgh Community Food Initiative

June Anderson, Centre Worker, Linlathen Child & Family Centre

Kay Johnson, Community Nutritionist, Motherwell North and South Coatbridge S.I.P

Lyn Winters, Development Officer, Perth & Kinross Health For All

Maria Reid, Lanarkshire NHS Board

Maureen Lee, Project Co-ordinator, Home Visiting Scheme

Morag Redford, Glenricht and Isla New Community School

Stephen Graham, Community Worker, Flourish House

Jan explained how Glasgow had gone about developing and implementing a Diet Action Plan for the city⁹. Under the auspices of Glasgow Healthy City Partnership, a Food and Health Working Group was set up to draw up the action plan and comprised: Glasgow City Council (Education Services, Environmental & Protective Services, Direct & Care Service, Development and Regeneration); NHS Glasgow (Health Promotion Department, Primary Care Trust); Community Health Projects (Govan Health Matters, East End Health Action); Glasgow University (Department of Human Nutrition) and the Poverty Alliance.

Jan and John explained how the Food and Health Working Group’s policies became action. Firstly, recognition was taken of the poor diet-related health statistics in Glasgow. An audit of existing relevant work was undertaken. The national dietary targets¹⁰ were adopted and, while ambitious for Glasgow, it was felt that for the sake of consistency they should apply. While the Scottish Diet Action Plan recommends relevant action at a national and local level it accepted that this required to be ‘fine tuned’ on the ground.

The members of the Working Group had considerable knowledge and expertise in relation to issues affecting the population as a whole and they also took the opportunity to consult with various individuals and organisations that had more specific needs. In addition, focus groups

were also undertaken in the community in order to identify relevant issues further.

Taking all the above into consideration a five-year plan was drawn up. A 'menu' of desirable action was devised in relation to the population as a whole and to specific groups. From these plans priority actions were set out under the overarching headings of awareness, availability, access and affordability, all of which underpin the strategy. Many of these priorities depend on the commitment of the statutory agencies who are 'signed up' to them. Commitment from voluntary agencies was also sought.

Actions on the menu not prioritised for city-wide action by the statutory agencies are represented as options for action by Social Inclusion Partnerships, Local Health Care Co-operatives, Community Groups etc.... as they think appropriate in their area. If these organisations choose to undertake the actions, they can expect the necessary support from the relevant statutory agencies.

A monitoring and evaluation strategy has been drawn up. Statutory agencies will be required to record their action in relation to the plans and community groups will be invited to submit details of action which they undertake. This will be compiled into an annual report. Every year one specific area will be evaluated.

The group discussed the role of community food initiatives. There was recognition of a need to strengthen support for individual community health projects undertaking food-related work.

An application is underway for funding for a city-wide project to address issues of supply and delivery of food to local food initiatives. Meanwhile a Health Promotion Officer is being appointed to work with existing projects to support work on the framework identified by them.

There was recognition that there were areas where the working group could not have direct immediate influence but where members were willing to put and maintain issues on the agenda. These are included in the document and an example of this is the provision of water in schools.

Participants were interested to find out that it took three years to produce the local action plan. Also, there was a need for partnership working, and it is expected that the number of partners will change over the duration of the project. Related to this was the importance of a catalyst to pull people together.

The objective is to improve the diet of the whole population of Glasgow, not just the poorest residents. Discussion followed on the amount the Benefits Agency suggest is adequate for a weekly diet.

The need for evaluation was stressed, and the issue of how to evaluate 'soft' benefits. For example, in relation to fruit-in-school schemes run by volunteers – while it is relatively easy to measure the benefits of the added piece of fruit to the consumer, it is less straightforward to measure the benefit to the volunteer in terms of confidence-raising, benefits of working and companionship.

Lay food workers

In Ayrshire a scheme has been set up to train local people to work in the community. The development worker and one of the lay workers from this scheme share their experiences and draw out some useful key themes for those who are, or work with, lay workers.

Workshop leaders:

Fiona Smith, Community Dietitian, Ayrshire & Arran NHS Board

Anna Craven, Lay Community Food Worker, Ayrshire Community Food Worker

Participants:

Bill Gray, National Project Officer, Scottish Community Diet Project

Billie Arthur, Community Worker, Food Co-op Network Northeast

Clare Walker, Greater Glasgow NHS Board

Jeni Macnab, Health Promotion Worker, Goodlyburn Primary School NCS

Liz McKendrick, ECHO

Marie Macrae, Policy Officer, Fife Council

Mick Marston, Development Officer, Federation of City Farms and Community Gardens

Nicola Lee, New Ways Healthy Living Centre Project

Wendy Wrieden, Public Health Nutritionist, Dundee University

Fiona gave the background to the lay workers' scheme currently operating in Ayrshire, and Anna described how it works in practice.

It was clear from the presentation that much planning and preparation had gone into the scheme,¹¹ and the outcome was a team which was skilled in engaging communities, creating new lines of communication and initiating very practical activities.

A number of key themes developed from both the presentation and the discussion that followed:

- ◆ Recruitment of workers with the appropriate experience, local knowledge and people skills were seen as more important to a successful initiative than either having qualifications or living in a specific community.
- ◆ Training that was appropriate both to the post's remit as well as personal/career development was seen as essential as was ongoing access to, and support from, a range of appropriate professional staff.
- ◆ Networking was highlighted as a crucial element within teams of lay workers as well as between lay workers and other staff from a range of local agencies. The benefits of sharing experience nationally were also recognised.
- ◆ Paying heed to all the above was noted as fundamental to giving lay posts the respect they deserve. Location, pay rates and inclusion in decision-making, were all given as further ways of evidencing such recognition and appreciation of their potential contribution.

The workshop's conclusion was that the development of more lay workers' schemes, alongside promoting better practice through sharing experience, disseminating research and effective networking, is essential to underpin the government's commitment to practical community-based activity around food and health.

What is a health demonstration project?

Have a Heart Paisley is a project which was created with the sole aim of radically improving Paisley's poor record of heart disease using £6 million from the Scottish Executive. The co-ordinator, community worker and fieldworker explain some of the key lessons they have learned from this government health demonstration project.

Workshop leaders:

Fiona MacDonald, Healthy Eating Co-ordinator, Have a Heart Paisley

Julia Pentelow, Dietitian, Have a Heart Paisley

Heather Sloan, Locality Co-ordinator, Have a Heart Paisley

Participants:

Annette Beattie, Community Worker, Renfrewshire Food Federation

Billie Lockhart, Community Worker, ECHO

Caroline Buick, North Lanarkshire Council

Christine McLean, Community Education, Linksfield Community Education Centre

Clytie Robinson, Senior Development Officer, Glasgow Healthy City Partnership

David Fraser, Pilmeny Development Project

Doreen Polson, Community Worker, Renfrewshire Food Federation

Jeanette Hoffman, Catering, North Lanarkshire Council

Margaret Murphy, North Lanarkshire Council

Margaret Stewart, Marketing Manager, Quality Meat Scotland

Maureen McGowan, Community Worker, Fresh Loaf

Nicola McDonald, Student Dietitian

Rosemary Davidson, Health Promotion Centre

Susan Gregory, University of Edinburgh

Wendy Simpson, Community Worker, Seaton Community Cafe

Fiona, Julia and Heather used a short film to give participants a flavour of Have a Heart Paisley¹². Those involved in HAHP explained that it is not about outcomes, it is about the process to achieve outcomes. The projects do not exclude anyone, there are no boundaries, it is not just support for SIP areas but the whole area. The demonstration projects are about supporting, developing and linking local community networks and projects effectively so that when the project is withdrawn the local community can continue programmes which will be sustainable, and also which will continue to develop. Linking initiatives and developing partnership is core to the success.

It was explained that the professionals had to look at realistic issues and not be idealistic, by asking themselves 'What is going to work and make a difference to the people?' Part of the project is about developing building blocks for the future and finding hooks to educate and inform the community about healthy eating. Training and education is an essential element empowering individuals to make changes. A link is needed between health professionals and education professionals at a community level. It is essential that the communities can continue the work when the funding is stopped. It is about getting the communication right between health professionals and volunteers. Barriers need to be broken and the volunteer's

position valued. Local people will often trust volunteers rather than paid professionals.

There was a strong emphasis on the bottom-up approach in this workshop, such as drawing on ideas and making them happen. The mobile grocery van is an example of this. Support offered by HAHP was invaluable not just for funds but advice and guidance on business issues, such as employing staff. The funds included wages for the workers. The project should not rely on volunteers too much. The health professionals bring the knowledge and advice. Community needs should not be assumed, but instead people must listen to the communities to find out what their needs are.

Other points made were:

- ◆ Community initiatives struggling due to lack of professional support.
- ◆ Need to raise awareness about all foods, not just fruit and vegetables.

Working with the private sector

The Scottish Food and Drink Federation and Scottish Business in the Community deal with business on a daily basis and took this opportunity to offer inside advice for the non-business sector to build a better relationship with the business sector. The workshop covered how to approach business and why the commercial sector gets involved with non-profit initiatives. Could a couple of businesses be lost?

Workshop leaders:

Andrew Jack, Executive, The Scottish Food and Drink Federation

Tom McAughtrie, Director of Operations, Scottish Business in the Community

Participants:

Chris Clark, Integrated Care Manager, Inverkeithing Medical Group

Christine Reilly, Renfrewshire Community Health Initiative

David Fraser, Community Worker, Pilmeny Development Project

Geraldine O'Riordan, Community Worker, Flourish House

John Brennan, Health Promotions, Edinburgh Community Food Initiative

Julia Pentelow, Dietitian, Have A Heart Paisley

Lesley Brannen, Earth Bound

Lyn Winters, Development Officer, Perth & Kinross Health For All

Michael Clapham, Lecturer, Queen Margaret University College

Nicola Barron, Community Dietitian, Fife Primary Care Trust

Rosemary Davidson, Health Promotion Centre

Yvonne Garry, Development Officer, Scottish Healthy Choices

Questions and areas of interest voiced by participants at beginning of the workshop included:

1. Opportunities to work with business.
2. How can businesses improve the health of their customers?
3. How to get the private sector to promote advice for children with special needs?
4. How could a dietitian work alongside business?
5. Developing retail partnerships.
6. Involving the private sector in health.
7. Innovative ways of promoting healthy eating.
8. Opportunities to promote Scottish Healthy Choices Award Scheme within the private sector.
9. Ideas to engage the private sector, looking for the possibility of finance.

Andrew and Tom explained how their organisations could put the non-commercial sector in touch with business. They both recommended that any proposition to the business sector should have clear objectives.

Other recommendations on how to engage with business included:

- ◆ Have discussions with the business you wish to engage with.
- ◆ Work on building a relationship with the business or the key people.
- ◆ Have propositions and strategies.
- ◆ Think long term and possibly develop joint proposals.

Andrew and Tom stated that they could both be of assistance to people who would like to approach a specific company but advised participants to think carefully about which company it would be appropriate to contact and why.

This could be done by:

- ◆ Researching a company's profile before approaching them, for example why not check their website.
- ◆ Tailoring your approach to the company by identifying the appropriate contact, explaining your ideas clearly, stating the support you want and selling the benefits for the company as well as for the community.

It is also possible for Andrew and Tom to help individuals gain access to business support groups. Business support groups can also be used to contact a wide range of companies and contacts; this may be particularly relevant to local authorities. Other ways of contacting companies include using the local chamber of commerce.

Businesses can offer a wide range of support, such as financial advice; free access to technical advice; use of empty premises; use of excess stock (especially food and drink companies); use of spare equipment and possible volunteers.

What are the companies looking for in return?

- ◆ They are not looking to increase sales within the next twelve months due to any project you may approach them with.
- ◆ They may have no other reason than wanting to give something back to the community.
- ◆ Never underestimate the importance of personal feelings from within a business.

Both Andrew and Tom stated that an example of how their organisations could help community food initiatives was the provision of breakfast cereals in connection with breakfast clubs.

Healthy living centres

Neighbouring but contrasting healthy living centres in Fife formed the basis of a discussion amongst participants with varied experience of the topic, raising issues around community involvement and partnership working.

Workshop leaders:

Emma Witney, Scotland Committee of Healthy Living Centres (HEBS representative).

Billy Lynch, Development Worker, Inverkeithing Community Partnership

Nicola Lee, Nutritionist, New Ways Healthy Living Centre Project

Participants:

Billie Arthur, Food Co-op Network Northeast

Carola Donald, Administration Worker, Inverkeithing Community Partnership

Caroline Comerford, Health Promotion Assistant, Grampian Heart Campaign

Caroline Trotter, Community Worker, Flourish House

Clare Little, ECHO

Creag McLellan, Greencity Wholefoods

David Dave, Café Co-ordinator, Partick Community Association

June Anderson, Centre Worker, Linlathen Child & Family Centre

Maureen Lee, Home Visiting Scheme

Morag Redford, Glenricht and Isla New Community School

Nicola McDonald, Student Dietitian

Steven Graham, Community Worker, Flourish House

An informative and enlightening presentation was made by Billy and Nicola about working with both the Inverkeithing Healthy Living Centre (HLC)¹³ and the neighbouring 'New Ways' HLC in West Fife. Emma, who is also the Programmes Manager for Community, at the Health Education Board for Scotland, facilitated the question session.

Some participants in the workshop worked with HLCs and some were still involved in the bidding process. However, quite a few had no prior knowledge of the topic. Those attending the workshop therefore highlighted both general information on HLCs and the sharing of good practice as the key outcomes they would like to come from the workshop.

The presentation highlighted the diversity that exists in terms of scale and focus even between adjoining HLCs. A key determining factor noted was the existing level of community activity prior to the establishment of an HLC.

The importance of adopting a community development approach was raised and the role of HLCs as catalysts for action, particularly with hard to reach groups.

Partnership working was seen as both a prerequisite and outcome of a successful HLC with opportunities for mutually advantageous cross-referrals between key staff and agencies.

Issues were raised about ensuring that the increased demand generated by successful HLCs is responded to and that sustainability and transferability of good practice are prioritised from

the beginning.

It was recognised that all the above had to be reflected in the monitoring and evaluation process and that national agencies should explore dissemination and networking opportunities both between HLCs and those engaged in similar activity outwith HLCs.

Welsh nutrition strategy

Wales is in the process of devising a nutrition strategy. To do this, a steering group was set up and a strategy will be presented to the Minister in April 2002. Wales has been watching the progress of the Diet Action Plan for Scotland and this workshop explains the process in Wales.

Workshop leader:

Dr. Jo Clarkson, Nutrition and Physical Activity Specialist, National Assembly for Wales

Participants:

Cathy Higginson, Research Specialist, Health Education Board for Scotland

Debbie Cameron, Administration, Scottish Community Diet Project

Fiona McDonald, Healthy Eating Co-ordinator, Have A Heart Paisley

Liz McKendrick, ECHO

Maria Reid, Lanarkshire NHS Board

Mick Marston, Development Officer, Federation of City Farms and Community Gardens

Sam McKeown, Policy Advisor, Food Standards Agency Scotland

The participants listed what they hoped to gain from the workshop:

- ◆ General information on food in Wales
- ◆ Find out how the process of strategic planning and engaging partners worked
- ◆ The role of the Food Standards Agency

Jo explained that a Steering Group with the following terms of reference had been set up to put together a nutrition strategy for Wales:

- ◆ oversee strategy development
- ◆ draw up primary aims, key issues and targets
- ◆ assess information needs
- ◆ identify and address barriers to a strategy
- ◆ identify resources
- ◆ oversee consultation process
- ◆ ensure stakeholders' views are represented
- ◆ set out an evaluation framework.

Wales had improved in all aspects over the last year to provide better health and nutrition and this was shown by some of the recently commissioned research.

Research commissioned to support the strategy included:

- ◆ Focus groups with people on a low income
- ◆ Review of current resources
- ◆ Review of local policies
- ◆ Database of current and planned projects (similar to SCDP)
- ◆ Review of professional resource requirements
- ◆ A study of food deserts in Cardiff.

Other issues of relevance that were raised included that healthy living centres have just been

announced In Wales and that a Database should be being set up. It was also noted that training for professionals will take place between the FSA and NAW, and that the FSA will take on the healthy eating options. All other aspects will be taken on by the NAW.

In Wales, like Scotland, access to local and/or healthy food is a problem because of insufficient public transport to shops. People are reluctant to travel to shop and local shops still exist but might not provide a full range of goods for a healthy diet.

Main issues identified by the strategy were:

- ◆ Children and low income are priority groups
- ◆ Need for better information on healthy eating
- ◆ Fruit and vegetable consumption is very low in some groups
- ◆ Community initiatives need strengthening
- ◆ Planning laws need to be reviewed.

Tuck shops have now been given money in Wales to start running healthy options.¹⁴ Breakfast clubs have been discussed but there is a question of whose responsibility it is to provide a breakfast to children. This has not been resolved in Wales.

Community food initiatives have been discussed in Wales and grants for local groups to start initiatives which focus on food and health (similar to the SCDP small grant scheme). Funding has also been directed towards food-growing projects for local communities.

By April 2002 a draft nutrition strategy for Wales will be presented to the Minister with targets for the next three years. If after three years there is no progress, the government will be forced to look at the barriers to achieving the targets.

Food Futures

Forth Valley, Skye & Lochalsh and Dumfries & Galloway have completed the Food Futures process in partnership with the Soil Association. Two of the three Scottish Food Futures Co-ordinators explain how it works, what the outcomes were, and what will happen next.

Workshop leaders:

Angela Heaney, Food Futures Co-ordinator, Forth Valley

Carole Inglis, Food Futures Co-ordinator, Skye and Lochalsh

Participants:

Anna Craven, Community Food Worker, Ayrshire

Annette Beattie, Community Food Worker, Renfrewshire Food Federation

Christine McLean, Community Education Health Worker, Linksfield Centre

Doreen Polson, Community Worker, Renfrewshire Food Federation

Emma Witney, Programme Manager, Health Education Board for Scotland

Gordon McAlonan, Community Food Worker, Fresh Loaf

Heather Sloan, Locality Co-ordinator, Have a Heart Paisley

Kay Johnston, Community Nutritionist, Motherwell North and South Coatbridge SIP

Marjorie Shepherd, Development Officer, Edinburgh Community Food Initiative

Maureen McGowan, Community Worker, Fresh Loaf

Maureen Wright, Rural Economic Development Officer, Perth and Kinross Council

Moyra Burns, Senior Health Promotion Officer, Lothian Health

Susan Gregory, Edinburgh University

Wendy Simpson, Community Worker, Seaton Community Cafe

The participants had three questions for the Food Futures Co-ordinators:

- ◆ What is Food Futures?
- ◆ What are the outcomes?
- ◆ Where do you see it going next?

Angela and Carole explained that Food Futures¹⁵ was a three year programme operated by the Soil Association with funding from the National Lottery Charities Board. It was a tool to help in setting up an active local food network to achieve a sustainable local food economy, over an eighteen-month pilot programme in eleven areas in the UK, three of which were in Scotland.

Forth Valley Food Futures was launched in December 1999 and its achievements include: a producers' co-operative, a regular farmers' market, cooking skills programmes, food-growing in schools and a community allotment linked to a community café.

Skye and Lochalsh Food Futures was launched in November 2000 and its achievements include: two vegetable box schemes, a local food link distribution van, a scheme to market and supply local meat, a local food marketing and branding scheme and help to establish the Food & Learning Alliance to work on cooking skills and community awareness of locally-produced food.

Participants were keen to use the time to discuss their own experiences of setting up local and/or community food initiatives.

In answer to 'where is it going next?', Carole and Angela discussed the lack of joined-up thinking and informed the group of the collaborative effort that has resulted in the forthcoming review of the local food sector¹⁶.

Food in schools

This workshop aimed to give an overview of current and potential initiatives to improve food in Scotland's schools. Presentations from the Scottish Consumer Council on collating and monitoring the range of policy considerations and local concerns on promoting healthy eating in schools, and the Scottish Healthy Choices Award Scheme experience of implementing the award in various schools, triggered a discussion amongst participants who raised nine key points.

Workshop leaders:

Donna Heaney, Policy Manager, Scottish Consumer Council

Catriona MacFarlane, Project Manager, Scottish Healthy Choices Award

Participants:

Billie Lockhart, Community Worker, ECHO

Caroline Buick, North Lanarkshire Council

Charlie McKay, Family Support Worker, Rainbow Family Centre

Claire Alison, Health Promotion Officer, NHS Fife

Deborah Vanstone, Community Dietetic Department, New Ways Healthy Living Centre

Fiona Burrell, Tutor, W.E.A Fife

Fiona Smith, Community Dietician, Ayrshire and Arran NHS Board

Helen Douse, Community Nutritionist, Inverclyde Royal Hospital

Janie Gordon, Head of Nutrition and Dietetics Dept, Fife Primary Care

Jeanette Hoffmann, Catering, North Lanarkshire Council

Jeni Macnab, Health Promotion Worker, Goodlyburn Primary School NCS

Margaret Murphy, Community Services, North Lanarkshire Council

Margaret Stewart, Marketing Manager, Quality Meat Scotland

Marie Macrae, Policy Officer, Fife Council

Wendy Wrieden, Public Health Nutritionist, Ninewells Medical School

Two presentations were given to inform the group about the work that the Scottish Consumer Council (SCC)¹⁷ have been doing recently in relation to food in schools at a national level. This was complemented by a presentation from Catriona Macfarlane from the Scottish Healthy Choices Award Scheme (SHCS)¹⁸ who raised issues of concern at the local level.

It was emphasised at the outset that the purpose of the presentations was triggering thought processes and raising questions, leading to a sharing of what everyone knew. The points raised and discussed are listed below:

1. The principal question to be answered was how to promote joint working i.e. getting head teachers to work with the caterers.
2. Frustrations in relation to the catering services providing healthy food services and the head teachers introducing fizzy drink vending machines.
3. Feeling that the catering is generally not respected as an important part of the school education system. This was reflected in the shortened lunch hour, highlighting the low

priority given to eating. In some areas this had been reduced to thirty minutes, because of the demands on teaching.

4. The formation of school nutrition action groups were cited as a way of getting individuals together to solve a common problem. This allows parties to express frustrations and understand the constraints of others. It also legitimised concerns which were taken more seriously by the lead individual (for example the head teacher or caterer) if more than one person raised the issue. It can be a long process but effective. The participants agreed that pupils should be involved with parents and teachers.
5. Attitudes and personalities are often the barriers that have to be broken.
6. It was recommended to tap in to the school boards and parent teacher associations for support in facilitating change.
7. The Scottish Executive is forming an expert group, setting school meal nutritional standards, and working on removing the stigma of free school meals.
8. The SCC will continue to lobby for a single overarching policy for local authorities on the delivery of food in schools. This policy should allow for local diversity.
9. There is a huge amount of good work that is getting overshadowed by bad practice. This good work needs to be shared.

Summing up

Chris Clark from Inverkeithing Medical Group and Marjorie Shepherd from Snack Attack, run by the Edinburgh Community Food Initiative, agreed to sum up with their impressions of the day.

Both commented on how positive the day had been and how much was going on, both nationally and locally. They both stressed how important it was to continue to network in order to share information, experiences, hopes and concerns.

Both the quality and quantity of information available and experience on tap was welcomed.

The long-awaited appointment of a 'Food & Health Co-ordinator' was also welcomed. Co-ordination was recognised as essential, as was securing the involvement and co-operation of all the sectors who had roles to play in this co-ordinated approach.

Finally, both highlighted the need to ensure that the optimism, energy and enthusiasm present throughout the day, and throughout the country, was matched by appropriate levels of support and commitment at all levels.

Participants' contact details

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Billie	Lockhart	ECHO	01387253782
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Endnotes

¹ *Eating for Health* Scotland's Health A Challenge To Us All, A Diet Action Plan for Scotland, The Scottish Office Department of Health, July 1996 also available on www.scotland.gov.uk/library/documents/diet-00.htm

² Our National Health: A Plan for Action, A Plan for Change, NHS Scotland, Scottish Executive, 2001.

³ Copies of the UK Strategic Plan for the FSA 2001-2006 and the FSA Scotland Business Plan 2001/2002 are available from the FSA website www.food.gov.uk

⁴ The Consumer Attitudes Survey available on the FSA website www.food.gov.uk from early 2002.

⁵ A full copy of the report is on the FSA website www.food.gov.uk or call 01224 285100.

⁶ Report available from SCDP on www.dietproject.org.uk or call 0141 226 5261.

⁷ For more information about the National Public Health Institute Finland check out www.ktl.fi

⁸ More information about the Co-op is available by visiting www.co-op.co.uk or call 0141 304 5580.

⁹ For a copy of the document click on www.glasgow.gov.uk/healthycities/default_bl.html or call 0141 287 9991.

¹⁰ See endnote 1.

¹¹ Lay Community Food Workers Scheme, Ayrshire & Arran Health Board, 2000.

¹² For more information visit www.haveaheart.org.uk

¹³ To find out more about Healthy Living Centres visit www.nof.org.uk

¹⁴ Fruit tuck shops in Primary Schools – a practical guide to planning and running a fruit tuck shop, FSA&NAW 2001.

¹⁵ The report from The Food Futures programme is available from the Soil Association www.soilassociation.org or call 0117 929 0661.

¹⁶ The Health Education Board for Scotland (HEBS), in partnership with the Scottish Executive Environment and Rural Development Department (SEERDD), Scottish Natural Heritage (SNH), Highlands and Islands Enterprise (HIE), Scottish Enterprise (SE), the Scottish Consumer Council (SCC), Scottish Community Diet Project (SCDP) and Scotland's Food Futures projects, wishes to commission research to review the local food sector in Scotland. The aim of this research is to review the economic, environmental, health and social value of the local food sector in Scotland in order to assess and disseminate information about potential benefits of this sector and opportunities for further development, and to make policy recommendations. The research will be available through HEBS on www.hebs.org.uk or call 0131 536 5500.

¹⁷ More about the work of the Scottish Consumer Council can be found out from visiting www.scotconsumer.org.uk or call 0141 226 5261.

¹⁸ More about the work of the Scottish Healthy Choices Award Scheme can be found out from visiting www.schas.co.uk or call 0141 226 5261.



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