SUPPORTING BUSINESSES TO SUPPLY HEALTHIER FOOD

The results of a pilot project in Lincolnshire
June 2011

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The Agra, Sleaford

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Introduction

Eating out and buying takeaway food is a source of enjoyment and convenience for so many people. However, testing and sampling carried out by our colleagues in Trading Standards found that a large number of popular takeaway dishes are high in salt, saturated fat and calories. In one dish alone, analysis discovered 104g of fat. With no nutritional information readily available to consumers, many people are unaware of what is in their food and the consequences of eating too much, too often.

It was collectively agreed that just raising awareness with the public about high salt, fat and calories in some restaurant and takeaway food is unlikely to make a sustained impact. Local research told us that most people already know that takeaway food can be unhealthy and we need to look at ways we can make it easier for people to eat more healthily but still enjoy takeaway food.

Promoting healthy eating and reducing obesity is a priority for Lincolnshire and over the coming years we will be implementing a number of initiatives that we hope collectively will make a big impact in local communities.

This report showcases the work of a local partnership set up to find solutions that go beyond raising awareness. Rather than directly targeting consumers to ask them to cut down or cut out, this project has changed the behaviour of those who supply the food – with some fantastic outcomes. It is programmes like this that will really make a difference to public health and we believe that if we can work with the food industry now and in the future to support them to produce and market healthier products for consumers we are one step closer to tackling the impact of a diet high in salt and saturated fat.

We hope you are inspired to do something similar.

Dr Tony Hill
Joint Director of Public Health
Public Health Directorate
NHS Lincolnshire and Lincolnshire County Council
Background

Trading Standards East Midlands carried out some random sampling of takeaway dishes across the East Midlands in 2009. Their main aim was to find out what is in popular takeaway dishes. The results showed high levels of saturated fat, salt and calories. 54% of the dishes tested fell into the amber or red categories for saturated fat and over 30% contained more than the recommended daily amount of salt. Some dishes contained 12 grams of salt or more per serving – double the daily recommended level.

Trading Standards East Midlands approached the Food Standards Agency for advice. Shortly after, Kelly Evans, formally of the National Social Marketing Centre and now Director at Social Change UK was asked to lead the programme after it was collectively agreed that raising awareness with the public was not going to be enough to make a real difference. A social marketing approach was adopted that focused on behaviour change and implementing a programme and not just a message.

A partnership of several organisations including NHS Lincolnshire (who invested in the project) was established to lead the project into the first important stage of research. Over the course of five months, research was carried out with consumers of Indian takeaway food in Lincolnshire and observational research and interviews were conducted with restaurants and takeaways. This research offered valuable insights and helped design a segmentation model and programme to tackle this important issue.

Check how much fat, sugar and salt is in your food

<table>
<thead>
<tr>
<th>Category</th>
<th>High per 100g</th>
<th>Medium per 100g</th>
<th>Low per 100g</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fat</td>
<td>Over 15g</td>
<td>Over 5g</td>
<td>5g</td>
</tr>
<tr>
<td>Saturates</td>
<td>Over 20g</td>
<td>1.5g</td>
<td>0.3g</td>
</tr>
<tr>
<td>Salt</td>
<td>Over 5g</td>
<td>15g</td>
<td>0.3g</td>
</tr>
</tbody>
</table>

Remember that the amount you eat of a particular food affects how much sugars, fat, saturates and salt you will get from it.
Case for intervention. Why focus on takeways?

The testing of takeaway food revealed alarmingly high levels of saturated fat, salt and calories in popular dishes. Although not solely responsible for the obesity epidemic, it has been recognised that regular and mass consumption of food with high levels of saturated fat, salt and calories is a contributory factor.

High level consumption of any foods high in salt, saturated fat and calories are likely to result in weight gain and increased rates of obesity, which in turn increase the likelihood of developing certain health problems such as heart disease, stroke and high blood pressure. With the increase in consumption of takeaway food and eating out in restaurants it is important to highlight the risks involved in eating these foods and give consumers accurate information so that they can make an informed choice about what they eat.

However, as shown in the results of our research on pages 7 and 8, some people are unconcerned about what is in their food and simply offering information will not be enough to change behaviour. In order to improve the eating behaviours of regular consumers of Indian takeaways it was felt that a ‘health by stealth’ approach could work. The project team wanted to see if the food could be changed without consumers noticing a difference, creating a ‘win-win’ situation.

One in three Britons are eating a takeaway at least once a week.
What we found in one meal...

Fat content of a typical meal (as tested by Trading Standards in May 2011).

Total fat, salt and calorie content of the above meal in comparison to guideline daily amounts.
What the research told us

Attempts have been made in recent years to highlight the risks to the consumer of diets high in salt, saturated fat and calories, but little has actually changed in consumer behaviour. Research was undertaken to discover what could change consumer behaviour and insights were gathered to help to create this change programme.

The customer is the biggest influencer in trying to change behaviour within the food industry.

A comprehensive desk review was undertaken to understand what is already known about the Indian restaurant and takeaway industry and telephone and face to face interviews were conducted with a cross section of Indian takeaway staff (including some observational research in the kitchens) to understand more about cooking practices. 494 street interviews with regular consumers of Indian takeaway food were also undertaken to understand the motivations and behaviours of the consumer.

The biggest barrier to change within the ‘small business’ food industry is cost.

Many restaurants claim to be taking steps to offer healthier alternatives, but when further probed, few were proactive in promoting healthy options.
This research found that:

- Feedback from consumers is key to encouraging takeaways and restaurants to produce healthier alternatives. Restaurants and takeaways are generally driven by the commercial benefits of a healthy eating programme, and so tend to be open to most of the initiatives suggested if they believe their customers wanted it or that they would reach a wider group of customers if they offered healthier options.

- Many Indian restaurants claim to be taking steps to offer healthier options but when further probed, few are proactive in promoting healthy options. It is only when a customer asks for it they will talk about ‘lower fat alternatives’ such as grilled meat dishes or tomato based dishes.

- Preference would be for requests to change their menu to come from the consumers and not the authorities.

- Takeaway establishments are keen to be seen to be participating in something that their competitors are also taking part in and are keen to ensure that they have a greater competitive advantage.

- Many consumers told us that health issues generally are not a consideration when choosing a meal and almost all surveyed have never asked about a healthier option. But more than two thirds of people did tell us that they would choose a healthier option if it was available.

- More than half of consumers find displaying nutritional information on the menu appealing and a third of people said that they would like to have more information about what is in their food and see healthier options on the menu.

- Over half of consumers also said that they would find it appealing if restaurants and takeaways reduced salt, saturated fat and calories in their dishes as standard.

*Download the full scoping report at www.healthiertakeaways.co.uk*
One size doesn’t fit all

The research allowed the project team to find out a lot about the consumers of takeaway food. A segmentation of the data was carried out using cluster analysis, a statistical technique that can be applied to data that exhibit ‘natural groupings’. Cluster analysis sorts through the raw data and groups respondents into clusters. Each cluster is a group of relatively homogeneous cases/respondents that share common characteristics. They are also dissimilar to those outside the cluster, particularly those in other clusters. Once the clusters are identified strategies to meet their needs and wants can be designed.

Overview of type segments identified

- **33%** GRAPPLING WITH GUILT
- **19%** HEALTHY EATERS, OCCASIONAL TREATERS
- **18%** FOOD HEDONISTS
- **26%** YOUNG AND GUILT FREE
- **4%** VERY HEALTH CONSCIOUS

Unhealthy | General dietary behaviour | Healthy
Pen portraits

Common attitudes and behaviours of the main segments.

**FOOD HEDONISTS**

The overall healthiness of the meal is not a consideration at all for this group. Frequent eaters of takeaways with half eating at least fortnightly. Most likely to eat takeaway when alone and don’t want to cook. Do not feel guilty about eating takeaways, consider their diet to be unhealthy and want to eat what they like. Predominantly male, under 45, lower social economic groups.

**YOUNG & GUILT FREE**

This group are moderate eaters of takeaway food - typically monthly. They are not concerned about healthiness of food and tend to see takeaways as an easy option for dinner. Unlikely to check nutritional information on food. The vast majority would never choose a healthier option if available. The group is predominantly younger males working/middle class.

**GRAPPLING WITH GUILT**

Often state that they feel guilty about eating takeaways as they know it’s bad for them. They are likely to state that they will choose healthy options wherever possible. They are also likely to consider calorie and fat content. Predominantly female and family orientated.

**HEALTHY EATERS, OCCASIONAL TREATERS**

This segment typically consume takeaways monthly or less. They generally claim to have a healthy diet and choose healthy options wherever possible. Likely to consider and check nutrition. Takeaways are seen as a treat, high appeal for a range of healthy options, particularly reduced butter/fat. Predominantly older females in higher socio-economic groups or living in households with no children.

**VERY HEALTH CONSCIOUS**

This group are most likely to eat takeaways as an occasional treat. They generally have a very healthy diet and check the nutritional information on purchased food. Half state the overall healthiness of the meal is a consideration. Would choose a healthy option if available. They are likely to be over 65 and may have conditions such as diabetes.
Our plan

The research and segmentation model led the project team to design a social marketing plan that included a number of interventions:

1. Bringing in a chef and experts from the Food in Schools team to work with five restaurants to change cooking practices and reformulate food so it has reduced saturated fat, salt and calories in popular takeaway dishes.

2. Working with restaurants to design new healthier options that taste as good – or better - than the higher fat equivalents.

3. Introducing new menus (and symbols) so consumers are aware of new healthier options.

4. Encouraging the purchasing and use of smaller cartons to decrease portion sizes.

5. Working with suppliers to Indian restaurants to reduce salt, sugar, saturated fat and calories in ‘bought products’.

6. Raising awareness about takeaway food and encouraging consumers to ask for healthier options in their local restaurant/ takeaway (thus encouraging businesses to develop alternatives to meet the needs of their customers).

7. Encourage restaurants and takeaways to ‘swap’ products for healthier alternatives (such as vegetable oil for rapeseed oil)
The “perfect” intervention mix

In social marketing, the perfect intervention mix to solve this issue would include actions in four domains. Within the available budget we were able to do some of the proposed interventions. The ideal solution would include all of the actions highlighted in the four domains.

<table>
<thead>
<tr>
<th>Design:</th>
<th>Support/infrastructure:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environmental and physical context, engineering, increasing availability, improving distribution.</td>
<td>Provide services, support, respond to what people want and need.</td>
</tr>
<tr>
<td>Reformulation of products and/or introduction of new ‘healthier’ products - reduced cream, salt, fat.</td>
<td>Assistance to help takeaway businesses to understand potential new customers.</td>
</tr>
<tr>
<td>An award scheme that recognises establishments that offer ‘healthier’ products for customers.</td>
<td>Cooking classes (or similar) for chefs which is seen as professional development.</td>
</tr>
<tr>
<td>Encourage purchasing and use of smaller cartons (to reduce portion sizes) and/or persuade businesses to offer smaller sizes.</td>
<td>Work with Indian takeaways to implement, as appropriate, guidance produced by central government initiatives which provide information on how small businesses can improve the nutrition quality of their food with simple changes to cooking practice.</td>
</tr>
<tr>
<td>Work with suppliers to Indian restaurant/takeaways to reduce salt, sugar and calories in ‘bought products’.</td>
<td>Resources to help businesses re-print menus, and buy equipment.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Educate:</th>
<th>Control:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inform and advise, persuade and inspire.</td>
<td>Legislate, regulate, enforce, require, control, set standards.</td>
</tr>
<tr>
<td>A campaign to persuade more customers to demand healthier options.</td>
<td>A local policy for managing the proliferation of fast food outlets, especially near parks and schools, in order to combat their known adverse impact on community health.</td>
</tr>
<tr>
<td>Promotion that raises awareness of an award scheme.</td>
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</table>
First steps towards change

The project team began by compiling a list of Indian takeaway restaurants in Lincolnshire and telephoning as many as possible to talk about our research findings and encourage participation in our pilot project. We found that many preferred face-to-face discussions so appointments were made with restaurant owners in several locations across the county.

After visiting around 10 establishments we found five restaurants willing to take part. One restaurant was already engaged with the project through direct contact with Trading Standards and was keen to lead the way. The five restaurants chosen were geographically spread across Lincolnshire, in both urban and rural locations.

The Project Manager, Food in Schools Team and a local chef visited the restaurants to initially discuss the project and to observe cooking practices. Every ingredient that went into five dishes was recorded – the dishes were chosen because of their popularity with customers: Chicken Korma, Chicken Tikka Masala, Lamb Balti, Pilau Rice and a Garlic Naan. In addition, the ingredients of the 'stock pot', used to make 95% of dishes on the menu and all sauces was also recorded.

Samples were then taken from the restaurants and handed to Trading Standards who sent them to a laboratory for further testing and analysis.

The Food in Schools team took the information they had recorded from observing and writing down the ingredients and used a software tool to provide information on calorie, salt and fat levels. This allowed the chef to begin work on reformulation and gave the project a benchmark to begin.

“It was important to observe what was happening in the kitchen. This helped us to really understand how food is made.”
Reformulation begins

Working with the restaurant chefs, Jack – also a local chef and lecturer in food and hospitality – devised new recipes for the restaurants that used alternative, healthier ingredients.

Some of the practices and behaviours of the chefs were quite ingrained and have been used for many years. Recipes have been passed from one generation to the next, so it was not going to be an easy task to change cooking practices and behaviours. For example, a family recipe for naan bread contained baking powder and baking soda – both high in salt. Self-raising agents so it is not necessary to add the additional baking powder and soda. By educating the chefs Jack was able to change their cooking practices and the recipe for the naan bread.

In the kitchen – behind the scenes - a stockpot is created and used as a base sauce for the majority of the main courses. In most cases all sauces are created using the stockpot. In some cases this stockpot contained 2 litres of vegetable oil. When asked why the chefs used heavy oil content, many said that it was to prevent the onions from going black. On closer analysis, Jack discovered that it was not the oil making the onions black. The onions were in fact migrating with the aluminium pan when they were stored which created black onions. Jack was again able to re-educate the chefs and persuade them to use less and switch to rapeseed oil.

Most menus in Indian restaurants and takeaways have over 50 dishes to choose from. As well as tackling the stockpot that is used to make most of the main dishes and sauces, this pilot also focused on the most popular main dishes to see if more could be done to make them healthier - but still taste good.

Jack spent a lot of time working in the restaurants reformulating the five dishes chosen at the start of the pilot. The findings from the laboratory analysis concluded that they were high in saturated fat, salt and calories (see page 6).
The most challenging dish to reformulate was the Chicken Korma. The stockpot had already been changed which made a slight difference to the levels of salt, saturated fat and calories in the dish but the main ingredients of a Korma – sugar, coconut powder, single cream and almond powder were still needed to create the right taste and consistency.

Attempts were made to produce a ‘healthier’ Korma using reduced sugar and low fat yogurt but this made quite a difference to the taste and the restaurants weren’t too keen to make this a permanent reformulated item on the menu. A decision was made to concentrate on dishes that can be reformulated but still taste the same or as good as their original version.

The Balti dish also proved problematic but a solution was found. Jack and the restaurant chefs reformulated the dishes, but when the test results came back from the laboratory they were still high in saturated fats and some had higher salt levels than the original dish. Calories however, were less. In a bid to get to the bottom of this, Jack went back into the restaurants and worked with the chefs again to look at the problem.

The hypothesis was that the commercial pastes used by many of the restaurants were contributing to the high salt and fat levels. Jack and the chefs decided to use dry spices for the Balti dish with the new reformulated stockpot to see if this alleviated the problem. Further analysis suggested that this was the case. The restaurants have now agreed to use the dry spice mixes that Jack has produced to give a better flavour and make the dish healthier and tastier.

The reformulation of the stockpot means that most of the menu is now healthier by default.
Changing ingredients and changing behaviours

The pilot restaurants have all changed their cooking practices to provide healthier dishes for their customers. Previously, the chefs would use 2 commercial spoons of vegetable oil (approximately 118 grams) to stop the dishes from burning while in the pan on the stove.

Often, garlic puree, ginger puree and tomato puree – all preserved in more vegetable oil was added to the pan. In some cases, commercial spice pastes were also added to the pan along with single cream to make a sauce.

All dishes using a pan now start off with a fine mist of rapeseed oil using a spray bottle. Rapeseed oil is better for the heart and lower in cholesterol. A combination of garlic, ginger and tomato all preserved in one jar with rapeseed oil as its preservative is now used. In most cases, the single cream has been replaced with low fat yogurt.

Portion size

The project highlighted the issue of portion sizes in many takeaways and restaurants. We found that rice portions in particular were a problem. The size differed extremely from takeaway to eating in (takeaway portions were always bigger). In an effort to try and convince restaurants to reduce their takeaway portions of rice, a meeting between businesses is to be held as it was recognised that, due to competitiveness in the industry, the restaurants would not change unless every restaurant in the local area makes the change.

COMMERCIAL PASTES

Some restaurants use commercial pastes available from wholesalers and the results showed during testing that dishes using commercial pastes contained a higher level of sugar, salt and fat than a restaurant using mixed dry spices.
Customer feedback

Kismet in Grantham and Mowgli in Metheringham invited the public into the restaurant to taste their reformulated dishes and give feedback. The Passage to India in Lincoln also invited journalists into the restaurant to taste the difference.

The most positive comments from the blind testing were that the new reformulated dishes were fresher, and in particular many said they could taste the spices more. Customers told us that they preferred not seeing the layer of fat that is sometimes present around the outer edges of the dish (especially in higher fat dishes).

The tasting tests for rice showed overwhelmingly that customers preferred the rice with no ghee added. Ghee (which is high in fat) is often added to rice to add a slight flavouring and a glossy finish.

Saving businesses money

There was a misconception by many restaurants at the start of the project that making changes would lead to higher costs. We have been able to show them that this is not the case and healthier food does not always mean higher costs – for restaurants or consumers.

One of the biggest switches was from vegetable oil to rapeseed oil. There was a belief by many restaurant owners that rapeseed oil was an expensive ingredient and switching would not be cost effective. However, a national supplier could provide the same size 20-litre drum of rapeseed oil for just £1.46 extra which they were prepared to pay. The product is also available at a well-known wholesaler, which means that it is an accessible and cost effective product for the small business.

The switch from commercial pastes to dry spices can save the business money and make dishes healthier and taste more authentic. They cost less than the commercial pastes and are available mixed or sold singularly.

Giving customers information

During our research phase, consumers told us that they wanted to see healthier options on the menu. For some people, it is important to make an informed decision about what they are eating.

As part of our commitment to highlight new healthier options on the menu, all restaurants taking part in the pilot have redesigned their menu to include reference to healthier options. An ‘H’ symbol will be displayed next to an item that now has less salt and uses rapeseed oil and low fat yogurt.

Above: The new ‘H’ symbol now on the menus at our four pilot restaurants.
The reformulation results

Here are a selection of ‘before and after’ dishes from the different restaurants we worked with in Lincolnshire. The dishes show the salt, fat and calorie content measured per 100g.

AGRA, SLEAFORD

**CHICKEN KORMA**
- **Before:** Energy 231 kcal, Fat 14.8g, Salt 0.48g
- **After:** Energy 169 kcal, Fat 11.0g, Salt 0.20g

**CHICKEN TIKKA**
- **Before:** Energy 166 kcal, Fat 9.8g, Salt 0.64g
- **After:** Energy 158 kcal, Fat 9.7g, Salt 0.48g
The reformulation results

MOWGLI, METHERINGHAM

CHICKEN TIKKA
- Energy: 171 kcal
- Fat: 11g
- Salt: 1.07g

LAMB BALTI
- Energy: 136 kcal
- Fat: 8.7g
- Salt: 0.64g

PASSAGE TO INDIA, LINCOLN

CHICKEN TIKKA
- Energy: 201 kcal
- Fat: 13.0g
- Salt: 0.97g

STAR OF INDIA, BOSTON

CHICKEN KORMA
- Energy: 247 kcal
- Fat: 16.5g
- Salt: 0.99g
Customer feedback and results

All our pilot restaurants published new menus to include healthier options. An ‘H’ symbol was created to indicate to the customer that a dish is healthier. We asked all restaurants to record the number of dishes sold (including healthier dishes) over a four-week period. The healthier dishes on the menu included favourites such as Chicken Tikka Masala, Pilau Rice, Lamb Balti and Chicken Korma. Some restaurants included other healthier options. In week one 540 healthier dishes were sold across the four restaurants. By week four this increased to 645.

<table>
<thead>
<tr>
<th>Sales of healthier dishes weeks 1 &amp; 4</th>
<th>Week 1</th>
<th>Week 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of dishes sold (main dishes, sides and breads)</td>
<td>1637</td>
<td>1778</td>
</tr>
<tr>
<td>Number of dishes sold classified as healthier dishes and indicated as ‘H’ on the menu</td>
<td>540</td>
<td>645</td>
</tr>
<tr>
<td>Percentage of healthier dishes sold</td>
<td>33.9%</td>
<td>36.3%</td>
</tr>
</tbody>
</table>

We also recorded information about the people who purchased the healthier dishes. In week one it was mainly women who purchased healthier dishes (66%). Over half were aged between 36-59 years. In week four, more males were eating healthier dishes (44%) than in week one, but women still made up the majority picking the healthier dish (56%). The most popular healthier dish sold was the Chicken Tikka Masala.

“Not having Ghee on the rice gives it a better taste in my opinion."

“Good taste - not oily."

“I can taste the spices more - feels more Indian and authentic.”

“I love the fact I can choose healthier options - what a great idea.”

“The naan bread tastes a lot better.”
The future

This pilot project showcases what can be done when people and organisations come together.

We set out to change the behaviour of those who supply the food rather than directly targeting consumers to ask them to cut down or cut out and we were able to do this – but only because we worked in partnership from beginning to end. We believe that if we can work with the industry, including small businesses, to help them to produce healthier products for customers we are one step closer to tackling the impact of a diet high in salt and saturated fat.

More work can be done to make our takeaway and restaurant food healthier without us tasting the difference, including working with suppliers to small businesses to make the products they sell to restaurants healthier. For example, working with the companies that produce the pastes many restaurants use is a good starting point. If we can get them to reduce the salt content in their pastes then takeaway meals across the UK will instantly be transformed and people will be consuming less salt.

We have also discovered that the enthusiasm for this work has not died at the end of the pilot. The restaurants we worked with are very keen to not only continue the work that has been done, but they are looking at ways to offer more healthier alternatives. One restaurant will be providing wholegrain rice as a new addition to the menu and another is looking to work with slimming groups. One restaurant owner is developing his own dry spice mix to sell to other restaurants.

We have also had significant interest from restaurants and authorities from many different parts of England and Wales. This demonstrates the commitment elsewhere to tackling this issue. A dedicated website has been set up to help people who also want to make a difference in this area and we hope after reading this report and visiting our website you feel inspired to tackle takeaways in your area.

Good luck!

Opposite: Healthy cooking at Mowgli, Metheringham - one of our pilot restaurants.