

Lewisham food · s t r a t e g y ·

Are you thinking about food?

July 2006



The Lewisham Hospital 
NHS Trust

Lewisham 
Primary Care Trust



Health First
Specialists in Health Promotion for
Lambeth, Southwark and Lewisham

Foreword

We are what we eat and we all have a huge part to play to ensure that the food on our tables is of the highest quality and affordable. Healthy eating is a vital part of our well being. How we source our food is as important as the choices we make in what we eat.

Food forms a significant part of the cultural identity of the diverse communities in Lewisham and we need to ensure that all sections of our community have ready access to the foods that are an ingredient of day to day life and central to the many different celebrations held every year.

We can all help to make Lewisham fairer and healthier by the choices we make about the food we eat. Sustainable food production and supply chains should be supported to ensure that the sustainable market grows and thrives. Fairtrade and Blackheath Farmers Market are good practical examples of environmentally friendly food production and supply.

High quality and affordability of our food are clear strands of our commitment to improve health and reduce poverty in Lewisham and as a Fairtrade borough we can help to reduce poverty amongst farmers in the different countries of production by maximising the financial return to them rather than to global corporations.

As a provider of meals we have a responsibility for improving the meals we supply. Through our school meals contract we have driven up the quality of food in our schools and we play an important role in ensuring that young people enjoy a healthy diet.

This is a borough wide strategy; the public sector and businesses need to work together to deliver this strategy. The Council, Primary Care Trusts, University Hospital Lewisham and a wide range of businesses and community organisations all have a part to play. I urge everyone to play their part.

Steve Bullock
Mayor of Lewisham

Acknowledgements

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Summary

Why have a food strategy?

Lewisham is a borough with a diverse and vibrant food culture. All of Lewisham's residents both benefit from and contribute to this culture.

Behind the visible food culture which we see on Lewisham's streets is a whole infrastructure of people contributing to and affecting what we eat including growers, producers, haulers, retailers and chefs.

Whilst Lewisham's food system is a source of opportunity for many, the food system is also associated with a number of problems.

Lewisham, in common with other parts of the U.K. is suffering from high levels of diet-related ill health. Research also shows that certain sections of society are less likely to be accessing the kinds of foods, which will contribute positively to their health and welfare.

There are also on-going challenges in raising awareness, education and skills levels amongst the general public and those working in the food system not just about the nutritional aspects of food but about how to maintain good food hygiene and safety standards and to ensure that everyone has correct information about where food comes from and what it contains.

The environmental consequences of the food system in Lewisham are also profound. Currently the food system in all London boroughs is unsustainable to the extent that if patterns of consumption in the capital were replicated world wide, it is estimated we would need three planets worth of resources.

There is a need to enhance and celebrate the positive aspects of the food culture in Lewisham and at the same time tackle some of the challenges posed by the current system.

It is hoped that by taking a holistic, cross-cutting approach to the food issues in the borough and tackling these from a number of angles, we can identify and take joint action on shared goals.

Context

The food system in Lewisham is affected not just by regional and national but by European and global trends, whether through the competitive pressures on the major retailers, the European Common Agricultural Policy or through the operation of the world's free trade system.

The Lewisham Food Strategy has therefore been developed against the backdrop of and with reference to public policy and ideas gaining prominence regionally, nationally and internationally.

The importance of food for health is outlined in the global strategy on diet, physical activity and health for the prevention of non-communicable diseases, which was adopted by the World Health Organisation in May 2004. The WHO European Region has produced the

first Action Plan for Food and Nutrition Policy and urged member states to have nutrition plans and strategies in place by 2015.

Just two of the many national strategies to which the Lewisham Food Strategy can contribute are the Department of Health's 'Choosing Health' White Paper and the National Strategy for Sustainable Food and Farming which urges:

'Government, the industry and other stakeholders, working in partnership, to provide a competitive and efficient farming and food sector, which protects and enhances our countryside and wider environment, and contributes to the health and prosperity of all our communities'

In May 2006, the Mayoral body, London Food, launched the London Food Strategy. The strategy tackles the five themes of health, environment, economy, social/cultural and security and aims to create a world-class, sustainable food system in the capital. In addition the Spatial Development Strategy (the London Plan) sets out the integrated social, economic and environmental framework for the future development of London.

In addition to specific food related strategies and programmes, a food strategy in Lewisham will help to contribute to the government's broader health, environment, social and education agenda and the policies, Public Service Agreements, targets and programmes attached to these agendas.

What are the Aims and Objectives of the Lewisham Food Strategy?

Overall Aim of the Food Strategy

The **overall aim** of the food strategy is to provide direction and guidance in order that Lewisham can increase the health and welfare of its people through improved access to nutritious and safe food from a more sustainable food chain.

Specific Aims of the Food Strategy

- Increased awareness of and action on issues relating to how food affects lives by the food strategy partners.
- Increased awareness of how food affects lives amongst the people of Lewisham.
- An holistic approach to work on food in the borough, across the five themes of food access; food in schools; food safety; food, nutrition and health; and food sustainability taken by food strategy partners and people of Lewisham
- Increased partnership, co-ordination, resource and knowledge sharing on food-related initiatives in the borough between the NHS, local authority, business, voluntary and community sectors.
- Added value to initiatives and strategies already happening in the borough.
- Increased consideration of food issues amongst planners and decision makers at all levels.
- Increased awareness of current food related initiatives in the borough.
- Guidance to commissioning agencies for funding future food and development work in Lewisham
- Evidence for effective interventions identified and developed to inform local implementation

The five themes of the Strategy

The strategy has been divided into five interconnected themes. The overall aims for each theme are:

Food access

To reduce the physical, economic, social, cultural and educational barriers, which prevent people in Lewisham from accessing food, which will improve their health and well-being.

Food in schools

To increase the health and welfare of children in Lewisham schools through improved access and awareness of a healthy diet, food safety and sustainable food.

Food, nutrition and health

To contribute to long-term improvements in the diet and nutrition of people in Lewisham and the reduction of nutrition related ill-health and disease in the borough.

Food sustainability

To achieve a more sustainable food chain in Lewisham by improving the sustainability of food produced, transported, sold and consumed in the borough.

Food safety

To ensure the safety, composition and information provided about foods produced, imported, sold and consumed in Lewisham, and to reduce the incidence of food poisoning.

Actions and Implementation

Each of the key themes includes a number of specific aims. These are supported by developmental work plans, which are ongoing. These will be updated, monitored and reviewed by the Food strategy steering group on a regular basis.

Closing Remarks

The ambitions set out in this strategy can not be achieved by agencies and individuals acting in isolation. Whilst many people and organisations have contributed to the strategy thus far, it is hoped that many more people and organisations can comment on the strategy and become involved in its development and implementation.

Why a food strategy for Lewisham?

There is a growing acceptance that what we eat has a significant effect on our health and welfare. There is also a growing recognition about the wider effects of the food system itself and an awareness that what we eat as individuals also has an effect on the health and welfare of other people and on the planet itself.

This document is a response to the challenges created by our current food system and brings together the ideas of people in Lewisham and the ideas of those who are working in London, nationally and internationally on food issues.

The Lewisham Food Strategy takes an holistic approach to food, which it is hoped will allow us to better address the challenges than by approaching one aspect of the food system in isolation. For example, the strategy recognises that whilst education and awareness raising about a healthy diet is important, there are many other factors, which determine the food we eat. The strategy also recognises that the food we eat also has wider consequences than solely our own health.

By addressing some of these other issues such as how and where food is grown, produced, transported, sold and promoted in our borough, we can simultaneously work towards other goals such as promoting opportunity in Lewisham and working towards a food system which fulfils our needs in the present without compromising the ability of future generations to meet their own needs.

Who will the strategy involve?

Because food issues go hand in hand with economic development, community development, health, education and environment, this strategy does not belong to only one sector or one organisation but cuts across the remit of almost all sectors in Lewisham.

It is anticipated that the strategy will help

- Strategic planners in the NHS to include action on food poverty in local delivery plans and other PCT plans.
- Strategic planners in local government to inform the development of community strategies, local neighbourhood renewal strategies and Local Public Service Agreements.
- Local Strategic Partnerships to support those working on food related issues in health, education, environmental, voluntary sector and social services to understand each others' agendas.
- Public health nutritionists, health promotion specialists, dieticians, community food workers to make the case for action on addressing food issues
- National Service Framework co-ordinators and leads to contribute to the priority areas they tackle.
- Primary Care Professionals to receive support and direction to their work.

Overall, this strategy complements the aims and objectives of streams of work already happening or planned for Lewisham. The strategy will be supported by targeted work plans that will be further developed as more partners are included in the working groups and in response to changes happening locally, regionally and nationally.

Why now? - The regional, national and international picture

The development of the Lewisham Food Strategy is timely in that it has been developed against a backdrop of public policy and ideas gaining prominence regionally, nationally and internationally.

The importance of food for health is outlined in the global strategy on diet, physical activity and health for the prevention of non-communicable diseases, which was adopted by the World Health Organisation (WHO) in May 2004.¹ In response, the WHO European Region has produced the first Action Plan for Food and Nutrition Policy and urged member states to have nutrition plans and strategies in place by 2015.²

At a national level the government has published *Choosing a Better Diet: a food and health action plan*³ in response to the government's white paper on public health *Choosing Health*.⁴

Choosing a Better Diet is closely linked to the Strategy for Sustainable Farming and Food⁵, which has the following overarching aim for

'Government, the industry and other stakeholders, working in partnership, to provide a competitive and efficient farming and food sector, which protects and enhances our countryside and wider environment, and contributes to the health and prosperity of all our communities.'

The government's strategy on food and health is therefore linked to its strategies related to sustainable development, *Securing the future: delivering UK sustainable development*⁶ and the *Food Industry Sustainability Strategy*⁷.

At a regional level, the London Food Strategy⁸ was launched in May 2006. The strategy was developed by the mayoral food body, *London Food*, in consultation with the London boroughs and both supports and reflects what is happening or planned for Lewisham.

In 2002, *Food: the local vision*⁹ a statement by the Local Government Association, the Local Authorities Coordinators of Regulatory Services (LACORS) and the Food Standards Agency confirmed their commitment to 'work together in promoting the production of, and access to, safe, sustainable, and nutritious food with the aim of improving community health and well-being.'

In addition to specific food related strategies and programmes, a food strategy in Lewisham will help contribute to the government's broader health, environment, social and education agenda and the policies, Every Child Matters Outcomes, Public Service Agreements, Best Value targets and other delivery programmes which are attached to these agendas.

Aims and Objectives of the Strategy

The Lewisham Food Strategy Group

A strategy group was set up in summer 2004 to oversee and develop the Lewisham Food Strategy. The strategy group is co-chaired by the nutrition lead at Health First, the specialist health promotion unit for Lewisham and the lead for obesity within public health at Lewisham Primary Care Trust.

The group is made up of the following partners:

Public Health, Lewisham Primary Care Trust
Health First, Health Promotion Agency for Lewisham Primary Care Trust
Environmental Health, London Borough of Lewisham
Pupil and student support services, London Borough of Lewisham
Oral Health Promotion, Kings College Hospital
Sport and Active Recreation, London Borough of Lewisham
Regeneration, London Borough of Lewisham
Greenscene, London Borough of Lewisham
Dept. of Community Dental Health, King's Dental Institute
Lewisham Healthy Schools Programme
Nutrition and Dietetics, University Hospital Lewisham
Town Centre Managers, London Borough of Lewisham
South East London Economic Development Agency
New Cross Gate New Deal for Communities Eating for Health Project
Downham Nutrition Partnership
Voluntary Action Lewisham
Sure Start Bellingham
South East London Economic Development Agency (SELEDA)

The steering group organized a stakeholder event in January 2004 to bring people together to discuss what we want the food strategy to do. From this event the group developed aims and objectives for the strategy.

Members of the steering group brought together working groups from June 2005 to May 2006 to put together the overall strategy.

What do we want the Lewisham Food Strategy to do?

This strategy will address five interlinked aspects of food in our borough:

- Food, nutrition and health
- Food safety
- Food access
- Food in schools
- Food sustainability

The **overall aim** this strategy is to provide direction and guidance in order that Lewisham can increase the health and welfare of its people through improved access to nutritious and safe food from a more sustainable food chain.

There are also **specific aims**, which the development and implementation of this strategy hopes to achieve:

- Increased awareness of and action on issues relating to how food affects lives by the food strategy partners.
- Increased awareness of how food affects lives amongst the people of Lewisham.
- An holistic approach to work on food in the borough, across the five themes of food access; food in schools; food safety; food, nutrition and health; and food sustainability taken by food strategy partners and people of Lewisham
- Increased partnership, co-ordination, resource and knowledge sharing on food-related initiatives in the borough between the NHS, local authority, business, voluntary and community sectors.
- Added value to initiatives and strategies already happening in the borough.
- Increased consideration of food issues amongst planners and decision makers at all levels.
- Increased awareness of current food related initiatives in the borough.
- Guidance to commissioning agencies for funding future food and development work in Lewisham
- Evidence for effective interventions identified and developed to inform local implementation

We will do this by:

- Maintaining a Lewisham Food Strategy group of key stakeholders to oversee implementation of the strategy and co-ordinate the updating of the strategy and linked work plans.
- Setting up working groups on the five themes of food, nutrition and health; food safety; food in schools; food access and food sustainability.
- Creating a network of strategy supporters who can feed in their ideas as the strategy develops.
- Monitoring the progress of each area of the work through regular reports from identified leads.
- Monitoring key trends in the borough.
- Identifying and developing evidence on effective interventions to inform local implementation.
- Identifying the community's views on needs, barriers and opportunities
- Involving local communities and users in the design and delivery of services and initiatives.
- Reporting to and gaining the support of strategic bodies in the borough such as the Local Strategic Partnership, Healthier Lewisham Partnership Board and the Corporate Sustainability Board at London Borough of Lewisham.

Aims and Objectives of the five themes

In addition to the overall aims and objectives of the strategy, specific aims have been developed for each theme of the strategy. These are outlined in the following chapters.

Links to other local plans

This strategy builds on existing partnership working in Lewisham and has not been developed in isolation from a range of other strategic plans. Its priorities are reflective of the Local Strategic Partnership's Community Strategy and its key priority to improve the well-being of the people of Lewisham.

Evaluation and Monitoring

The food strategy encompasses a broad programme of work undertaken by many different agencies and services.

Evaluation will take place where possible at project/action level. There will also be evaluation of the aims of the food strategy as a whole. This will be reviewed by the Food Strategy Steering group to monitor progress and identify future actions for development.

The Population of Lewisham

Lewisham is one of London's largest Boroughs covering 14 square miles with a population of 248,922. The population is expected to grow and to reach over 271,400 by 2010, an increase of over 9%. The population is younger compared to the national picture (see Figure 1). About 11% of the population are aged 65 and over, compared to 16% nationally.

Figure 1 Population structure: Lewisham and United Kingdom

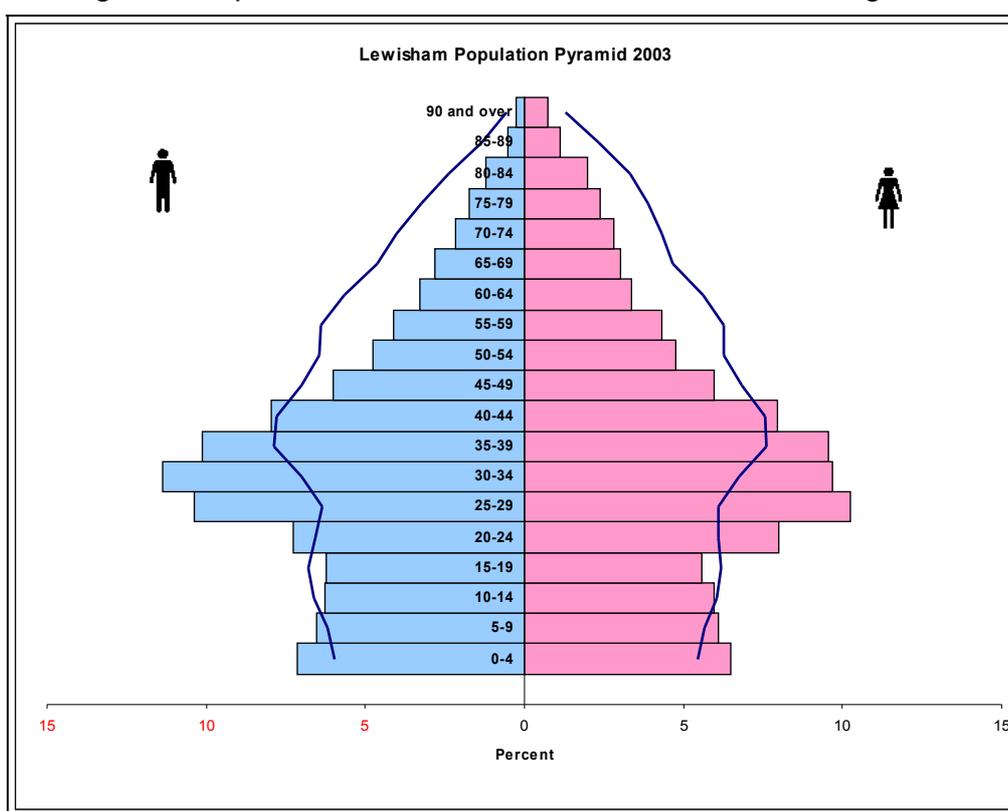


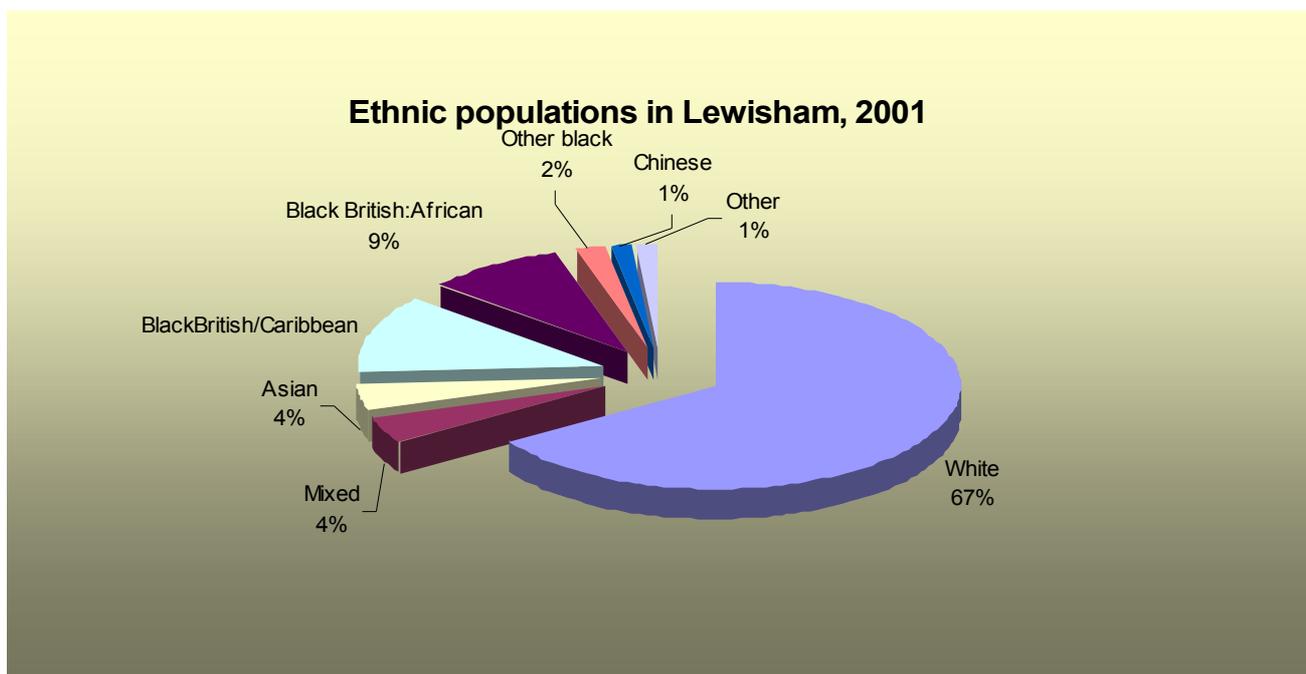
Table 1. Population of Lewisham by age group

Area	Age (years)							
	All people	< 18	≥ 18	0 – 4	5-15	16-64	65+	75+
Lewisham	248922	54953	189913	17772	34817	168972	27361	13198
Neighbourhood 1	57728	14107	49633	4557	8521	40391	4259	1903
Neighbourhood 2	50812	14574	54832	3327	5811	36008	5666	2749
Neighbourhood 3	68931	12369	34919	4784	10322	44501	9324	4546
Neighbourhood 4	71451	13903	50529	5104	10163	48072	8112	4000

Source: ONS, 2001

Lewisham has an ethnically diverse population. Census data¹⁰ show that 67% of the population is White. The next largest groups are the Black British/Caribbean groups (12%) and the Black British/African population (11%). There are also significant Asian, Chinese, Vietnamese and Turkish communities in Lewisham. The Black and Ethnic Minority group population is younger than the White population, thus whilst one third of the overall population is from Ethnic minority groups, 48% of the 0-19 age group is from a Black and Ethnic Minority group¹⁰. Figure 2 displays the ethnic populations of Lewisham.

Figure 2



Deprivation

Lewisham ranks as the 57th most deprived of England's 354 districts, and 13th of the 33 London Boroughs using the DETR Index of Multiple Deprivation. ¹¹

Life Expectancy at birth

Life expectancy is an estimate of the number of years a new-born baby would survive, were he or she to experience the particular area's age-specific mortality rates for that time period (1999-2003) throughout his or her life. In general people in Lewisham have a lower life expectancy compared to people in London and England as a whole (Table 2). Life expectancy varies by gender; women have longer life expectancy than men. Differences in life expectancy by gender, ethnic group or geographical area is seen as a marker of health inequality.

Table 2. Life expectancy at birth (years) 2001-2003

	Male	Female
Lewisham	74.5	79.0
London	76.0	80.8
England	76.2	80.7

Source: LHO

Unemployment

According to a 2004 Greater London Authority report ¹² 8.6% of Lewisham's working age population were unemployed compared to 6.7% for Greater London.

Health

Mortality

Mortality in people less than 75 years is viewed as potentially preventable mortality.

Standardised Mortality Ratios (SMR) measures how more or less likely a person living in a borough is to die compared to a standard population (England). In 2003, Lewisham had the 7th highest SMR out of 33 boroughs for premature deaths from all causes in London. The SMR for all causes of death in all persons under 75 years in Lewisham is 125.4. This means it is about 25 % higher than national rates.

The most common causes of death in Lewisham (2001-4) are:

- Diseases of the circulatory system (angina, ischaemic heart disease, hypertensive heart disease, heart failure, stroke heart disease)- 35%
- Cancers- 25 %
- Diseases of the respiratory system-17%

Ischaemic Heart Disease was the greatest cause of death in males, while respiratory disease was the greatest cause of death in females. Lewisham ranks tenth out of London boroughs for premature deaths due to circulatory diseases. Lewisham ranks fourth out of London boroughs for premature deaths due to cancers.

Morbidity

A large number of people in Lewisham live with a long-term condition such as coronary heart disease, stroke, diabetes or chronic obstructive pulmonary disease.

Lewisham Health Profile provides further details. It is available from <http://www.lewishampct.nhs.uk/index.php?PID=0000000140>

Oral Health

Oral health in children

A poor diet that is high in refined sugars is the main cause of dental caries (tooth decay). Dental caries is caused by the production of acid in the mouth by plaque bacteria when sugar is consumed. The acid attacks the tooth surface and can result in the formation of cavities leading to pain and sepsis unless there is appropriate intervention. Tooth decay is preventable by altering the pattern of consumption of sugar containing food and drinks.

Over the past 30 years, there have been steady improvements in the oral health of children nationally. Improvements have also been made in Lewisham and fewer children now experience tooth decay. These changes have mainly been as a result of the widespread use of fluoride toothpastes. However, the recent improvements in oral health have stopped and in some areas, there has been a reversal in this trend. To gain further improvements in oral health, the main cause of tooth decay needs to be addressed. That is, the amount and frequency of consumption of food and drinks containing sugar.

Overall in Lewisham in 2005/05, 29% of five-year-old children had some experience of tooth decay. Taking the five-year-old population as a whole, including those with no tooth

decay, children had on average less than one diseased tooth. This meant that Lewisham had reached the 2003 national targets for tooth decay levels in 5-year-olds. However, inequalities in oral health existed within the borough and children who had experienced tooth decay had on average around three teeth affected.

In 2004/05, 27% of 12-year-old children had some experience of tooth decay having an average of two affected teeth. This was lower than the average for London and for England and the 2003 national target for oral health in 12-year-old children was met. However, as in younger children, inequalities existed throughout the borough and those children with decay experience living in neighbourhood 3 had on average more than four times the number of decayed teeth than all children in the borough.

Oral health in adults

Few data exist on the patterns and prevalence of oral diseases across Lewisham in adults. However, national and regional data on adult oral health are available from the decennial National Adult Dental Health Surveys, which provide valuable information on trends in oral health between groups and over time. The latest survey, carried out in 1998, showed a continuing improvement in the oral health of adults particularly in the South of England¹³

Lambeth, Southwark and Lewisham Health Authority carried out an adult oral health needs assessment study by self-reported questionnaire in April 1999. The results of this study showed that a considerable number of the sample (30%) felt that they needed dental treatment. About 20% felt that they had at least one decayed tooth and 34% reported that they had problems with their gums. A more recent study in 2004 investigating the perceived needs of adults in Lewisham found that 28% of adults had an impact on their quality of life from their oral health.

What is food access?

It is now recognised that our ability to access the sort of food which will maintain our health and welfare is affected by many factors such as where we live, our income, housing, means of transport, culture, race, gender, state of health, age, education and skills, job and even the size and type of family we are part of.

We now know that some people are less likely to be accessing the kinds of foods, which contribute to their health and welfare because of one or more of these factors.^{1, 2, 3, 11}

Improving the people of Lewisham's access to food therefore means looking at our food system and food environment as a whole and identifying how we can develop Lewisham's diverse local food culture in a way, which meets the needs of local people.

Context

There is recognition at a national and local government level of the socio-economic and environmental circumstances, which affect our access to food and our diet (referred to as the wider determinants of health).

Several government departments have policies, public service agreements (PSAs) targets and programmes which support action on the wider determinants of health including the Department of Health, the Home Office, the Department for Work and Pensions, Department for Education and Skills, the Department for Transport, the Department for Communities and Local Government and the Department for Environment, Food and Rural Affairs.

Reducing health inequalities is a priority of the Department of Health's Priorities and Planning Framework, the National Service Frameworks and the Choosing Health Delivery Plan. Both the NHS and local government share the same Public Service Agreement target of reducing inequalities in health outcomes by 10% by 2010. Local authorities can develop Local Public Service Agreements with the Department for Communities and Local Government to reflect local priorities around health and social services.

The growing importance given to food access issues is demonstrated by the fact that in 2003 the Social Exclusion Unit introduced a new framework of accessibility planning to be built into the next round of local transport plans, recommending that each local authority should consider looking at the provision of food shops across their area and whether public transport and walking routes in deprived areas allow adequate access.⁴ In addition, the Food Standards Agency has commissioned a low income Diet and Nutrition Survey to increase the evidence base on people's diet and their income.

What are the issues in Lewisham?

The vibrant and diverse local food economy in Lewisham

The food and drink industry in Lewisham is vibrant and dynamic. It is largely based on the retail and catering trade with a few small scale food manufacturers and an increasing number of small scale producers. Several business parks are being developed with units being taken up by food businesses. There are approximately 500 food retailers in the borough's town centres including supermarkets, green grocers, butchers, cafes, take-aways and restaurants. Lewisham also has street markets selling fruit and vegetables on Lewisham High Street, Catford Broadway, Deptford High Street and Douglas Way and a farmers market at Blackheath. It is estimated that there are around 1500 employees working in these outlets.

Two reports have highlighted the potential of the food sector in London. A report commissioned by the Government Office for London *Local Food Policies and Cultural Diversity (2004)* highlights the sector in terms of jobs and economic value. The food sector accounts for 10% of all jobs in London.⁵ In *Capital Eats (2004)* a report commissioned by the London Development Agency, it was suggested that 'a stronger local food sector, integrated with a more sustainable global food economy, can improve the well-being, health and economy of Londoners and London'.⁶

There is extensive economic literature suggesting that small to medium enterprises create more local competition, create a higher job turnover and that this leads to higher productivity growth. There is also evidence that money remaining in a particular localised economy does more work if it is recycled through the purchase of local goods and services than if it leaks away to external economies. Research has shown that every £10 spent locally may generate up to £25 for the local economy.^{7,13}

A number of other benefits have been attributed to the presence of locally owned businesses in a community such as fostering local social cohesion and bringing the socially excluded into the labour market.⁸ Small independent retailers are also better placed to respond to local community and can respond easier to various tastes, cultures and cooking needs and strengthen consumer choice.

A feature of Lewisham is that the majority of food retailers in the town centres of Lewisham are black and minority ethnic food businesses, reflecting the diversity of Lewisham's population. There is therefore a significant level of food importation, repackaging and food distribution activity.

This diversity means that different areas of Lewisham have a mix of flavours whilst other areas become a hub for one type of cuisine. In Deptford for example, there are a mixture of food businesses selling foods from different cultures. Deptford has a mixture of Vietnamese restaurants, fruit, vegetables and fish retailers, Middle Eastern Halal butchers, Afro-Caribbean bakeries, take-aways and catering firms and African restaurants and African specialist food suppliers. Other pockets of the borough are characterised by a predominance of one type of cuisine. Catford and South Lewisham are known in particular for their large number of Turkish-run businesses.

Case Study: Foods of Deptford Project

Deptford has been identified as a major growth opportunity for Deptford. The project is led by the Deptford and New Cross Town centre manager and involves a number of partners from Lewisham Council, University of Greenwich, Pepys Community Forum/ Deptford Economic Development Partnership, South London Economic Development Agency and London Small Business Growth Initiative. The project is a multi-level business support initiative aimed at independent retailers, social enterprises and new start-ups in the food sector in Deptford. The Project hopes to encourage the area to realise its full potential in terms of sustainability, job creation and community wealth generation. So far, business support has included training for local people on areas such as basic food hygiene training and certification, customer care, merchandising/visual display, marketing, cooperative purchasing and local supply chain development. The *Made in Deptford* Festival held in May 2005 featured a number of food businesses, who promoted their food through cooking demonstrations. A Foods of Deptford Cookbook and Deptford Food Guide is in development.

Whilst the diversity of the businesses in Lewisham is something to celebrate and promote, there are also a number of challenges. For instance, one of the challenges is how to address the language barriers between businesses and business advisors in order for businesses to take advantage of the support on offer and also so that they can take advantage of opportunities such as tendering for public sector food contracts and training.

The impact of food shops on local communities

There is currently debate over whether there are areas of the UK where people are seriously disadvantaged by the size and type of food shops in their locality and also whether 'food deserts' exist in some areas of disadvantage.^{9,10,11} A report by the governments Social Exclusion Unit suggested that in some deprived areas shops have declined due to low local demand, crime and lack of local competition, which provides less incentive to improve quality and prices.⁸

If local shops are limited, transport to shops is therefore a key factor in improving shopping access in areas of social housing where there are likely to be people on low incomes who also have physical challenges such as older people, parents with young children and people with disabilities.

It is of particular importance in areas of regeneration that existing and established independent businesses are not pushed out by high rents when regeneration occurs and that farmers and street markets are integrated into any redesign of town centres.

The Social Exclusion Unit report recommended that local retail strategies are devised to ensure the survival of thriving local shops and the London Development Agency is developing guidelines for planners, social housing organisations, local authority staff, Primary Care Trusts and local food and health organisations in order to stimulate work to improve access to healthy and affordable food in deprived areas of London.^{8,12}

Income and food poverty

Research shows that the poorer people are, the less nutritious their diet and the more diet-related diseases they suffer from.¹ The term 'Food poverty' has been applied to people who are unable to choose, buy, prepare and eat an adequate quantity of good quality foods in keeping with social norms. For many households, food is the only flexible budget item and food expenditure is what is reduced to avoid or reduce indebtedness, or to meet bills.

Lewisham has a deprivation score, which is 12% above the London borough average and 34% higher than the national mean.¹⁴ A significant number of people in the borough are suffering from income and employment deprivation.

Case Study: The Bear Necessities Ltd., Theatre Place, 489a New Cross Rd SE14

Jamie Reynolds set up his catering and food retail business in 2002. He currently employs two part-time staff. Lewisham Council are amongst his long list of clients, but he also supplies sandwich and buffet catering to businesses, business parks and to weddings and parties. Seventy percent of his customers are from North Lewisham (Deptford, New Cross, Brockley) and West Greenwich.

Jamie lives locally and felt strongly about wanting the business to grow locally. "We do purchase some supplies locally but I feel that as my business expands, local suppliers will be unable to cope." Mr Reynolds feels that support systems need to be put in place to provide incentive for local businesses to grow. "As local businesses grow, they will be able to support each other." The main advantages to doing business in New Cross include location—it's close to home and convenient to key areas of Greenwich and Bermondsey—and the strong local cultural diversity particularly of food businesses. The biggest challenges include low disposable income in the local community, difficulty in recruiting skilled drivers, shortage of suitable premises to expand and access to investment capital. In spite of these obstacles, Mr Reynolds is committed to staying locally but also hopes to expand his catering business into central London.

There is extensive research about the differences in diet between different socio-economic Groups. ^{1,15,16,17,18} We know that compared with people on higher income, people on low income:

- Spend proportionally more of their income on food.
- Eat less healthy diets (smaller quantities of fruit, vegetables, fish and whole grain cereal and higher quantities of refined cereal foods, sweet foods, fats and oils)
- Have worse access to healthy foods
- Have worse quality and range of foods to choose from
- Suffer more ill-health.

Social exclusion and socio-cultural factors

One prominent feature of social exclusion is people having little or no control over the decision-making processes that affects their lives. Many groups are vulnerable because they are less likely to be able to make healthy choices due to the fact that they do not prepare their own meals or do not have the access financially, physically or have the skills and knowledge to choose and prepare healthy food. They may also lack the social support from family or friends needed to access a healthy diet.

Whilst poverty and poor health are not universal in Lewisham's black and minority ethnic groups, research suggests that poverty and diet-related disease disproportionately effect people in these groups. ^{19,1,30,31} Ethnic variations in diet and differing prevalence of diet-related disease between groups mean that targeted work is necessary. (See Food, nutrition and health chapter)

It is also important to consider other people within the community who may be nutritionally vulnerable. People who are in residential institutions, people with disabilities ^{20, 21}, mental health users, older people, the homeless, refugees and asylum seekers, the long term ill and children, may all have less control over their food choices for a variety of reasons.

Case Study: *Veg Share and Deliver* scheme for older people

This NRF funded project is a partnership venture between the Downham Nutrition Partnership, the Downham Elderly Health Project and Lewisham Churches Care. One of the aims of the project is to help to increase access to a healthier diet for frailer older people. The project provides a weekly vegetable stall & delivery service aimed at housebound and isolated older people. The fruit and vegetable deliveries help to supplement meals on wheels and gives older people the opportunity to be more in control of their diet as many frail people may have other people shopping for them and therefore miss having the chance to look at and choose food themselves. The fruit and vegetable stall is based at a local community center and is accessible to the whole community. The project has also organized community lunches and intergenerational work such as a wartime cookery workshop with younger people.

Education, awareness and food acceptability

There are many sociocultural factors affecting our taste, food preferences and choices. Family food preferences, family resistance/lack of support and childcare demands are as important as the beliefs and values attributed to certain foods.²²

Habits and food preferences start to form very early in life. Intervention in schools is now considered a key priority (see Food in Lewisham Schools).

Communicating accurate messages and information about nutrition and health, food safety and sustainability issues to members of the community who may not speak or read English, have low literacy and numeracy skills or who have learning disabilities is a significant challenge. It is therefore important to find ways of making information about food accessible.

There is some evidence of the effectiveness of food projects such as cook and eat clubs.²⁷ These projects appear to promote changes in nutrition whilst also giving people greater confidence in buying, cooking and eating a wider variety of foodstuffs. Some nutrition education projects have the added benefit of providing skills and training and therefore leading to improved control for people over their health and welfare.

Housing and cooking facilities

Some sections of the population may have restricted access to a healthy diet due to the type of accommodation they live in and where it is. There is now a large body of evidence regarding the link between general health and housing.

In terms of food, there are a number of factors, which may affect food availability and choice including where housing is situated, perceived safety of the local area, overcrowding within the home, poor or no cooking facilities and limited storage. People's ability to cook and prepare food also relies on equipment and money for fuel and food.

The government has set a standard for all council homes to reach by 2010 called the Decent Homes Standard. One of the criteria is for a dwelling to have an adequate supply of wholesome water and have satisfactory facilities for the preparation and cooking of food including a sink and hot and cold water. The target for Lewisham is to achieve decent homes for Lewisham's 26,000 properties by 2010.

Landlords, working in partnership with other local agencies, can also make a contribution to improving food retail access. This could be through contributing to physical infrastructure improvement, engaging with crime reduction strategies, providing premises for e.g. food co-operatives, breakfast clubs or cook-and-eat sessions, and undertaking resident surveys and consultation to identify needs and concerns.

Food growing and production

The *WHO Urban Food and Nutrition Action Plan* encourages the growing of food in urban environments and the setting up of local means of distribution.²⁸ Many studies of community food initiatives such as local food growing conclude that whilst such projects are not the only way to answer health inequalities they can be part of a wider strategy.

Urban growing of food has a number of benefits including increasing fruit and vegetable access for poorer groups, regenerating derelict, unused land and offering educational and health opportunities.

There are now several hundred city farms or community gardens in the UK and 36 allotment sites in Lewisham, all of which have waiting lists.

Case Study: Urban growing on the Pepys Estate

Pepys Community Forum and South East London Economic Development Agency (SELEDA) are developing a totally edible community garden in allotment space on Windlass Place with a small amount of funding from Groundworks and Scarman Trust, and a lot of hard work from local residents. Square metre plots for residents will be available when the garden is complete in summer 2006. The garden will be open for local residents to enjoy and be a site for educational visits from local schools.

So far, fruit bushes and trees, vegetables and herbs are supplying the local community café at 2000 Community Action Centre on Grove Street and are donated to the volunteer gardeners. There is also a small courtyard garden in the community café, which grows tomatoes, spinach and herbs for the café. A wormery is also planned.

There are also plans to develop a food waste-composting project on the estate, collecting door to door from flats in the Pepys area. The compost will be used to improve the soil in the community garden as well as being available for purchase.

Employment and skills for the food sector

The hospitality sector is a growth sector within Lewisham and surrounding areas and offers the opportunity for many low skilled workers to gain employment. However the sector often has a high turnover in staff and may therefore be unwilling to invest in training.

There is a skills gap in the food industry with a need for more frequent and affordable food hygiene training and specialist cook training in various cuisines. English language skills may also not be high amongst the food industry workforce in the borough, which hinders the occupational progression of workers and understanding of regulatory or safety procedures, which in turn affects livelihoods.

Lewisham also has a large 'shadow economy' in the borough with catering businesses operating from home. These are not currently compliant with environmental health

requirements but have great potential with the right type of training, premises and business advice. There is also scope to develop more food manufacturing in the borough.

Lewisham College is working with local employers to both identify their training needs and enable young people to develop the skills that are needed to gain employment and progression within the sector. There is a range of other local training providers across the borough working to increase local skills and expertise such as Community Education Lewisham.

Community Food Projects

Research has shown a number of positive outcomes for community food projects. Community food projects can have some if not a large impact on eating habits. However, research shows that these projects can help people to overcome social isolation and give people a greater sense of well being. By providing skills and training, projects can also provide opportunities for people to take more control over their health and welfare.²⁹ Evaluations of food co-operatives showed that they succeeded in making fruit and vegetables available and allowed people to try new foods at affordable prices. Alongside this, they also increased confidence and self esteem and developed new skills in those running the project.^{25,26}

Lewisham has a number of community food projects including cooking clubs and food co-ops. Some of these are funded through local health and regeneration budgets with others existing largely on volunteer support. Finding ways for sustaining these projects and their benefits after the short-term funding ends is a key challenge.

Case Study: Eating for Health project in New Cross Gate

Since March 2005, this project has been running weekly 'cook and eat' sessions for the Lewisham Muslim Women's Group. The aim of the sessions is to help women develop healthy cooking and budgeting skills and to provide nutrition information for the women and their families. Childcare is provided allowing 10-12 women to attend regularly. Initially led by a nutritionist, the women themselves have started to do the shopping and administration and develop healthy recipes based on the food from their countries of origin. One of the women has enrolled on a social enterprise course with the aim of helping to set up a local co-op.

The Food access section of the strategy will seek to do the following:

- 1. Increase capacity of local people to access a healthy diet through raised awareness and opportunities for education and skills development.**
- 2. Increase physical access to healthy food for socially excluded and vulnerable groups.**
- 3. Raise awareness of food access issues in town planning and regeneration initiatives.**
- 4. Promote local food businesses to create opportunities for the local population**
- 5. Promote and support urban growing in Lewisham**

Food in Lewisham Schools

Research into the health and well being of school children has shown that there are significant concerns about their current and future health ^{4, 5} (also see Food, nutrition and health chapter).

Children spend on average a quarter of their waking lives in school. Eating habits are known to develop from a young age and therefore schools are key in introducing children to the skills, knowledge and understanding they will need to make good food choices for the rest of their lives.

School food projects can be effective in improving diets but to be more effective they need to be part of a whole-school approach so that nutrition and food are not just addressed in the curriculum but also other aspects of school life. ³

Schools can also provide an opportunity to introduce children to foods they may not have access to at home. Research has shown that children can learn to like foods they try often enough. Providing exposure to healthy foods in schools may therefore make a valuable contribution to improving children's diets now and influencing their taste preferences for adult life with all the opportunities for health and well-being this brings. ^{6,7}

There is good evidence to show the positive physiological effects of eating breakfast.⁸ There has also been anecdotal evidence locally of an improvement in concentration of children who attend breakfast clubs.^{1,2}

Furthermore, schools are vital not only in introducing children to the idea of the impact of food on health but also the wider issues of where our food comes from, how we ensure it is safe to eat and its impact on our environment.

Context

The need to do more in schools has been highlighted in a number of national policy papers and initiatives, which will give overall direction for work. Several agencies are already working locally in schools to tackle these issues.

The National Service Framework for Children, Young People and Maternity Services ¹⁸ and *Every Child Matters: Change for Children programme* ¹⁹ are the two overarching strategies for children.

The governments Choosing Health delivery plan and *Choosing a better diet: a food and health action plan* ²⁰ outlines some of the areas where schools can play their part in terms of nutrition.

The Choosing Health White Paper set out a commitment that half of all schools will be 'healthy schools' by 2006. Schools with more than 20% free school meals and Pupil Referral Units will be a priority. From April 2005, nutrition was incorporated as an essential element of the healthy schools programme. In addition, from September 2005, Ofsted will expect schools to demonstrate how they are contributing to the outcomes for children set out in *Every Child Matters*, one of which is 'being healthy'.

*The Food in schools Tool kit*²¹ is a joint Department of Health and Department for Education and Skills initiative. The programme has been developed to provide guidance on aspects of the school day related to food and includes breakfast clubs, tuck shops, water provision, vending machines, lunchboxes, dining room environment, cookery and growing clubs. The toolkit links with the governments *Healthy Living Blueprint*²² for schools, the *School Fruit and Vegetable Scheme* which provides free fruit and vegetables for 4-6 year olds and the DfES *Growing Schools* programme which emphasises fruit and vegetable growing and promotes the use of the countryside and farming as a resource.

Results from national pilot projects based on the *Food in Schools* toolkit have so far been positive and suggest that helping schools to implement the programme should be a key aim locally for Lewisham.

Additionally, the School Food Trust has introduced new standards designed to help all children make more informed, healthy choices at lunchtime²³. These will be implemented across schools from September 2006 so that there are; not less than two portions of fruit and vegetables per day; oily fish is served regularly; there is easy access to fresh drinking water; and importantly, control of children's choices to prevent opt out of healthy food. There will also be the introduction of nutrient standards, based on the Caroline Walker Trust guidelines, stipulating essential nutrients, vitamins and minerals required in primary schools by 2008 and secondary schools by 2009.

What are the issues in Lewisham?

Healthy schools

There are currently 89 schools in Lewisham. Of these, 74 have more than 20% of their children eligible for free school meals. Currently 36 schools are working at level three of the Healthy Schools Programme whilst a further 42 are working towards becoming a level three school. The Healthy Schools Programme encourages schools to develop whole school food policies.

Case Study: Healthy Schools work at Sandhurst Junior School

Sandhurst Junior School started to develop a Whole School Food Policy in February 2005. The policy was developed in consultation with all staff, pupils and parents along with the Lewisham Healthy Schools Programme and the school nurse. The policy sets out what the school is going to do around food. Some projects are underway such as a fruit tuckshop, a garden project, a cookery club, compilation of a recipe book to sell to pupils and a salt awareness campaign. The school has encouraged children to keep food diaries and has set a target to raise the number of children eating 3 or more fruits to 25%.

Diets of school children

We know from national data that: ^{4,5}

- most children in the UK eat too much fat, particularly saturated fat, added sugars and salt.
- Average salt intakes are up to 50% higher than recommended and only around 15% of all children meet the recommendations for added sugars, around 8% meet the recommendations for saturated fat and around 42% meet recommendations for total fat.
- On average national data shows that children eat only 2 of the recommended 5 portions of fruit and vegetables a day and children from the lowest social group eat 50% less fruit and vegetables than those from the highest social group.

From the Health Related Behaviour Survey, which took place in Lewisham schools in 2004, ⁹ we know that:

- 6% of children had nothing to eat or drink for breakfast on the day of the survey, 13% reported that they ate no portions of fruit or vegetables on the day before the survey and 14% said that they normally have no fruit and vegetables on a school day.

School meals

School meals can make a large difference to children's diets and 24% of parents have stated that their child would not have a proper meal if it was not available at school. A school meal survey conducted by Sodexo suggested that children would select healthy foods if there was better choice available and 18% wanted the taste of the healthy food options at school to be improved. ¹⁰

Scholarest provides school meals in Lewisham. In September 2005 a new school meal scheme was implemented in Lewisham schools with the aim of improving the standard of school catering. Extra funding has enabled the scheme to remove most processed food from menus and will incorporate more food prepared from fresh ingredients, including more fresh fruit and vegetables and promotion of salad items.

In common with other areas in the UK, uptake of free school meals has been low in Lewisham with uptake dropping, as children get older. Raising confidence and acceptability of school meals is therefore a key aim. The new school meal scheme is being actively promoted in the local press and with a poster in schools.

Water provision, cooking clubs, tuck shops and growing programmes

It has been found that children's mental performance deteriorates by 10% when thirsty. ¹⁴ There is also evidence that cooking clubs, tuck shops and growing schemes can have a positive effect on the diets of school children. ^{15,16} Gardening interventions have been found to increase the likelihood of trying new fruit and vegetables and pupils understanding of healthy eating. ¹⁷ The Lewisham Healthy Schools programme will be promoting use of the Food in Schools Toolkit, which offers guidance on these areas and others such as vending machines and lunchboxes.

Childhood overweight and obesity

All recent data suggest that the prevalence of overweight and obesity is increasing in children. ¹¹ (Also see *Food, nutrition and health* section) Whilst evidence shows that the family can be influential in tackling overweight and obesity, there is also evidence to support the use of multi-faceted school-based interventions such as nutrition education, teacher training, curricular material and modification of school meals and tuck shops to reduce overweight and obesity in school children. ¹² Elements of the *Food in Schools* toolkit are expected to help schools to put in place some of these measures.

Childhood feeding problems leading to malnutrition

Children and young people with special needs may have particular problems associated with eating. It is important that anyone involved in caring for children and young people with eating difficulties is trained to ensure that they can give the best and most appropriate assistance. These problems should not be a barrier to enjoyment and participation in meals and food choice or to learning about healthy eating.

Breakfast Clubs

National surveys have found that the proportion of children not eating breakfast increases with age with 18% of 15-16 year old boys and 20% of 15-16 year old girls are skipping breakfast. ¹⁰ A study in Scotland suggests that breakfast clubs can improve attendance and behaviour at school.²

There are approximately 35 breakfast clubs currently operating in Lewisham schools. An evaluation of eight clubs in Lewisham showed that the clubs were very diverse. ¹³ Most clubs were established to improve children's health and half of the clubs believed they had evidence (albeit anecdotal) that there was improved health and nutrition. Many clubs were also set up to provide much needed childcare. Positive impacts on health, learning, behaviour and family support were recorded.

Case Study: Oral Health Promotion

The Oral Health promotion team targets the top five schools with the highest rates of tooth decay in the borough (schools where 51% of 5 year olds experienced tooth decay in 2004/5) The team encourages schools to dedicate a week to Tooth Activities with other health professionals being brought in where possible. The work is designed to fit in with the national curriculum and takes into account the schools specific problems.

The parents are also included in the week with a "Tooth Booth" in the playground at the end of the school day. This year water bottles were provided with a healthy tooth message on them. This project is currently being evaluated.

The Team also has dedicated oral health promoters in two of the Lewisham Sure Starts. Generation play clubs are visited on an annual basis and special needs nurseries are part of a rolling programme of visits.

Oral Health

Diet and nutrition impact on many oral diseases, in particular dental caries. Nutrition not only impacts on the development of teeth but in turn poor teeth have been shown impact on diet and nutrition. Dental caries leads to tooth loss that impairs chewing ability causing avoidance of hard and fibrous foods including fruits, vegetables and whole grains that are a key constituent of a healthy diet.

In the UK, for young people aged 4-18 years the reported the mean consumption of free sugars is thought to be 90g/d, contributing 17% of total energy intake⁴ Since 1980 this figure has remained stable but research has shown that over the past 20 years the contribution of soft drinks, biscuits and cakes and breakfast cereals has risen significantly whilst the contribution of table sugar and puddings has decreased. The fact that free sugars from snack foods has increased is of concern as these items tend to be consumed frequently and between meals when they are most likely to be detrimental to teeth.

From the SHEU survey we know that 14% of pupils in Lewisham said they had never been to the dentist or had been more than a year ago.⁹

Sustainability in Schools

A number of schools in the borough are promoting sustainability with recycling, composting and growing projects.

Case Study: The Clean and Green Schools Programme at Eliot Bank School

Lewisham Council has run the Clean and Green Schools Programme since the 2000. In 2005 Eliot Bank School in Sydenham took part and worked to close the recycling loop in terms of waste created at school. A waste audit was carried out to identify the waste common at the school, which prompted changes, and suggestions from each class. This led to actions such as recycling boxes for plastic bottles close to the area where pupils eat their packed lunches and for cans and plastic bottles, in the staff room.

The school also set up a compost area in the school grounds to compost organic waste such as the leaves and fruit peelings from the School Fruit Scheme. Each day, two year 6 pupils deliver fruit to the infant classes and the cores and leftovers are collected each evening and added to the new compost bins. Finally, to close the recycling loop, as part of the science action plan, the coordinator is developing part of the school grounds. She plans to get a group of children together for a gardening project and will be using the compost produced on the grounds.

The Food in Schools section of the strategy will seek to do the following:

- 1. Improve quality and acceptability of school meals in Lewisham**
- 2. Increase school meal uptake particularly for children entitled to free school meals.**
- 3. Raise awareness of healthy drinks for children and encourage a reduction in access and consumption of sugary drinks.**
- 4. Increase understanding in school communities about what constitutes a balanced diet for children.**
- 5. Increase awareness and skills of parents and guardians about food and nutrition.**
- 6. Raise awareness of the links between nutrition and oral health.**
- 7. Increase awareness of food safety in schools.**
- 8. Raise awareness of sustainable food.**
- 9. Increase the number of schools with a school food policy and/or schools adopting a whole school approach to nutrition and food.**

What is food nutrition and health?

Eating is an important part of everyone's lives. Food should be enjoyable as well as providing a good balance of nutrients. All foods provide some nutrients but no single food provides all the nutrients required for the body to stay healthy. A mixture of different foods needs to be eaten throughout life.

The Balance of Good Health (BoGH) (see below) is a pictorial representation of the recommended balance of foods in the diet. It shows the types of foods and the proportion in which they should be eaten to have a well balanced healthy diet. BoGH applies to most people, including children over five years of age. Young children under the age of two, have slightly different nutritional requirements for growth and development.

Health professionals in the UK use the BoGH model to promote consistent healthy eating messages. The model recommends a diet high in fruit and vegetables, starchy foods and low in sugar and fat particularly in saturated and trans fats. The recommendations also promote at least two portions of fish per week one of them oily, (with an upper limit of 2 portions of oily fish for women who are pregnant, breastfeeding or planning a pregnancy and 4 portions for other people). It is also recommended that we drink 2 litres of water/fluid per day.

The Balance of Good Health



Data from the National Diet and Nutrition Survey 2002¹ reveal that people are not eating a healthy diet.

Overall, adults (people aged 16 –64) in England are eating:

- 50% more saturated fat than the maximum recommended
- around 50% more than the maximum amount of sugar recommended
- half the fruit and vegetables recommended

- up to a third less than the recommended amounts of fibre
- half the fish recommended
- significantly more than the recommended dose of salt

Overall children aged 4-18 in England are eating ²:

- a quarter of the fruit and vegetables recommended
- more than twice the maximum recommended salt intake
- 50% more saturated fat than recommended
- 50% more sugar than recommended
- and teenagers are getting insufficient calcium and iron.

Poor diet is a risk factor for the UK's major killer diseases such as cancer, coronary heart disease and diabetes. Poor diet is related to 30% of life years lost in early death and disability.³

Poor diet is a major health risk. It contributes to:

- almost 50% of CHD deaths
- 33% of cancer deaths
- increased falls and fractures in older people
- low birth weight and increased childhood morbidity and mortality
- increased dental caries in children

Evidence is also growing regarding the link between diet and mental health and well-being. There is also some evidence to support the link between poor diet and anti-social behaviour.^{4,5}

Inequalities in diet

See also Food access section

People on low incomes can face many difficulties in accessing a healthy diet.^{1,6,7}

- People on lower incomes eat more processed foods, which are higher in saturated fats and salt. They also eat less variety of foods. This is related to economies of scale and fear of potential waste.
- People living on state benefits eat less fruit and vegetables, less fish and less high fibre breakfast cereals
- People in the UK living in households without an earner consume more total calories, and considerably more salt and non-milk extrinsic sugars than those living in households with one or more earners.

Inequalities in diet related diseases

There are clear socio-economic variations in diet-related diseases. In all ages people living on a low income have higher death rates of diet-related diseases than other people.^{6,8,9,10,}

- In men, 58% more manual workers die prematurely from CHD than non-manual workers.
- In women, the premature death rate from CHD is more than double in manual workers, compared to non-manual workers
- The prevalence of obesity among women in social class V is twice that of women in social class I

- Diabetes is one and half times more likely to develop in people in the most deprived 2 % of the population compared with the general population
- Babies with fathers in social classes IV and V have a birth weight on average 130g lower than babies with father in social classes I and II.

Ethnic variations in diet –related diseases

There are differences in diet related risk factors and disease in different ethnic groups.^{6,11}

- Stroke mortality rates are around 50% higher in Black Caribbean and South Asian men and women, and nearly three times higher in West African men than the average in England and Wales.
- Diabetes is four times higher in Black Caribbean women and two and half times higher in black Caribbean men and three times higher in Pakistani and Bangladeshi men and women than in the general population of England.
- Babies born in the UK whose mothers were born in the Indian Sub-continent are on average 200 grams lighter than those whose mothers were born in the UK

Context

There are a number of government policies, which seek to address issues of food and health and inequalities.

The government disease prevention strategies all contain action to improve diet and nutrition including the Coronary Heart Disease National Service Framework (NSF)¹², NHS Cancer Plan¹³, Older Peoples NSF¹⁴, Diabetes NSF¹⁰ and the NSF for Children, Young people and Maternity Services¹⁵.

Reducing health inequalities is a national priority for both the NHS and Local Government. They share the same Public Service Agreement (PSA) target of reducing inequalities in health outcomes by 10% by 2010 as measured by infant mortality and life expectancy at birth.

The major policy driver is the public health white paper *Choosing Health: making Healthier Choices Easier* published in 2004¹⁶. This national health improvement strategy sets out action at a national and local level to reduce the risks to chronic ill health by helping people to choose a healthier lifestyle. It has six key priorities for action:

- Tackling health inequalities
- Reducing the number of people who smoke
- Tackling obesity
- Improving sexual health
- Improving mental health and wellbeing
- Reducing alcohol related harm and encouraging sensible drinking

The Choosing Health delivery plan, *Choosing a better diet: a food and health action plan*¹⁷ and *Choosing activity: A physical activity action plan*¹⁸ provides further details on the action that needs to be taken at national, regional and local level to improve people's health through improved diet and nutrition and increasing physical activity. The *Food and Health Action Plan* prioritises action on diet and nutrition to reduce the intake of fat, saturated fat, salt and sugar and increase the consumption of fruit and vegetables.

In addition, the *Healthy Start scheme* aims to improve nutrition, particularly for pregnant women, mothers and young children, through making a wider choice of foods available, including fruit and vegetables.

What are the issues in Lewisham?

The most common causes of death in Lewisham (2001-4) are:

- Diseases of the circulatory system (angina, ischaemic heart disease, hypertensive heart disease, heart failure, stroke heart disease) - 35%
- Cancer - 25 %
- Diseases of the respiratory system -17%

There are about 2,000 deaths a year in Lewisham.

Circulatory Disease

Circulatory disease (CD) includes coronary heart disease, ischaemic heart disease, hypertensive heart disease, stroke and heart failure. Coronary heart disease (CHD) is a major burden in health, both through morbidity (sickness and ill health) and mortality (deaths) in the UK. Lewisham ranks 10th out of London boroughs for premature deaths due to circulatory diseases. Deaths from circulatory diseases are 20% higher than nationally.

Case Study: Healthy Heart Days

The heart days run once a month for patients with CHD. Referrals are from GP CHD registers and health professionals in Lewisham Hospital. The days include education about a healthy diet delivered by a dietitian from Lewisham Hospital who explains to patients how to change the type of fat in cooking, reduce salt and understand food labelling. The day also covers safe ways to exercise, stress and relaxation, medicines and signs and symptoms of what is heart disease. Patients are also signposted to other services such as 'The Angina Plan' (cardiac rehab programme), the 'Shopping for Health' tours, Lewisham Healthy Walks Scheme and GP exercise referral scheme. Lewisham PCT community cardiac rehabilitation nurses runs the sessions with exercise professionals from London Borough of Lewisham, dietitians and a pharmacist at University Hospital Lewisham. Other partners are South East London Cardiac Network and Health First, the health promotion specialists for Lewisham. The programme has been funded by Health Action Zone until March 2006. The programme is currently being evaluated.

Hypertension / Stroke

Results from the Health Survey from England 2003¹⁹ report that 37.8% of men and 31.7% of women have high blood pressure (defined as systolic blood pressure >-140mmHg or diastolic blood pressure >-90mmHg). In Lewisham it is estimated that there are 48,500 people with hypertension.

Cancer

Data from the Thames Cancer Registry 2004 shows that about 1000 people are diagnosed with cancer in Lewisham yearly. The most common sites for cancer in the years 1993-2002 were lung (16%), breast (14%), colo-rectal (11%), prostate (10%), stomach (4%) and bladder (4%).

Lewisham ranks fourth in London for deaths from cancer in people aged under 75 years. The standardised mortality ratio (SMR) in Lewisham from all cancers for all ages is 112.4 and for premature deaths (i.e. those people under 75 yrs) is 111.3. This means that deaths from cancer are about 10% higher in Lewisham than nationally.

Diabetes

The prevalence of diabetes in Lewisham is estimated to be 4.48% compared to 4.37% for England. It is estimated that there are 11,156 people with Type 1 and Type 2 (diagnosed and undiagnosed diabetes) in Lewisham. Increasing overweight and obesity is associated with the development of Type 2 diabetes. This type of diabetes is now increasingly seen in young adults and children.

Case Study: Lewisham Shopping for Health Tours

The project is funded by Neighbourhood Renewal Fund and Lewisham Strategic Partnership and run by dietitians from University Hospital Lewisham. The tours of local supermarkets are for anyone in Lewisham who wishes to know more about eating for better health including people who have risk factors or a family history of heart disease, people diagnosed with diabetes, those who need to lose weight or families unsure about making cost effective but healthy food choices. Sessions start with a short healthy eating talk followed by a practical demonstration of healthy eating choices and understanding food labelling in the shop.

Follow-up evaluation after six months suggests that participants believe they have a raised awareness of the content of their diet. Some believe they are choosing lower fat or different types of fats, have changed their cooking habits and increased their fibre intake. Funding is currently being sought to continue the project.

Oral Health

(See also Food in schools)

Diet and nutrition impact on many oral diseases, in particular dental caries. Dental caries eventually lead to tooth loss, which in turn impairs chewing ability causing avoidance of hard and fibrous foods including fruits, vegetables and whole grains which are important constituents of a healthy balanced diet. Nutritional status also impacts on the development of the teeth and the host's resistance to many oral conditions, including periodontal diseases and oral cancer.²⁰

Research shows non-milk extrinsic sugars to be the main cause of dental caries.²¹ Non-milk extrinsic sugars (or free sugars) include all sugars added by the manufacturer during cooking and by the consumer plus the sugars naturally present in juices, syrups and honey. The current recommended safe threshold for free sugars consumption is >10% of total energy (World Health Organisation/Food and Agriculture Organisation, 2003).

In the UK, the National Diet and Nutrition Survey of young people aged 4-18 Years conducted in 1997²², has reported the mean consumption of free sugars to be 90g/d, contributing 17% of total energy intake. Since 1980 this figure has remained stable but research has shown that over the past 20 years the contribution of soft drinks, biscuits and cakes and breakfast cereals has risen significantly whilst the contribution of table sugar and puddings has decreased. The fact that free sugars from snack foods has increased is of concern as these items tend to be consumed frequently and between meals when they are most likely to be detrimental to teeth.

Nutrition of mothers and babies

There is strong evidence to suggest poor nutritional status of women prior to conception leads to low birth weight which in turn leads to increased mortality and morbidity throughout childhood and an increased risk of cardiovascular disease in adult life.⁶ Low birthweight disproportionately affects those babies from low socioeconomic groups.

It is now known that breastfeeding is the best nutrition a baby can get. Breastfed babies are at lesser risk of infections, allergic disease and diabetes and have better neurological development. Evidence has also pointed to breastfed babies being at lesser risk of obesity in later life with all its health implications. Mothers who breastfeed are also at reduced risk of obesity and some cancers.³⁴

Case Study: Breastfeeding support in Lewisham

University Hospital Lewisham has a specialist breastfeeding advisor offering support to women who encounter problems breastfeeding. Breastfeeding workshops run by a midwife also take place every weekday morning on the postnatal ward. The midwife explains the basic principles of breastfeeding and how to overcome common problems. Similar antenatal breastfeeding workshops take place in Sure Start areas of Lewisham. Sure Start staff are also being trained about breastfeeding and there are plans for starting up early pregnancy classes for newly pregnant women.

Obesity

Obesity is a disorder in which excess body fat has accumulated to an extent that health is adversely affected. Obesity is associated with premature death and can reduce life expectancy by 3 to 13 years. People who are obese are at greater risk of a wide range of diseases including Type 2 diabetes, gallbladder disease, CHD, hypertension, some cancers and back and joint pain²³. The consequences of obesity both for children and adults include the psychological distress caused by poor self-esteem, depression and disordered eating. The most important long-term consequence of childhood obesity is its persistence into adulthood.

The most widely used measure of adult body fat is the body mass index (BMI) calculated using a person's weight in kilograms divided by the square of their height in metres. The resulting index can be correlated to a risk of co-morbidities

Classification	BMI kg/m ²	Risk of co-morbidities
Underweight	18.5 or less	Low (risk of other clinical problems increase)
Desirable	Over 18.5 -25	Average
Overweight	Over 25 - 30	Mildly increased
Obese	Over 30	
Class I obese	30 –34.9	Moderate
Class II obese	35 –39.9	Severe
Class III obese	Over 40	Very severe

The classification of overweight and obesity in children is more problematic than in adults. Different growth patterns for boys and girls at each age means that a universal classification cannot be used to define obesity. Each sex and age group needs its own level of classification, at the moment there is a lack of consensus on classification of BMI in children. The UK national BMI percentile classification has been used in the past. It uses the 85th and 95th percentiles of the 1990 UK data cut off points for overweight and obesity respectively.

Children BMI classification

BMI	Classification
>85 th centile of the 1990 UK data	Overweight
>95 th centile of the 1990 UK data	Obese

An alternative is the International classification, which uses data collected from six countries. It provides age and sex specific cut-off points for ages 2 –18. This classification was used in the Health Survey for England 2002.

For routine clinical use (for intervention or referral for treatment) however the following definitions are currently used in the UK:

- Overweight is defined as BMI greater than or equal to 91st centile of the 1990 reference chart.
- Obesity is defined as BMI greater than or equal to 98th centile of the 1990 reference chart.

Waist circumference

There is growing support for use of waist circumference measurement for obesity. Waist circumference could be a more accurate way of measuring cardiometabolic risk rather than focusing on BMI alone.^{35,36} Abdominal fat is a cause of cardiovascular abnormalities, insulin resistance, abnormal cholesterol and type II diabetes risk.³⁷

Health benefits of a healthy weight

Modest weight loss in overweight and obese individuals can confer significant health benefits. The Scottish Intercollegiate Guidelines Network (SIGN 1996) reported that a weight loss of 5-10% body weight in obese individuals is associated with important health benefits. The table below displays the health benefits of a 10 kg reduction in body weight²⁶.

Component	Benefit
Mortality	<ul style="list-style-type: none">• Over 20% fall in total mortality• Over 30% fall in diabetes related deaths• Over 40% fall in obesity-related cancer deaths
Blood pressure (in hypertensive people)	<ul style="list-style-type: none">• Fall of 10mmHg systolic and 20 mmHg diastolic
Diabetes (newly diagnosed people)	<ul style="list-style-type: none">• Fall of 50% fasting blood sugar
Lipids	<ul style="list-style-type: none">• Fall of 10% total cholesterol• Fall of 15% low density lipoprotein• Fall of 30% triglycerides• Increase of 8% high density lipoproteins
Other benefits	<ul style="list-style-type: none">• Improved lung function, and reduced back and joint pain, breathlessness, and frequency of sleep apnoea.

Overall prevalence in adults

The proportion who were categorised as obese (BMI over 30) increased from 13.2% of men in 1993 to 23.6% in 2004 and from 16.4% of women in 1993 to 23.8% in 2004.¹⁹

Age and gender differences

Overweight and obesity increase with age. Between ages 16 -24 about 31% of men and women are overweight or obese but at aged 65-74, 77% of men and 71% of women are overweight or obese¹⁹.

Trends

Overweight and obesity are increasing rapidly. In England, the percentage of adults who are obese has increased by over 50% in the last decade. This increase is particularly marked in men. Men are now as likely to be obese as women¹⁹.

Socio – cultural differences

Obesity is more common in adults employed in manual occupations, particularly in women. For example, 29% of women working in semi-routine and routine occupations are obese compared to 20% of those employed in a managerial or professional role¹⁹.

Levels of obesity vary with ethnicity in both men and women in England. Among women obesity prevalence is high for Black Caribbean and Pakistani women and low for Bangladeshi and Chinese women²⁴.

Obesity and Overweight in adults in Lewisham

There is no local data available on levels of overweight and obesity in Lewisham. Numbers can be estimated by using data from national surveys, in this case the Health Survey for England (HSE) 2003, and applying this to the Lewisham population. The total estimate of the number of adults aged 16 and over who were overweight and obese in Lewisham in 2003 is 120,988.

Estimates of overweight and obesity in adults 16+ in Lewisham (BMI>25)

Age	Male	Female
16+	63708	57280
Total	120988	

Health Survey for England 2003

Prevalence in Children under 11

In 2003, the HSE found that the overall prevalence of overweight and obesity among children was 27.75% and the prevalence of obesity was 13.7%¹⁹. The proportion of children classified as overweight and obese rose from 22.7% in 1995 to 27.7% in 2003. In the same period, the prevalence of obesity rose from 9.95 to 13.7%¹⁹. In children under 11, the prevalence of obesity is highest among routine and semi routine households²⁵. 19.8% of children living in households where both parents were either overweight or obese were themselves obese compared with 6.7% of children where neither parents were overweight or obese²⁵.

Obesity and overweight in children under 11 in Lewisham

As with adults there is no local available data on levels of overweight and obesity in children. Therefore to provide an estimate of numbers of children in Lewisham who are overweight or obese, data from the HSE was applied to the Lewisham population aged 2 – 10. This gave a total estimate of 8,198 children.

Estimates of number of children (2 –10) overweight or obese in Lewisham

Obese (prevalence rate 13.7%)	4054
Overweight (including obese) Prevalence rate of 27.7%	8198

Targets

There is a new government target, which focuses on obesity in children. It is to halt the year on year rise in obesity in children less than 11 years by 2010 in the context of a broader strategy to tackle obesity in the population as a whole. (Joint target for Department of Health, Department of Education and Skills and Department for Culture, Media and Sport).

Case Study: The MEND programme

The MEND (Mind Exercise, Nutrition and Diet) programme is currently running at two sites in Lewisham as part of a multi-site Randomized Control Trial, which, when completed, will form one of the largest bodies of evidence on a child obesity intervention.

The programme which was developed by Paul Sacher, a specialist dietitian at Great Ormond Street, Paul Chadwick, a clinical psychologist at University College London and fitness professionals is a programme which combines all the elements known to be vital in preventing and treating childhood obesity: family involvement, increased physical activity, reduced inactivity, dietary education and behavioural modification. Fifteen children between ages 8-11 years (plus at least one of their parents) take part in a 10 week programme of fun, practical and hands on activities which include specially designed games, visual demonstrations, a supermarket tour and recipe testing/sampling.

The programme has been running at Ladywell Leisure Centre from April 2005 and will commence at Wavelengths Leisure Centre for up to 200 families from the New Cross Gate area (funded by the NDC) from early 2006.

Results from the pilot study showed statistically significant improvements in key measures such as waist circumference, heart rate and blood pressure. Early results

Prevention and Management

Obesity is largely preventable through lifestyle changes. Thus the best long-term approach to tackling overweight and obesity is prevention from childhood. Action therefore needs to take a life course approach starting with maternal health and pregnancy.

Evidence

There are many gaps in what works to reduce obesity and overweight. The Health Development Agency (2003)²⁷ carried out a comprehensive review of the evidence of effectiveness of intervention to reduce obesity and overweight.

Evidence suggests that:

- To prevent obesity and overweight in children multi-faceted school based interventions may be effective.
- To treat obesity and overweight in children interventions which involve parents, including exercise and behaviour modification programme and lifestyle counselling may be effective.
- To prevent obesity and overweight in adults there is inclusive evidence.
- To treat obesity and overweight in adults low calorie diets, especially when combined with exercise and behavioural therapy may be effective over a one year period may be effective.

The National Institute for Clinical Excellence (NICE) will be producing guidance on the prevention, identification, management and treatment of obesity by 2007. In the meantime lack of strong evidence of effectiveness does not necessarily mean evidence of ineffectiveness.

Undernutrition

About 5% of the population are thought to be underweight²⁸ and it is estimated that approximately 2 million people in the UK are malnourished at any one time. Malnutrition can - and does - affect anyone in society. However, the most vulnerable groups include those with chronic diseases, the elderly, those recently discharged from hospital, and poor or socially isolated individuals. Malnutrition is both a cause and consequence of disease; it predisposes to and delays recovery from illness.

Up to 40% of those admitted to hospital are underweight²⁹- evidence shows that many will lose further weight whilst in hospital - and up to 60% of hospital patients are clinically malnourished²⁹ Furthermore, up to 50% of patients in care or residential homes, up to 30% of patients attending outpatient clinics and GP surgeries, and up to 14% of elderly people not in hospital or care³⁰ are either malnourished or at risk of malnourishment.

Mental health, behaviour and cognition

There is growing evidence to suggest links between diet, nutrition and emotional and mental well-being and behaviour.^{31,32,33} Food can affect anxiety levels, lift or dampen our mood and affect energy and concentration levels. Our relationship with food works both ways and there are many factors influencing what we choose to eat and drink as well as how it affects us.

The Food, Nutrition and Health section of the strategy will seek to do the following:

- 1. Increase breastfeeding rates and length of time women breast-feeding**
- 2. Increase the knowledge and skills of health care and other professionals around food and nutrition**
- 3. Increase the knowledge and skills of the population around food and nutrition**
- 4. Prevent and manage obesity and overweight in the borough**
- 5. Improve oral health in the borough**
- 6. Reduce under nutrition in the borough**
- 7. Improve awareness of nutrition-related ill-health and the how it can be prevented and treated**
- 8. Integrate with the other food strategy work-streams**
- 9. Develop links with other key strategies**

What is food sustainability?

Whilst we all eat food and many of us work with food, our current food system does not require us to think about how it was grown, produced or transported. Most of us are unaware about the effect our decisions about food have on the environment or on the welfare of the many people who are involved in the food chain both within Lewisham and outside in the wider world.

The definition of food sustainability is the ability to produce sufficient quality and quantity of food with the minimum negative impact on the world's resources, without exploitation of its people and in a way that does not disadvantage future generations.

Food is one of the largest and fastest growing pressures on the environment. Currently most food, which is produced, distributed and sold is globally unsustainable. For example, if patterns of consumption in London were replicated world wide, it is estimated we would need three planets worth of resources.¹

At an international and national level, work is taking place to build up the evidence about how best to support sustainable consumption and production and to build up the business case for sustainable development in the food chain. Whilst some of the work is beyond the scope of one borough, Lewisham can also play its part by working towards a sustainable food chain at a local level.

Context

In March 2005, the government launched *Securing the future: delivering UK sustainable development strategy*, which sets out its aim 'to enable all people throughout the world to satisfy their basic needs and enjoy a better quality of life without compromising the quality of life of future generations.'

Included in the strategy are commitments to reduce waste and emissions, improve resource efficiency, build stronger partnerships with the food industry and make the UK a leader within the UK on sustainable procurement in the public sector by 2009.

On the topic of food, the government launched *A Strategy for Sustainable Farming and Food :Facing the Future* back in 2002 which set out how industry, government and consumers can secure a sustainable future for food and farming which contributes to a better environment and healthy and prosperous communities. *A Food Industry Sustainability Strategy* was published in May 2006, which sets out how industry, government and consumers can work together to secure a sustainable future for our farming and food industries, as viable industries contributing to a better environment and healthy and prosperous communities.

At a regional level, the London Development Agency launched the London Food Strategy in May 2006 and the Mayor of London has established a food board *London Food* to develop policies to benefit the health and welfare of Londoners and to help develop a fairer and more sustainable food system.

What are the issues in Lewisham?

Energy use

The world's climate is changing. All the evidence suggests this is a result of human activity – principally emissions of greenhouse gases, such as carbon dioxide, that are released into atmosphere when we burn oil, coal and natural gas to provide heat and power. This is already thought to be causing sea levels to rise, glaciers to retreat, shrinking of the Arctic ice cap and intensifying storms and flooding.²

The food system is a heavy energy user, contributing over 20% of total greenhouse gas emissions in the UK. It has been estimated by the Office of National Statistics that when the entire life cycle of goods and services is taken into account, food and drink (and tobacco) products are the largest single source of greenhouse gas emissions associated with UK household consumption.¹¹ Food industry energy use is equivalent to about 11% of UK energy consumption by business) and a major contributor to UK carbon emissions (with 7.9 million tonnes of carbon per year).³

In addition to industrial energy use, it has been estimated that the total annual cost of domestic gas and electricity to residents of the London Borough of Lewisham in 2004 is £71 million, which creates 690,000 tonnes of carbon dioxide (CO₂). If all these homes made energy efficiency savings of 15% than they would save approximately £10.7 million per annum whilst saving 104,000 tonnes of carbon dioxide.⁴ Cooking and freezing require energy and simple changes in habits can dramatically cut consumption for example, keeping lids on boiling pans can cut energy use in cooking by up to 90%.

Water use

Water is essential for life. We need water to live and water to produce food. We are currently fortunate in the UK that unlike many populations in the world we do not suffer from famine and disease as a consequence of lack of access to safe drinking water and adequate sanitation.

However, if we do not carefully manage our natural resources and demands made on them, then the water environment will suffer and security of water supply could be in jeopardy. As a consequence of climate change, it is predicted that variability of rainfall will increase from year to year, with both more dry years and more wet years. The population of London is also expected to grow and lifestyle changes are also having an impact.¹²

The food industry in London is a major user of water, both from direct abstraction and use of the public water supply with a demand on the latter of about 430 mega litres per day, or 10% of all industrial use.³ The challenge for the food industry is to reduce its current levels of demand for water - at all stages of the supply chain - by improving efficiency through the adoption of best practice - without compromising food hygiene.

In addition, each Londoner currently uses 165 litres of water every day, which is higher than the national average of 150 litres and about one third higher than other European cities.¹²

Food waste

Food is a significant source of waste generation. It is estimated that it takes 10 tonnes of raw material to produce 1 tonne of processed food. The remaining 90% is discarded as waste, including 29 million food and drink cans and 12 billion plastic bags.⁵ The majority of waste is disposed of in landfill sites throughout the country. Industrial and commercial waste makes up a large contribution to overall waste from the food system. Supermarkets and other retailers in the UK currently throw out about 500,000 tonnes of food a year, of which only a small proportion goes to charities.⁶

Research also suggests that nationally certain types of rubbish, especially late night snack litter is growing in the UK. There has been a significant increase in incidence of fast food related litter - from 4% in 2001/2 to 22% in 2004/5.¹⁰

Lewisham creates an average of one tonne of rubbish per household every year. Nationally, kitchen and garden waste makes up 34% of waste collected from households and it is estimated that packaging makes up about 25% of all household waste and that around 70% of this is food related.^{7,8}

The average household dustbin holds 20% of organic material. Organic waste is biodegradable and when it is buried in landfill sites it rots and produces methane gas. It is possible to reduce this waste in a composting bin without causing any environmental damage. This is even more environmentally friendly than recycling as no energy input is required for transport or in the recycling process. Composting waste at home converts kitchen and garden waste into a rich soil conditioner ideal for gardens and allotments. Lewisham has a statutory target to recycle / compost 18% of household waste by 2005-06 and currently runs a weekly recycling collection and 'bring sites'.

Case Study: Promotion of composting in Lewisham

In Lewisham, 34% of the average rubbish bin is kitchen and garden waste and biodegradable. To encourage residents to help reduce this waste, Lewisham has been offering compost bins to residents through Shannon's Garden Centre in Forest Hill, at subsidised prices for the past 4 years. In total 4135 have been sold. More recently Onyx Environmental Trust funding has been used to buy 1000 compost bins to be given away free to residents.

Help and advice about how to get started with a new compost bin, is provided, to residents where needed, through compost workshops which are run regularly in the spring and autumn. Residents are also provided with 'Composting – An Easy Household Guide'.

Food transportation and distribution

Recent research undertaken by Defra suggests that food transport has a significant and growing impact on road congestion, road accidents, climate change, noise and air pollution.⁹ Most food entering and leaving the UK (94% by weight) travels by ship, which has the lowest environmental impact, however, in the past ten years food transported on UK roads has increased by around 22% and the average distance travelled by 26%.¹⁴ Food transport now accounts for 25 percent of all Heavy Goods Vehicle (HGV) kilometres in the UK.⁹

However, it is air transport of food, responsible for the highest carbon dioxide emissions per tonne of cargo, which is the fastest-growing sector and in the last three years total imports of food stuffs by air have grown by 47% (by value).⁹

In addition, consumers now travel an average of 136 miles each by car to shop for food. Private cars are a highly inefficient means of transport so individual shopping journeys are also responsible for high levels of carbon emissions.⁹

The phrase 'food miles' has been coined to capture the distance food has travelled from the place it was produced to where it is consumed. Research has shown a correlation between shorter supply chains and lower overall lifecycle CO2 emissions but environmental impact does not just depend on actual miles travelled but also mode, timing, location and fuel efficiency of food transport.⁹

Further research is needed to develop ways to measure the impact of food transport. It has however been suggested that London Boroughs along with the LDA and transport organisations develop local logistics and wholesaling partnerships to look at reducing the negative environmental impact of the current food transportation system.¹⁷

Local food production and growing

(See also Food Access chapter)

Currently 80% of the food eaten in London is produced outside the capital despite 8% of Greater London being farmland. A survey of London Farmers by National Farmers Union showed that a third would want more opportunities to tender to supply food for institutional catering contracts in schools and hospitals.¹⁸ A strategy has been developed to address this issue by the NFU.

Lewisham is a very green borough with 45 public parks totalling 360 hectares. There are currently 36 allotment sites in the borough. Optimising food growing in the borough will reduce the environment cost of the food sector along with educational, health and economic benefits. Growing schemes in urban areas improve access to fresh food and can contribute to better mental health. The World Health Organisation (WHO) reported that such schemes simultaneously promote a healthy and sustainable environment.¹⁵

Case Study: Allotments at Meadow View Sydenham

Margaret Saggars, aged 67 has had an allotment at Meadow View allotment site for eight years. Her and her husband initially obtained the plot so that they could meet their friends who also had plots at the site. Margaret goes to the plot twice a week and grows a large variety of seasonal foods, enough for herself and to occasionally give to friends. She feels the benefits to her are that she gets fresh air, has a good social life, exercise and easily eats five fruit or vegetables a day. She also appreciates being in a beautiful environment.

Fair Trade

25% of the world's population, and 60% of coffee and tea growers, live in absolute poverty. On average, only 10% of the retail price of the tea and coffee bought in supermarkets will go to the growers. Fair trade means guaranteeing that producers in poor countries receive a fair price for the goods that they produce or, if they work on a plantation, that they enjoy decent wages and working conditions. Lewisham became a Fairtrade borough in March 2005 in recognition of the fact that it now has at least 27 shops and 13 cafés selling at least 2 items of Fairtrade product.

Case Study: Fairtrade at the Circle Café

The Circle Café at the Broadway Theatre, Catford, began selling Fairtrade products a year ago, during Lewisham's campaign to become a Fairtrade borough.

Since being introduced to the work of the Fairtrade foundation, the café has been selling a range of Fairtrade items like tea (including organic tea), coffee, hot chocolate, sugar and snacks. A pensioner's Fairtrade tasting session was held in March 2005, and Fairtrade items continue to be served at the Pensioner's pop-in sessions from 9.30 to 11.30 on weekdays.

The Broadway Theatre's Chief Duty Manager Carmel O'Conner says, "Since we introduced Fairtrade, our customer base has increased. Many of our customers are positive about Lewisham's support for Fairtrade. We would like to encourage people around the borough to spare a thought for farmers in the developing world and give them a chance of a better living by buying Fairtrade".

Sustainability in the public sector

The public sector is the main employer in Lewisham. There are 8,500 people employed within the Council itself and 6,500 in the rest of the public sector (1,300 employed by the primary care trust - 2,600 by Lewisham hospital - 600 by Lewisham College - 1,400 by Goldsmiths College and 700 by Met Police Borough Command)

As employers, purchasers and commissioners, users of energy, waste services, transport and providers of food, there is great potential for introducing greater sustainability in the borough. Research has been done by the King's Fund to suggest how more sustainable food purchasing in the NHS could benefit health.¹⁶ There are opportunities, in particular for local businesses, to provide food for the public sector with the right support.

Guidance for procuring food and catering services has already been published by Defra.¹³ In coming years, the public organisations in Lewisham will be expected to use their role as powerful bodies to act as good corporate citizens and contribute to public health through their procurement practices. This may be through purchasing healthier food, supporting local economies by opening up contracts to local food suppliers, minimising energy use, using renewable energy or managing food waste.

The Food sustainability section of the strategy will seek to do the following:

- 1. Reduce energy consumption and water use and increase renewable energy use in Lewisham's food sector and amongst Lewisham residents.**
- 2. Reduce waste production and pollution created by the food chain in Lewisham.**
- 3. Reduce the negative environmental impact of food transportation into Lewisham by promoting the growth of a local food economy and culture and shortening supply chains.**
- 4. Promote the purchase and availability of ethically traded (Fair trade) food in Lewisham**
- 5. Promote the public procurement of sustainable food in Lewisham**

Food Safety in Lewisham

Historically, most food was bought locally and prepared and served in the home. In recent years, this has changed and foods are being transported around the world (including fresh foods such as fish or vegetables) and produce from a wide variety of areas is freely and widely available. There is also an increasing amount of food consumed out of the home, with eating out more popular than ever before.¹

This, combined with the demographic change seen in the borough (with its variety of ethnic minority groups and large numbers of young people) have played a part in making Lewisham a diverse and exciting place to be for eating and shopping for food.

The Food Safety Team at the London Borough of Lewisham aim to ensure the safety and composition of foods produced, imported, sold and consumed in Lewisham, and to reduce the incidence of food poisoning.

Context

New European Union food hygiene regulations have applied in the UK from 1st January 2006². These will have an impact on the way in which all food is handled, prepared and sold and in particular, sets out a new requirement for a system of food safety management.

The Food Standards Agency has produced a pack to help businesses to adapt to this requirement called Safer Food, Better Business. Lewisham is part of a London-wide consortium, which has successfully bid for £414,000 to help implement the system in 100 premises in the borough.

The Food Safety Team will be notifying all businesses in writing of the new Regulations and are hoping to run a series of seminars to introduce them to local businesses.

What are the issues in Lewisham?

Food Poisoning

It is estimated nationally that as many as 1 in 10 people each year suffer from food poisoning (although only 70,000 annually are formally confirmed and notified to the Health Protection Agency)³. The most common causes of food poisoning are Campylobacter and Salmonella which are found in raw chicken, red meat and eggs (salmonella only) but can easily be cross-contaminated to other food products if strict hygiene is not followed.

Lewisham	2001	2002	2003	2004	2005 (to 26/6/5)
Campylobacter	213	196	197	155	65
Cryptosporium	3	3	13	5	1
E-Coli			1		
E-Coli 0157	2	3		1	
<i>Entamoeba</i>			1	1	
Giardia Lamblia	3	4	8	8	
Rotavirus	1	1		2	
Salmonella	63	80	68	69	15
Shigella	13	12	6	12	8
Staphylococcus aureus			1		
Genus unknown	34	29	5	13	
Other		2			1
Totals	332	330	300	266	90

Data provided by the Health Protection Agency

In 2004/5, 266 notifications of food related infectious disease were recorded in Lewisham, a fall from 330 notifications in 2003/4. This information must be viewed with care as notifications may increase in 2005/6 due to greater publicity by central agencies and greater consumer awareness. Such data is, however, dependant upon medical practitioners carrying out the appropriate tests and notifying the Health Protection Agency of the results.

Food businesses in Lewisham

The London Borough of Lewisham is responsible for approximately 2, 500 registered food premises, a majority of which are small and medium sized catering or retail businesses. These often employ black and ethnic minority groups who live in and around the borough, reflecting the diversity of Lewisham's populations.

There is also a high turnover of business in the food sector in the Borough, against a national average of 10%, the service estimates a turnover of around 35% across the borough as a whole (with this being a particular issue in wards such as Lewisham Central, New Cross and Brockley), making improvements in standards difficult to achieve and maintain.

Food inspections and complaints

The London Borough of Lewisham, in addition to its role in checking compliance with food hygiene legislation, also is responsible for food standards. This responsibility relates to checking to ensure that the business is meeting the legal requirements relating to the quality, composition, labelling, presentation and advertising of food (and of materials or articles in contact with food).

In carrying out these functions, the authority carries out a programme of inspections and investigates complaints. These may involve complaints about the standard within a food premises or about the products, which are sold (such as foreign objects in food).

In 2004/5, 218 complaints were received about the standards in food premises (compared to 228 in 2003/4) with 94 complaints about food being received (compared to 78 in 2003/4). Whilst these figures do not show any significant improvement, this may be due to

an increased public awareness and reporting of incidents to the local authority following initiatives to publicise the service by central Government agencies.

Food labelling and traceability of products

The diverse nature of the products sold in the Borough means that there could be issues surrounding the labelling and traceability of products.

The authority has taken a pro-active role in sampling food products not of UK-origin and successfully bid for funding with the London Borough of Southwark from the Food Standards Agency to sample products of African origin. This resulted in 117 food samples being taken and submitted for analysis of which 23 samples were unsatisfactory for matters such as detection of Sudan dyes, which are not allowed to be added to foodstuffs in the UK or EU. In addition, 99 samples were incorrectly labelled and these were followed up by notification to the retailer/importer.

This demonstrates the scale of the problem and there have been many practical difficulties with following up the survey. Traceability of products is clearly an issue in the borough and one, which requires a co-ordinated and targeted approach to resolve the issues. It is obviously further complicated by the fast turnover of businesses.

Food safety promotion amongst the public

Notifications of food poisoning are investigated and information and advice given relating to prevention of food poisoning in the home. The environmental health team also acts on food incidents and alerts as notified by the Food Standards Agency and uses press releases and the electronic indicator board in Catford to inform local residents of latest information.

Case Study: Awareness raising in Lewisham

Food Safety Week provides a focus for raising awareness of food hygiene in the borough. The environmental health team ran a staffed display in the reception of Laurence House, Catford to provide information and advice related to prevention of food poisoning in the home, with particular reference to handwashing.

The Food Safety Team are also running the CIEH Foundation Certificate in Food Hygiene for individuals. This has been well received and it is hoped that this will continue in 2006.

The Food Safety section of the strategy will seek to do the following:

- 1. To work to reduce incidence of food poisoning in the borough.**
- 2. Raise awareness and information on food safety amongst the public and businesses particularly within certain communities where awareness may be low.**
- 3. Increase food hygiene skills in the borough through the provision of food hygiene courses and promotional events.**
- 4. Ensure the safety and composition about foods produced, imported, sold and consumed in Lewisham.**

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