
From: Shaw J. (NHS) 30TH January 2013

I have had a read through this section of the document and the information on managing the proliferation of takeaways is great. On page 33 you refer to Government Guidance (Healthy Weight, Healthy Lives). There are newer documents that would be best to refer to hear such as:

Healthy Lives, Healthy people DH 2011 or NICE Guidance PH42 Obesity: Working With Local Communities 2012.

We also spoke about the work of the Development team and Informatives (hoping I noted this down correctly!) and we spoke about the possibility of having a 'suggestion' included about the Healthier Catering Commitment and a contact for those interested. This would be ideal for new developments, new businesses etc and a way of raising awareness of the HCC and My Choice. I have written down a contact of Neil Miligan?

On that note, I recently met with Merton Chamber and we briefly spoke about the Mitcham Town Centre regeneration. I am hoping to speak at the next Business Forum about the RD. Do you know of someone good to contact the regeneration project – would it be Neil and his team?

Thanks a lot for sending across the shopping survey for me, that's great.

Did I send on the HCC bits that we spoke about?

I have attached again just in case.

Healthier Catering Commitment For London			
Business name and address:			
Person Seen:			
Date of Visit:			
Assessment Criteria:			
A minimum of eight criteria have to be fulfilled to qualify for the healthier catering commitment. There are four essential criteria that have to be met by all businesses and a further three essential criteria that also have to be met by premises that deep fat fry.			
Essential criteria are marked with an E and those that are applicable to deep fat frying only are marked E* . If the criteria does not apply tick N/A.			
Fats and Oils (see fact sheet concerning oils and fats for further information on types, use and cooking tips.)	Yes	No	N/A
Cooking and Preparation			
1. Visible fat is removed from meat before cooking, fat is			

skimmed from minced meat dishes and skin is removed from poultry.			
Menu Items:			
2. Food is grilled or baked rather than fried wherever possible (e.g. Sausages, burgers, chicken, fish, samosas etc.)			
Menu Items:			
3. A polyunsaturated or monounsaturated fat or oil is used when cooking food (e.g. Sunflower, corn oil, or rapeseed oil instead of saturated fats such as lard, palm oil, ghee or butter.)	E		
Type of fat or oil used for cooking:			
Change required?			
4. A polyunsaturated or monounsaturated fat or oil is used when preparing food (see examples above.)			
Type of fat or oil used for preparation:			
Change Required?			
Assessor Comments:			
Where deep fat frying is unavoidable:			
5. The cooking oil in deep fat fryers is heated to the optimum temperature, normally between 175 and 190C and the thermostat is accurately calibrated (check the manufacturers instructions for the correct use of your Specific Fryer.	E*		
Temperature of oil during cooking:			
Observed: Yes/ No			
6. Excess fat is drained from the food before serving –Shake, bang, hang! (Shake or bang the bang the basket vigorously twice and hang for at least 20 seconds.)	E*		
Observed technique:			

7. The oil is properly maintained (the fryer is skimmed throughout service; Oil is topped up after every session and regularly filtered).	E*		
<p>Frequency that oil is filtered:</p> <p>Frequency that oil is topped up:</p>			
8. Chips are thick cut not skinny (as a guide pre-cut chips from a supplier that are 13mm or greater are considered "thick")			
<p>Size of Chip sold:</p>			
<p>Assessor comments:</p>			
Milk, spreads, dressings and sandwich fillings	Yes	No	N/A
9. Semi skimmed or skimmed milk is used for drinks.			
<p>Type of Milk used:</p>			
10. Lower fat spreads, mayonnaise and dressings are used or advertised as available. Customers are asked whether spread/mayonnaise/dressing is required or have the option to add their own dressing, mayonnaise and spreads.			
<p>Type of spread, mayonnaise and dressings used:</p>			
11. Where sandwiches are served at least 2 lower fat fillings are available (e.g. tuna or chicken without mayonnaise.)			
<p>Details of low – fat sandwich fillings available:</p>			
<p>Assessor Comments:</p>			
Salt	Yes	No	N/A
12. Where salt is added after cooking/preparation, customers add their own salt. Sachets or salt shakers with fewer holes available.	E		
<p>Number of holes in a shaker if a salt shaker if used:</p> <p>Salt sachets used? Yes/No</p>			

Salt is available for customers to add themselves? Yes/No			
13. Salt is not added to the water used for cooking vegetables, rice or pasta.			
Menu item:			
Assessor comments:			
Sugar:	Yes	No	N/A
14. Where soft drinks are sold, water, reduced sugar/ diet drinks (<5% Sugar) and / or unsweetened fruit juice are available and are more prominently displayed.	E		
Healthier Drinks sold:			
15. Lower sugar snacks are available as an alternative to biscuits or chocolate etc. (E.g. Fruit and Dried Fruit, unsalted nuts or seeds, plain popcorn, oat biscuits.)			
Healthier Snacks Sold:			
16. Drinking/Tap Water is always available:			
Customers can help themselves? Yes/No			
Assessor Comments:			
Fruit and Vegetables:	Yes	No	N/A
17. A portion (80g) of vegetables or salad is always available as an accompaniment (e.g. Peas, corn, mixed salad but NOT potatoes.)			
Menu Items:			
18. Fresh Fruit is always available and prominently displayed.			
Fruit Available:			
Carbohydrates	Yes	No	N/A
19. If chips are served; there is always a healthier starchy alternative (e.g. jacket potato, bread, rice, pasta, couscous etc).			
Healthier Starchy Alternative:			

20. Wholegrain varieties of carbohydrates are available (e.g. wholemeal bread, pitta, rotis, wholewheat pasta, brown or wild rice), Where rice is served, boiled/steamed rice is available as an alternative to pilau or fried rice.			
Menu Items:			
Assessor Comments:			
Portion Size:	Yes	No	N/A
21. Smaller portions for children and adults are available and advertised. (Between 1/2 to 1/3 of standard size portion).	E		
Smaller portions are advertised?			
Assessor Comments:			
Healthier Option Promotion:	Yes	No	N/A
22. Healthy eating is promoted by staff – for example by providing leaflets, posters, and offering vegetables/ salad instead of chips. Healthy options are prominently on display.			
Health promotion materials Used:			
Assessor Comments:			
Additional Information for Evaluation of Project			
A. How many portions of chips do you serve each day or week?			
B. What is the approximate standard portion of chips?			

London Healthier Catering Commitments Project
Guidelines for Boroughs on operation of the scheme
March 2011



This project has been designed by the Chartered Institute of Environmental Health (London), the Association of London Environmental Health Managers and the Greater London Authority.

1. Introduction

Over half of the adult population in London is either obese or overweight¹. Amongst adults, the prevalence is higher in outer London (54%) compared to inner London (46%) with little variation between the more deprived and less deprived areas, or amongst socio-economic groups².

In young Londoners, one in five is obese and one in three is either obese or overweight³. The risk of obesity tends to be higher in more deprived areas and in areas where there are large populations of certain BME groups including Pakistani, Bangladeshi, Black Caribbean, Black African, Other Black and other White (not British or Irish)⁴.

With around 48% of Londoners eating a takeaway at least once a week, and 1% of men in both the 25-34 and 45-54 groups eating out twice a day⁵, the food consumed out of the home can play a part in Londoners health. In Tower Hamlets, a City University survey found that 97% of households in Tower Hamlets are within a 10 minute walk of a fast food outlet.

Tools such as planning controls (such as in Barking and Dagenham⁶) clearly make a very useful contribution to limiting the number of new fast food outlets. This project will work with, or independently of, such controls and is designed for existing and new restaurants and takeaways to improve the offering made.

2. Aims

The project aims to deliver a healthier catering commitment (HCC) for food businesses operating in London.

It will:

- Utilise the "small changes make a big difference" principle,
- Be easy to administer,
- Be initially aimed at those businesses which cater in the "fast food" sector, although it can equally be applied to a range of businesses (except schools, nurseries, care homes and hospitals where different guidelines already exist⁷),
- Be available to businesses which meet the broadly compliant standard for food hygiene,

¹ Health Survey for England, 2008

² Health Survey for England 2006 London Boost

³ Health Survey for England, 2008

⁴ Weighty matters: The London findings of the Childhood measurement programme 2006 to 2008

⁵ YouGov survey Capital Cuisine, 2010

⁶ London Borough of Barking and Dagenham SPD Addressing the Health Impacts of Hot Food Takeaways)

⁷ Caroline Walker Trust

- Allow businesses to add in additional “commitments” and thus encourage them to think wider,
- Encourage joint working between the local authority and PCT
- Fit with the new public health agenda and aims of the Directors of Public Health.

3. Available materials to support delivery

- The criteria
- Guidelines and benefits for business
- Information leaflet
- Application form
- Assessment form
- Stickers for successful businesses
- Reduced (5) hole salt shakers (limited numbers)

4. The criteria

In order to be eligible to use the HCC logo, a business must meet the four essential criteria (plus a further three for those who fry food) and achieve a total of eight. They have all been designed to be simple to operate. A pre-requisite is that the business must achieve the “broad compliance” standard or above for food hygiene.

A business can also sign up to other optional criteria, and this is absolutely encouraged. The criteria cover the main areas of healthier frying, reducing salt and sugar, increasing carbohydrates, health promotion and access to fruit or vegetables. A copy of the criteria can be found in Appendix 1.

5. Operation of the scheme

The local authority can choose how to run the scheme in terms of business sign up and assessment. There are two suggested options, although others may exist and authorities are free to choose the most appropriate option for them.

Option one – write to all businesses which you wish to target, sending them the information leaflet, application form and criteria prior to the primary food hygiene inspection. Ask them to complete and return the application form either by post or email for assessment at their next primary inspection. If the business has queries, this can be dealt with by phone, inspector visiting the premises, or business visiting the council offices. When the primary inspection is carried out, assess the business as part of the inspection and notify the business of the outcome when discussing other matters at the end of the inspection.

Option two – give out the information leaflet and criteria to businesses at the primary food hygiene inspection. The officer can then explain the scheme and deal with any questions. The business can apply either at that point, or sometime later. This option will necessitate the officer to revisit the premises to carry out an assessment and notify the business of the outcome. Obviously this could be incorporated into a food hygiene revisit, for example.

It is, of course, possible that with either option, the business may only achieve partial compliance with the standard on the first visit. It is hoped that boroughs will want to work with businesses and help them achieve the HCC by allowing them time to make the necessary changes and then revisit to confirm the standard is being met.

However the visits are carried out, officers are recommended to use the scheme tips for businesses when helping explain the benefits. The scheme has been designed so as to not only make the business output healthier, but to also reduce costs for business and it is important that the business is aware of this as it might help with engagement.

The commitments are valid until the date of the next programmed food hygiene inspection (or a maximum of two years from date of awarding), and it is suggested that any future visits to the premises include a check on continued compliance with the standard.

It is recommended that at the end of year one, the authority consider carrying out a compliance visit to check the criteria are still being met. The simple nature of the criteria means that this should be quick to do and that it can be done by any officer who has been briefed on the HCC standards.

6. Withdrawal of the award

Should standards slip within the business (either on the food hygiene to a level below broadly complaint or in maintenance of the HCC) then the HCC should be withdrawn. The business should be notified immediately in writing and any official scheme materials removed from the premises by the inspector.

The business can reapply again at the time of the next programmed inspection, or earlier if the borough is able to take applications outside of the inspection cycle.

7. Changes within the business

If the business ownership changes, the HCC will need to be withdrawn as the method of operation within the business will likely change. The new operator, can of course, apply and should be encouraged to do so. It is suggested that information on the scheme

could be sent out with food business registration forms and this is one method of informing new owners of the scheme.

If the type of food that the business serves or handles changes, then the inspector will wish to consider whether the HCC is still valid and is being appropriately applied. The HCC may be withdrawn or could continue to operate, as appropriate.

8. Engagement with other parties

It is suggested that the authority consider engaging with their PCT on this work – both parties will likely share common aims and objectives which this type of work can fulfil. Nutritional support, for example, can be really helpful where a business wants to take the commitments further and will allow them to receive access to specialist advice which the local authority may not be able to provide. The new public health agenda may also open up funding avenues to help support this work and officers will want to try and engage accordingly.