



UNIVERSITY OF BIRMINGHAM

An Evaluation of the Regional Unit of the Food Standards Agency

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Contents

Executive Summary	3
Surveys	6
Introduction.....	6
Regional Unit - Aims and Objectives.....	6
Rationale for the Surveys	8
Survey 1 Comparison of RT regions and non - RT regions.....	8
Analysis	9
Potential bias	9
Results.....	9
Summary of Results	29
Survey 2 Stakeholder opinions in Areas with RT ..	31
Methodology	31
Results.....	32
Discussion	42
Survey 1	42
Survey 2.....	45
Conclusions.....	46

Executive Summary

An independent evaluation of the Agency's Regional Unit was carried out by the University of Birmingham between October 07 and March 08. The evaluation consisted of two surveys to assess the quality of the relationships between local and regional stakeholders and the FSA. The surveys were designed, conducted and analysed by Birmingham University with input from the Agency's Analysis Research Division.

The first phase of the evaluation was carried out during October and November 2007. It consisted of an electronic survey questionnaire sent to all English Local Authorities and Regional Public Health Teams to measure the quality of their partnership with the FSA and the impact the Regional Teams were having. A series of questions assessed key characteristics common to successful partnerships, previously identified by Greenstreet Berman (2006) in research commissioned by the Agency¹. These characteristics include good cooperation and collaboration; sharing of risk, resources, information, skills and decision making; and identified areas of mutual benefit.

In order to assess the impact the Regional Teams had made on the quality and extent of these partnerships, the embedding of key Agency messages and the delivery of national Agency targets, a comparison was made between the responses from regions with an Agency Regional Team and those without.

The second phase of the evaluation took place between February and March 2008. A series of structured interviews were carried out by the University to explore the nature of the partnership the Teams had developed with key local government, public health and industry stakeholders and their views on the initiative and its future roll-out.

¹ 'Working Effectively with Industry – Report for the Food Standards Agency' – Greenstreet Berman 2006

Based on the responses from 137 organisations, the results show clear evidence of a more developed and positive FSA partnership with key food stakeholders and delivery agents in English Regions where an Agency Regional Team was in place. Top line findings show that in regions where an Agency Regional Team (RT) was in place, there was:

Better partnership working - a higher proportion of respondents from the RT areas felt they had a partnership with the FSA (69% compared to 41% in non-RT areas). In RT areas, the three most commonly used descriptors of their relationship with the FSA were respectively, 'developing', 'collaborative' and 'reliable'. In non-RT areas they were 'remote', 'developing', and 'one sided'. As one respondent put it;

“The Council's relationship with the FSA has improved significantly since the appointment of (*Regional Coordinator*) in our local GO office. Before this regional presence initiative, I would have described our relationship with the FSA as one sided and remote”.

Greater knowledge of key Agency priorities – 64% of respondents from RT areas felt they had a good or excellent knowledge of Agency salt reduction priorities and targets compared to 42% in non-RT areas. For Traffic Light Labelling the figures were 67% compared to 44%.

Increased understanding and awareness of Agency priorities and resources - Respondents from areas with an RT generally feel more involved in FSA agenda delivery (45% compared to 25%); more aware of the available Agency resources (65% compared to 44%); and rate more highly the level of accessibility of the FSA (60% compared to 26%).

Greater FSA contribution to local decision making – 72% of respondents from RT areas felt that the FSA contributed to their decision making compared to 49% in non-RT areas.

Increased local initiatives delivering FSA priorities – more than twice the proportion of respondents in RT areas had developed a new initiative in one

of the three Agency priorities (reducing food-borne illness, traffic light labelling and salt reduction) in the previous twelve months compared to non-RT areas (37% compared to 17%).

Overall, of the 19 questions asked, all of which explored characteristics common to successful partnerships, 14 received a more positive response from the RT areas, 5 were about the same, and none were more positive from the non-RT areas.

The results from the structured interviews were consistent with these findings and showed unanimous support for maintaining the Teams and expanding them to the other GO regions.

Participants cited improved relationship/partnership with the FSA as an important reason to support this initiative. The regional representatives are assisting with communication between the regions and the FSA centre, they are assisting with strategic plans, financial bids, training, joint events and other methods of collaborative working. They have improved the reputation of the Agency and also helped to embed national targets and strategies at local and regional level.

Surveys

Introduction

Regional Unit - Aims and Objectives

The Regional Unit was formed as part of the Agency's work to strengthen its links with regional and local partners. The purpose of the initiative is to help disseminate key Agency messages and assist in the local delivery of Agency Strategic and Corporate Plan targets on food safety, dietary health and choice.

The Agency's 2005-10 Strategic Plan recognised the need to strengthen links and develop better partnerships with organisations working at a regional and local level in order to tackle food safety and dietary health issues more effectively. It also highlighted the role played by Food and Health Strategies being developed at the local and regional level as part of the Choosing Health White Paper agenda. It was felt there was a need for the Agency to contribute to these strategies.

The 'Food Regulation Statement of Intent' agreed between the FSA, LACORS, and the Local Government Associations for England and their equivalents in the devolved administrations, committed the FSA to;

- Developing an effective and coherent partnership between FSA and local councils, based on the principle of making the best use of their respective strengths, and applying collective resources in the best way to tackle national, regional and local priorities for food related issues.
- Improving two way communications between FSA and councils to ensure that the councils and their representative organisations are involved in both the development of policy and in the planning and delivery of the operational activities which carry them into effect.

It also outlines that part of the way this would be achieved would be through

“the FSA regional officers in England work with local councils, as well as colleagues in FSA to develop, implement, and facilitate effective local partnership working between FSA, local authority and other stakeholders.”

In light of the above commitments and strategies, it was therefore agreed to establish Regional Units. As a first step it was decided to place these units in four of the nine English Government Offices for the Regions. Two Agency staff were appointed for each unit and the 4 teams were phased in from May to September 2006.

At its Board meeting in May 2007, the FSA Board decided that the timing of roll-out to the other 5 English Regions should be left open and the decision be brought back to the Board, once the impact of the regional teams could be assessed. The wider budgetary influences impacting on the Agency also needed to be considered. This evaluation plan has been developed to evaluate three key RT objectives:

1. To secure effective and sustainable regional and local partnerships
2. To ensure Agency food safety and nutrition priorities are contained within relevant Regional Food & Health Action Plans and Local Area Agreements
3. To embed Agency messages on healthy eating and choice in line with Agency priorities & campaigns.

The evaluation used a variety of techniques to measure delivery against these objectives. Two surveys were designed and implemented to assess the quality of the relationships between local and regional FSA stakeholders and the FSA. The first survey canvasses participants in both RT and Non-RT regions and compared the results. The second survey concentrated on key stakeholders in RT areas only. The surveys were designed, conducted and analysed by Madeleine Smith, Teaching Fellow in Food Safety at the University of Birmingham.

Rationale for the Surveys

No widely accepted definition of partnership exists but Greenstreet Berman (2006)² identified areas that were common to successful partnerships. These common areas were used to develop questions across both surveys, to assess whether partnerships existed, and if so, how the participants perceived the quality of these partnerships.

Survey 1 Comparison of RT regions and non - RT regions

The first survey was aimed mainly at Local Authority participants and was designed to compare the situation in Local Authorities which had an RT with those which did not. If the RT was having an impact on the quality and extent of the partnerships, the embedding of key messages and delivery of national targets it would be expected that these would be more advanced and/or more common in the authorities with a regional presence.

Nineteen questions were designed to assess the quality of partnerships using the Greenstreet Berman model as a guide. Some of these questions also asked directly about the embedding of key Agency priorities.

Three questions specifically asked about partnerships and partnership stages (Q 1, 18, 19) while others asked about the characteristics identified by Greenstreet Berman as contributing to successful partnerships. These were:

- Areas of co operation and collaboration
 - (Q3, 13, 16, 12)
- Areas of sharing
 - Risk (Q8)
 - Resources (Q 14, 15)
 - Information (Q2, 7, 9, 10)
 - Skills (Q11,)
 - Decision making (Q17)
- Mutual benefit/common good
 - (Q 4, 5, 6)

² 'Working Effectively with Industry – Report for the Food Standards Agency' – Greenstreet Berman 2006

The survey was sent electronically from the University of Birmingham to the target groups on November 11th 2007. Recipients were given 3 weeks to complete and return the forms. A reminder email was sent to all recipients after two weeks.

Analysis

Questionnaires were coded into RT and Non-RT regions. Descriptive statistics were used to allow a comparison for each question between the two groups. Given the qualitative nature of the survey (the data being ordinal or nominal, according to the question) tests for significance were not applied.

Potential bias

The questionnaires were sent to food leads for Environmental Health and Trading Standards for all Local Authorities in England, and the DH Food and Health lead at each English Regional Government Office. The response biases typically associated with self completed surveys such as language difficulties and poor literacy probably did not apply to this target group given their professional backgrounds. Sending to all Local Authorities minimised the selection bias as 100% of the target group were canvassed. As with all self completed questionnaires it is not possible to determine why non responders did not participate. However, there is no reason to believe that the non responders differed in any particular relevant way from those who did participate, for example there appears to be no area or type of authority over or underrepresented.

Results

Survey no 1

Return Rates:

	RT	Non-RT
No. Sent out	252	199
No. Returned	83	41
Return Rate	34%	21%

Table 1 response rates for completed surveys

There was a higher return rate from RT regions than Non-RT regions, but the rates in each area are consistent with expected range of responses for this type of self administered survey. In the RT group, 81 respondents were from LA and two were food and health leads in government offices. In the non-RT regions 40 respondents were from LA and one from a food and health lead in a government office.

Question 1: *Please rate the level of general support you have received from the Food Standards Agency in the last 12 months (Likert scale 1= Poor; 5=Excellent)*

Respondents in RT regions rated the support from the FSA generally better than those regions without an RT. Over three times the proportion of the RT group scored a 4 or 5 (Excellent) (47%) compared to the Non-RT group (15%). Only 2% of respondents from the RT areas were likely to rate the response poor, while 5% in the non-RT regions did so. (See Table2 and Fig 1).

Q1	1 (poor)	2	3	4	5 (Excellent)
RT n=82	2% (2)	17% (14)	33% (27)	38% (31)	10% (8)
Non-RT n=41	5% (2)	27% (11)	54% (22)	15% (6)	0% (0)

Table 2. Responses to Q1 percent (No.) for RT and Non-RT groups

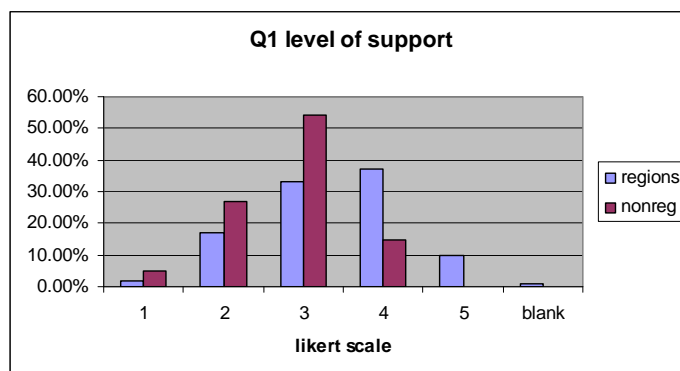


Fig.1: responses on Likert scale to question 1 from RT and Non-RT Groups

Question 2. *What level of knowledge do you feel you have regarding the following food standards agency key priorities & targets? (Likert scale 1= Poor; 5=Excellent)*

- a. Salt reduction
- b. Traffic Light Labelling
- c. Reduction in foodborne illness

Q2a	1 (Poor)	2	3	4	5 (Excellent)
RT	1% (1)	11% (9)	24% (20)	47% (39)	17% (14)
Non-RT	5% (2)	17% (7)	37% (15)	37% (15)	5% (2)
Q2b					
RT	0% (0)	10% (8)	20% (17)	49% (15)	18% (15)
Non-RT	5% (2)	12% (5)	39% (16)	39% (16)	5% (2)
Q2c					
RT	8% (7)	17% (14)	27% (22)	37% (31)	7% (6)
Non-RT	15% (6)	10% (4)	25% (10)	44% (18)	7% (3)

Table 3. Responses to Q2 a b and c % (No.) for RT and Non-RT groups

With regard to the level of knowledge respondents felt they had on Food Standards Agency key targets, more respondents from the RT areas felt they had a good or excellent level for the newer targets of salt reduction and traffic light labelling than respondents from the non-RT areas. For the target of salt reduction, 64% of the RT group scored 4 or 5 compared to 42% of the Non-RT group, while 67% of the RT group scored 4 or 5 for traffic light labelling compared with 44% of the Non-RT group (See Figure 2). For level of knowledge of reduction in foodborne illness, the difference was less pronounced with 44% of RT groups scoring 4 or 5 compared to 51% of Non-RT group (See Table 3.)

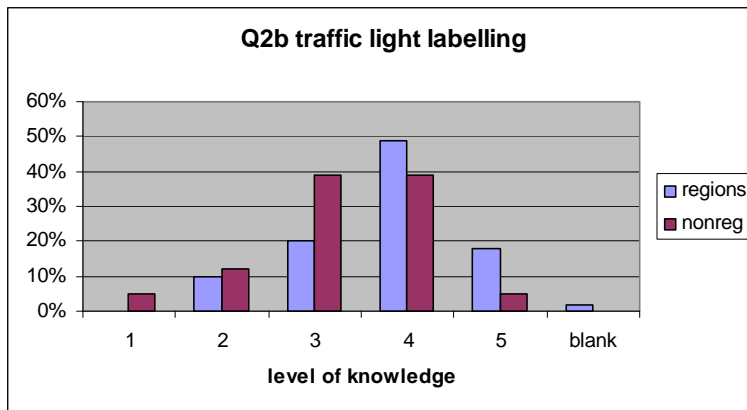


Fig.2: percent responses on Likert scale to question 2b from RT and Non-RT Groups

Question 3. *Have you embedded any Food Standards Agency key priorities in your own strategies? (Yes/No).*

If yes, please indicate the type of strategy or plan in which they are included: (Regional Food and Health Action Plan; Regional Public Health/Food Strategies; Annual Business Plans; Regional/Local Health Inequalities Strategies; Local Area Agreements; Other (Please specify)).

Many respondents from both groups indicated that they had incorporated FSA priorities into their own strategies (80% of RT group and 76% Non-RT). The majority of these were Annual Business Plans (59% and 56% respectively) with the next highest being Regional FAHAPs (24% and 21%). A larger proportion of respondents from the Non-RT group (19.5%) indicated that they had included FSA priorities within their LAAs compared to the RT group (11%).

Q3		Any?	Regional Food & Health Action Plans	Public Health \ Food Strategies	Annual Business Plans	Regional \ Local Health Inequalities Strategies	Local Area Agreements
RT n= 83	yes	80% (66)	24% (20)	14% (12)	59% (49)	7% (6)	11% (9)
	no	20% (17)					
Non-RT n=41	yes	76% (31)	21% (9)	7.3% (3)	51% (21)	7.3% (3)	19.5% (8)
	no	24% (10)					

Table 4. percentages (number) of respondents by RT and Non-RT group choosing each strategy or plan

Question 4: *Do you feel the FSA’s key targets complement your organisation’s objectives? (yes/no).*

Key targets complement objectives?		
Q4		
RT N=82	yes	75% (62)
	no	24% (20)
Non-RT N=41	yes	73% (30)
	no	27% (11)

Table 5. Responses to Q4 % (No.) for RT and Non-RT groups

Similar proportions from RT and Non-RT groups felt the FSA’s targets complimented their objectives (75% and 73% respectively).

Question 5: *In the past 12 months have you developed any new initiative around the priorities listed in Q2 (salt, TLL, food-borne illness) as a result of Agency contact or support?*

Any new initiatives?		
Q5		
RT N=83	yes	37% (31)
	no	63% (52)
Non-RT N=41	yes	17% (7)
	no	83% (34)

Table 6. Responses to Q5 % (No.) for RT and Non-RT groups

More than twice the proportion of respondents from the RT group had developed a new initiative on one of the three FSA priorities in the previous 12 months (37%) compared to the Non-RT respondents (17%), in spite of the fact that there was no difference between the groups in their response to question 4 (do the FSA targets complement your organisations objectives). See Figure 3.

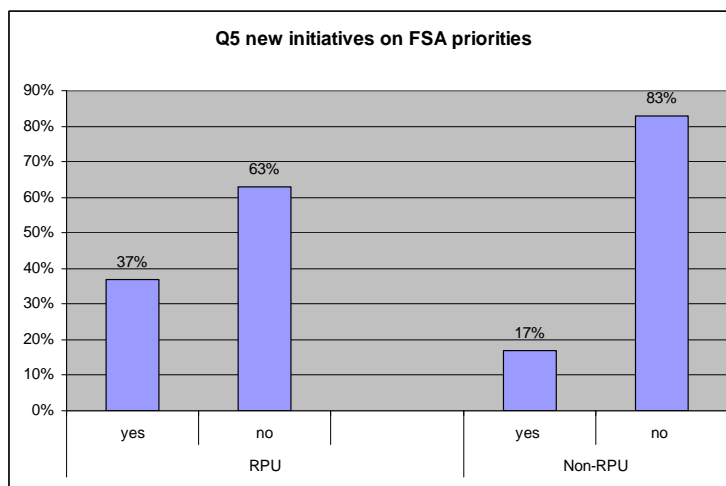


Fig.3: percent responses to question 10 from RT and Non-RT Groups

Question 6: *Do you feel the Food Standard Agency helps to deliver your organisations agenda? If yes, please give some examples.*

Q6	FSA Helps deliver agenda?	
RT N=81	yes	61% (50)
	no	38% (31)
Non-RT N=40	yes	37% (15)
	no	62% (25)

Table 7. Responses to Q6 % (No.) for RT and Non-RT groups

In the RT group, 61% of respondents felt that the FSA helped to deliver their organisations agenda, compared to only 37% of the Non-RT group. See Table 7 and Figure 4.

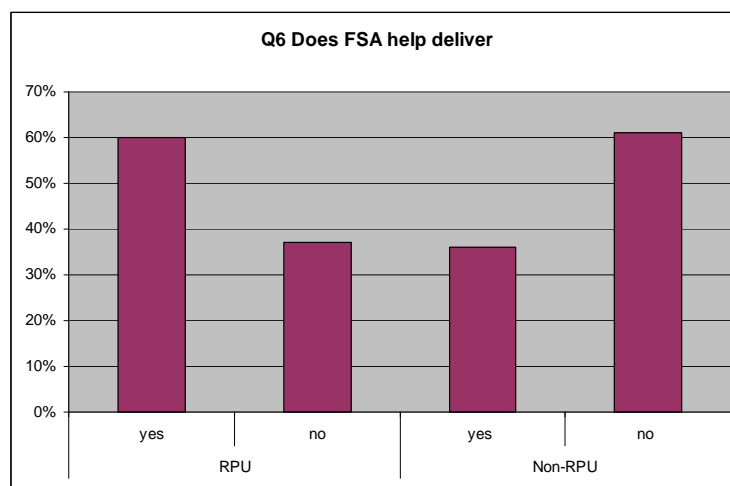


Fig.4: Percent responses to question 10 from RT and Non-RT Groups

Examples of how the Food Standards Agency helps the respondents to deliver their agendas were invited and those from the non-RT groups appear to be the more traditional types of support such as formal training or funding. From the RT areas, examples include facilitation and partnership working as well as the access to training and resource material. Responses include:

From RT group:

Through the provision of useful publications and information such as LAA guidance. Joint events held at GO... such as the recent FSA/LACORS

seminar for TS/EH. Also training courses run on a cost basis are most helpful. Some funding has been facilitated via the regional coordinator through our regional TS group to help with project work.

Very up-front regional presence. Regional event organised bringing together all those involved in promoting healthy eating. Pending regional event for enforcers. Presence at regional meetings of enforcers. (Regional Coordinator) seems to have boundless energy!

The regional contacts provide us with a useful local source of knowledge and information that enable greater links to be made between partners and sharing of best practice

From Non-RT group:

Supporting the work that we do e.g. via SFBB, training of officers e.g. dairy on farm pasteurisation course, imported foods training. Making available advice leaflets for businesses, FSA website, March 2007 update briefing session in London = very useful.

By providing financial support to specialist projects e.g. SFBB, Food Hygiene, Sampling, by providing specialist information and advice

Question 7: *The Agency has a range of resources & materials that could help you deliver your work in food and health. How aware of these do you feel?*

(Likert scale 1 = Completely unaware, 5 = Very aware)

Q7					
	1	2	3	4	5
RT N=83	2% (2)	8% (7)	24% (20)	52% (43)	13% (11)
Non-RT N=41	2.4% (1)	20% (8)	34% (14)	34% (14)	10% (4)

Table 8. Responses to Q7 a b and c percent (no.) for RT and Non-RT groups

Table 8 shows that 65% of the RT group scored 4 or 5 (Very aware) for awareness of FSA resources and materials, whereas only 44% of the Non-RT group scored 4 or 5. Considering the lack of awareness of resources, this seems to be more marked in the non-RT areas where over a fifth (22.4 %) of respondents claimed to be unaware of the available resources, scoring 1 or 2. This was only 10% in RT areas. (See Fig 5).

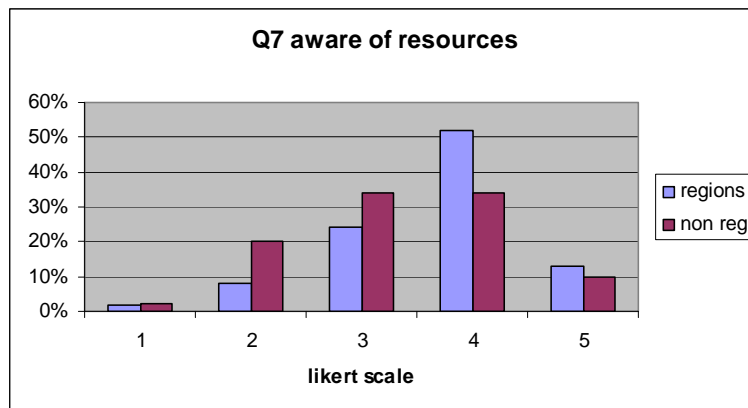


Fig.5: Awareness of resources from RT and Non-RT Groups (1 completely unaware, 5 very aware)

Question 8: *How involved do you feel in the delivery of the FSA’s food safety and/or healthy eating agenda?* (Likert Scale 1 = uninvolved, 5 = very involved).

Q8	1	2	3	4	5
RT n= 82	6% (5)	15% (12)	34% (28)	34% (28)	11% (9)
Non-RT n=41	10% (4)	20% (8)	46% (19)	15% (6)	10% (4)

Table 9. Responses to Q8 percent (no.) for RT and Non-RT groups

45% of the RT group responded with a 4 or 5 (very involved) compared to only 25% of the Non-RT group. A bigger proportion of respondents from the Non-RT group indicated ‘Uninvolved’ (10%) compared to the RT group (6%) (See Figure 6).

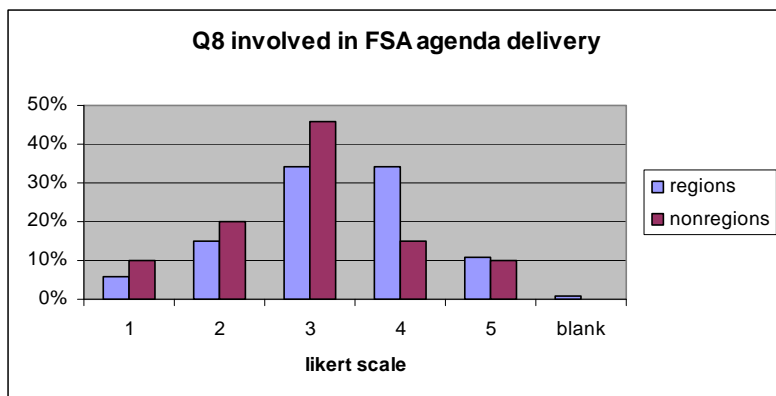


Fig.6: percent responses on Likert scale to question 8 from RT and Non-RT Groups

Question 9: *Please indicate how many times you have been in direct contact with any FSA representative in the last 12 months (Likert scale Never; once; 2 – 5; 6 – 10; over 10)*

Q9	How often in contact with FSA rep?				
	never	once	two –five	six-ten	>10
RT N=83	0.01% (1)	0.04% (3)	40% (33)	28% (23)	28% (23)
Non-RT N=41	12% (5)	12% (5)	46% (19)	22% (9)	7% (3)

Table 10. Responses to Q9 percent (no.) for RT and Non-RT groups

Contact with the Food Standards Agency appears to be much higher in areas with an RT. 56% of RT group claimed to have between 6 and ten or over ten contacts with the Food Standards Agency in the past 12 months. Only 29% of Non-RT group had been in such frequent contact. Nearly a quarter (24%) of the Non-RT group had had none or only one contact with the Food Standards Agency while less than 1% of the RT group was this limited (See Table 10 and Figure 7).

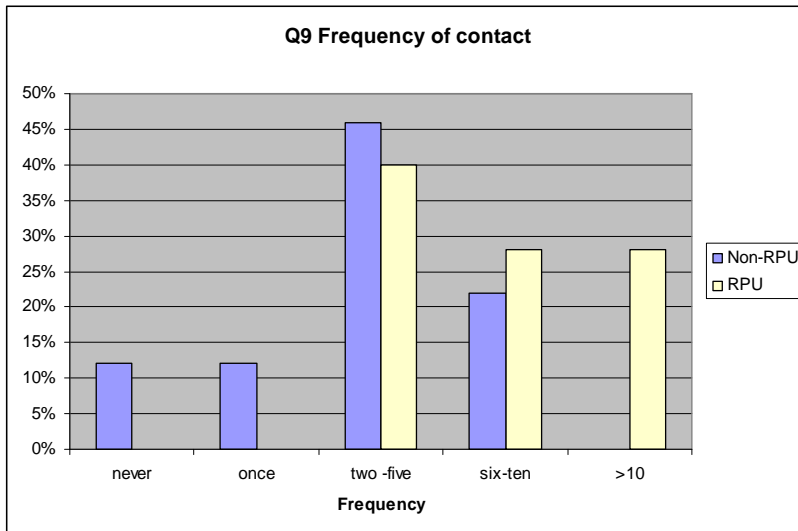


Fig.7: percent responses on Likert scale to question 9 from RT and Non-RT Groups

Question 10: *Please rate the level of accessibility of the Food Standards Agency (Likert scale 1 = Completely inaccessible, 5 = Very accessible).*

Accessibility of FSA					
Q10	1	2	3	4	5
RT N=83	1% (1)	10% (8)	30% (25)	39% (32)	21% (17)
Non-RT N=41	0% (0)	22% (9)	51% (21)	24% (10)	2% (1)

Table 11. Responses to Q10 percent (No.) for RT and Non-RT groups

Respondents from areas with an RT consider the Food Standards Agency to be more accessible than respondents from other regions. 60% of RT group rated the Food Standards Agency as 4 or 5 (very accessible) for level of accessibility compared to only 26% of Non-RT group. More of the respondents from non-RT regions felt the Food Standards Agency was inaccessible (22% scoring 1 or 2) than in the areas with regional presence (only 11% scoring 1 or 2) – see table 11 and Figure 8.

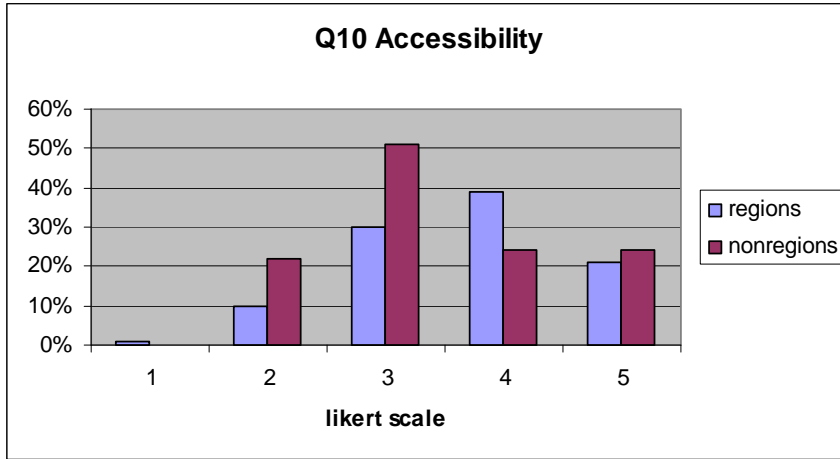


Fig.8: per cent responses on Likert scale to question 10 from RT and Non-RT Groups

Question 11: *Do you feel your understanding of the Food Standards Agency's priorities and targets has increased in the last year?*

(Likert scale 1 = No increase 5 = Considerable increase)

Q11 Increased knowledge FSA priorities	1	2	3	4	5
RT N=82	8% (7)	13% (11)	43% (36)	29% (24)	5% (4)
Non-RT N=41	17% (7)	24% (10)	49%(20)	7.5% (3)	2.5% (1)

Table 12. Responses to Q11 % (No.) for RT and Non-RT groups

Over three times as many (35%) respondents from the RT group scored 4 or 5 (considerable increase) for increased understanding of FSA priorities over the last year, compared to the Non-RT group (10%).

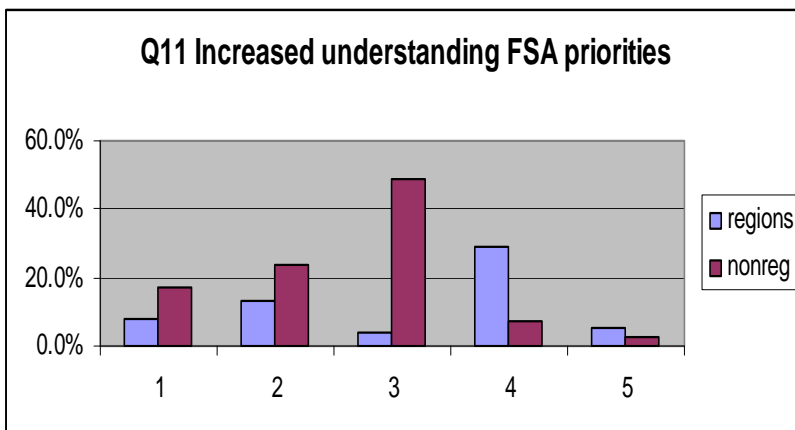


Fig.9: percent responses on Likert scale to question 11 from RT and Non-RT Groups

Question 12: *Have you used FSA advice or assistance at the planning stage of any initiatives in the last year ?*

(Likert scale 1 = Never 5 = Frequently)

Q12	1	2	3	4	5
RT n=83	25% (21)	29% (24)	33% (27)	9% (8)	4% (3)
Non RT n=41	37% (15)	39% (16)	15% (6)	9% (4)	0

Table 13. Responses to Q12 % (No.) for RT and Non-RT groups

Frequent use of the Food Standards Agency for advice or assistance in planning an initiative does not seem to vary between the two groups. However, over three quarters of respondents from the non-RT areas never or rarely use the Food Standards Agency for advice (76%) compared to only 54% in RT areas.

Question 13. *Has the Agency contributed to improving your networks/links with other organisations?* (Likert Scale 1 = not at all, 5 = a great deal).

None of the respondents in the non-RT group felt that the Food Standards Agency had contributed significantly (i.e. scored 4 or 5) to improving their networks and links with others. However 28% of RT group considered that the Food Standards Agency had contributed substantially to these networks (scored 4 or 5 with 5 being a great deal) More than half of the respondents from the non-RT group felt that the Food Standards Agency had not contributed at all to improving links and networks with others (56% scored 1 (not at all)). This compares to only 22% of the RT group who felt that way. (Table 14 and Fig 10).

Q13	1 (not at all)	2	3	4	5 (a great deal)
RT n= 83	22% (18)	24% (20)	27% (22)	22% (18)	6% (5)
Non-RT n=41	56% (23)	29% (12)	15% (6)	0	0

Table 14. Responses to Q13 percent (no.) for RT and Non-RT groups

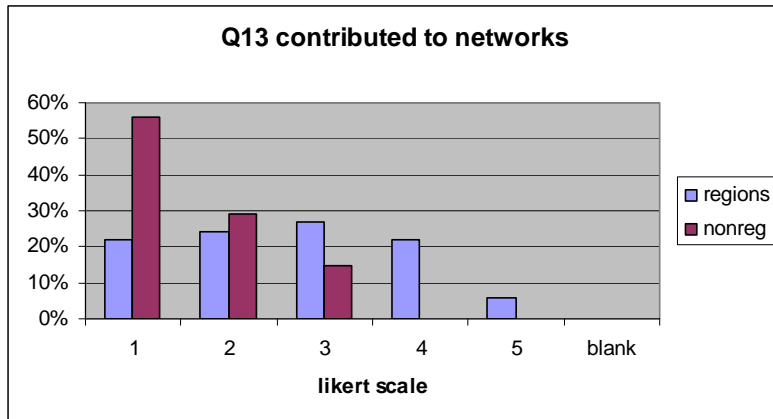


Fig.10: percent responses on Likert scale to question 13 from RT and Non-RT Groups

Question 14: *Have you successfully acquired any new funding in partnership with the FSA?*

The same proportion of respondents from each group indicated that they had acquired funding in partnership with the FSA. (40% from the RT group and 39% from the Non-RT group). No information on the type of funding was gathered but it is likely that the funding available for SFBB was a confounder here as this was awarded across the country and may serve to obscure any funding initiatives that were novel to the RTs .

Q14		% (No.)
RT n=83	yes	40% (33)
	no	60% (50)
Non-RT n=41	yes	39% (16)
	no	61% (25)

Table 15. Responses to Q14 % (No.) for RT and Non-RT groups

Question 15: *Have you had any direct funding from the FSA?*

- a. If yes please indicate if this was for an existing project, or a new initiative.
- B. If yes how helpful do you think the FSA is in supporting your organisation to access Agency or other resources of funding (Likert scale 1= poor, 5 = excellent)
- c. If yes, how useful has the FSA been in helping you to deliver projects or initiatives supported by Agency funding e.g. Hygiene and Nutrition grants / SFBB

Q15	Any direct funding?		a. New or existing		b. FSA help to access funding?	c. FSA help to deliver funded projects?
			Existing	new		
Regions n=82	yes	54% (45)	33% (15)	66% (30)	3.3	3.7
	no	45% (37)				
non regions n=41	yes	71% (29)	35% (10)	65% (19)	3.2	3.24
	no	29% (12)				

Table 16. Responses to Q15 percent (No.) for RT and Non-RT groups

A higher proportion from the Non-RT group had received direct FSA funding (71% compared to 54%). The average Likert scores for FSA help to access funding was slightly higher for RT group responses (3.3 compared to 3.2 for former) although this is was a subjective assessment and should not be considered as significant. On the other hand there is a noticeable difference in the scores given for FSA help in delivering projects (3.7 in the regions compared to 3.24 for the non regions). This again indicates a more positive relationship with the FSA in regions with an RT presence.

Question 16: *Are you currently running any initiatives in which the FSA plays an active role? (Yes/No)*

FSA active in any initiatives?		
Q16		
RT n=83	yes	34% (28)
	no	66% (55)
Non RT n=41	yes	37% (15)
	no	63% (26)

Table 17. Responses to Q16 % (No.) for RT and Non-RT groups

A similar proportion of RT (34%) and Non-RT(37%) group stated that the FSA played an active role in current initiatives.

Question 17: *Do you feel that the FSA contributes to your decision making?*
(Yes/No)

Nearly three quarters (73%) of respondents from the RT group felt that the FSA contributes to their decision making while less than half (49%) of the Non-RT group felt this way. (see Table 18).

FSA contribution to decision making?		
Q17		
RT n=82	yes	73% (60)
	no	27% (22)
non RT n=41	yes	49% (20)
	no	51% (21)

Table 18. Responses to Q17 % (No.) for RT and Non-RT groups

Question 18: *Do you feel you have a partnership or partnerships with the Food Standards Agency? If yes, how would you grade this partnership (Likert scale 1= poor, 5 = excellent)*

Q18		% (No.)	Mean Likert Score
RT n=81	yes	70% (57)	3.2
	no	29% (24)	
Non-RT n=40	yes	42% (17)	3.08
	no	53% (22)	

Table 19. Responses to Q18 % (No.) for RT and Non-RT groups

A higher proportion of the respondents from the RT regions felt they had a relationship with the FSA, 70% compared to 42% for the Non-RT group. Where a partnership was identified the standard of this partnership was given a higher score by RT respondents than in the non-RT group . The average Likert score for the RT group was 3.2, compared to 3.08 for the Non-RT group.

Question 19. *Please select the adjective to best describe your relationship with the Food Standards Agency (tick as many as apply)*

In this question respondents were invited to identify as many descriptors as they wished to characterise their relationship with the Food Standards Agency. (*Embryonic; Mature; Improving; One sided; Mutual; Disappointing; Built on trust; Collaborative; Dynamic; Non-existent; Failed to meet expectations; Reliable; Remote; Other (please specify)*).

Q19.	RT n=83	Non-RT n=41
embryonic	11% (9)	12% (5)
mature	12% (10)	7% (3)
developing	60% (50)	46% (19)
one sided	24% (20)	24.5% (10)
mutual	30% (25)	12% (5)
disappointing	22% (18)	12% (5)
built on trust	13% (11)	5% (2)
collaborative	42% (35)	22% (9)
dynamic	11% (9)	2% (1)
nonexistent	5% (4)	7% (3)
failed to meet expectations	12% (10)	17% (7)
reliable	30% (25)	12% (5)
remote	20% (17)	46% (19)

Table 20. Percentage (No) respondents selecting each descriptor from RT and Non-RT Groups

60% of respondents from the RT group describe the partnership as 'Developing' compared to only 46% of the Non-RT group. Nearly twice the proportion of RT respondents describe the partnership as 'collaborative' (42%) compared to Non-RT respondents (22%) while 46% of respondents from the non regions describe their partnerships as remote. Fewer respondents from the RT regions (20%) describe the partnerships in this way. This would indicate a more positive attitude to partnership with the Agency in the RT regions by comparison to the regions with no RT. (See Table 20).

Further analysis was undertaken by dividing the descriptors into those that can be categorised as positive and those that are negative. Seven of the eight (87.5%) positive descriptors received a higher percentage response from the RT group than Non-RT group. Conversely four of the five negative descriptors received a higher response from Non-RT group (see Fig 11).

One descriptor that did not fit this categorisation was that of 'disappointing'. Nearly twice as many of the RT group selected 'disappointing' (22%) compared to the Non-RT group (12%), indicating that expectations in the RT, which may have been high, were occasionally not being met.

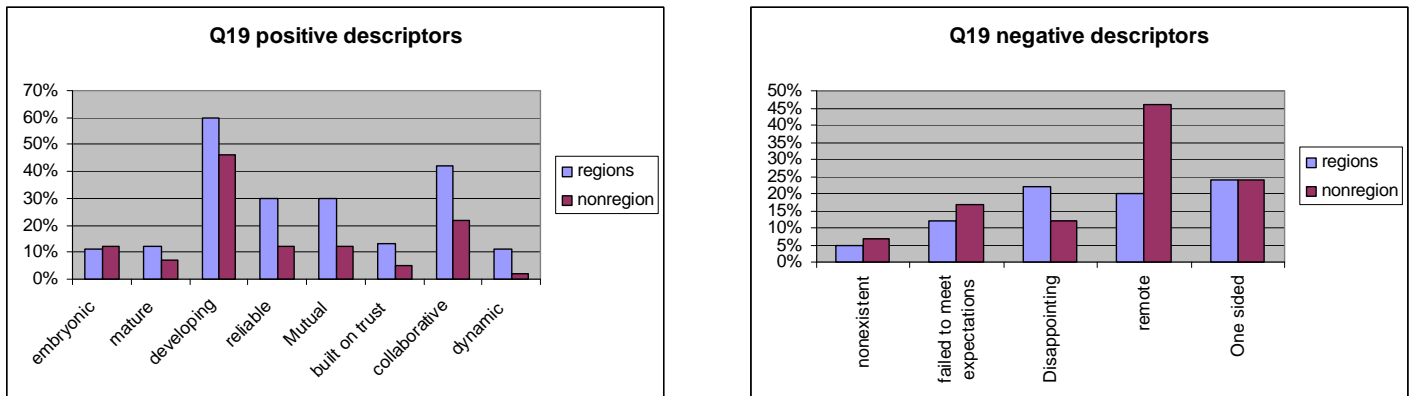


Fig 11. percent responses for each category divided into positive and negative descriptors

Participants were given an 'other' category and invited to specify their opinions.

Examples of 'Other; Please specify' category include:

For RT Group:

Contact has improved considerably due to the regional presence. Contacting Aviation House can be at times, a frustrating experience as often the needs or issues that local authorities sometimes have are not understood or put in context

(The) Council's relationship with the FSA has improved significantly since the appointment of (the)... Regional Co-ordinators in our local GO office. Before this regional presence initiative, I would have described our relationship with FSA as one sided and remote.

Initially fairly indifferent to the setting up of a regional presence, I am now a firm supporter. (The regional staff) have worked tirelessly to make it a success.

The questionnaire doesn't seem to distinguish between communication with the regional office or HQ. Communication has vastly improved with the introduction of the ... regional office. We now feel we have a mechanism to communicate with the agency. Prior to this communication was patchy and depended on the department concerned. The response from some departments was poor.

For Non-RT Group:

FSA still works almost separately to the work of EHOs in Las, although this is slowly improving to some extent. Since its beginning I have cited the Hygiene Campaign as a prime example. FSA does little or nothing to help EHOs follow up on the expensive national advertising

I see them as an organisation that puts pressure on LA's to perform and does not understand how difficult that can be in some settings.

Thanks to the efforts of (out-stationed FSA Auditor)... I think the relationship has moved from being one sided and is improving.

Summary of Results

Partnership Theme and Question No.	More positive for RT group	No obvious difference	More positive for Non-RT Group
Partnership and stages			
Q1	<input checked="" type="checkbox"/>		
Q18	<input checked="" type="checkbox"/>		
Q19	<input checked="" type="checkbox"/>		
Cooperation			
Q3		<input checked="" type="checkbox"/>	
Q13	<input checked="" type="checkbox"/>		
Q16		<input checked="" type="checkbox"/>	
Q12	<input checked="" type="checkbox"/>		
Sharing			
Q8	<input checked="" type="checkbox"/>		
Q14		<input checked="" type="checkbox"/>	
Q15		<input checked="" type="checkbox"/>	
Q2	<input checked="" type="checkbox"/>		
Q7	<input checked="" type="checkbox"/>		
Q9	<input checked="" type="checkbox"/>		
Q10	<input checked="" type="checkbox"/>		
Q11	<input checked="" type="checkbox"/>		
Mutual benefit			
Q4		<input checked="" type="checkbox"/>	
Q5	<input checked="" type="checkbox"/>		
Q6	<input checked="" type="checkbox"/>		
Decision making			
Q17	<input checked="" type="checkbox"/>		
Total	14	5	0

Table 21. Summary of responses by RT and Non-RT group with assessment of level of positive attitude to partnership with FSA

Table 21 summarises all the responses by assessing those where there was a more positive response from the RT than the Non-RT group, those that were equal, and those where the response was more positive from the Non-RT group. Out of the 19 questions asked, 14 received a more positive response from the RT group, 5 were the same and none were overall more positive from the Non-RT group. The exception to this trend was question 19 where a higher proportion of the RT respondents reported that the partnership identified with the Food Standards Agency failed to meet expectation than the non-RT group.

Survey 2 Stakeholder opinions in Areas with RT

Methodology

The second stage of the investigation comprised a telephone survey administered to some key stakeholders in the regions with an RT. This was carried out after the results from the first (Local Authority) survey had been analysed and was used as an opportunity to explore certain issues in more detail.

Stakeholders were identified by the FSA in all four regions where an RT exists. Representatives from Local Authority comprised part of the target group but participants were also contacted in Primary Care Trusts, Charities and other public health groups. National enforcement bodies were also included. Stakeholders were contacted by email on Feb 22, 2008 and invited to participate. Arrangements were made for a mutually convenient time and the interviews took place between Feb 22 and March 7 2008. Twenty three emails were sent, sixteen people responded positively of whom 13 were able to be interviewed during the data collection period. Participants were spread evenly across the regions and national enforcement agencies.

A survey sheet of 18 questions was developed to be used as a framework for telephone interviews. Questions were asked on the same matters as on the first survey i.e. targets (Q1, 2), partnership issues (Q3, 4, 5, 6, 12, 13) and funding (Q6), but details on the way in which the RT had contributed to these matters were elicited and recorded. Questions were also asked about any barriers, problems or failed expectations (Q 7, 8, 9, 10, 11) to determine areas where respondents considered the FSA response could be improved. There was some overlap in the questions to cover all stakeholders. Finally respondents were asked directly to give an opinion on the regional presence and whether it should be maintained and/or expanded (Q14-17).

All respondents were asked the same questions but were also invited to contribute any additional information, explanation, comments or examples they wished.

Results

Targets (Q1, 2)

Of the 13 respondents all felt the FSA's key targets complemented those of their organisation. Respondents were asked to rate the congruency with 1 being not at all and 5 being very well. The answers ranged from 3- 5 with the average overall score being 4.2, indicating very good conformity. Twelve of the thirteen respondents had embedded FSA key targets in their own strategies. The single respondent whose organisation had not embedded these targets was in the process of doing so as their policies were currently under review. The aim of this review is to

“ revise their policy so that it lines up with government policy and incorporating the FSA targets will be one of those initiatives”.

Partnership (Q3, 4, 5, 6, 12, 13)

Participants were asked to rate the level of accessibility of the FSA (Q3) and whether they felt that had improved as a result of the RT (Q4).

Respondents rated the FSA from 1 (completely inaccessible) to 5 (very accessible) with an average of 3.1. This perception varied according to whether or not the respondent had managed to develop personal contacts with the FSA by for example, participating on an advisory group or representing a national agency. If this was the case, the accessibility was rated highly (4 or 5). Otherwise it was rated 1-3. When asked if the RT had improved the level of accessibility to the FSA, all but two of the respondents said yes. One commented that

“Staff in my organisation would have no contact with the Food Standards Agency without the RT as they wouldn't know how to access them.”

When asked to rate the improvement from 1 (very little) to 5 (a great deal) the average response was 4.6

Both respondents who answered ‘no’ to this question had initially rated the accessibility to the FSA as very high, leaving little room for improvement.

Questions 5 and 6 asked participants to comment on the role the RT played in their organisation’s delivery. All but two confirmed that the regional presence had enabled or improved some aspect of their delivery (Q5). Respondents were asked to identify particular examples and were offered the same range of strategies as in the first survey (see Table 22). Of those also answering ‘other’, six identified joint seminars or other similar initiatives at which the RT had played a major role. Another five cited provision of advice and guidance, attendance at meetings, networking and partnership development as ways that the RT had helped to enable their delivery. Of the two respondents who did not feel the RT had enabled better delivery, one was not a delivery organisation, so felt the question non applicable and the other had not yet revised their policies to be able to implement any joint workings. However this organisation felt there were definite synergies and anticipated joint working in the near future, probably “concentrating initially on training”.

	No. respondents (n=11)
Regional Food & Health Action Plans	5
Public Health\ Food Strategies	4
Annual Business Plans	4
Regional \ Local Health Inequalities Strategies	2
Local Area Agreements	4
Other	9

Table 22 Q 5 please give examples where the RT has enabled or improved your organisation’s delivery

Question 6 developed aspects of partnership working, offering further examples of where the RT might have been able to contribute to the organisation.

There were some areas where the majority of participants all agreed that the RT had had a positive impact. Participants were confident that the RT had made meaningful contributions to the first five options (see Table 23) and

these were consistent across the regions. Some of this contribution comprised what might be considered traditional support – e.g. provision of leaflets for events, provision of speakers at training seminars etc. However there were also other areas where the RT were able to support the organisations in a more innovative manner. One of the most important themes identified was the ability of the RT officers to connect with local and regional issues, thereby mitigating what might be termed ‘the Whitehall effect’. Participants explained that the regional representatives were able to act as a conduit between the central Agency and the regional and local stakeholders. This served to embed national ideas, strategies, targets etc into the local and regional activities effectively. It also helped stakeholders with future planning. Some stakeholders agreed that, prior to the implementation of the RT, officers from the FSA would, if invited, travel from London to attend meetings, but they felt this was not as beneficial as having a local/regional officer who understood the issues and was part of the continuum, routinely attending meetings and feeding into the processes. FSA participation was felt to be important because, as a national organisation they are able to lend credibility to local and regional affairs. In turn it was felt that the RT has helped the advocacy of the FSA in the regions.

Another stakeholder explained that, because of the presence of the RT, members of her organisation had attended FSA board meetings and become more participatory in the FSA processes than they were before. She was quite clear that this participation would not have happened had the RT not suggested it and explained the potential benefits.

	No respondents answering yes (n=13)
Communication with target group	11
Understanding of FSA objectives	10
Delivery of FSA key messages	12
Partnership facilitation	12
Amplification of resources	11
Two way communication with the FSA	8 yes, (1 no, 2 sort of, 1 not able to answer)
Funding	7

Table 23 has the RT helped in any of the following areas?

The issue of communication and the role of the RT was one of the areas most discussed by the stakeholders in this survey. All respondents remarked on the

mechanism of communicating with the Food Standards Agency in London. Some stakeholders did not themselves have difficulty in this matter because of their personal connections (see Q 3 above). However the majority of these participants were able to give examples where less well connected enquirers had been frustrated by the response (or lack of it). Two main problems were identified as common.

1. There may be difficulties in contacting the correct person within the FSA to deal with a query, and when a specialist is identified, the answer may be a long time in coming, if it comes at all. While there may be plausible and legitimate reasons for this, it can make front line delivery very problematic. The RT helps to mitigate this by putting 'a human face on the organisation'. Generally stakeholders commented that it was easier and more welcoming to contact the FSA via their regional office. If the RT officer didn't have the answer, s/he would contact the central Agency and feedback to the enquirer.
2. One way communication was also highlighted as an issue and here there was less confidence that the RT could affect the situation. Several participants expressed concern about what one termed as a 'civil service mentality'. By this he meant that the FSA will receive information from the regions and local officers, but only distribute or redistribute those aspects that are deemed necessary by the Agency. This was echoed by other stakeholders who routinely participate in consultations or submit reports of activities but rarely get any acknowledgement, much less feedback. Some participants felt that there was two way communication in that it was possible to provide the Agency with your ideas and opinions but there was some scepticism as to whether this had any effect. The suspicion was more pronounced in the Local Authority stakeholders where some talked about the 'disconnect' between the Agency and enforcement. In this matter most participants did not feel an RT would have very much power to alter the situation, although there was support and encouragement for them to try. Two participants expressed concern that the FSA might fail to learn important lessons if this two way communication was not established

and suggested that the RT officers would be an excellent way to achieve it.

Q12 asked if the participants had recommended approaching the FSA to a colleague or other stakeholder and 12 of the 13 had done so. Many respondents added ‘frequently’ or ‘regularly’ when answering this question.

Q 13 asked participants to identify a single key thing that they felt highlighted the impact of the RT on their organisation. The responses to this were quite varied and are listed in Table 24. They range from assistance with funding applications through support at seminars, networking, improved accessibility and communication. Clearly the contribution of the RT depends on local/regional needs and from the responses it would appear that the required flexibility has been demonstrated.

1.	Help putting together a comprehensive bid to another agency (PCT). RT had the big picture as well as technical experience and knowledge.
2.	Having face to face contact has made a huge difference to the accessibility of the FSA and has made it easier to do business with them.
3.	Possibly contributions to LAA
4.	Help with a successful funding bid allowing the revamping of existing pamphlets to include FSA targets.
5.	Having a named contact to discuss things with informally. Puts a face to a name and fronts the organisation
6.	The collaborative working and the EHP seminar on nutrition
7.	About to have a joint food partnership meeting hosted/organised by RT which will help draw people together and link the local agenda to FSA national agenda
8.	Has made working with the FSA much easier
9.	Partnership working and engaging with other stakeholders. This is a really good model and makes the FSA available at the regional level.
10.	Strengthened the ability to communicate national policy
11.	Very easy to develop complementarities on RAP and HAP – managed to get well ahead with help from the RT – rolled out well in advance and benefited from RT presence.
12.	Added value in that there is now a broad regional team dealing with food and health agenda. Broadened expertise and outlook.
13.	Have helped to put national issues into a local agenda

Table 24 responses to question 13

Barriers, problems or failed expectations (Q 7, 8, 9, 10, 11).

Participants were asked to identify any areas where the FSA had impeded their organisation in the delivery of objectives (Q 7), any areas where the FSA could contribute more fully or more positively (Q8), whether the FSA met their expectations (Q9) and those of the LA officers (Q 10) and whether they could identify a way that the FSA response could be improved (Q11).

Q7 Eight of the respondents answered ‘no’ to Q 7, the FSA had not impeded their delivery in any way they could identify. Four answered yes one said both yes and no. All respondents answering ‘yes’ (or yes and no) were stakeholders associated with or representing local authority enforcement. The reasons behind this answer are listed in Table 25 and generally deal with what was previously referred to as the ‘disconnect’, between the central FSA attitude and the needs of enforcement for support and guidance.

1.	A historical example. In the past the FSA has been focused on inspection targets in an authoritative and dictatorial way. This impeded the more innovative work because the limited resources were focused on inspections, some of which were of limited value making a very mechanistic approach and preventing more targeted project work.
2.	The FSA is still looking at food safety as separate from diet and health. A separate enforcement division targeting food safety does not help deliver the holistic food agenda. EHP’s can input into health agenda and where there are spare resources this should happen, [but we] need more joined up action and thinking.
3.	The FSA funding sometimes comes in a way that makes it difficult for (especially) small depts. In LA to access – it goes centrally via Revenue Support Grant where it may miss some of the groups that need it esp if they are too small to be able influence the LAA targets.
4.	Previously with visit targets this tended to focus officers on completing the numbers rather than concentrating on investigational or advisory work with new businesses. Complex matters might get left to achieve the numerical targets.
5.	Often a dislocation between FSA expectations such as product recall or prosecution and the enforcement reality on the ground

Table 25 examples of how the FSA has impeded service delivery

Q8 Nine respondents answered ‘yes’ to Q 8 with recommendations to improve the FSA contribution. These are listed in Table 26. Some relate to central policy such as the writing of guidance notes while others specifically refer to the RT.

1.	The FSA could acquire and provide more scientific advice that
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	stakeholders could use, for example survey work and evidence of health impacts that could be used to inform target audience, to develop strategies and action plans. Summaries of scientific findings (review papers?) would help disseminate facts.
2.	Helping with a holistic approach to food ie health and diet not just food safety.
3.	Perhaps some influence at high level regarding the allocation of FSA funding into the[Local] Authority
4.	Guidance notes could be written in plain English
5.	Helpful to have longer term view on learning – this is not clear from the FSA strategy document. Need more precise ideas, currently a bit global.
6.	The area had very good networks for multi-agency food work but before the RT was established. The difficulty was there was no obvious leader for the group/networks and although an FSA rep came from London for meetings it was seen very much as London telling the regions what to do. The RT is not seen in the same way as it is more approachable and aware of local issues, familiar with the people and could/should take the lead for food networking in the regions.
7.	Need to be better at communicating with the officers and Local authorities, generally and specifically in food incidents.
8.	It might be helpful to have their role clarified so everyone knows where there is overlap and tries to avoid it. Everyone likes a bottom up approach and this could be considered more
9.	FSA need to take a leadership role for integrating the various stakeholders and determining how the DOH and DEFRA fit into the wider food strategy
10.	The role of TS and EH in health promotion needs to be clarified and the FSA expectations identified. The PCT has similar role with a much bigger budget so clarity is needed on how to deliver and how to complement PCT roles
11.	FSA could pull together various strands of evidence and info and use this to lobby at high levels, for example Chief execs and Council leaders who may not have good technical knowledge. FSA could raise awareness targeting high management levels.

Table 26 responses to Q 8

Q9 & 10 asked whether the FSA met the expectations of the participant or (in the participants' opinion) those of Local Authorities. Twelve of the thirteen respondents answered that the FSA met their expectations. One respondent said that it 'varied' explaining that it depended on the person [contacted] and the subject. This reiterates the problems with communication highlighted in Q 6. The responses to Q 10 – whether the FSA meets the expectations of Local Authorities was more equivocal. All respondents thought that it was possible that the FSA disappointed Local Authorities. When invited to explain, the

respondents gave the answers listed in table 27. These vary but include the possibility that the LA may have unrealistic expectations as well as previously mentioned historical divides between enforcement and the central Agency.

1.	Possibly – food has a bad reputation in TS because of the mechanistic approach that has been forced on the inspectors meeting targets and so on. Also there were some damning audits carried out by the FSA in the early days which damaged the relationship, partially because of the way they were conducted, not just the actual findings.
2.	In the regions it may be that people expected more staff and therefore the expectations were too high for the resource.
3.	Difficult to answer as the LA expectations may not be realistic. Initially LA were pleased with the idea of the RT as they felt there would be more closeness and the potential to influence the FSA. Not sure if this actually happened. There was some surprise at the type and qualifications of the people appointed to the RT – they seemed to have little understanding of LA or food issues, rather they were public health orientated which EHP could be too, but in reality are food safety orientated. There may be variance between LA expectations and RT expectations. LA may not have received the technical support they expected from the RT eg with regard to enforcement.
4.	Not in this LA and certainly not the regional officers. Nationally the FSA may occasionally fail to meet expectations; examples include the handling of food incidents where liaison was not satisfactory. It may be the expectations of LA are too high with regard to the technical side of things – the FSA may be no better placed to understand the legislation than the LA is but the expectation is that they are.
5.	Depends on where you go. Many people still see the FSA as a body with a big stick. These barriers need to be broken down
6.	Don't really know but possibly if LA had financial expectations of the regions that weren't realised this might result in dashed expectations
7.	Very interesting – suspect that LA may be slightly disappointed because the units are new and in a large region each officer can only do so much. The expectations may well be very high, but is also aware of hostility towards the FSA from LA which has been addressed positively by the RT.
8.	Possibly the expectations may have been unreasonable, role of RT may not have been understood.
9.	Hope the LA would say the FSA meets expectations – if there was ever a problem would get everyone together to sort out.
10.	Possibly the officers expected more in regions with an RT. Also was the RT imposed rather than consulted? – if imposed, that might have caused resentment.
11.	Ironic that in areas with no RT there is probably no expectation but

	where there is a rep, it will be difficult to meet the raised expectations as the resources aren't there. RT has more invitations to speak and train and participate that it probably can meet.
12.	Initial perception may have been that the FSA is rather remote but this has been improved by the RT

Table 27 responses to Q 10

Q 11 asked respondents to recommend ways that the FSA response could be improved. Two felt no improvement was possible! The remaining 11 gave the suggestions listed in Table 28.

1.	More leadership in key issues, esp in diet. LA have more credibility if they have the backing of the FSA, especially if there is proper scientific evidence to support the stance.
2.	There are some issues that are important to people, maybe esp at a local level, like using local foods and organic foods where the FSA hasn't become very involved. Maybe this is an area for expansion.
3.	The FSA often fails to give quick and definitive advice on technical matters. Although generally this should be done through the regional food groups and LACORS, there are times when this is too cumbersome to use as a quick response is needed. Identifying the correct person to contact is often a problem for LA and the RT might be able to facilitate this better. If, for example, the question is a policy matter it will need to be debated with in the FSA but the LA may need to act quite quickly. There seems to be a disconnect between enforcement and policy.
4.	By learning lessons eg when a food incident is not well handled; consider how to learn from that
5.	Possibly an enquiry centre for first line enquiries which would then pass you on to the specialist officer if needed. Difficult to find the specialist sometimes and they often don't get back to you.
6.	Medium term commitment to RT to ensure networking and building up of projects that can make an impact, possibly over a longish time frame. Development of clear networks so people can find where they are in the food work framework. Need info and practice networks linked back to central government policy which the RTS can ensure.
7.	Communication with LA – see comments from previous questions
8.	There could be more specific engagement of local stakeholders on specific projects beyond ordinary consultation. More resources. The RT isn't in charge of its own resources for example leaflets were needed and [the RT] had to negotiate the number for a recent joint event – there weren't enough. Some of the materials supplied were criticized by stakeholders and recipients as being London based – middle class and not entirely appropriate for target groups.

9.	More consultation of what users want – all levels, local, regional etc
10.	Some areas tend to be overlooked for example toxicology, pesticides, GMO's. These are not as well highlighted as the main targets
11.	One officer was lost from the [RT] team which has made a big difference, so maybe to ensure the resourcing is there.

Table 28 suggestions for FSA improvements

Should the regional presence should be maintained and/or expanded? (Q14-17).

A summary of answers to Q 14-17 are contained in table 29. All participants were unreservedly in favour of maintaining the RT presence in their regions and all thought it should be rolled out to the remaining regions. Twelve of the thirteen thought it definitely could be expanded in their region while the thirteenth thought it possibly could be expanded depending on the need from Local Authority and how it was to be managed.

Question no.	Yes n=13	No n=13	possibly
Q14 (maintain RT in your area)	13	0	
Q15 (expand RT in your area)	12	0	1
Q16 (roll out RT to other regions)	13	0	
Q17 (another better model)	13	0	

Table 29 opinions on the RT

Discussion

Survey 1

Partnership with FSA.

The results from survey 1 show that the responses from stakeholders in the RT regions are consistently more positive about their partnership with the Agency than responses from the Non-RT regions. A higher proportion of respondents from the RT areas felt they had a partnership with the Food Standards Agency (69%) compared to the non regions (41%) . Why this might be can be explored by examining the responses for each of the Greenstreet Berman partnership themes in turn.

Considering **partnerships and partnership stages** stakeholders within the RT region were more positive about whether a partnership exists and if so, about the level of general support received from the FSA . A clear difference between the groups can be seen in the use of descriptors from Question 19. The respondents were asked to select as many descriptors as they wished to describe their partnership with the Food Standards Agency. The three most commonly used descriptors in the RT group were developing, collaborative and reliable. In the group with no regional presence the three most common descriptors were developing, remote and one sided. While both groups feel the situation is developing those with an RT are more positive about the relationship. From the comments included on the survey it would appear that the responses indicate not just a positive relationship with the RT team members, but a consequential improvement in the relationship with the FSA as a whole. As one local authority put it:

“(The) Council's relationship with the FSA has improved significantly since the appointment of (the)... Regional Co-ordinators in our local GO office. Before this regional presence initiative, I would have described our relationship with FSA as one sided and remote.”

In this context it may be a surprise to find that the 'disappointing' descriptor for partnerships scored higher for the RT group. This was explored further within the qualitative interviews in the second survey of the evaluation. It was considered that the response may actually indicate elevated expectations in the areas with a regional presence which did not exist in the other areas (see below). Further data could be collected on this particular in the future if needed.

Four questions in the first survey related to the **areas of cooperation and collaboration**, questions 3, 12,13 and 16. The first – on whether FSA priorities had been embedded within the stakeholders own strategies, will be explored further in the second part of the evaluation (audit of a selection of strategic documents carried out by the FSA). However there did not appear to be any substantial difference between the two groups in that the majority of respondents from both groups had incorporated key targets into one or more of their own strategies (80% RT, 76% non RT), There was also little difference on whether the FSA was actively involved in local initiatives Here again the provision of SFBB projects and funding may be acting as a confounder, masking any novel initiatives specific to the RT groups. It may also reflect the fact that FSA key targets are well advertised national strategies and as such would be considered important to include in Local Authority plans. However there was a clear difference in whether the groups used the FSA for advice (Q12) and whether they considered that the FSA had improved networks and links between organisations (Q 13). From Q12 it would seem that frequent use of the Food Standards Agency for advice or assistance in planning an initiative is similar between the two groups. However over three quarters of respondents from the non-RT areas never or rarely use the Food Standards Agency for advice (76%). This figure drops to only 54% in RT areas (table 6). There was also a clear difference in the groups' perception of the FSA contribution to networking. Here, over half (56%) of the respondents from areas without a regional presence considered the FSA had not made a contribution to improving their networks or links with other organisations. This dropped to a quarter in respondents from regions

with an RT. While 28% of the RT group felt that the FSA had contributed significantly to improving their networks (scoring 4 or 5) none of the respondents from the non-RT areas felt this to be the case (table 7 and fig 3). From this information the RT would seem to make a substantial contribution to the development of networks and links in their areas.

Across the **areas of sharing** theme six questions were more positive for RT group and two showed no real difference.

The two questions showing no real difference between the groups, Questions 14 & 15, both relate to funding. As previously mentioned, substantial funding for SFBB projects has been provided by the FSA to Local Authorities recently and it is likely that in this survey the SFBB funding has masked any other funding opportunities that may have been accessed by the RT regions. As it is not possible from the results to distinguish between SFBB funding and other funding, these responses should probably be disregarded, except perhaps to show that SFBB funding did not go preferentially to regions with an RT.

Of the remaining questions in this section, there are clear differences between the groups. Respondents from area with an RT generally feel more involved in FSA agenda delivery, more knowledgeable about the FSA targets, and more aware of the available resources see tables 7, 10 and 11. They also have more contact with the FSA, rate the level of accessibility of the FSA as higher and feel they have an increased understanding of the FSA's priorities and targets. .

Three questions cover the theme of **mutual benefit/common good**, Questions 4, 5 and 6. There is no difference between the respondents from RT regions and non-RT regions with regard to Q 4 which asks whether the FSA targets complement those of the respondents' organisation. As the respondents were all Regional Health Leads or from Environmental Health or Trading Standards, one would not expect any variance in this response, given the FSA targets. The responses to questions 5 and 6 are more informative, showing that more of the RT group have developed new initiatives on FSA priorities (fig 10, table 18), and nearly twice as many feel the FSA helps to

deliver their agenda (table 19). In the examples given, the non-RT group talked exclusively about funding given by the Agency (e.g. for SFBB or sampling work) whereas the RT group referred to more innovative work the regional teams had undertaken to participate in joint events, develop partnerships in their areas and to disseminate useful information and resources. For example one LA stated:

“The regional contacts provide us with a useful local source of knowledge and information that enable greater links to be made between partners and sharing of best practice”.

Finally, in Q 17, 72% of respondents from the RT region felt that the FSA contributed to their **decision making**. Only 49% of the Non-RT group felt this partnership characteristic existed in their organisation.

Survey 2

From the responses to the telephone survey it can be seen that there is overwhelming support for maintaining the Regional units and expanding them to include the other regions. Participants cited improved relationship/partnership with the FSA as an important reason to support this initiative. The regional representatives are assisting with communication between the regions and the FSA centre, they are assisting with strategic plans, financial bids, training, joint events and other methods of collaborative working. They have improved the reputation of the Agency and also helped to embed national targets and strategies at local and regional level. This would appear to meet the requirements of the ‘Food Regulation Statement of Intent’ agreed between the FSA, LACORS, and the Local Government Associations for England in which the FSA committed itself to developing partnerships with local councils and improving two way communications between them. The cooperative working is not restricted to Local Councils as other stakeholders from national enforcement agencies, public health groups and charities also identified the value of the RT in translating national strategies and making the

FSA more effective and accessible. These activities meet many of the areas used by Greenstreet Berman (2006) in their definition of partnership working.

The barriers that were identified in this survey were often linked to the perceived remoteness of the FSA as a central government agency and its apparent lack of understanding of local and regional needs, especially with regard to enforcement. It was felt that the RT presence helped to mitigate these problems and was therefore a valuable branch of the FSA. It should be remembered however, that this survey was conducted to gather more information from specific stakeholders within the RT areas. The extent to which the views are representative of Local Authorities in general, especially with regard to the enforcement issues, cannot be determined from this survey and may need to be tested in a separate survey focusing specifically on the relationship between the central agency and enforcement staff, should that be of interest. The answers to Q 19 of the first (Local Authority) survey do provide anecdotal support for this idea but perhaps more importantly indicate that, whatever the extent of the barrier, it is more extreme in areas without an RT than in areas with one. (See discussion of Q19 - the three most commonly used descriptors in the RT group were developing, collaborative and reliable. In the group with no regional presence the three most common descriptors were developing, remote and one sided.)

Conclusions

Both surveys support the conclusion that in areas with an RT there is clear evidence of partnership working according the Greenstreet Berman model and the first survey shows that this is more developed and more positive in areas with an RT than in areas without one. This positive impact is all the more impressive given the relatively short time since the RT initiative began and the small size of the resource (maximum two staff within each region, some only part time) allocated.

Top line findings show that in regions where an Agency Regional Team (RT) was in place, there was:

Better partnership working - a higher proportion of respondents from the RT areas felt they had a partnership with the FSA (69% compared to 41% in non-RT areas). In RT areas, the three most commonly used descriptors of their relationship with the FSA were respectively, 'developing', 'collaborative' and 'reliable'. In non-RT areas they were 'remote', 'developing', and 'one sided'. As one respondent put it;

“The Council’s relationship with the FSA has improved significantly since the appointment of (Regional Coordinators) in our local GO office. Before this regional presence initiative, I would have described our relationship with the FSA as one sided and remote”.

Greater knowledge of key Agency priorities – 64% of respondents from RT areas felt they had a good or excellent knowledge of Agency salt reduction priorities and targets compared to 42% in non-RT areas. For Traffic Light Labelling the figures were 67% compared to 44%.

Increased understanding and awareness of Agency priorities and resources - Respondents from areas with an RT generally feel more involved in FSA agenda delivery (45% compared to 25%); more aware of the available Agency resources (65% compared to 44%); and rate more highly the level of accessibility of the FSA (60% compared to 26%).

Greater FSA contribution to local decision making – 72% of respondents from RT areas felt that the FSA contributed to their decision making compared to 49% in non-RT areas.

Increased local initiatives delivering FSA priorities – more than twice the proportion of respondents in RT areas had developed a new initiative in one of the three Agency priorities (reducing food-borne illness, traffic light labelling and salt reduction) in the previous twelve months compared to non-RT areas (37% compared to 17%).

Overall, of the 19 questions asked, all of which explored characteristics common to successful partnerships, 14 received a more positive response from the RT areas, 5 were about the same, and none were more positive from the non-RT areas.

The results from the structured interviews were consistent with these findings and showed unanimous support for maintaining the Teams and expanding them to the other GO regions.

Participants cited improved relationship/partnership with the FSA as an important reason to support this initiative. The regional representatives are assisting with communication between the regions and the FSA centre, they are assisting with strategic plans, financial bids, training, joint events and other methods of collaborative working. They have improved the reputation of the Agency and also helped to embed national targets and strategies at local and regional level.