



DIET AND NUTRITION POLICY



2019-2020 REVISION

**LIVE
LEARN
WORK
INVEST
VISIT**

Version control

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Change record

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Strategic Alignment

Choose the priority from the Plan for North Lanarkshire with which the strategy most aligns.

- Improve economic opportunities and outcomes
- Support all children and young people to realise their full potential
- Improve the health and wellbeing of our communities
- Enhance participation, capacity, and empowerment across our communities
- Improve North Lanarkshire's resource base

Ambition 9: Invest in early interventions, positive transitions, and preventative approaches to improve outcomes for children and young people

Ambition 10: Engage with children, young people, parents, carers, and families to help all children and young people reach their full potential

Ambition 15: Encourage the health and wellbeing of people through a range of social, cultural, and leisure activities

Ambition 19: .Improve engagement with communities and develop their capacity to help themselves

Ambition 24: Review and design services around people, communities, and shared resources

Consultation and Distribution Record

Consultation Process	The document has been updated by the Diet and Nutrition Working Group, which is consisted of senior NLC employees and a variety of stakeholders with a specific expertise as referred in Appendix 12.	
Stakeholders	Refer to Appendix 12	
	Insert name	Insert service, organisation
Distribution	North Lanarkshire website and also through the stakeholders	

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foreword



The Plan for North Lanarkshire is a shared ambition for inclusive growth and prosperity for all, where people choose North Lanarkshire as a place to live, learn, work, invest and visit. One of the five priorities set to achieve our shared ambition is to improve the health and wellbeing of our communities and a key aspect to achieve this is through empowering people to make healthier choices for their diet and nutrition. I am delighted to present the reviewed Diet and Nutrition Policy for North Lanarkshire.

The Public Health Priorities for Scotland sets as one of the main priorities a Scotland where we eat well, have a healthy weight and are physically active. To achieve this we will focus on reducing inequalities, empowering people and communities but also through prevention and early intervention, fairness, equity and equality, collaboration and engagement, intelligence, evidence and innovation. The 2018-19 Programme for Government committed the Scottish Government to halve the level of childhood obesity by 2030 meaning that approximately 56,000 fewer children will be at risk of being obese.

The Good Food Nation Bill sets out our aspiration that Scotland's second nature will be to serve, sell and eat fresh, healthy food. The national agenda to improve health and wellbeing places local authorities at the heart of health improvement. The Diet and Nutrition Policy continues to feature a wider- ranging approach to health improvement, ensuring that the importance of improving diet and nutrition is raised across all council services. The policy will be reviewed on an ongoing basis to reflect any further directives and a four year action plan will be developed to support the additional recommendations.

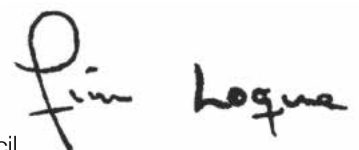
Food insecurity is a dimension of poverty that has specific consequences for diet, health and wellbeing and a range of negative health outcomes across the life cycle. Household food insecurity is linked to inadequate intakes of certain nutrients and fruits and vegetables. Studies have shown poorer mental health and poorer health in adults living in food insecure households and also are more likely to suffer from chronic conditions such as diabetes, hypertension and mood and anxiety disorders. There are a variety of measurements that we will be taking to tackle poverty and food insecurity and some include the Club 365 programme, 1140 hours nursery expansion and the continuation of providing free meals to all P1-P3 primary school children.

Partnership working with our partners NHSL, Lanarkshire Community Food and Health Partnership, Culture NL with NL Leisure Ltd as well as the voluntary, community and private sectors is the key to achieve any changes.

Councillor Jim Logue

Leader of the Council

North Lanarkshire Council





NHS Lanarkshire welcomes and supports the revised North Lanarkshire Council diet and nutrition policy and its commitment to improve population diet and health, and simultaneously reduce health inequalities.

With around two thirds of the population overweight and obese, now more than ever, partnership interventions to improve diet and increase physical activity levels are crucial. NHS Lanarkshire is committed to continuing the partnership effort to improve diet and nutrition in North Lanarkshire, not least through the Lanarkshire Healthy Weight Strategy. This will allow us to jointly tackle challenging issues on the obesogenic environment and food culture.

North Lanarkshire Council was the first local authority in Scotland to develop a policy in relation to diet and nutrition in 2000. In keeping with national policy developments, including the launch of the national Diet and Healthy Weight Action Plan, it is a timely opportunity to now align local policy.

NHS Lanarkshire is dedicated to improving health and wellbeing, and reducing health inequalities, across Lanarkshire communities and we look forward to working with all of our community planning partners to implement this policy as part of that partnership effort.

Gabe Docherty
Director of Public Health
NHS Lanarkshire

A handwritten signature in black ink, appearing to read 'Gabe Docherty', written over a light grey rectangular background.

introduction

North Lanarkshire Council is Scotland's fourth largest local authority area with a rising resident population of 339,390 and is ideally situated in the heart of Scotland. The Plan for North Lanarkshire is a shared ambition for inclusive growth and prosperity for all, where people choose North Lanarkshire as a place to live, learn, work, invest and visit. Improving the health and wellbeing of our communities is a key aspect to achieve one of the five priorities set to realise our shared ambition through empowering people to make healthier choices.

This policy will demonstrate the council's commitment to improving the diet and nutrition of its service users, residents and staff. In 2000, North Lanarkshire Council was one of the first local authorities in Scotland to develop a policy in relation to diet and nutrition which was subsequently updated after a significant number of developments have been made both nationally and locally tackling Scotland's high levels of overweight and obesity.

North Lanarkshire has areas with significant levels of deprivation and therefore is affected disproportionately by high levels of health inequalities*. Improving the diet and nutrition of our communities will assist in closing the gap between the health of those living in our more deprived and affluent communities. Food provision must not only be healthy, but affordable, readily available and easily accessible to the population.

Improving diet and health in North Lanarkshire will be challenging, therefore partnership working will be key to the implementation of this Policy. The Policy, and the actions within, should be considered in conjunction with the actions of key partners including NHS Lanarkshire, the voluntary and private sectors, as well as the communities we serve.

* The Scottish Index of Multiple Deprivation (SIMD) identifies small area concentrations of multiple deprivation across Scotland (data zones), in relation to income, employment, health, education, skills and training, geographic access to services, housing, and crime. In 2016 the local share of the 20% most deprived data zones in North Lanarkshire was 32% and the local share of the 40% most deprived data zones in North Lanarkshire was 28%.



National Context

As set at the A Healthier Future- Scotland's Diet and Healthy Weight Delivery Plan¹, there is a vision for a Scotland where everyone eats well and has a healthy weight. There is also an aim to significantly reduce health inequalities. In order to achieve the above there will be a focus on five key outcomes:

- i) Children have the best start in life - they eat well and have a healthy weight
- ii) The food environment supports healthier choices
- iii) People have access to effective weight management services
- iv) Leaders across all sectors promote healthy weight and diet and finally
- v) Diet-related health inequalities are reduced.

The Public Health Priorities for Scotland² sets as one of the main priorities a Scotland where we eat well, have a healthy weight and are physically active. To achieve this we will focus on reducing inequalities, empowering people and communities but also through prevention and early intervention, fairness, equity and equality, collaboration and engagement, intelligence, evidence and innovation. The 2018-19 Programme for Government³ committed the Scottish Government to halve the level of childhood obesity by 2030 meaning

that approximately 56,000 fewer children will be at risk of being obese.

There is a variety of reports published by Public Health England that will be taken into consideration to tackle overweight and obesity such as:

- i) Calorie Reduction: The scope and ambition for action⁴,
- ii) Sugar Reduction: Achieving the 20%⁵ and
- iii) Sugar Reduction and wider reformulation programme⁶. In addition the UK Government published the document Childhood Obesity: A Plan for Action⁷, which includes measures specific to England but the Scottish Government welcomes the actions being taken at a UK level, which complement the actions outlined in A Healthier Future - Scotland's Diet and Healthy Weight Delivery Plan¹. Also the Scottish Government updated the Scottish dietary targets in 2016⁸. These describe the diet that will support the health of the Scottish population (Appendix 1).

Finally, the Good Food Nation Bill⁹ sets out our aspiration that Scotland's second nature will be to serve, sell and eat fresh, healthy food. The national agenda to improve health and wellbeing places local authorities at the heart of health improvement.



Local context

North Lanarkshire Council is committed to the ongoing efforts to achieve the dietary goals for Scotland. North Lanarkshire Council wish to make healthy eating easily achievable by all its population by ensuring that the healthy choice is always the easy choice. At a local level in order to address child poverty we have launched a ground-breaking initiative, the Club 365, providing free meals and activities to children from low income families at weekends and holidays¹⁰. At the moment the scheme is providing meals in 24 sites across all localities all year round. Some of the benefits are that the children enjoy nutritious meals, increase their physical activity and social interaction.

A report has been published after the last consultation on Nutritional Requirements for Food and Drink including a range of recommendations¹¹. The current regulations will continue to be followed until we are advised of the date on which the amended regulations are commenced. For the coming school year the statutory duty on every local authority is to meet the nutritional requirements for food and drink in schools (Scotland) regulations 2008.¹²

Moreover an updated version of the Setting the Table guidelines¹³, is expected to be published in 2020 after the review of recent scientific evidence. This is a nutritional guidance and food standards for early year's childcare providers in Scotland. The aim is to ensure that children aged 0–5 in childcare settings across Scotland are offered healthy and nutritious meals, snacks and drinks (Appendix 2a and 2b). The Scottish Government announced in 2014 that it wanted to almost double the number of funded hours of early learning and childcare to 1,140 hours a year in August 2020. The priority for the expansion is to improve children's outcomes and close the poverty-related attainment gap and also it will help us focus on prevention by offering healthy, balanced and nutritious meals using the Setting the Table guidelines.

North Lanarkshire Council is one of the multi-agency stakeholders that came together to develop the vision, aim and strategic objectives for the Lanarkshire Healthy Weight Strategy¹⁴. We have jointly produced logic models which identified key priority areas for action. The agreed vision for the strategy is: To have a Lanarkshire where individuals and families can live healthy, active and fulfilling lives free from the issues associated with being overweight and obese.



diet and health

Poor diet contributes to the development of a number of chronic conditions such as cardiovascular disease, cancer, diabetes and obesity. Other diseases related to poor diet, such as dental caries and osteoporosis, are widespread causes of ill-health^{15,16}.

Cardiovascular disease

Risk of cardiovascular disease, including coronary heart disease and stroke, is elevated by consuming foods which are high in fat, particularly saturated fats (reduced intake of saturated fat reduces risk of CVD events¹⁷) and salt (linked to high blood pressure). Low fruit and vegetable consumption is also associated with increased risk of these conditions^{15,18}. (Appendix 3a, 3b)

Cancer

Poor diet, and related to it excess weight, has been linked to the development of some cancers, including breast, colorectal, prostate, endometrial and bladder cancer¹⁹. It has been suggested that maintaining a healthy weight, limiting consumption of red meat and processed meat products, sugary drinks, salt and alcohol, increasing consumption of fruits, vegetables, pulses and wholegrain cereal products, as well as being physically active can reduce the risk of developing the disease²⁰.

Diabetes

According to the National Institute for Health and Care Excellence (NICE), the definition of type 2 diabetes is a chronic metabolic condition characterised by insulin resistance (that is, the body's inability to effectively use insulin) and insufficient pancreatic insulin production, resulting in high blood glucose levels (hyperglycaemia). The number of people in Scotland with diabetes has been rising²¹. The complications of diabetes can vary such as kidney failure, neuropathy, and eyesight issues which affect the quality of life of the people diagnosed and also affect the NHS. More specifically according to Diabetes UK the NHS spends at least £10 billion per year on diabetes. 4.7 million people in the UK have the condition, at least 10,350 have end stage kidney failure and more than 1.700 have their sight seriously affected by the condition every year. Some additional facts are that every week diabetes leads to more than 169 amputations, 680 strokes, 530 cases of heart attacks and almost 2000 heart failures. Obesity is responsible for 80-85% of someone's risk of developing type 2 diabetes²². Overweight and obesity are strongly linked to the increasing prevalence of type 2 diabetes, which may be prevented, delayed or put into remission by improved diet and increased physical activity²³.



Malnutrition

The definition of malnutrition is a state of nutrition in which a deficiency or excess (or imbalance) of energy, protein and other nutrients causes measurable adverse effects on tissue / body form (body shape, size and composition), function and clinical outcome²⁴. The term malnutrition includes obesity. Groups that are at risk of malnutrition are the following:

- Older people over the age of 65, predominantly if they are living in a care home or nursing home or have been admitted to hospital. See reasons on page 31.
- People with long-term conditions, for example diabetes, kidney disease, chronic lung disease
- People with chronic progressive conditions such as dementia or cancer
- People with addictions who abuse drugs or alcohol

Social factors such as poverty, social isolation, cultural norms and physical factors (loss of smell, issues swallowing, pain in the mouth/teeth, inability to cook, limited mobility) can increase the risk of malnutrition. It is also important to stress that if an older person is less able to feed themselves and becomes malnourished, this will make them more susceptible to disease, which in turn will make their nutritional state worse and impair recovery²⁵.

Overweight and obesity

Obesity occurs when energy intake from food and drink consumption, including alcohol, is greater than energy requirements of the body's metabolism over a prolonged period, resulting in the accumulation of excess body fat²⁶. The health consequences of obesity are vast and include increased risk of developing type 2 diabetes, cardiovascular disease, different types of cancer, as well as low self-esteem and body dissatisfaction. Moreover, obesity in childhood is likely to carry on into adulthood, increasing the likelihood of developing chronic diseases such as coronary heart disease²⁷.

Increasing rates of childhood obesity pose a major public health problem in Scotland. The Scottish Health Survey of 2017 (Scottish Government, 2018) found that 24% of boys and 29% of girls (2 - 15 years) were overweight or obese¹⁸. Of these children, 12% of boys and 15% of girls were obese. In Scottish adults, 67% of men and 63% of women are overweight or obese. In Lanarkshire, in 2014/2015/2016/2017 combined, 72% of adults are overweight or obese. Men are more likely to be overweight (including obese) than women (77% and 68% respectively); and more likely to have obesity (38% vs 33% respectively). (Appendix 4,5a and 5b.)

Overweight and obesity is higher in those living in the most deprived areas. The health consequences of obesity result in wider costs to society. The annual cost to the NHS in Scotland of overweight and obesity is estimated to be between £360 million and £600 million²⁸. Healthcare expenditure is only part of the issue; there are also the indirect economic costs of overweight and obesity. The McKinsey Institute estimated that the cost to the UK is equivalent to 3% of gross domestic product (\$73billion)²⁹.

Scottish Government has recently published - A healthier future: Scotland's diet and healthy weight delivery plan¹, a document that sets out how we will work with partners in the public and private sector to help people make healthier choices about food. The delivery plan focuses on five key outcomes:

- (1) Children have the best start in life - they eat well and have a healthy weight;
- (2) The food environment supports healthier choices;
- (3) People have access to effective weight management services;
- (4) Leaders across all sectors promote healthy weight and diet;
- (5) Diet-related health inequalities are reduced.

Scottish Government in its new Programme for Government³ has also committed to halving childhood obesity in Scotland by 2030.

Oral Health-Dental caries

Although dental decay (caries) is a preventable disease, Scotland displays high levels of tooth decay. As can be seen in appendix 6a and 7 (% with no obvious decay experience in permanent teeth) since 2005 there has been progress made both nationally and in Lanarkshire, but we all still have work to do.

National targets are currently set at 75% of Primary 1 children and 80% of Primary 7 children to have no signs of dental disease by 2022.

The link between dental disease and deprivation is again very obvious from the 2017 National Dental Inspection Program (NDIP) report³⁰ and indeed the health inequalities gap between the most and least deprived children across Scotland has widened since the last survey. There is now 30 percentage points between SIMD 1 and SIMD 5.

The percentage of Primary 7 children with no obvious decay experience in permanent teeth inspections since 2013 in North and South Lanarkshire can be seen in appendix 6b (% with no obvious decay experience in permanent teeth)³⁰.

If the dental health of Scotland's children and young people is to improve, then a collaborative preventative approach to reducing tooth decay is required and key oral health messages should be promoted in a variety of settings. Messages should not only encourage the reduction in the overall volume of sugar but also a reduction in the frequency of sugar consumption, brushing twice daily with fluoride toothpaste and regular dental visits³¹.

Currently nursery establishments and primary schools are taking part in the national Childsmile Programme to prevent dental disease³².

Consideration should be given by both catering staff and teaching staff to help reduce children's overall access to sugar whilst in the care of education. The consumption of drinks and snacks containing sugar between meals is a concern. Staff should reinforce that the only safe drinks for teeth are plain water and milk and snacks between meals should be sugar free³³, including those brought from home.

Osteoporosis

Bone density diminishes as part of the natural ageing process, leading to weakened, more fragile bones which may be more prone to osteoporosis fracture (wrist, hips and spinal bones are the most common fracture sites). Risk of developing osteoporosis can be hereditary; however, poor diet, inadequate levels of physical activity and obesity all heighten the risk of developing the condition³⁴. Achieving optimum peak bone mass in early adulthood may reduce the risk of fracture in later life. Adequate intakes of calcium (found in milk and dairy produce) and vitamin D (from sunshine), as well as increasing levels of physical activity, can assist in achieving optimum peak bone mass.



Eating well

Consuming a healthy, balanced and varied diet can assist in the prevention of the conditions described above. The new Eatwell Guide³⁵ was published in August 2016 and gives a visual representation of the types and proportions of foods and drinks that should be consumed for a healthy and well balanced diet. The Eatwell guide is based on the five food groups. (NLC version - Appendix 8) Key principles include:

- Fruit and vegetables: eat at least 5 portions of a variety of fruit and vegetables every day
- Potatoes, bread, rice, pasta and other starchy carbohydrates: choose wholegrain or higher fibre versions with less added fat, salt and sugar
- Beans, pulses, fish, eggs, meat and other proteins: eat more beans and pulses, 2 portions of sustainably sourced fish per week, one of which is oily. Eat less red and processed meat
- Dairy and alternatives: choose lower fat and lower sugar options
- Oil and spreads: choose unsaturated oils and use in small amounts
- Water, lower fat milk, sugar-free drinks including tea and coffee all count. Limit fruit juice and/or smoothies to a total of 150ml a day.
- Sweets, cakes, biscuits, ice-cream, condiments etc.: eat less often and in small amounts
- Check the label on packaged foods. Choose foods lower in fat, salt and sugar.

Sugars

The definition of free sugars is the following: all monosaccharides and disaccharides added to foods by the manufacturer, consumer or cook, plus sugars naturally present in honey, syrups and unsweetened fruit juices. It is suggested that the UK adopts the definition of 'free sugars' in place of 'non-milk extrinsic sugars'. Under this term, lactose naturally present in milk and milk products and sugars contained within the cellular structure of foods would be excluded. After the consideration of the last dietary reference values, the level of evidence indicating that a high intake of free sugars is detrimental to several health outcomes has strengthened. More specifically consumption of sugars-sweetened beverages is associated with a greater risk of type 2 diabetes mellitus.

The recommendations from the Scientific Advisory Committee on Nutrition states that the population average intake of free sugars should not exceed 5% of total dietary energy for age groups from 2 years upwards but also the consumption of sugars-sweetened beverages should be minimised, in both children and adults³⁶.

Dietary fibre

Fibre consumption has various health benefits like improving heart health, diabetes and gut health, it can help with weight loss and it can also reduce the risk of some cancers like bowel cancer. Dietary fibre is a type of carbohydrate which can be either soluble or insoluble and cannot be digested in the body. It can be found in fruits and vegetables, cereal products such as oats, wholemeal carbohydrates, beans and pulses so increasing the consumption of the above will increase the dietary fibre intake³⁷. The new Scottish dietary goals recommend an intake of 30g of dietary fibre per day for adults 16+, 15g per day for 2 to 5 year olds and 20g per day for 5-11 year olds⁸. The Scottish health survey in 2017 showed that 24% of adults met the 5-a-day fruit and vegetable recommendation which has been the highest since 2003¹⁸ (Appendix 3a).

Dietary fats

The main types of fats found in foods are saturated and unsaturated. Too much saturated fats in the diet can lead to an increase in bad cholesterol (LDL) and increase risk of Coronary Heart Disease (CHD)³⁸. Saturated fats can be found in sweet and savoury foods such as meat products, butter, cheese and red meat as well as cakes, biscuits and pastries. However, not all fats are bad. Unsaturated fats provide the body with essential fatty acids which can only be found in foods, these are known as omega 3 and 6 and can be found in oily fish, nuts and seeds. Unsaturated fats improve heart health by increasing the amount of good cholesterol in the body. It is recommended that women should not consume more than 20g/day of saturated fats and males 30g/day. These guidelines can be achieved by choosing low fat alternatives, appropriate cooking methods such as steaming or baking foods instead of frying, eating less processed red meat and eating 2 portions of oily fish a week³⁹.

Salt

Over consumption of salt (sodium chloride) can lead to high blood pressure and increased risk of cardiovascular disease and possibly cancer⁴⁰. The revised Scottish dietary goals⁸ state that the average intake of salt should be reduced to 6g per day.

Salt can be found in high quantities in processed foods, such as processed meat products, stir-in sauces and packet soups. In order to reduce consumption of salt, it is advisable to increase the use of fresh foods rather than those, which are processed, and to keep salt added during cooking, or at the table, to a minimum.

Fluid

Adequate fluid intake is essential for health. Insufficient fluid intake can lead to dehydration, causing thirst, headaches, confusion, irritability and lack of concentration. An adequate fluid intake can also assist in preventing constipation.

Although lost through breath and body sweat, additional fluid losses can occur when levels of physical activity are increased and/or temperatures rise. It is important that these fluids are replaced. It is recommended that adults drink around 2 litres of fluid per day (approximately 6-8 glasses) (Appendix 8). This does not include alcohol. The amount of fluid children need depends on age as well as physical activity and weather – but around six to eight cups (Under 5 years 120-150ml cup and 6 years and above 250-300ml cup) is the ideal amount per day⁴¹.

Water, lower fat milk and sugar-free drinks, including tea and coffee, all count towards fluid intake. Fruit juice and smoothies also count towards your fluid consumption, but they contain free sugars that can damage teeth, so limit these drinks to a combined total of 150ml a day. It's best to drink juice or smoothies with a meal because this helps reduce harm to your teeth. Eat well guide (Appendix 8)

In the recently published A healthier future: Scotland's diet and healthy weight delivery plan¹ Scottish Government recognised that consumption of energy drinks was a significant concern to parents, teachers and young people. These concerns go beyond the high sugar content that most of these drinks have: teachers report issues with behaviour and children in the UK consume more of these products than children

in other European countries. This is why Scottish Government committed to consulting on restricting the sale of energy drinks to young people under the age of 16.

Fizzy drinks, squashes and juice drinks can contain lots of added sugar and very few nutrients, so keep them to a minimum. Children should avoid them completely⁴².

Alcohol

According to the Chief Medical Officer's guidelines for men and women in order to keep health risks from alcohol to a low level it is safest not to drink more than 14 units a week on a regular basis. If someone regularly drinks as much as 14 units per week, it is best to spread the drinking evenly over 3 or more days. If individuals have one or two heavy drinking episodes a week, then they increase their risks of death from long term illnesses and from accidents and injuries. Drinking on a regular basis increases the risk of developing a range of health problems such as strokes, cancers of the mouth, throat and breast. It is recommended in order to cut down the amount someone drinks, a good way to help achieve this is to have several alcohol-free days each week⁴³. Alcohol is high in calories and can contribute to weight gain⁴⁴. Alcohol is also a diuretic and can increase fluid loss; a non-diuretic (non- alcoholic) drink should be consumed along with alcohol whenever possible (e.g. plain water). Heavy drinkers have an increased risk of suffering from cancer, liver disease, stroke, high blood pressure, as well as poor mental health⁴⁵. A unit equals 10ml of pure alcohol which is how much the body can process in an hour⁴⁶ (Appendix 9).



Physical activity

Physical activity is fundamental to energy balance and weight maintenance. Adequate physical activity levels can reduce risk of cardiovascular disease, as well as promote positive physical and mental health and wellbeing¹⁶.

Adults should aim to be active daily. Over a week activity should add up to 150 minutes (2 ½ hours) of moderate intensity activity⁴⁷. One way to approach this is to do 30 minutes on at least 5 days a week⁴⁸. Children should engage in at least 60 minutes of moderate to vigorous intensity activity every day⁴⁹.

The Council is committed to achieving their strategic physical activity outcome of more people enjoying the benefits of having a physically active life by increasing participation in community based physical activity programmes, increasing uptake of the Active Health Programme, increasing the number of people referred to exercise referral classes participating in these classes and increasing AccessNL passport to leisure memberships.

Vitamin supplementation

Some groups may require special consideration in relation to vitamin supplementation, specifically, pregnant and breastfeeding women, children and older adults.

Research indicates that many people in Scotland have low vitamin D levels. The groups who are at greater risk of vitamin D deficiency and should take a daily supplement are the following:

- All babies and young children from birth to 4 years. Babies who are fed infant formula will not need vitamin drops unless they are drinking less than 500 ml of formula milk a day, as these products are fortified with vitamin D.
- Pregnant and breastfeeding women.
- People who are not exposed to much sunlight, including those who are housebound or stay indoors for long periods, those in an institution such as a care home, and those who cover their skin for cultural reasons.
- People who have darker skin and therefore need to spend longer in the sun to produce vitamin D.

As well as those most at risk, everyone aged 5 years and over should consider taking a daily supplement of vitamin D, particularly during the winter months October to March⁵⁰.

Preconception

A healthy balanced diet prior to conception can ensure a good nutritional status in the mum-to-be. Also maintaining a healthy weight (BMI 18.5-24.9kg/m²) can help improve fertility as well as a healthy pregnancy, delivery and postpartum weight loss.

When thinking of trying to get pregnant, women should start taking a folic acid supplement of 400 micrograms (mcg) per day to help prevent neural tube defects (NTDs) such as Spina Bifida. Some women such as those who have a Body Mass Index of 30 and above or who are epileptic, may be at a higher risk of NTDs and therefore require a higher dose of 5 milligrams (mg) folic acid, obtainable from their GP.

Healthy eating advice preconceptionally is the same as advice for pregnant women. It is particularly important to increase consumption of iron containing foods (red meat, green vegetables, fortified bread and cereals) to meet the demands on iron stores in pregnancy and thus reduce the risk of anaemia. Alcohol intake should be reduced or avoided completely whilst trying to conceive.

Pregnant and Breast Feeding Women

It is recommended that pregnant women increase their intake of foods high in folate e.g bread, fortified cereals, green leafy vegetables and pulses for the duration of their pregnancy. In addition, at least three months prior to conception and until the 12th week of pregnancy, women are advised to take a folic acid supplement of 400 micrograms per day to reduce the risk of neural tube defects, such as spina bifida.

Some women, such as those who are obese, diabetic or epileptic, may be at higher risk of neural tube defects and therefore require a higher dose of 5 milligrams of folic acid. This requires a prescription therefore should be discussed with a midwife or GP⁵¹.

All pregnant and breastfeeding women should take a daily supplement containing 10 micrograms of vitamin D, to ensure the mother's requirements for vitamin D are met and to build adequate foetal stores for early infancy to ensure optimal bone health⁵⁰.

Women at greatest risk of vitamin D deficiency include women from ethnic minority groups (particularly of African, African-Caribbean and South Asian origin) and women who are not exposed to much sun (for example, women who cover their skin when outside or who spend large amounts of time indoors).

Prior to and during pregnancy, women should avoid taking supplements containing vitamin A and fish liver oil supplements (which contain high levels of vitamin A) as these may be harmful to the growth and development of the baby.

Healthy Start vitamins are available to all pregnant women who live in Lanarkshire and contain the recommended dosage of folic acid, vitamin D and vitamin C. Women should obtain these from their midwife. In the first year after birth, women can obtain their free vitamins from their Health Visitor or numerous health centres and community venues. Their health visitor can provide an up-to-date list of where to obtain them. See Healthy Start section for more information.

Children

It is recommended that all children from six months to five years should receive a daily supplement of vitamins A, C and D⁵². In particular:

- All breastfed babies from birth.
- Formula fed babies who receive less than 500ml of infant formula daily. Babies who receive 500ml of infant formula or more do not require additional vitamins as the formula milk is already supplemented.
- All children between one and four years.

Everyone (children and adults) age 5 years and above should consider taking a daily supplement of 10 micrograms vitamin D, particularly during the winter months (October – March). Vitamin supplementation is the responsibility of the child's parent or carer; however, staff should be aware of the recommendations in relation to vitamin supplementation in children, and can raise awareness and discuss with parents or carers.

Best Start Foods

The Healthy Start Scheme aims to improve the nutrition and health of pregnant women and families on low incomes. On the 12th August 2019, the Scottish Government has launched the Best Start Foods programme. This replaces UK Government's Healthy Start Vouchers with a new Best Start Foods payment card that works in a similar way to other pre-loaded payment cards, it will however only be able to be used in shops that sell Best Start Foods. Replacing vouchers with a payment card will enable families on low income benefits to more confidently use this support without fear of stigma and it will also give them more choice.

Best Start Foods improves upon the UK Healthy Start Voucher scheme by replacing the paper vouchers with a prepaid payment card, increasing the financial support from £3.10 to £4.25. Pregnant women will now be eligible to claim from the moment they know they are pregnant, this saves time for the health professional completing a form and means that additional support is available from the early stages of pregnancy. Applications can be made for families with children up to the age of 3.

Alongside this, the eligible foods have been expanded from first infant formula, fresh milk and fresh fruit and vegetables to now include tinned and frozen fruit and vegetables, fresh eggs and dried or tinned pulses. Applications can be made via paper form, online and via telephone and are a joint application with the Best Start grant. These are available from midwives, health visitors and also at <https://www.mygov.scot/best-start-grant-best-start-foods/>.

Older adults

Vitamin D, required for bone health and muscle strength, is formed in the skin by the action of sunlight. Older adults who have limited exposure to sunlight (particularly those who rarely go outside or are fully covered with thick clothes when they do so) may be at risk of deficiency. In addition, the ability to convert vitamin D to its active form is impaired with ageing. As a result, people aged 65 years and over and people who are not exposed to much sun should take a daily supplement containing 10 micrograms of vitamin D⁵³.

Groups requiring special consideration

Pregnant and breastfeeding women

A healthy, balanced diet before and during pregnancy is important for the health of the mother and her recovery from delivery and also for the baby's development and longer-term health.

Women are advised to comply with general healthy eating advice before and during pregnancy and whilst breastfeeding. There are also specific recommendations on vitamin supplements during this time (please see previous section on 'Vitamin supplementation' on pages 15 and 16). NHS Lanarkshire provides Healthy Start vitamins for pregnant women for free throughout their pregnancy and until the first year of their child's birth. These are available from community midwives.

Pregnant and breastfeeding women are advised to eat a variety of foods, including:

- Plenty of fruit and vegetables
- Plenty of starchy foods (especially wholegrain varieties) such as bread, pasta, rice and potatoes
- Protein such as lean meat and chicken, fish, eggs and pulses
- Dairy foods such as milk, cheese and yoghurt
- At least two portions of fish each week including one of oily fish (however, no more than two portions of oily fish should be eaten each week, including, fresh tuna, mackerel, sardines and trout)
- Small amounts of food and drinks high in fat and/or sugar (please see section on 'Eating well' on page 13 for further information).

During pregnancy, women are advised to avoid certain foods and drinks as they may cause illness or result in harm to the baby. These include:

- Limit intake of tuna (to no more than 2 fresh tuna steaks or 4 medium-sized cans each week) and avoid shark, marlin and swordfish. This is due to the levels of toxins and mercury they may contain which can harm the baby's developing nervous system
- Avoid pate (including vegetable pate), liver and liver products, and certain types of cheese (Camembert, Brie, soft blue cheeses), raw shellfish, raw and undercooked meat, undercooked ready meals. Eggs can be eaten provided they have the British Lion stamp.
- Limit caffeine intake to less than 200 milligrams each day (equivalent to 2 mugs of instant coffee, 2 mugs of tea, 5 cans of cola or 2 cans of 'energy' drink)
- Avoid alcohol completely.

It is important that women are a healthy weight prior to and during pregnancy. Maternal obesity (defined as a BMI ≥ 30 kg/m² at the first booking appointment) poses a significant risk to the health of both mother and baby.

Further information can be found at www.readysteadybaby.org.uk



Breastfeeding

Breastfeeding is one of the most effective ways to ensure child health and survival. The World Health Organisation (WHO) recommends that breastfeeding mothers exclusively breastfeed their babies up to six months of age⁵⁴. Thereafter, breastfeeding should continue alongside the introduction of appropriate solid foods, for up to two years of age or for as long as the mother chooses.

The short and long term benefits of breastfeeding to mother and baby are well established and supported by a robust body of evidence⁵⁵. Babies who are breastfed are at reduced risk of: ear, gastro-intestinal, respiratory and urinary tract infections; allergic disease such as eczema, asthma and wheezing; type 1 diabetes; and overweight in later childhood. Women who have breastfed are at lower risk of breast cancer, ovarian cancer and hip fracture later in life as a result of osteoporosis. There is also some evidence to suggest that women who have breastfed are more likely to return to their pre-pregnancy weight.

The Scottish Government is committed to ensuring that more mothers and babies experience the benefits of breastfeeding and the Programme for Government 2017-18³ made a commitment to increase resources for breastfeeding to support mothers, particularly in the days immediately following birth, and support the maternal and infant nutrition framework. A stretch aim was launched as part of their Diet and Healthy Weight Delivery plan, A Healthier Future July 2018¹ that stated that the Scottish Government will, over the next three years, work with Health Boards and the third sector to develop services that meet the needs of women based on their individual circumstances with the aim of reducing the drop off in breastfeeding rates at 6-8 weeks by 10% by 2025¹.

Lanarkshire has one of the lowest breastfeeding rates in Scotland with 19.4% of babies were exclusively breastfed at 6-8 weeks (2017/18)⁵⁶. A number of services and supports are in place for women and families to improve the initiation and sustainment of breastfeeding, targeted at those most in need of additional support.

The Breastfeeding (Scotland) Act 2005 now makes it an offence to prevent or stop a person in charge of a child under the age of 2 years, who is otherwise permitted to be in a public place, from feeding milk to that child. In 2004, North Lanarkshire Council signed-up to NHS Lanarkshire's Breastfeeding Friendly Campaign. This ensures all Council establishments will welcome and support any mother who wishes to breastfeed her baby, making certain they are undisturbed by both staff and other service users whilst doing so.

In 2016, UNICEF released a Call to Action for all 4 UK governments to take four key steps to enable mothers to breastfeed for as long as they wish and to protect all babies from commercial interests⁵⁷.

New ground breaking evidence was included as well as a call to change the conversation around breastfeeding; stop laying the blame for the low breastfeeding rates in the laps of individual women and instead acknowledge that this is a public health imperative for which government, policy makers, communities and families all share responsibility.

Healthy Schools resource has key messages around breastfeeding embedded across every stage with appropriate links to quality teaching resources and current Health Improvement messages contained in the suggested activities. NHS Lanarkshire staff together with NLC teaching staff are working with primary schools across the authority to increase the knowledge and awareness of children and young people around breastfeeding. They are currently working to develop activities for secondary pupils.

The Council will:

- Ensure all policies and plans support improved maternal and infant nutrition, including increased breastfeeding rates.
- Support the promotion and uptake of Best Start Foods scheme and vitamins to pregnant women and families
- Ensure all establishments and staff are aware of NHS Lanarkshire's Breastfeeding Friendly Campaign and are committed to its implementation, including the display of Breastfeeding Friendly Campaign posters in public areas and staff training where required.
- In partnership with NHS Lanarkshire, deliver breastfeeding awareness sessions in schools as part of Curriculum for Excellence, using appropriate resources as detailed within the Healthy Schools pack. Healthy Schools resource has key messages around breast feeding embedded across every stage with appropriate links to quality teaching resources and current Health Improvement messages contained in the suggested activities. NHS Lanarkshire staff together with NLC teaching staff are working with primary schools across the authority to increase the knowledge and awareness of children and young people around breast feeding. They are currently working to develop activities for secondary pupils.
- Support improvements to maternal and infant nutrition by providing information to staff on healthy eating for pre- pregnancy, young children and families and by providing opportunities for healthy eating and weight management.
- Support staff who choose to breastfeed by offering flexible work patterns where appropriate. Time is given to breastfeeding mothers in order to feed their baby or express breast milk.



Infants and children under five

A nutritious and well-balanced diet is vital for healthy growth and development, supporting learning and social skills, and encouraging continuation of healthy eating later in life.

Developing positive eating habits in the early years is an integral part of a child's development. The introduction of solid foods to a child's diet (weaning) should take place at around six months, alongside continued breastfeeding (and/or formula feeding).

Babies should never be weaned before the age of four months. During weaning, a range of foods are gradually introduced from the four main food groups whilst breastfeeding and/or formula feeding continue.

Weaning extends over a period of months until the child is able to eat normal family foods and meals by their first birthday. It is at this stage that babies are most receptive to trying new tastes and textures. If a parent or carer decides to wean their baby before six months, there are a number of foods which should be avoided, as well as additional measures which need to be taken, including, sterilising feeding bowls and spoons and pureeing food to a smooth consistency.

Salt should never be added to a baby's food because their kidneys are unable to excrete sodium efficiently.

More information on weaning can be found in the NHS Health Scotland resource - Fun First Foods⁵⁸.

Food and drinks provide young children with the energy they require to grow and be physically active. It is important that there is a balance between energy intake from food and energy expended through growth, activity and play. This will help children reach and maintain a healthy weight. The amount of energy a child needs can vary and is dependent on age, gender, size, growth rate, and activity levels. Children under five are likely to need regular meals as well as healthy between-meal snacks.

Fat is a vital nutrient for young children as it is a valuable source of energy and contains essential fat-soluble vitamins, such as vitamins A and D.

Recommendations for the wider population advise a reduction in total fat intake, replacing saturated fat with some unsaturated fats. It is important that children under five consume energy-dense foods, as they have smaller appetites, and generally eat less at one sitting. Therefore, whole fat products such as milk, natural yoghurt and cheese should be provided. Whole cow's milk can be introduced as a main drink from the age of 12 months. Semi-skimmed milk can be given as a drink from two years of age providing the child is a good eater and growing well.



Skimmed and 1% milk should not be given as a drink until five years of age). In nursery establishments, whole milk should be provided in order to meet the nutritional needs of all children. Please note, it is not appropriate to cut out all fats. Polyunsaturated fats such as omega 3 and 6 support cardiovascular health, hormone development, immunity, eye health and are crucial for brain development. Polyunsaturated fat also helps to regulate and stabilize blood-sugar, reducing the risk of developing Type 2 diabetes. These 'good' fats are found in foods such as olive oil, avocados, seeds and oily fish. High-fat processed foods and fried foods should be kept to a minimum¹³.

Evidence indicates that most children do not have enough fibre in their diets. Children who eat fruit and vegetables, some wholegrain/ wholemeal foods and pulses (peas, beans, and lentils) are likely to be consuming an adequate intake of dietary fibre. High-fibre foods, such as wholemeal bread, wholemeal pasta and brown rice tend to be bulky and can fill young children up too quickly. Therefore, care should be taken to ensure young children are not given excessive amounts of high-fibre foods. However, these high fibre foods are less processed than their white, highly-processed alternatives, and so help to stabilize blood sugar levels, reducing the risk of developing diabetes¹³.

Consumption of added sugar, also known as non-milk extrinsic sugar (NMES), should be restricted. These sugars are harmful to teeth, can contribute to unnecessary weight gain, can damage the immune system, can increase the risk of Type 2 diabetes, can increase the risk of heart disease and can affect developing hormones. Added sugars are found in confectionery, biscuits, cakes, table sugar, honey, soft drinks, fruit juice, fruit, yogurts and some breakfast cereals. Plain milk, natural yogurt, fruit and vegetables contain only natural sugars and are therefore less harmful to teeth.

Pure fruit juice is a valuable source of vitamin C but, due to its added sugar content and acidity levels, should be served at mealtimes only, should be diluted with 50% water and should be provided in a free flowing cup. Natural sugars (intrinsic) found in fruit are found within the cellular structure of the fruit and are less harmful to teeth. The sugar in fruit juice has been removed from this cellular structure and therefore becomes an extrinsic (added) sugar and can therefore lead to tooth decay.



From about six months, children can be introduced to drinking from a cup and tooth brushing twice a day should begin as soon as the first tooth appears.

Standard 3 of the National Care Standards: early education and childcare up to the age of 16⁵⁹ present the standard an early education or childcare setting should provide in terms of a child's health and wellbeing.

To support the attainment of Standard 3, the Scottish Government has developed the Setting the Table national guidance, which sets out nutritional standards for children aged 1-5 years¹³. Foods and drinks provided to children in all early years establishments should be based upon recommendations within this document.

Curriculum for Excellence sets out a number of food and health experiences and outcomes that children and young people should progress and achieve. The experiences and outcomes support learners to develop their understanding of a healthy diet and acquire the knowledge and skills to make healthy food choices and establish lifelong healthy eating habits. The early level experiences and outcomes for children under five support children in their learning about a variety of different foods and where it comes from, healthy eating, and safe and hygienic practices such as hand washing and tooth brushing.

Healthy Schools resource has key healthy eating and oral health messages embedded across Early Level with appropriate links to quality teaching resources and current Health Improvement messages contained in the suggested activities.

The Council will:

- Ensure all nurseries meet the National Care Standards: early education and childcare up to the age of 16.
- Ensure all nurseries are health promoting, providing a safe and healthy environment in which children can learn.
- Ensure all food and drinks provision complies with the NHS 'Setting the Table' national nutritional guidance for early years.
- Deliver training to staff, where required, in order to support the implementation of nutritional guidance.
- Through Curriculum for Excellence, support and encourage food activity within early years to increase children's familiarity with a variety of foods and raise awareness of the importance of healthy eating.
- Through the High Five for Fruit programme, increase children's consumption of fruit and vegetables by providing a variety of free fruit and vegetables, three times per week, to all children 3-5 years in nurseries and partnership nurseries across North Lanarkshire and improve knowledge of healthy eating by the delivery of free health promotion sessions to children and their parents/carers.
- Support and encourage children to develop good oral health practices by the continued delivery of the Nursery Tooth brushing Programme.
- Ensure parents and carers are well informed about food and drinks provision within the nursery setting.



1140 hrs Nursery expansion

In line with the Children and Young People (Scotland) Act 2014, the Scottish Government committed to increasing the annual entitlement to Early Learning and Childcare from 600 hours to 1140 hours by August 2020 for all three to four year olds and eligible two year olds.

Eating well is essential for children in their early years. Food Matters, nurturing happy healthy children is a resource created by the Care Inspectorate that highlights examples of good practice from across the early learning and childcare sector. This resource celebrates the many ways in which Early Learning and Childcare (ELC) settings are supporting children to have positive eating experiences and enjoy well-balanced, nutritious food⁶⁰.

Celebrations

Celebrations, rewards, festivals and special occasions such as birthdays, often involve sugary food and drinks. Therefore as practitioners working in early years establishments we must be mindful that the frequent consumption of sugary food and drinks can have an adverse effect on children's dental and general health. Therefore we should;

- Focus more on the actual celebration rather than the food
- Consider healthier food choices
- Work with parents to change the culture of how we celebrate special occasions to limit the use of sugary food and drinks
- Be proportionate in the number of times we use food as a reward.



School children

School meals in Scotland were transformed due to the Hungry for Success initiative. The Schools (Health Promotion and Nutrition) (Scotland) Act 2007 ('the Act')⁶¹ builds on Hungry for Success and requires local authorities and managers of grant-aided schools to ensure that food and drink provided in schools comply with the nutritional requirements specified by Scottish Ministers in regulations

The standards required by the Act are closely linked to the health and wellbeing aspects of Curriculum for Excellence and place health at the heart of school learning and school life. Curriculum for Excellence was launched in 2010⁶² and provides a framework for learning and teaching. It takes a holistic approach to health and wellbeing, which includes experiences and outcomes for children around food and nutrition to develop the skills to make healthy food choices and help establish lifelong healthy eating habits.

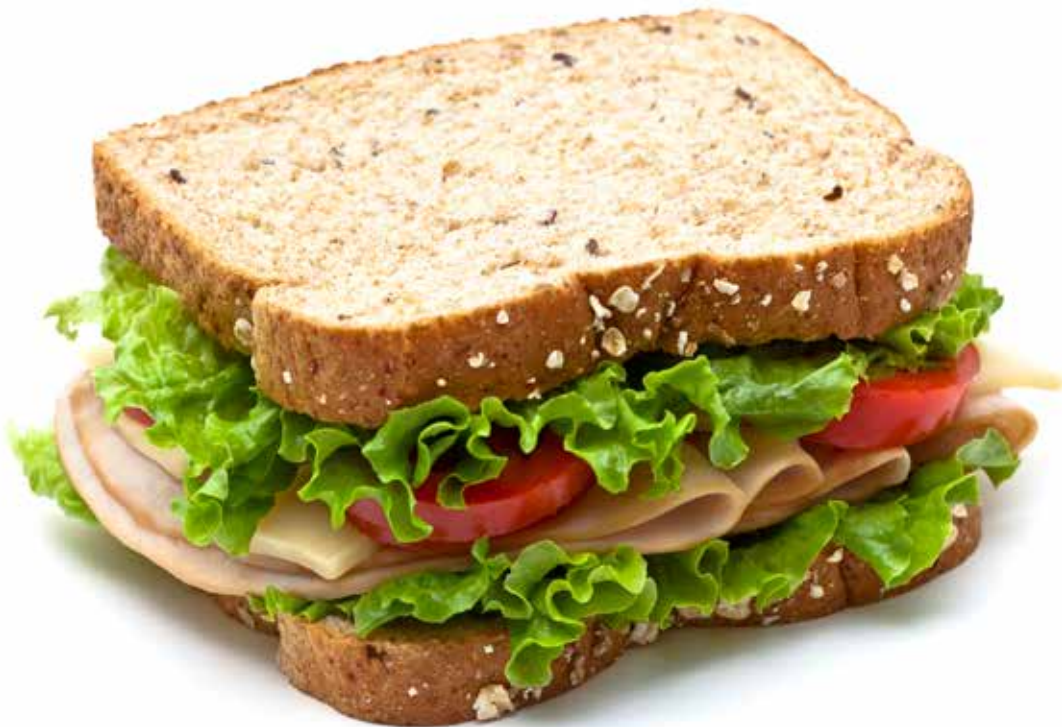
The United Nations Convention on the Rights of the Child (UNCRC) is a legally-binding international agreement setting out the civil, political, economic, social and cultural rights of every child, regardless of their race, religion or abilities. More specifically Article 24 mentions that every child has the right to the best possible health. Governments must provide good quality health care, clean water, nutritious food, and a clean environment and education on health and well-being so that children can stay healthy.

Healthy Schools resource has key healthy eating messages embedded across all levels with appropriate links to quality teaching resources and suggestions for practical activities.



The Council will:

- Promote the uptake and benefits of school meals, particularly free school meals. In January 2015 Scottish Ministers began funding free school meals for all children in primary 1 to primary 3, in local authority schools across Scotland, to help ensure every child has the best possible start in life⁶³. This is in addition to those children aged 5 to 18 whose parents are on low incomes whose entitlement remains.
- Ensure school lunch menus are nutritionally analysed and comply with national nutrient standards⁶⁴. A sample primary lunch menu can be found at www.northlanarkshire.gov.uk/primaryschoolmeals
- Ensure all tuckshop and vending provision in schools complies with national nutritional standards
- Continue to provide a breakfast club service (cereal with milk, toast, fruit, as well as a variety of activities and games) in all primary schools, ensuring children get the best possible start to the day⁶⁴.
- Continue to offer a breakfast service in secondary schools, within defined nutritional standards.
- Continue to provide free fruit to all nursery children each week.
- Ensure all food delivered as part of Club 365¹⁰ is healthy and nutritious and continue to engage with children and monitor their opinion.
- Ensure pupils and parents/carers are well informed about food and drinks provision in schools.
- Provide information to parents and carers on healthy packed lunches for those who choose to provide children with a packed lunch from home.
- Continue to develop children's knowledge of diet and health and provide opportunities to participate in practical food activity in line with Curriculum for Excellence to allow them to make informed choices about the food they eat and help to establish lifelong eating habits.
- Support children in practicing good oral health routines by continuing tooth brushing activity in primary schools.



Healthy Schools

The Healthy Schools approach aims to support children and families to look after and improve their health and wellbeing through a partnership approach designed to build healthy lives through action within and beyond the curriculum. The approach works in several ways. The first part is a teaching framework that has been developed by NHS Lanarkshire working with North and South Lanarkshire Education Services. It has been designed specifically to address the need for a coordinated holistic approach to health and wellbeing education in our schools and early year's establishments. It supports co-ordination across the school and progression throughout the learner journey from Nursery through to Primary 7. It brings together Get it right for every child (GIRFEC), Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, Included (SHANARRI) and all health & wellbeing Experiences and Outcomes (E/Os) from the Curriculum for Excellence in a high quality teaching resource. Healthy Schools is currently being used by more than two thirds of schools across North Lanarkshire.

The second part of the approach is called Healthy Schools Plus and aims to put the child at the centre of a community context. This is an extracurricular component designed to act as a focal point for the creation of home-school-community links. It facilitates a connected, cohesive and consistent approach to child and family Health and Wellbeing (HWB) across learning communities. The Cluster Planning for HWB has been developed to help seamless partnership work and partner agencies like the opportunity to offer unifying communal cluster activities that impact on whole communities.

Work is underway to further develop the Healthy Schools approach in a number of ways. Firstly, the curricular framework is being expanded to include Third and Fourth levels of CfE with transitions between primary and secondary settings and Additional Support Needs (ASN) adaptations across Early through to Fourth levels of the framework. Secondly, a Healthy Environments element of the approach will be developed allowing schools support to further enhance the environment in which children and young people grow and develop. Thirdly, additional healthy lifestyle pathways will be created between schools and healthy lifestyle services run in the community. This will allow schools quick and easy access to services and Health Professionals with targeted hands-on support.



Better Eating Better Learning, Beyond the School Gate

School can play a fundamental part in developing a child's relationship with food, not only in understanding where it comes from and its health benefits but also in providing the opportunity to experiment and to taste. This becomes of paramount importance in less advantaged households where concern over waste, hunger and expense can have such a limiting effect.

At this present moment in time school represents one of the best opportunities to educate children in healthy lifestyles and change behaviour in a positive, meaningful way.

North Lanarkshire Council recognise that food in school matters - both what children and young people eat and what they learn about. It impacts upon their health, on their education, and on the environment and economy. That is why national and local government have invested so heavily in school food over the past decade. With the implementation of

school food standards⁶¹ combined with Curriculum for Excellence, we have made great strides in providing children and young people with the knowledge and skills they need to help them make better lifestyle choices. In order to build on the progress, Better Eating Better Learning⁶⁵ was launched in 2014 so that food in schools and curriculum could be combined in a way to deliver a whole school approach to health and wellbeing. Commitment of teachers, parents, children and young people, caterers and suppliers, working in partnership, at national and local level, to ensure that Scotland's children and young people enjoy a healthier, thriving, sustainable and resilient food future. Better Eating, Better Learning sets school food in a strategic context and by doing so shows how everyone involved in school food can have an impact.

Beyond the School Gate guidance provides practical advice on how we can work together to positively influence the food environment outside of schools to better support children and young people, and also the wider community, to make healthier choices⁶⁵.



Looked after and accommodated children and young people

There are a number of day units in North Lanarkshire which provide alternative education programs to children and young people. These units generally provide food and drinks for children at breakfast, mid-morning break and lunchtime. The food provision in these units should comply with nutritional standards for schools, as detailed in the previous section.

The nutritional needs for children and young people in children's houses and other establishments catering for children are the same as those for all children. Children living within these houses are likely to have experienced a higher than average level of disadvantage throughout their lives as a result of poverty or neglect which increases the likelihood of health problems⁶⁶. As such, a good level of variety and choice in the food provided should be encouraged to deal with particular dietary requirements. Food provision should reflect the Eatwell principles described earlier.

Standard 10 of the National Care Standards: care homes for children and young people⁶⁷ presents the standard a young person can expect when in a residential care facility. All children's houses will support meeting the food and health duties under legislation and the National Care Standards by following the Health Promotion Guidance: Nutritional Guidance for Children and Young People in Residential Care Settings⁶⁸.



The Council will:

- Ensure all children's houses meet the National Care Standards: care homes for children and young people.
- Perform regular reviews and evaluation of children's nutritional and dietary requirements through staff and child questionnaires to inform the service needs profile.
- Offer young people a variety of healthy breakfast items, including, cereal with milk, toast and other bread products, fruit, yoghurt and pure fruit juice.
- Provide meals and snacks which reflect the Eatwell principles, ensuring fruit and vegetables are available with every meal.
- Ensure chips, fried and processed potato products are served no more than three times per week. High-fat processed foods, such as burgers, sausages, chicken nuggets, fish fingers, pies, and pasties, should not be served more than twice per week. Where these products are served, a healthier alternative should always be available.
- Provide healthier snacks and drinks to young people and discourage over-consumption of sugary, carbonated drinks, crisps and confectionery.
- Where practical, provide young people with facilities that allow the preparation of snacks when necessary.
- Ensure young people are consulted about food provision, food preferences and any special dietary requirements. Young people should be encouraged to become involved in menu planning.
- Encourage young people to share in the social aspect of mealtimes by eating with other young people and staff, developing good table manners, setting the table, and clearing plates away following a meal.
- Develop young people's knowledge of diet and nutrition, and improve food skills, by offering a variety of food activity that will prepare them for independent living (including healthy eating, shopping and budgeting, food storage, food hygiene, and practical cookery skills).
- Develop appropriate nutrition guidance and resources for all staff within the children's houses as and when required.
- Provide training, where necessary, to support staff in delivering food activity in children's houses (for example food hygiene and nutrition training).
- It is recognised that difficulties arising from life stresses, such as anorexia, bulimia or overweight and obesity may need to be catered for within the residential setting. Staff should consult with a GP or Registered Dietitian, should they have serious concerns about a young person's weight or eating patterns.



Older adults

In general, the nutritional requirements of older adults (aged 65 years and over) who are healthy and active are similar to those of the adult population⁶⁹.

However where people are subject to ill health, this can lead to a lack of appetite and a reduction in food consumption that may result in dietary deficiency of certain nutrients. Some long-term illness and treatments can adversely affect a person's food intake and lead to older adults becoming undernourished, requiring them to have diets that are more energy and nutrient-dense.

This means that the same amount of energy (from fat and carbohydrate), protein, vitamins, minerals and trace elements must be provided in a smaller volume of food.

Many older adults who use Housing and Social Work Services may be undernourished as a consequence of social and economic factors such as poverty and social isolation which in turn can lead to psychological problems such as depression. It is recognised that there are a number of common health problems that can be avoided or improved by the promotion of a healthy diet. These include coronary heart disease, stroke, osteoporosis, osteomalacia (softening of the bones), anaemia, diabetes, obesity and constipation.

A healthy diet and sufficient levels of physical activity can minimise potential health problems and can help older adults to recover more quickly from illness. It is also important to ensure sufficient fluid intake in older adults (approximately 1.5 - 2 litres per day) as this can also assist in preventing dehydration and constipation.



Care Homes

Evidence suggests that the prevalence of malnutrition is higher in older adults in long-term care, compared to those living at home, as a result of higher levels of physical and mental ill health⁷⁰. Adequate nutritional standards for food in care homes are therefore vital to the health and wellbeing of service users.

Older Adults can be 'nutritionally vulnerable' if they:

- Are undernourished
- Have unexplained or unintentional weight loss
- Have physical difficulty eating and/or drinking
- Have acute or chronic illness affecting appetite and food intake
- Have cognitive or communication difficulties
- Have increased nutritional requirements (e.g. due to an injury)
- Require the texture of food and/or fluid to be modified

The dietary needs of older adults require the provision of tasty, energy and nutrient-dense foods that come in modest portion sizes.

Increasing the availability of suitable food choices and also opportunities to eat will be critical in enabling nutritionally vulnerable people to achieve their needs. For many older adults it may not be appropriate for a healthy eating style diet to be provided at this time⁶⁹.

It is essential a care home menu is capable of meeting the nutritional requirements appropriate for the population and individuals it is catering for; energy on a daily basis, protein on a daily basis, recommended intake of micronutrients (vitamins and minerals) on a weekly basis.

NHSL Public Dental Service works in partnership with the council to provide the National Caring for Smiles Programme within NLC Care Homes. This involves oral health training for staff and ongoing support for residents via regular oral health assessment.



The council will:

- Meet the National Care Standards: care homes for older adults⁷⁰.
- Ensure that meal provision in care homes is healthy and varied, reflecting nutritional guidance set out by the Caroline Walker Trust⁷¹ and Food in Hospitals: National Catering and Nutrition Specification for Food and Fluid provision in Hospitals in Scotland 2008⁶⁹ as it relates to Care Homes for Older Adults.
- Deliver training to staff where required, from appropriate professionals, in order to support the implementation of nutritional guidance.
- Ensure that the food offered to service users is culturally appropriate, well presented, tailored to suit individual needs and is available in a form and consistency that ensures a safe and healthy diet.
- Ensure that appropriate support is available to those requiring assistance with eating and drinking.
- Regularly consult with service users regarding food provision, menu planning, food preferences and ideas for improvement.
- Serve meals in an inviting and comfortable environment, allowing service users to enjoy the social aspect of meal times.

- Ensure service users and their relatives receive adequate information regarding food and drinks provision.

Nutritional screening and assessment tools can be useful in highlighting those at risk of malnutrition and in need of a nutritional care plan²⁴. Older adults entering care homes should have their food and fluid needs assessed in the first week to provide baseline information on the risk of malnutrition; these should be monitored at regular intervals thereafter⁷¹. Service users should be weighed at this time. Body Mass Index is a useful measure of identifying those at risk from malnutrition and involves measuring both the height and weight of service users.

The Council will:

- Nutritionally screen older adults on admission to care homes and record information on special dietary requirements, food preferences and factors affecting eating and drinking.
- Regularly assess the nutritional status of residents in order to identify dietary changes, weight loss and/or the need for input from other health professionals. If more in-depth nutritional assessment is required, this should be carried out by an appropriate health professional.
- Ensure a multidisciplinary approach is taken to food provision and nutritional care, involving Care Staff, Caterers, Registered Dietitians, and Speech and Language Therapists.



Meals provided in the community

Older adults are encouraged to live independently in their own homes for as long as they are able to do so. Community meals, such as those provided by integrated day services, lunch clubs and home support services are therefore increasingly valuable. Community meals should provide a minimum of one third of an older person's daily nutritional requirements, with the exception of energy (calories) and key nutrients such as calcium, iron, zinc, folate and vitamin C, for which it should provide higher amounts⁷¹. This is because, often, community meal provision is the main meal of the day and must compensate for the potential nutritional inadequacy of other meals.

North Lanarkshire Council provides a variety of services to older adults living independently in their own home or in sheltered housing.

The Council will:

- Promote community meals are healthy and varied, reflecting nutritional guidance set out by the Caroline Walker Trust⁷¹.
- Promote food offered to older adults is well presented, culturally appropriate, and in a suitable form and consistency. Individual preference and choice should be recognised where possible.
- Provide opportunities for older adults to socialise and participate in organised activities, including those encouraging participation in physical activity.
- Provide staff working with older adults in the community with appropriate knowledge to allow them to offer advice on healthy eating.
- Provide Care Staff with appropriate training in nutrition in order to undertake the above.



Individuals requiring special diets

North Lanarkshire Council cater for a number of special dietary needs which are followed for a variety of reasons, including medical, cultural, religious and ethical reasons.

The majority of these diets are in educational and care establishments but some commercial operations may also be asked to provide catering for special diets.

The most common special dietary needs are as follows:

Medically Prescribed Diets

The Council caters for a variety of medical conditions and allergies, such as, coeliac disease, phenylketonuria (PKU), and food allergies/intolerances. (see allergen poster used in schools – Appendix 10) Also See information on Food Allergies Vs Food Intolerances page 40.

When devising medically prescribed diets, Facility Support Services will liaise with GP's, Registered Dietitians and Speech and Language Therapists, as appropriate, to discuss ways of making meals more appetising, varied and nutritious.

Consideration will be given to carefully planning menus in advance so that the food offered will be suitable for individual dietary needs. Where possible, food provided for special diets should follow the healthy eating principles detailed within the Policy.

If a medically prescribed diet is required, a medically prescribed dietary request form must be completed by a GP or Registered Dietitian and sent to North Lanarkshire's Facility Support Services. Details on the Special Diet Procedures can be found on the North Lanarkshire website: <https://www.northlanarkshire.gov.uk/index.aspx?articleid=5588>



Additional Support Needs

The Supplementary guidance on diet and nutrition for children and young people with additional support needs (2011)⁷² is a complementary document to the Schools (Health Promotion and Nutrition) Act (2007)⁶¹ and provides support and practical guidance for all schools, recognising the complex and diverse range of eating and drinking difficulties that children and young people with additional support needs can face.

It also exemplifies the importance of partnership working with health professionals and parents by providing examples of effective practice.

Many establishments cater for those who have chewing and swallowing difficulties or require additional support with eating and drinking. Foods are adapted to ensure they are of an appropriate texture and consistency.

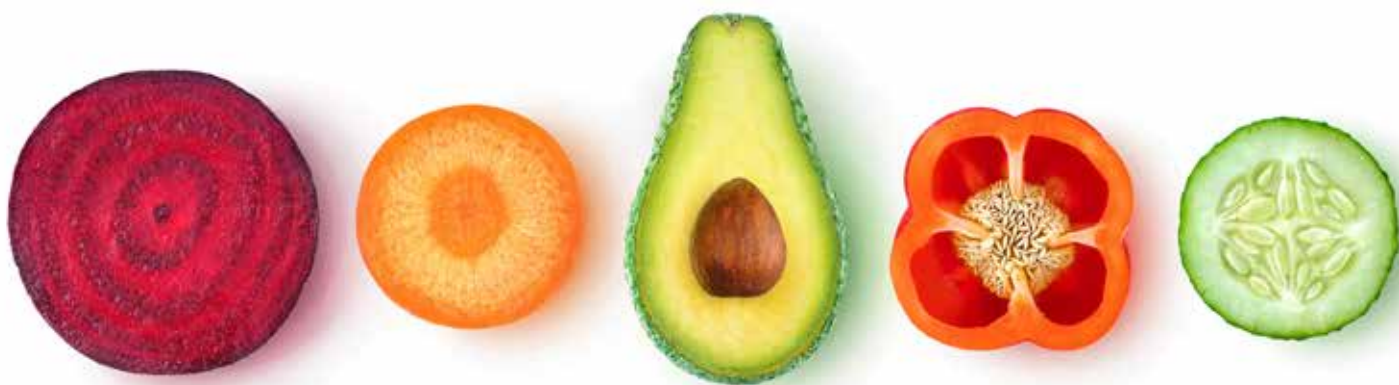
Many schools cater for children on the autistic spectrum. All food and drinks provision in schools is in line with national nutritional standards and these will be adhered to wherever possible. However, some children with autism have particular issues relating to food and will only eat a limited variety. In this instance, the Council will ensure that children with autism who opt to take a school meal are provided with food that they will eat.

Nevertheless, every effort will be made to encourage autistic children to eat a healthy, balanced meal at lunchtime, as per the rest of the school population.

Vegetarians and Vegans

A vegetarian is someone who lives on a diet of grains, pulses, nuts, seeds, vegetables and fruits, with or without the use of dairy products and eggs. A vegetarian does not eat any meat, poultry, game, fish, shellfish or crustacea, or slaughter by-products⁷³.

A vegan is someone who eats a plant-based diet free from all animal products, such as meat, animal milks, eggs, honey and gelatine⁷⁴. North Lanarkshire Council provides a vegetarian alternative daily in nursery, primary and secondary schools.



Religious and Cultural Diets

Many individuals have various cultural and religious beliefs which influence the food they eat.

Muslims are only permitted to eat foods that have been slaughtered in the correct Islamic way (Halal). Meat from pigs and other meat-eating animals is strictly forbidden. Fish, eggs and dairy foods are permitted; however, cheese should not contain animal rennet. Muslims will avoid food items thought to contain lard or fat from animals not slaughtered in the correct way (for example, cakes, biscuits and pastries). Alcohol and gelatine are also forbidden.

Jews will only eat meat which is Kosher. Only meat from cloven hoof animals may be eaten (beef and lamb), meat from pigs is strictly forbidden. Most Jews will eat eggs and fish; however, only fish with fins and scales are permitted. Meat and milk foods must be kept apart when cooking and eating. Cooking and eating utensils for milk and meat are kept separately.

Most Hindus are vegetarian and many (especially women) avoid eggs. The cow is sacred and even Hindus who are non-vegetarians will not eat beef. Non-vegetarian Hindus will eat lamb, pork, chicken and some fish. Staple foods include baked cereal products (chapattis and breads), rice, pulses, milk, yoghurt and cheese (made without animal rennet). Lard and other carcass-derived fats are strictly forbidden.

Special textured diets - IDDSI

IDDSI stands for International Dysphagia Diet Standardisation Initiative and is a new global standard with terminology to describe textured modified foods and thickened liquids. In Lanarkshire the new terminology will be used as of 4th of February 2019. This new global terminology should be used for individuals with dysphagia of all ages in all care settings and for all cultures. The framework aims to improve clinical safety by offering care providers standardised terminology. It is based on research evidence worldwide, (rather than a consensus of expert opinion). It is a continuum and contains levels for fluids as well as foods- allowing for consistent terms within one framework. As a large number of countries are adopting IDDSI, this will allow for consistent terms in research and systematic reviews. The IDDSI framework consists of a continuum of 8

levels (0-7) (Appendix 10). Levels are identified by text labels, numbers and colour codes to improve safety and identification. The standardised terminology and testing methods will allow for consistent production⁷⁵.

The Council will:

- Ensure all special dietary needs are catered for appropriately. A vegetarian option will be available on a daily basis in schools.
- Provide information and training to staff involved in the provision of special diets.
- Consult regularly with those requiring a special diet to ensure provision meets the needs and expectations of all service users.
- Support schools to implement the nutritional regulations for any child or young person with a special dietary need or issues related to their additional support need.



Communities

North Lanarkshire's most deprived communities are those which exhibit the highest levels of ill health**. The promotion of a healthier diet, as well as increasing levels of physical activity, is key to improving the health of low-income communities and tackling the health inequalities that exists between these communities and others within North Lanarkshire and Scotland.

Many national and local initiatives exist to tackle food issues in low-income communities, including the availability and affordability of healthy food, shopping and cooking skills, and food culture. Increasing the availability of healthy food in low-income and rural communities must address quality as well as cost, particularly in terms of fruit and vegetables.

Affordability of transport to and from shops and markets can be just as important as the cost of food itself. Improving cookery skills and challenging ingrained habits, which have led to poor dietary health, are central to community action.

In collaboration with partners such as NHS Lanarkshire and Lanarkshire Community Food and Health Partnership (LCFHP), the Council is committed to supporting projects which aim to address food poverty and poor diet through community action.

This includes:

- Supporting LCFHP to provide fresh fruit and vegetables, as well as deliver a range of healthy eating activity, to children, parents and families.
- Supporting LCFHP to train staff and partners to deliver a range of cooking skills and nutritional advice sessions across North Lanarkshire within low income community settings.
- Supporting the work of community cafes, food co-ops, and other community food and health initiatives by, for example, providing kitchen equipment and expert advice and training.
- Providing support for the development of healthy living projects, with improving diet as their key aim.
- Ensuring diet and nutrition is central to wider plans for social inclusion and community regeneration.

**Health deprivation is assessed in terms of standardised mortality ratio, hospital stays related to alcohol and drug use, comparative illness factor, emergency stays to hospital, proportion of the population prescribed drugs for anxiety, depression and psychosis, and proportion of live singleton births of low weights.



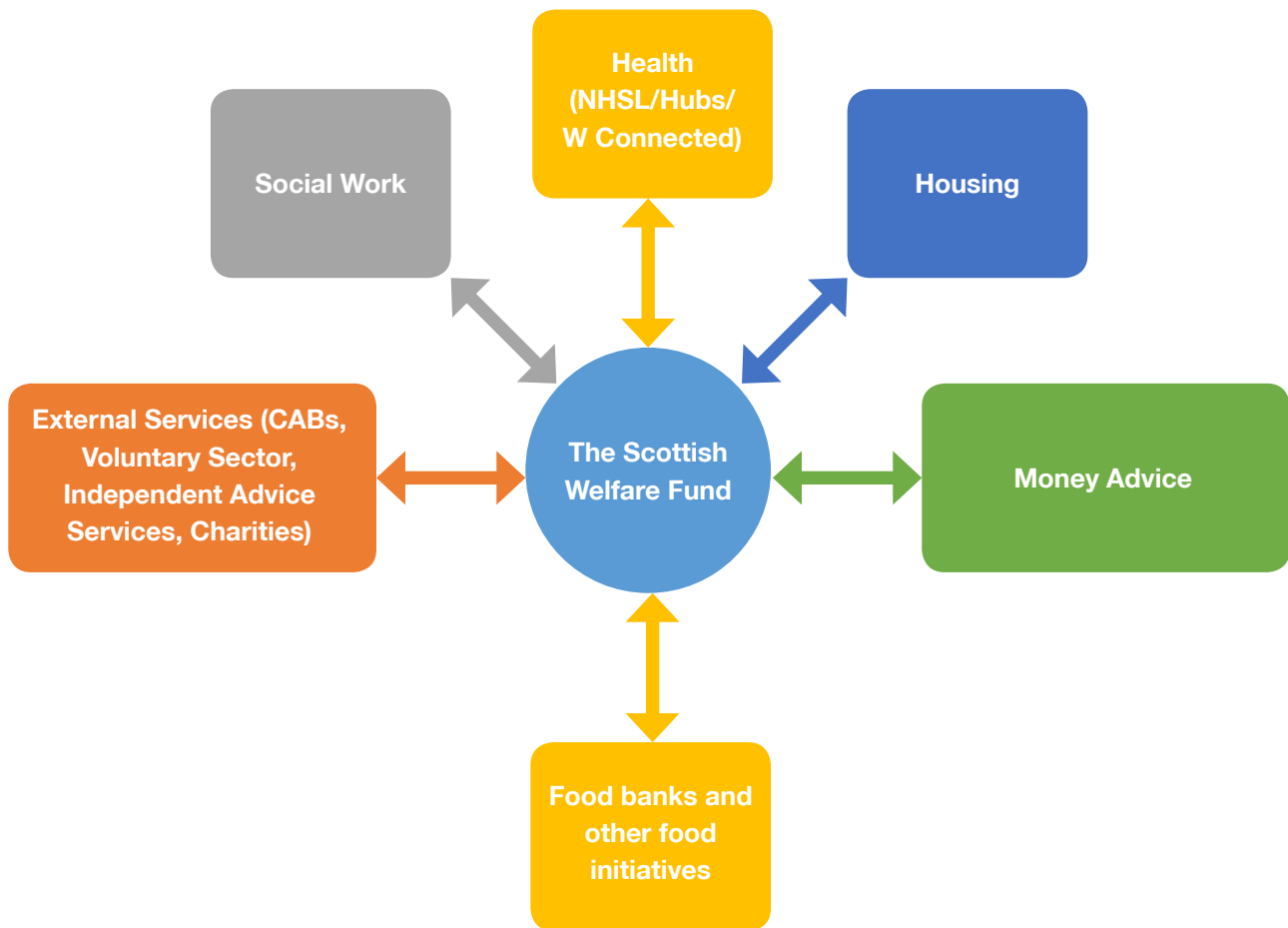
Food Insecurity

Food Insecurity has been the subject of much discussion and debate across Scotland and the UK in recent years. The plight of people has been highlighted across much of the media, with food crisis interventions opening across many towns in Scotland as people struggle in the current economic climate of austerity.

The Food Poverty Referral Pathway was introduced to ensure that the cause of the food crisis was addressed together with a resolve to the immediate problem. Without addressing the cause, a food parcel can be a temporary fix, in North Lanarkshire we wanted to assist people with a more long term solution.

North Lanarkshire together with its internal and external partners wanted to ensure that when someone presents in Food Crisis, the first port of call should not be “a food parcel”. The person is first of all in “Crisis” and therefore we should look toward the Government funded scheme for this, i.e., The Scottish Welfare Fund.

Recognising that not all applicants to the Scottish Welfare Fund would receive an award, it was agreed that all parties wanted to ensure that anyone entering the pathway would receive a positive outcome, whether in the form of a grant and help, or a food parcel and help with the cause of the crisis. From this the pathway was created, the diagram below shows that Scottish Welfare Fund is the hub, ensuring where the referrer may not have the skills to illicit or deal with the information relating to the cause of the crisis, e.g. Benefit sanction, late payment of benefit, creditors etc. the Scottish Welfare Fund staff can refer to the appropriate agency.



The introduction of the pathway resulted in referrals to foodbanks decreasing by 22% prior to Universal Credit full service being rolled out in October 2018.

Temporarily Accommodated

North Lanarkshire Council is committed to improving the health of its homeless population, and temporarily accommodate many individuals and families. In conjunction with NHS Lanarkshire, the Council has developed cookery sessions for those that are temporarily accommodated, aiming to improve their knowledge of diet and nutrition, improve food skills, and allow participants to eat more healthily, albeit as part of a chaotic and disadvantaged lifestyle.

The Council will:

- Continue to evaluate cookery skills and nutrition sessions with a view to extension into additional temporary accommodation units.
- Develop cookery skills and nutrition sessions to incorporate shopping, budgeting and financial literacy.
- Regularly consult with, and encourage participation of, support staff and key workers within temporary accommodated units in relation to cookery skills and nutrition sessions.
- Where appropriate, provide basic utensils and larger ingredients to participants on completion of the cookery sessions.
- Consult with participants when developing cookery sessions to facilitate involvement in, and ownership of, sessions.



food allergies vs food intolerance

Text extracted from the British Dietetic Association Food Fact Sheets⁷⁶:

'What is the difference between food allergy and food intolerance?'

For some people, eating certain foods can lead to an unpleasant and sometimes dangerous physical reaction called 'food hypersensitivity'. Food-hypersensitivity reactions can either involve the immune system (the body's defence against foreign bodies) in which case it's called a 'food allergy' or it doesn't involve the immune system and is called a 'food intolerance'.

Food allergy

Food allergies occur when your immune system reacts to a harmless food protein. When the protein is consumed, the antibodies recognise the protein and link to it, causing the release of substances such as histamine, which will result in allergic symptoms. An immediate reaction (within two hours of eating the food), usually involves IgE antibodies, and the development of classic symptoms such as an itchy rash, swelling and in some cases vomiting and diarrhoea.

Symptoms can vary in severity and can in the worst case lead to life threatening problems including difficulty in breathing and collapse, also known as anaphylaxis. When the symptoms are more delayed (appears after two hours and up to a couple of days) the reaction does not usually involve the production of IgE antibodies against a particular food, but a different type of immune reaction involving other cells of the immune system. These types of reactions are most frequently gastrointestinal (vomiting, diarrhoea, constipation) and/or skin reactions (atopic eczema), and are known as non- IgE mediated food allergies.



Food Intolerances

Food intolerances do not involve the immune system and are rarely life-threatening. Reactions to food additives, histamine, salicylate and sulphites often show a vast range of symptoms, individual to each patient. The onset of reactions could be immediate or very delayed and the symptoms range in severity.

The most common food intolerance is lactose intolerance, which occurs because these individuals have either too little or no lactase - the enzyme which helps to digest milk sugar lactose. However, there are many food intolerances with unknown mechanisms such as intolerance to food additives.

Food businesses need to understand their own processes and products and identify, manage and communicate allergen risks to their staff and customers who have allergies to certain foods.

All pre-packaged foods sold in the UK are currently required by law to clearly show a list of ingredients on the label.

There are 14 food ingredients that commonly cause allergic reactions that have been identified and these must be included in the ingredients list if they are present (see NLC poster- Appendix 11)

Cook safe is a food safety assurance system in Scotland which helps catering businesses understand and implement HACCP-based systems. HACCP which stands for Hazard Analysis and Critical Control Point, is a widely accepted food safety management system, which can easily be adapted to suit all sizes and types of food businesses⁷⁷.



wellbeing of employees

North Lanarkshire Council is committed to improving the health and wellbeing of all its employees, particularly through promotion of a healthy diet and healthy lifestyle.

A healthy working life is one which provides working age people with the opportunity, ability and encouragement to work in ways, and in an environment, that allows them to sustain and improve their health and wellbeing⁷⁸. The Healthy Working Lives agenda aims to support individuals in maximising functional capacity throughout their working lives. Employers should promote a healthy and productive workforce by, for example, investing in creating supportive and health-enhancing work environments, promoting involvement in workplace-based health improvement initiatives, and providing health benefits for staff.

The Healthy Living Award rewards catering establishments who serve healthier food to customers, as well as encourage the take-up of healthy options. Establishments must make the food served healthier by changing, where necessary, how the food is prepared and cooked. Food providers must also help customers make informed choices about food by ensuring healthy options can be easily identified.

NLC does not support methods of weight loss that are not evidence based, therefore they should not be promoted within NLC premises.



On-site catering

On-site catering should allow staff to choose healthier options on a daily basis, facilities should be working towards the Healthy Living Award⁷⁹ scheme and the two main goals; to make the food served generally healthier by making broad changes to how it is prepared, and to use promotion and marketing activity that supports and encourages healthier eating. Where food and drink are offered, the following should be available daily:

- A selection of fresh fruit and vegetables.
- Salad, including salad bars, plated/ boxed salads, salad in sandwiches, and as a meal accompaniment. Low fat salad dressings should always be available.
- Where breakfast is served, wholegrain and low-sugar cereals.
- A variety of brown and wholemeal bread and rolls.
- A non-fried, non-processed alternative to chips, fried or processed potato products.
- Baked potatoes with lower fat fillings.
- Lean protein items in salads and sandwiches, such as lean meat, poultry, fish (including oil-rich varieties), lower fat cheese.
- A selection of vegetarian options.
- Lower fat dairy products, including semi-skimmed and skimmed milk, low fat yoghurt, and lower fat cheese (e.g. Edam, mozzarella, cottage, reduced fat cheddar).
- Lower fat spreads and alternatives to sugar (sweeteners).
- Water, milk and pure fruit juice. Where high sugar drinks are available, a sugar-free alternative should always be offered (free, fresh drinking water should be available to all staff on a daily basis).
- Lower fat, lower salt varieties of savoury snacks, such as, reduced fat crisps, unsalted nuts, plain crackers, bread sticks.
- Alternatives to chocolate and sugar confectionery, including, fresh fruit, dried fruit, low fat yoghurt/ mousse, lower sugar cereal bars, and homebaking (scones, pancakes, carrot cake, and fruit loaf)



Vending

Food

Vending machines offer a useful and alternative service point for the provision of food and drinks within the workplace. Where food vending is available, selling items such as breakfast cereals, sandwiches and pasta/ salad pots, the above criteria should apply.

Confectionery

Vending units selling confectionery and crisps are available in many Council workplaces. Confectionery and crisp provision should be kept to a minimum. Healthier alternatives should always be available, including, fresh fruit, dried fruit, low fat yoghurt/ mousse, lower sugar cereal bars, lower fat crisps, crackers, unsalted nuts, and seeds. At least 25% of options within this type of vending unit should be healthier alternatives to confectionery and standard crisps.

Drinks

- Plain water (still or sparkling)
- Skimmed or semi-skimmed milk
- Pure fruit juices
- Lower fat yoghurt and milk drinks (with less than 10g sugar per 100ml)
- Still or carbonated soft drinks with less than 0.5 grams of sugar per 100ml (e.g. sugar-free flavoured water, sugar-free fruit juice drinks, and diet, carbonated drinks)
- Herbal/fruit tea
- Tea and coffee (decaffeinated is preferable)
- Combinations of the above

Any soft drink (still or carbonated) containing more than 0.5 grams of sugar per 100ml should be kept to a minimum and should only form a maximum of 50% of all drinks vending provision.



Premises without on-site catering facilities

Many staff work in locations without access to on-site catering facilities. Where possible, these staff should be provided with appropriate kitchen facilities and utensils to allow them to prepare their own lunch. This may include a microwave, kettle, toaster, refrigerator, sink, hot and cold water, eating utensils, and an appropriate dining area.

Hospitality

Hospitality for staff and visitors is provided by CultureNL for business meetings, staff conferences and corporate events. Healthy options should always be available in such instances. Hospitality within schools is provided by Facility Support Services and will also follow the principles set out above.

The Council and partners will:


- Continue to promote health improvement and healthy eating within the workplace via commitment to the Healthy Working Lives agenda.
- Ensure healthy eating principles are embedded in all staff restaurants and establishments open to the general public including country parks, public libraries and leisure facilities, making sure a variety of healthy options are available on a daily basis.
- Offer healthy options within all vending facilities.
- Ensure customers can easily identify healthy options.
- Ensure healthy options are promoted and competitively priced to encourage take up.
- Maintain and work towards the Healthy Living Award in each of the aforementioned establishments.

- Ensure that sufficient information is provided to staff in relation to diet and nutrition, particularly to those without access to on-site catering facilities.
- Ensure, where possible, that staff without on-site catering facilities have access to appropriate kitchen facilities, equipment and utensils with which they can prepare their own lunch.
- Ensure hospitality services offer healthy options to staff and visitors, and encourage staff to order healthy options when placing a hospitality booking.

A healthy eating policy for employees has been developed to provide information to staff about eating healthily in the workplace (Health and Safety Arrangement Section 35A - Employee Healthy Eating). This policy can be accessed from the Council's intranet, Connect, following the file pathway: Council information / Safety & Wellbeing / Wellbeing / Health Topics / Healthy weight <http://connect/index.aspx?articleid=6478>

Work well NL


Work well NL is fully committed to the health and wellbeing of NLC colleagues and to support colleagues to be at their best, energised, motivated and resilient. It is a digital one stop shop that has been created to provide NLC council staff with quick and easy access to health and wellbeing information. Work well NL home page (images below) contains links ranging from health and lifestyle checks to podiatry to the importance of sleep. Included in the offering is a link on healthy eating. This introduces Food Standards Scotland promotion – It's time to say #No to upsizing. This features an interactive challenge to highlight the dietary impact of upsizing when eating out. Development of the work well NL offering will look to further enhance its focus on healthy eating with support from NLC nutritionist.



Wellbeing

Welcome to work well NL!


work well NL is fully committed to the health and wellbeing of NLC colleagues and want to support you to be at your best, energised, motivated and resilient. This is a digital one stop shop that has been created to provide you with quick and easy access to health and wellbeing information.



Health and Lifestyle Checks

Book a time and venue that suits and get a MOT for your self plus receive information and advice in relation to improving your health


LEARN MORE



Back Care Programme

Support available for back care provided by NL Leisure

LEARN MORE



Physiotherapy

Your one-stop-shop for health & wellbeing information in NL with links to services and initiatives which are available to you as well as health related policies and procedures.

LEARN MORE

private sector trading

There are numerous private sector outlets selling foods and drinks throughout North Lanarkshire (for example, local shops and mobile catering outlets/street traders). Many of these outlets operate within the vicinity of Council catering units, particularly secondary schools.

Due to the national and local drive to improve diet, the choice and availability of foods and drinks provided by some local shops and street traders is a growing concern.

The Council constantly strives to improve school meals and maximise their uptake by children and young people, in order that they receive full benefit from healthy and nutritious food provision. However, the Council is aware that some young people may choose to leave school at lunchtime to utilise other food outlets, including mobile units and local shops.

Neighbourhoods can play a part in influencing our dietary choices if we are able to increase access to healthy food and limit access to unhealthy food. Good Places Better Health for Scotland's Children (2011)⁸⁰ recommends identifying mechanisms to limit the number of fast food outlets in neighbourhoods.

The council will:

- Take steps, in partnership with other agencies, to work in collaboration with food outlets outwith schools, and other Council establishments, to ensure that young people receive consistent messages regarding healthy eating and have the opportunity to eat healthily when outside of school.
- Provide information and support when appropriate to private sector outlets following Environmental Health inspections on the Healthy Living Award.
- Ask Head Teachers to keep Secondary first year pupils in school over lunch time for a minimum of the first six months of term

procurement

The recommendations within the Policy will align with the procurement strategy for North Lanarkshire Council.

North Lanarkshire Council operate a non-GM policy and therefore do not purchase foods which have been genetically modified.

The Scottish Government is committed to integrating sustainable development into procurement of food and catering services. Purchasers should take account of sustainable developments and healthy eating objectives when awarding contracts for food and catering services in order to support local and regional economies, increase resource efficiency, reduce waste (particularly packaging), and improve nutrition.

The Council is committed to ensuring all its activities support environmental sustainability and health improvement. Food will be sourced locally where practicable. Food waste and associated packaging will be disposed of and recycled.

Fair traded products and schemes; 'Fairtrade' is one such scheme, guarantees that disadvantaged producers in the developing world are receiving fair payment for their produce. If fairly traded supplies and services are available to meet our requirements we will consider how best to promote them.

North Lanarkshire as an area is working towards achieving Fairtrade zone status and hopes to achieve this in early 2020.



ongoing strategy

Communication

A four year action plan (2019-2024) will be developed to support the implementation of the policy, through the Diet and Nutrition Policy Working Group.

Promotion

The Policy should be used to promote healthy eating to service users, customers and staff. Healthy eating messages should be promoted to staff and customers via health promotion literature, colourful and attractive menu and information boards, and advertisement of theme days within catering units, and price incentives and special offers.

Customer feedback is important for the development and improvement of food and drinks provision. A clear mechanism for staff and customer suggestions and comments should be in place within all establishments.

Consumer information and food labelling

Information about foods and drinks, and healthy options, should be available to all consumers. The nutritional content of pre-packed foods should be clearly labelled. Information regarding food which is freshly prepared on-site should be provided to customers by use of appropriate point-of-sale materials and by catering staff.

Best Practice - Food preparation and cooking methods

Recipe, meal and menu design are not solely responsible for altering nutritional content; food preparation and cooking methods are also substantial factors. The following should be considered by anyone who prepares food:

- In the preparation of food, trim excess fat from meat and remove skin from poultry, use leaner cuts of meat, cut foods to be fried thickly (reducing fat absorption), and skim fat from the surface of gravy.
- In cooking, deep-frying and shallow-frying should be avoided where possible. Healthier cooking methods include boiling, steaming, grilling, baking, microwaving, stir-frying, and poaching.
- When cooking vegetables, cook for as short a time period as possible to reduce nutrient losses.
- When deep-frying, ensure oil is heated to the correct temperature and changed regularly.
- Avoid adding salt in cooking where appropriate. Instead, use other items to flavour food, such as, herbs, spices, garlic, lemon juice, pepper, and mustard.

Staff training

Staff training for all catering staff providing catering throughout council services is key to the implementation of the Policy. Staff must have appropriate knowledge and skills in nutrition to implement aspects of the Policy relevant to their service. Staff involved in the preparation of food and drinks within Culture NL must have the relevant food hygiene qualification.

monitoring

The Council's Diet and Nutrition Policy Working Group will oversee the implementation and monitoring of the Policy on a six monthly basis.

The Policy will be reviewed on an ongoing basis to reflect any new Government directives.

The Diet and Nutrition Policy will be re-issued across all Council services. Council services, stakeholders and partners will be encouraged to comply with this guidance.



useful websites

Allergy UK	www.allergyuk.org
Association for Nutrition	www.associationfornutrition.org
British Dietetic Association- Food Fact Sheets	www.bda.uk.com/foodfacts/home
British Heart Foundation	www.bhf.org.uk
British Nutrition Foundation	www.nutrition.org.uk
Cancer Research	www.cancerresearchuk.org
Care Inspectorate, The Hub	www.hub.careinspectorate.com
Childsmile	www.child-smile.org.uk
Community Food and Health Scotland	www.communityfoodandhealth.org.uk
Cooksafe	www.foodstandards.gov.scot/publications-and-research/publications/cooksafe
Diabetes UK	www.diabetes.org.uk
Early Years Scotland	www.earlyyearsscotland.org
Education Scotland	www.education.gov.scot
First Steps Nutrition	www.firststepsnutrition.org
Food - a fact of life	www.foodafactoflife.org.uk
Food Standards Agency	www.food.gov.uk
Food Standards Agency Scotland	www.eatwellscotland.org
Healthy Living Award	www.healthylivingaward.co.uk
Healthy Start	www.healthystart.nhs.uk
Healthy Schools	www.healthyschools.scot
Lanarkshire Community Food & Health Partnership	www.lcfhp.co.uk
Macmillan Cancer Support	www.macmillan.org.uk
Marie Curie Cancer Care	www.mariecurie.org.uk
NHS Choices	www.nhs.uk
NHS Health Scotland	www.healthscotland.scot
North Lanarkshire Council	www.northlanarkshire.gov.uk
Parent Club	www.parentclub.scot
The Caroline Walker Trust	www.cwt.org.uk
The Royal Environmental Health Institute of Scotland (REHIS)	www.rehis.com
The Scottish Government	www.scotland.gov.uk
The Vegan Society	www.vegansociety.com/
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appendices

Appendix 1: Scottish Dietary Goals 2016

Revised Dietary Goals for Scotland

March 2016

Table

Calories	A reduction in calorie intake by 120 kcal/person/day Average energy density of the diet to be lowered to 125 kcal/100g by reducing intake of high fat and/or sugary products and by replacing with starchy carbohydrates (e.g. bread, pasta, rice and potatoes), fruits and vegetables.
Fruit & Vegetables	Average intake of a variety of fruit and vegetables to reach at least 5 portions per person per day (> 400g per day)
Oily Fish	Oil rich fish consumption to increase to one portion per person (140g) per week
Red Meat	Average intake of red and processed meat to be pegged at around 70g per person per day Average intake of the highest consumers of red and processed meat (90g per person per day) not to increase.
Fats	Average intake of total fat to reduce to no more than 35% food energy Average intake in saturated fat to reduce to no more than 11% food energy Average intake of trans fatty acids to remain below 1% food energy
Free Sugars	Average intake of free sugars ³ , not to exceed 5% of total energy in adults and children over 2 years
Salt	Average intake of salt to reduce to 6g per day
Fibre	An increase in average consumption of AOAC fibre ⁴ for adults (16+) to 30g/day. Dietary fibre intakes for children to increase in line with SACN recommendations ⁵
Total Carbohydrate	Total carbohydrate to be maintained at an average population intake of approximately 50% of total dietary energy with no more than 5% total energy from free sugars

³ Free sugars are all monosaccharides and disaccharides added to foods by the manufacturer, cook or consumer, plus sugars naturally present in honey, syrups and unsweetened fruit juices. Lactose when naturally present in milk and milk products is excluded.

⁴ Dietary fibre as measured using AOAC methodology (the association of analytical communities).

⁵ It is recommended that the average population intake of dietary fibre for children aged 2 to 5 years should approximate 15g/day, for children aged 5 to 11 years 20g/day, for children aged 11 to 16 years 25 g/day and for adolescent aged 16 to 18 years about 30g/day.

Appendix 2a: Setting the table: Food groups for 1- to 5-year-olds

Food group	Foods included	Main nutrients	Recommended servings	Average serving size
Group 1: Bread, rice, potatoes, pasta and other starchy foods	All types of bread: chapattis, tortilla wraps, rolls, bagels, breadsticks, crackers, oatcakes, plain baked naan bread. Potatoes, pasta, rice and breakfast cereals	B vitamins, iron and fibre	Four servings per day	½–1 large slice of bread, ½–1 bread roll, English muffin or pitta. 2–4 mini breadsticks, 1–2 crackers or 1–2 oatcakes. 1–2 small potatoes 3–4 tablespoons cooked pasta or rice
Group 2: Fruits and vegetables	Fruit and vegetables in all forms, whether fresh, frozen, canned or dried. Pulses (e.g. baked beans and lentils) and diluted pure fruit juices can be counted as a serving, but only once in a day	Vitamins A and C, zinc, iron and fibre	Five servings per day	Serving sizes are smaller than those for adults. A rule of thumb is what a young child can hold in their hand. Examples include: 1–2 tablespoons cooked vegetables, small bowl vegetable soup, ½ large fruit or one small fruit
Group 3: Meat, fish, eggs, beans and other non-dairy sources of protein	Meat and fish (fresh, frozen or canned), eggs, nuts, pulses and beans (e.g. kidney beans, baked beans and including soya and soya products). Oily fish includes fresh, canned or frozen salmon, mackerel, trout, herring, sardines or pilchards and fresh or frozen tuna	Protein, iron, zinc, vitamins A and D. Oily fish are important as they contain beneficial fats called long-chain omega-3 fatty acids	Two servings per day	1 slice of meat or chicken, 1–2 tablespoons or 2–3 tablespoons with a sauce; ½–1 fillet of fish or 1–2 tablespoons of pulses or meat alternatives
Group 4: Milk and dairy foods	Milk, cheese, yogurt, fromage frais, milk puddings	Protein, calcium and vitamin A	Three servings per day	Milk: ½–1 cup (100–150 ml); 1–2 tablespoons grated cheese, small pot (60 g) or ½ large pot of yogurt. 3–4 tablespoons milk pudding

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Appendix 2b: Setting the Table: The table below provides guidance on the best choice of snack for young children

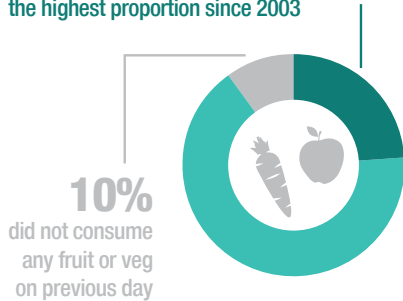
Healthy snack/drink choices	Occasional snack/drink choices	Not recommended as snack/drink choices
Fruit and vegetables	Reduced- and full-fat cheeses	Fruit juice and fruit smoothies
Vegetable- and pulse-based soups	Natural yogurt/plain fromage frais, with the possible addition of either fresh or frozen fruit or fruit in natural juices	Dried fruit
Baked beans		Sugary fizzy drinks, fruit squashes/cordials, sports drinks
Whole milk for children aged 1 to 2; semi-skimmed can be offered for older children	Small scones and pancakes/crumpets, toasted teacake	Confectionery, savoury snacks and high-sugar or high-fat baked products
Water	Breadsticks, oatcakes, savoury scones, e.g. potato, cheese, soda	Artificially sweetened chocolate confectionery (e.g. diabetic products)
Rice cakes	Ciabatta, focaccia, naan, tortillas, wheaten bread, olive bread and sun-dried tomato bread	Sugar-free confectionery (e.g. sugar-free lozenges, sugar-free mints)
Bread: wholemeal, brown, granary, white, high-fibre and rye bread, pitta, chapatti, rolls, baguettes, bagels, toasted English muffin		Processed meat products
Sandwich fillings: salad, fish, banana, lettuce, salad leaves, cucumber, tomatoes, carrot, pepper, sweetcorn, spring onion, oily fish (fresh or canned in water), egg (not egg mayonnaise), vegetable pate, meat, chicken, turkey		Bread products with added fat, like garlic bread, butteries, croissants, pain au chocolat and brioche
Breakfast cereals that are low in salt and sugar		Breakfast cereals that are high in fat, salt and sugar

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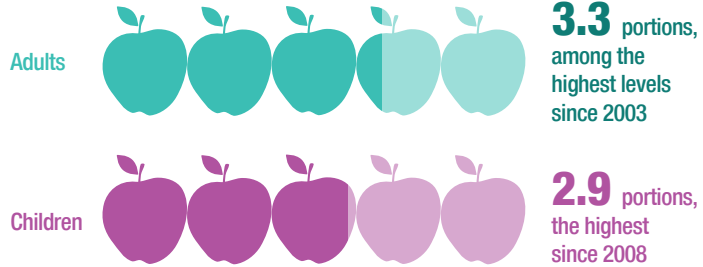
Appendix 3a: Scottish Healthy Survey 2017: Summary on Diet

24% of adults

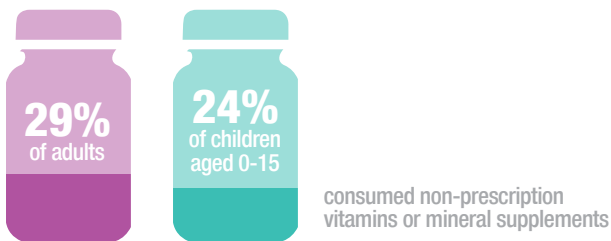
met the 5-a-day recommendation, the highest proportion since 2003



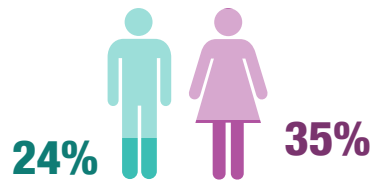
Both adults and children have increased the number of portions of fruit and vegetables they eat a day



- In 2017, as in previous years, mean fruit and vegetable consumption per day was higher among women (3.5 portions) than men (3.2 portions).



Women were more likely than men to take vitamins or mineral supplements



- One in five adults (19%) and children (20%) consumed a supplement containing vitamin D.
- Supplements containing folic acid were consumed by 7% of women (aged 16-49) in 2017.
- Around one in four people (24-25%) living in the two most deprived quintile areas reported current consumption of any form of supplement compared with around one in three (30-34%) of those living in the three least deprived quintile areas.



of adults experienced food insecurity in 2017 (as defined by being worried during the past 12 months that they would run out of food due to lack of money or resources)

The household types most likely to have worried during the previous 12 months that they would run out of food due to a lack of money or resources were:



Single parents
21%



Adults aged 16-64 living alone
20%

- Worrying about running out of food was more common among those living in the most deprived areas (18% compared with 3% living in the least deprived areas).
- Households with one or two adults, at least one of whom is aged 65 or over, with no children were the least likely to report worrying about running out of food (1-2%).

Appendix 3b: Scottish Healthy Survey 2017: General health, long-term conditions and cardiovascular diseases



73% of adults described their health as 'good' or 'very good'

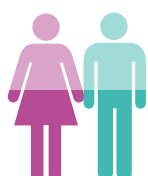
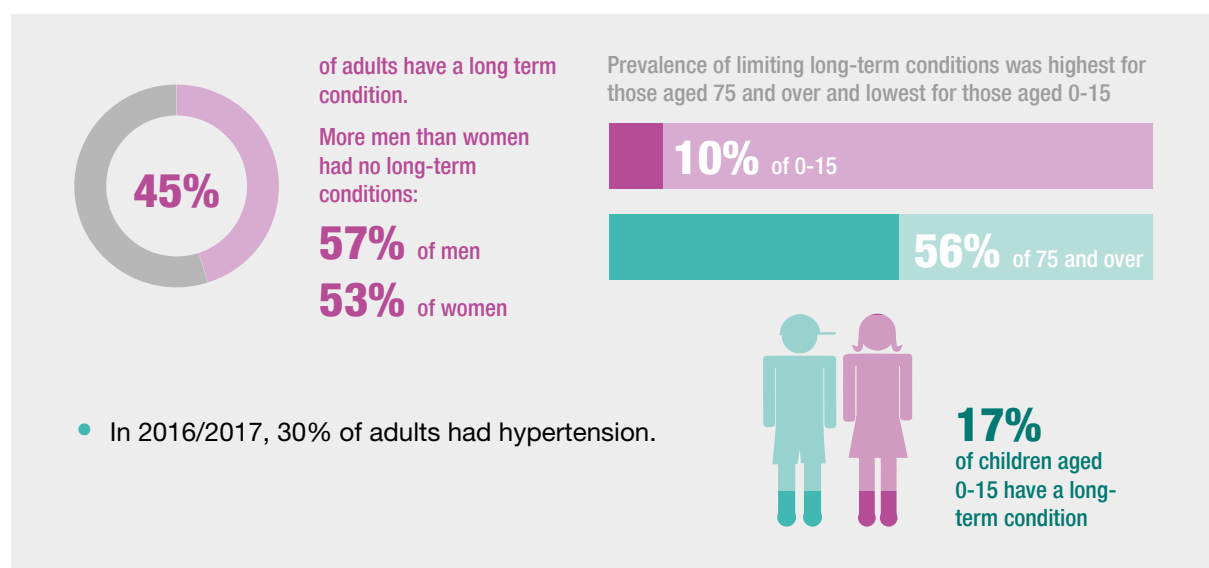


93% of girls reported 'good' or 'very good' health, a decrease from 96% in 2016



94% of boys reported 'good' or 'very good' health, with little change from previous years

- In 2017, the proportion of adults reporting being in 'good' or 'very good' health decreased with age from 86% of those aged 16-24 to 52% of those aged 75 and over.



54% of adults have attended CPR training

20% of adults had either initial training or refresher training in the last 2 years

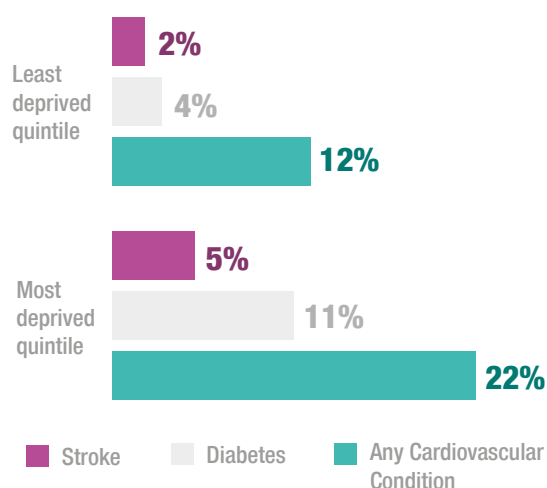
- Those living in less deprived areas were more likely to have attended CPR training than those in more deprived areas.
- Attendance levels were higher among those living in the three least deprived areas (57-60%) than among those in the 2nd most deprived and most deprived areas (50% and 46% respectively).

Most common types of CPR training for adults:



- In 2017, the most common reason for attending CPR training among those aged 16-24 was that it was part of their school/college/university work (43%).

Prevalence of cardiovascular conditions, diabetes, IHD and strokes continued to be higher in more deprived areas



- In 2017 15% of adults had any CVD, 6% had doctor diagnosed diabetes, 19% had any CVD or diabetes, 5% had IHD, 3% had had a stroke and 7% had had a stroke or IHD, with no significant change since 2016.

Append 4: Scottish Health Survey 2017: Obesity statistics

In 2017

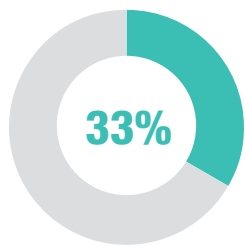


two thirds
(65%) of adults were overweight, including



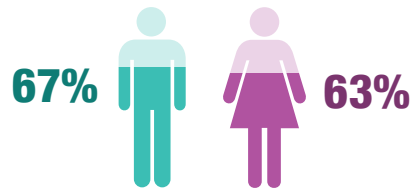
29%
who were obese

- Around two thirds (65%) of adults were overweight or obese (BMI of 25 kg/m² or greater). This has remained stable since 2008 (fluctuating between 64% and 65%).
- Levels of obesity, including morbid obesity (BMI of 30 kg/m² or greater), among all adults remained at 29%, unchanged since 2015. This is significantly higher than in 2003 (24%).

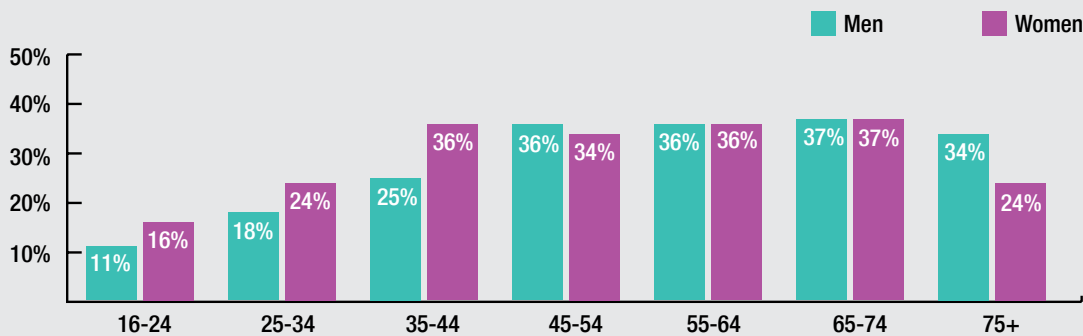


of adults were a healthy weight (a BMI of between 18.5 and 25)

A greater proportion of men were overweight or obese than women



Levels of obesity tended to increase with age

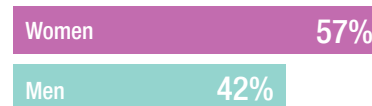


- In 2016/2017, the proportion of men and women with a raised waist circumference (men: larger than 102 cm, women: larger than 88cm) had increased since 2003. For women the increase was more profound, from 39% in 2003 to 54% in 2016/2017 (an increase of 16 percentage points), whereas for men the increase was from 28% in 2003 to 38% in 2016/2017 (an increase of 10 percentage points).
- Health risk based on BMI and waist circumference increased with age for both men and women.

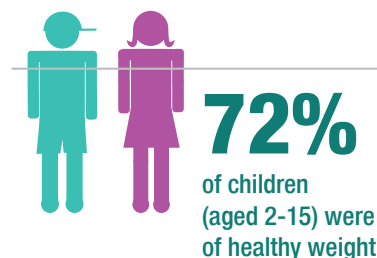
Increased health risk based on BMI and waist circumference



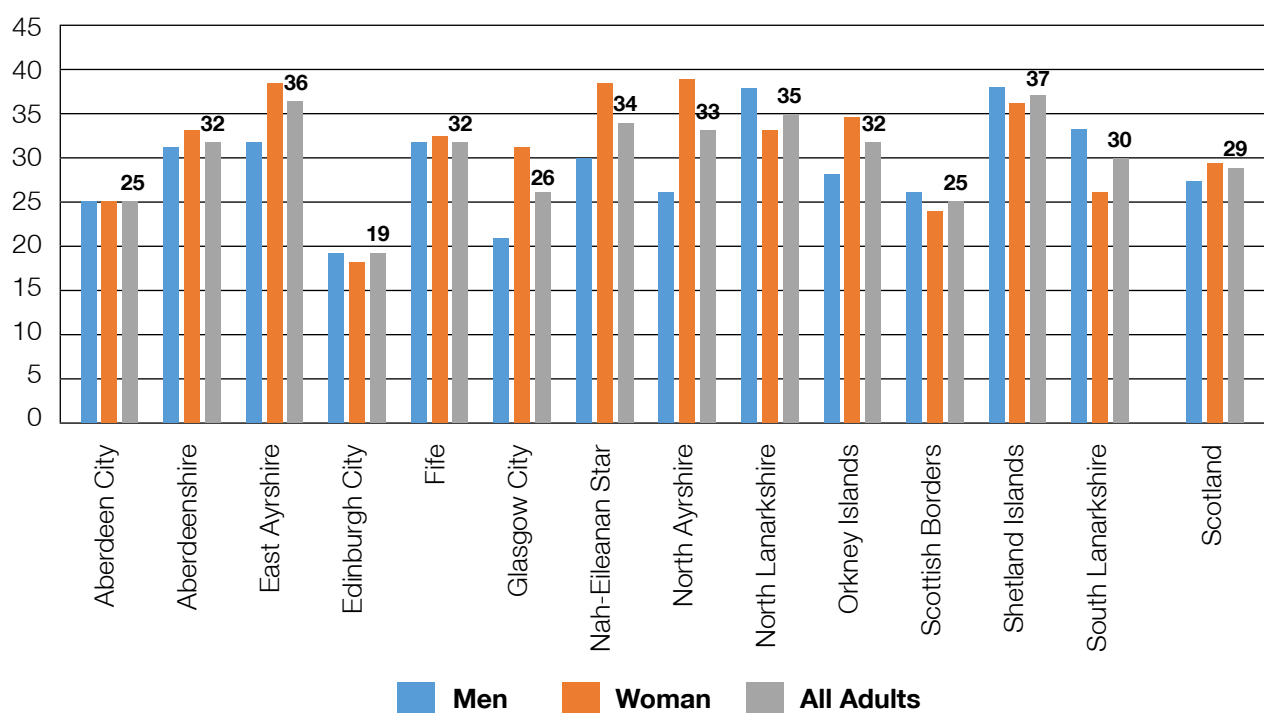
Categorised as 'high risk' or above



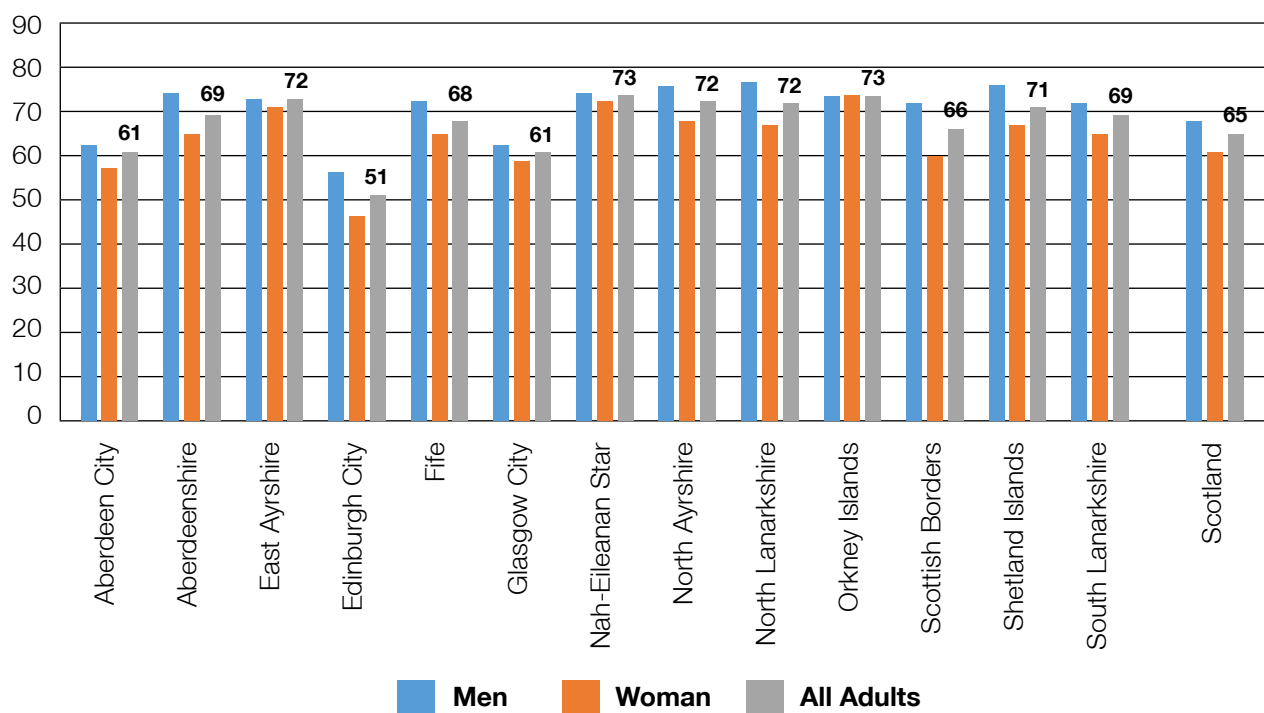
- Prevalence of children at risk of obesity in 2017 was 13%, with levels showing a steady decline since 2014 (16-17% between 2003 and 2014), this is largely due to the decline in prevalence among boys from 20% in 2012 to 12% in 2017.
- In 2017, the proportion of children of a healthy weight decreased with age; with children aged 2-6 being the most likely to fall within the healthy weight range (78%), compared with 66% of children aged 12-15.



Appendix 5a: Scottish Health Survey 2017: Adult Obesity by Local Authority

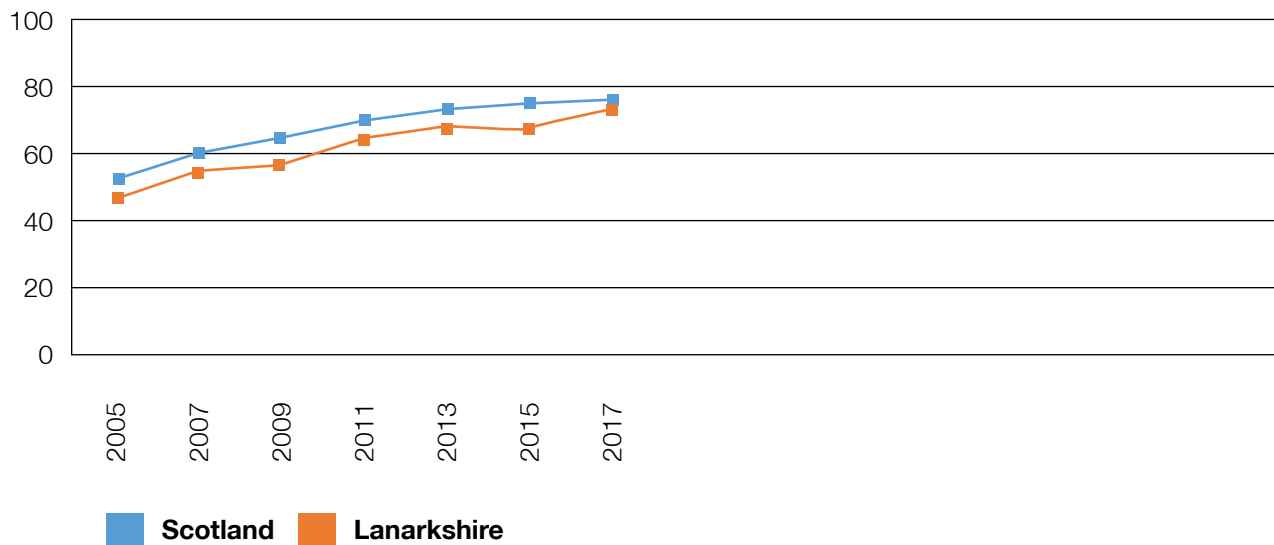


Appendix 5b: Scottish Health Survey 2017: Adult Overweight by Local Authority



Appendix 6a: 2017 NDIP report: % with no obvious decay experience in permanent teeth

NDIP inspection of children in Primary 7



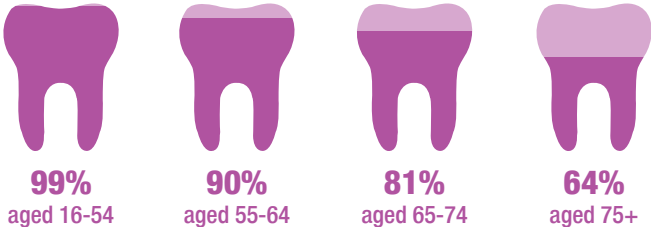
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Appendix 6b: 2017 NDIP report: % with no obvious decay experience in permanent teeth

	SCOTLAND	LANARKSHIRE	NORTH LANARKSHIRE	SOUTH LANARKSHIRE
2017	77.1%	74.1%	75.4%	72.4%
2015	75.3%	68.1%	65.1%	72%
2013	72.8%	67.1%	64%	68.1%

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Appendix 7: Scottish Health Survey 2017: Proportion of adults with at least some natural teeth decreases by age



- Men were more likely than women to have at least some natural teeth (94% compared with 90%). This difference was evident only among those aged 65 and over.

The proportion of adults with 20 or more natural teeth has **increased (by 5-7 percentage points)** in each deprivation quintile between 2008 and 2017

People living in least deprived areas are more likely to have 20+ natural teeth, than those living in the most deprived

Most deprived areas	65%
Least deprived areas	86%

73%
of adults visited a dentist less than a year ago

Women were much more likely than men to do so

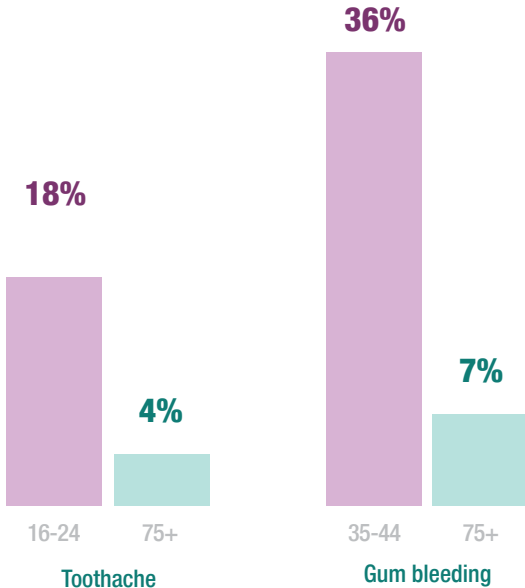
76%

68%

of adults reported feeling nervous about their dentist visit. This was higher for women (43%) than men (30%)

- Over 3/4 of adults (78%) did not experience difficulties when visiting the dentist.
- The most common difficulties were finding an appointment that suited (7%), dental treatment being too expensive (6%) and getting time off work (5%).

Younger age groups were more likely to experience toothache and gum bleeding than older groups



- However, having difficulty chewing either often or occasionally was most common among those aged 55-74 (13% among those aged 55-64 and 14% among those aged 65-74) and least common among the youngest age group (7% among those aged 16-24).

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Appendix 8: The Eatwell Guide



EATWELL FOOD GUIDE

Use this guide to get a balance of healthier food. It shows how much of what you eat should come from each of the food groups.



ALL FOOD AND ALL DRINKS



Water, lower fat milk, sugar-free drinks including tea and coffee all count.
Limit fruit juices and/or smoothies to 150ml a day.

Check the label on packaged foods
Choose foods that are lower in Fat, Salt and Sugars

Each serving (150g) contains

Energy 1046KJ 250KCAL 13%	Fat 3.0g LOW 4%	Saturates 1.3g LOW 7%	Sugars 34g HIGH 38%	Salt 0.9g MED 15%
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of an adult's reference intake
Typical values (as sold) per 100g: 697KJ/167KCAL



LIVE HERE

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Appendix 9: What does one unit of alcohol look like



Appendix 10: International Dysphagia Diet Standardisation Initiative (IDDSI)



Copyright: The International Dysphagia Diet Standardisation Initiative 2016
@ <https://iddsi.org/framework/>

Attribution is NOT PERMITTED for derivative works incorporating any alterations to the IDDSI Framework that extend beyond language translation.

Supplementary Notice: Modification of the diagrams or descriptors within the IDDSI Framework is DISCOURAGED and NOT RECOMMENDED. Alterations to elements of the IDDSI framework may lead to confusion and errors in diet texture or drink selection for patients with dysphagia. Such errors have previously been associated with adverse events including choking and death.

Appendix 11: Allergen Poster



Your school catering team needs to provide information about **14 allergenic ingredients** (see the allergens below) used in the foods that are sold by them or provided within the school.

NEED FOOD ALLERGEN INFORMATION?

Food allergens cannot be removed by cooking. That's why it's essential to check and ask for allergen information, to make sure the food you eat is safe for you.

Food allergens can be life threatening. If you have a food allergy, the only way you can manage it is to avoid the foods that make you ill.

Please speak to a member of your school catering team if you need information about the allergens in your food.



Molluscs



Celery



Cereals containing gluten



Crustaceans



Mustard



Nuts



Eggs



Peanuts



Fish



Sulphur dioxide



Sesame seeds



Milk



Lupin



Soya

LEARN HERE

Appendix 12: North Lanarkshire Council and Nutrition Working Group

With reference to and within the framework of the North Lanarkshire Council Diet and Nutrition Policy, the Food and Nutrition Group will be responsible for:

- Devising a diet and nutrition action plan for the Council in partnership with NHS Lanarkshire and the voluntary sector.
- Ongoing review of new Government directives or advice and analysis as to their impact on the Policy and Action Plan of the group.
- Implementing actions as required under the sections relevant to their various responsibilities.
- Monitoring the progress and assessing the impact of these actions.
- Developing and implementing post evaluation strategies as and when necessary and practicable.

Responsibilities

The group will be responsible for:

- Ensuring that continuous improvement is driven across all council services in line with the Diet and Nutrition action plan.
- Monitoring that all relevant services/partners are fully engaged.
- Refining the plan to incorporate post evaluative strategies and any new Government directives or advice which has an impact as determined in the Terms of Reference.

Group Members

- Ailsa Clunie - Health Liaison Officer, Housing & Social Work Services, NLC
- Angela Burns, Housing Service Manager, NLC
- Catherine Starkey- Head of Oral Health Education/ Prevention, NHSL
- David Craig, Education Officer, NLC
- Gordon Thompson - Manager, Lanarkshire Community Food & Health Partnership
- Jill Bryans, Assistant Business Manager (Support), NLC
- Lizzie Panagiotidou, Nutritionist, current chair of the Diet and Nutrition Group Facility Support Services, NLC
- Marc Conroy, Healthy Lifestyle Programme Manager, NHSL
- Michelle Gray, Nutritionist, Facility Support Services, NLC
- Robert Pew, Catering Business Development Manager, NLC
- Susan Short- Public Health Nutritionist (Maternal and Infant Nutrition), NHSL
- Susi Cornwell, Curricular Support Teacher, NLC
- Theresa Henery, Continuous Improvement Officer, NLC

For information

The following professionals have assisted in the revision of the policy document:

- Anna Gryka-MacPhail, Policy officer, Obesity Action Scotland
- Graham Proudfoot, Procurement & Support Manager, NLC
- Iain Stanger, Leader & Talent Development Lead, NLC
- John O'Brien - Senior Officer Older Adults, Housing & Social Work Services, NLC

We would like to thank all the above for their contribution. We would also like to credit SNOOK for producing some of the imagery.

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