



Report to Healthier Communities & Adult Social Care Scrutiny & Policy Development Committee 15 November 2017

Report of: Paul Billington

Subject: Food and Wellbeing Strategy

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Summary:

A new Food and Wellbeing Strategy is in development. Scrutiny has requested sight of the draft strategy for comment and to inform its development prior to cabinet decision making processes.

Poor diet is the second highest risk factor for ill health in the UK, coming second only to tobacco. Being overweight is the third highest risk factor for ill health and is closely related to our food intake. Poor diet is also a social justice issue - it is much more common in lower socio-economic groups and a major contributor to health inequalities in Sheffield.

The current Food Strategy was developed in 2013 and comes to an end in 2017. A new Public Health Strategy for Sheffield is now in place which calls for an increased focus improving health and wellbeing at population level and a move towards a health in all policies approach. The actions within the existing Food Strategy do not fully reflect this shift in emphasis and more could be done to employ the policy levers and influence that the council has to improve the food environment and improve diet at population level. There is currently no direct investment in prevention activity related to the Food Strategy but the council currently invests £800k in a range of weight management services that are loosely aligned to the existing food strategy. Current contracts expire in Oct 2018; there is also a planned 18% reduction to this budget over 2 years.

In light of the above a new Food and Wellbeing Strategy is being developed that better reflects current priorities, policy direction and manages the reduction in funding. As weight management contracts come to an end a new commissioning model will be developed that is more closely aligned to the new Food and Wellbeing Strategy and makes the most effective use of the reduced resource. This would involve a shift in resource to achieve a balance between services that support people on an individual basis and initiatives that aim to improve food choices on a larger scale.

The new Food and Wellbeing strategy will have as its mission “*Making Good Food the Easy Choice for Everyone*”. The aspiration being that everyone in Sheffield eats as well as possible, with healthy weight and diet the norm.

The strategy proposes a whole systems approach that will focus on making the healthier choice the easier choice in as many settings as possible alongside providing targeted information and support. There will be an explicit focus on reducing health inequalities; highlighting sugar consumption as an issue; and on early intervention by targeting the early years and children, young people and families.

The expected effect of these changes will be an increase in the proportion of people eating a well-balanced diet and a reduction in prevalence of conditions related to poor diet including obesity and tooth decay. The strategy will do this by:

- limiting exposure to cheap and appealing calorie-dense, nutrient-poor food in the wider environment and restricting opportunities for the marketing of this type of food (particularly in places where the council has some control or influence);
- improving access to good food so that it is physically and financially accessible to everyone;
- providing information and support to allow those in greatest need to gain the knowledge and skills to access a healthy diet.

Type of item: The report author should tick the appropriate box

Reviewing of existing policy	
Informing the development of new policy	X
Statutory consultation	
Performance / budget monitoring report	
Cabinet request for scrutiny	
Full Council request for scrutiny	
Community Assembly request for scrutiny	
Call-in of Cabinet decision	
Briefing paper for the Scrutiny Committee	
Other	

The Scrutiny Committee is being asked to:

The Committee is asked to consider the proposals and provide views, comments and recommendations

Background Papers:

Draft Food and Wellbeing Strategy

Category of Report: OPEN

Report of the Director of Culture, Environment & Leisure

Draft Food & Wellbeing Strategy

1. Introduction/Context

- 1.1 This report outlines a draft Food and Wellbeing Strategy for Sheffield and proposed changes in commissioning to support the strategy.
- 1.2 Poor diet is the second highest risk factor for ill health in the UK, coming second only to tobacco. Being overweight is the third highest risk factor for ill health and is closely related to our food intake. Poor diet is also a social justice issue. It is much more common in lower socio-economic groups and a major contributor to health inequalities in Sheffield. The ill health resulting from poor diet is also related to wider socioeconomic performance.
- 1.3 Much of the harm caused by poor diet is driven by overconsumption leading to people becoming overweight or obese. In Sheffield almost 1 in 4 children are overweight or obese when they start school. This increases to 1 in 3 by the time they leave primary school. Rates of childhood excess weight have been increasing, overweight and obesity prevalence in Y6 is now at its highest since measuring began in 2006/07. More than 2 in 3 adults are overweight or obese.
- 1.4 Less than 1 in 4 adults in Sheffield report eating 5 portions of fruit and vegetables per day. Sugar consumption nationally is well in excess of recommended levels and is a particular issue for children and young people. Eating a diet that is lacking in essential nutrients and high in sugar, salt and fat is also directly linked to poor health irrespective of a person's weight.
- 1.5 The current Food Strategy was developed in 2013 and comes to an end in 2017. The strategy was wide ranging and had three main outcomes – improving health and wellbeing, maximising the contribution of food to the local economy and minimising the environmental impact of the local food system. Actions were organised under 6 priority areas – tackling food poverty; making takeaway food healthier; supporting communities to eat well; encouraging more people get involved in food growing; boost the role of food in the local economy by promoting Sheffield's food assets; explore the value of an independent food trust.
- 1.6 Since the development of the 2013 Food Strategy a new Public Health Strategy for Sheffield has been developed which calls for an increased focus on population measures to improve health and a move towards a health in all policies approach. It was felt that the actions within the existing Food Strategy did not fully reflect this shift in emphasis and that more could be done to employ the policy levers and influence that the council has to improve the food environment and improve diet at population level. It was also felt that due to the scale of the problem regarding poor diet, obesity and rising health inequalities addressing this should be the primary outcome for the revised Food Strategy.

- 1.7 There is currently no direct investment in prevention activity related to the Food Strategy. The council currently invests £800k in weight management services which are loosely aligned to the existing food strategy. Current contracts expire in Oct 2018; there is also a planned 18% reduction to this budget over 2 years. It is proposed that as contracts come to an end a new commissioning model is developed aligned to the new Food and Wellbeing Strategy. This would involve a shift in resource to achieve a greater balance between services that support people on an individual basis and initiatives that aim to improve food choices on a larger scale.
- 1.8 The proposed new Food and Wellbeing Strategy and accompanying commissioning model has been developed from a range of evidence sources including an assessment of local need and a review of national and international guidance, best practice and evidence (including that on addressing alcohol use and smoking where comparisons can be made).

2. Main body of report and matters for consideration

2.1 Why Food?

A good diet directly benefits our health by preventing serious health problems such as cardiovascular disease, diabetes, dementia and some cancers. It also means we are less likely to become overweight and experience the range of health problems associated with this. A good diet includes fresh fruit and vegetables; sugar, salt and fat intake that is in line with national guidance; and an overall calorie intake that is not in excess of our energy requirements.

- 2.2 Food is a social justice, fairness, and health inequalities issue for our city. In general healthier foods tend to be more expensive than less healthy, calorie dense processed foods and are therefore less accessible to those on the lowest incomes. Poor diet is the most harmful, in health terms, to the most vulnerable in our city and a major contributor to health inequalities in Sheffield. Factors such as child and adult obesity, proportion of children and adults consuming 5-A-Day and child tooth decay are far more prevalent in lower socio-economic groups and sustain inequalities throughout the life course by impacting on wider determinants of health including school attainment and employment.

- 2.3 Food also plays a part in our emotional wellbeing. The more often people eat with others the more likely they are to be satisfied with their life and feel engaged with their local community.

2.4 What influences food choices?

Evidence shows that our food choices are influenced by: the food we were given in early life (conception to start of school); all forms of marketing (this particularly affects children); widespread exposure to cheap and appealing calorie-dense, nutrient-poor food; affordability (including the impact of poverty); education and health promotion; social influences and social changes. In order to maximise effectiveness a food strategy will need to address all sources of influence.

- 2.5 The range of influences on our food choices highlights that whilst consumer education and personal responsibility are important, they will not be sufficient to produce the change we want to see in Sheffield. Interventions that rely less on individual choice and more on changes to the wider environment are essential in making healthier choices easier when we eat at home, eat out or eat on the go. Such changes will also have a greater impact on health inequalities as they are less reliant on individuals being motivated and capable of making sustained changes to their behaviour.
- 2.6 **Proposed strategy**
The proposed Food and Wellbeing Strategy will aim to improve food choices and reduce the prevalence of diet related ill health including obesity, cardiovascular disease and tooth decay at population level.
- 2.7 The strategy will do this by
- Transforming the food environment: limiting exposure to cheap and appealing calorie-dense, nutrient-poor food and restricting opportunities for the marketing of this type of food (particularly in places where the council has some influence)
 - improving access to good food so that it is physically and financially accessible to everyone
 - providing information and support to allow those in greatest need to gain the knowledge and skills to access a healthy diet
- 2.8 There is no single action that can improve food choices at population level. Therefore a whole systems approach will be taken that will focus on making the healthier choice the easier choice in as many settings as possible alongside providing targeted information and support.
- 2.9 There will also be an emphasis on reducing inequalities. This will be done by targeting interventions towards groups at highest risk and by putting greater emphasis on structural and policy level interventions as these have been shown to reduce inequalities.
- 2.10 It is proposed that sugar is highlighted as an issue and addressed through a range of interventions. Sugar is the biggest cause of excess calories in our diets and this contributes to obesity. Sugary food and drink often replaces more nutritious foods in our diet leading to diet related ill health including tooth decay, some cancers and diabetes. Consumption of sugary drinks is directly linked to development of type 2 diabetes. Diet is a complex issue with many components; highlighting sugar will provide a strong and simple message and a focal point on which to engage partners and the general public.
- 2.11 It is also proposed that there is a strong focus on interventions that target the early years and children, young people and families. Food choices have their foundations in early life, a quarter of children are already overweight by the time they start school and there has been shown to be greater return on investment for early years interventions.

- 2.12 The strategy proposes action in six areas:
- 2.13 **Area 1. Develop public policy around food.** Local authorities have an important role to play in improving the food environment and making the healthier choice the easier choice. We control planning, public and environmental health, leisure and recreation and have influence over food and drink in schools, nurseries, civic centres, leisure centres, sports facilities, parks, museums, theatres, our own workplaces and others. In order to help people to achieve healthier diets, we need to develop consistent policies regarding the food that is available, for sale and marketed in these settings. A first step in this area could be signing a Local Authority Declaration on Healthy Weight.
- 2.14 **Area 2. Create a better food environment by supporting businesses and organisations to improve their food offer.** Whilst we have less control and influence over the private sector, by developing our own food and drink policies we can lead the way and encourage others to follow suit, providing advice and support to them where necessary. We also have a number of business facing functions such as Environmental Regulations; Licencing; Events and City Centre Management; and Business Sheffield which could be used to disseminate information and guidance. High profile campaigns would be used to encourage retailers to participate.
- 2.15 **Area 3. Deliver mass media and marketing campaigns to change dietary behaviours with a specific focus on sugar reduction.** Health marketing is important as both a motivator and enabler for consumers to change their own and their families' diets and can help underpin structural and policy level interventions to improve food choices. There is a growing body of evidence on how marketing approaches can effectively change behaviours. Approaches can be targeted at particular population groups and issues. Actions would include the development of a "Low Sugar Sheffield" brand under which a range of actions and interventions would sit.
- 2.16 **Area 4. Increase access to healthy food for those on low incomes.** This may need to be tackled in a number of ways working alongside voluntary and community sector partners and may involve piloting initiatives in parts of the city to develop the evidence for what works. Schemes/initiatives might involve
- Voucher or subsidy schemes for individuals on low incomes or in deprived neighbourhoods to incentivise the purchasing of fruit and vegetables
 - Support for community ventures that increase access to fresh food (social supermarkets and cafes, community meals, lunch clubs, veg box schemes etc.)
 - Expanding the provision of School Holiday Hunger schemes (subject to evaluation)
 - Use of subsidies or incentives to attract healthier food retailers to neighbourhoods where these are currently lacking
 - Other small, community based pilots developed using asset based approaches

- 2.17 **Area 5. Support individuals to improve their diet and achieve/maintain a healthy weight.** We will look for ways to ensure that provision of information about the importance of healthy weight and diet and related brief interventions/advice is routinely given by front line practitioners. Training and tools to support this will be developed and implemented where appropriate. Some individuals may need more than brief advice in order to successfully change their behaviour for the long term. It is proposed that the council will continue to deliver the Start Well service to parents with pre-school children and commission lifestyle weight management support for children and adults; the latter may be commissioned at reduced scale and could be increasingly targeted towards groups and areas with the greatest level of need and this may mean that in some cases they are no longer universally accessible. We will also explore the use of online weight management tools for adults which can be widely accessed.
- 2.18 **Area 6. Influence national policy where this support us in meeting our targets.** In order for our local strategy to have the greatest impact we need it to be underpinned by robust national policy. The national Childhood Obesity Plan has taken some positive steps such as the introduction a sugar levy and work with industry to reduce the amount of sugar in certain foods. However, our progress could be further supported by national policy for example restricting junk food advertising to children through family TV programmes such as Britain’s Got Talent or reconsidering changes to the welfare system where these are placing people in food poverty
- 2.19 **Proposed Commissioning Model**
Current expenditure on obesity prevention and treatment is £800k per year. This will be reduced to £658k by 19/20 as part of required savings to public health budgets (18% reduction).
- 2.20 Current expenditure is outlined below. Where contracts with external providers are in place they are due to expire in October 2018.

Service description	Contract value	Current provider
Start Well service – support to Early Years settings to adopt healthy early years standards, deliver obesity brief intervention training to early years staff and deliver HENRY family programmes	£75k	SCC
Children and Young People Weight Management	£200k	Everyone Health
Adult Weight Management	£260k	
Specialist Adult Weight Management	£265k (reducing to £194k in 18/19)	

- 2.21 It is proposed that as current contracts come to an end a new commissioning model is implemented aligned to the new Food and Wellbeing Strategy. The new commissioning model would maintain investment (minus the planned 18% reduction) for a further 3-5 years,

but this investment would be shifted so that there is greater expenditure on initiatives that address the factors that influence people's food choices.

- 2.22 Areas of investment will need further consultation but may include:
- 2.23 *Support for Schools* to implement a whole school approach to healthy eating. Evidence has shown this can lead to an increased uptake of school meals, an increase in healthy eating behaviours, increased cooking and growing skills in children and families and more knowledge about nutrition. Targeting schools in particular aligns with evidence that there is a greater return on investment from interventions targeting children and young people. There will also be a continuation of the Healthy Early Years award scheme delivered by the council which mirrors this approach within early years settings.
- 2.24 *Delivery of mass media and marketing campaigns.* Mass media and social marketing campaigns using evidence based techniques have the potential to change behaviour on a large scale thus making them cost effective. There are examples of successful campaigns that have been used to reduce sugary drinks consumption such as Howard County Unsweetened and Give Up Loving Pop. It is proposed that an overarching Low Sugar Sheffield brand is developed to raise the profile of actions that are being taken citywide and to engage wider stakeholders including businesses and local residents in the campaign. There could also be campaigns targeting specific priority groups and issues including pregnant women; early years sugar reduction/sugary drinks; sugar reduction for young people; front line staff to encourage delivery of brief interventions on diet and healthy weight; engaging food businesses and workplaces in sugar reduction.
- 2.25 *Developing tools and support for businesses and organisations* to improve their food offer in order to reduce exposure to cheap and appealing calorie-dense, nutrient-poor food in the wider environment. There are a range of ways in which voluntary pledges and healthy catering guidance could be developed and implemented dependant on the level of investment. Businesses and workplaces in deprived areas and/or on school fringes and near to children's visitor attractions would be prioritised. Council services such as environmental regulations, licensing & city centre management could be utilised as a way to reach businesses.
- 2.26 *Increasing access to unhealthy food for those on low incomes.* This could be implemented through a range of initiatives and pilots in areas of high need by community organisations. The VCF sector would be engaged in shaping this approach which might include as examples:
- Voucher or subsidy schemes for individuals on low incomes or in deprived neighbourhoods to incentivise the purchasing of fruit and vegetables
 - Use of subsidies or incentives to attract healthier food retailers to neighbourhoods where these are currently lacking

- Support for community ventures that increase access to fresh food (social supermarkets and cafes, community meals, lunch clubs, veg box schemes etc.)
 - Extending the provision of School Holiday Hunger schemes
- 2.27 *Support individuals to improve their diet and achieve/maintain a healthy weight.* Weight management is currently the main area of spend related to the existing food strategy. It is proposed that the council continues to fund weight loss support but at a reduced level and increasingly targeting high need groups and focusing on early intervention and prevention. Consideration will also need to be given about how to deliver such interventions at sufficient scale to reduce population prevalence of poor diet and obesity. This might include online weight management interventions and an increased focus on brief interventions by front line staff by offering training and simple screening and referral tools.
- 2.28 The above represents an outline of the areas of activity that would be funded in the new commissioning model. There will need to be a period of stakeholder consultation and market testing to a) determine the optimum spread of investment across the interventions b) agree the scope of each intervention and c) develop a procurement strategy
- 2.29 In addition to the commissioned work outlined above policy change will be a major focus of the strategy. Policy change has a greater impact on population prevalence of diet related illness due to its widespread impact. It can also reduce health inequalities as changes affect the whole population and tend to particularly benefit those who currently find it most difficult to make better food choices. Officer time will be dedicated to the development of council policy around food for example in planning, procurement, sponsorship and advertising, catering etc. and to influence national policy. Public sector partners such as hospitals, schools, leisure and tourism will also be engaged to develop their contribution to this agenda.
- 2.30 **Summary of changes to approach from existing Food Strategy**
The proposed new strategy differs from the current approach in the following ways:
- 2.31 An increased focus on reducing diet related ill health at population rather than individual level by addressing the factors that influence our food choices. The need for change comes from recognition that there is a diminishing resource for public health and for Local Authorities as a whole and this must be used effectively if we are to improve health and population level and reduce health inequalities. In practice this would mean reducing the spend on interventions such as weight management and redirecting this to interventions that target larger groups of the population such as marketing and communications or settings based approaches such as working with schools and early years providers. If funds were less restricted the city would maintain its investment in services *as well as* investing more in wider work but this is not the reality.

- 2.32 A shift in emphasis so that the strategy's primary outcome is to improve health and wellbeing by making it easier for people to make better food choices wherever they are. This shift is due to the scale and impact of the health consequences of poor diet and the urgent need to address these. The previous food strategy had two additional outcomes – supporting a strong and vibrant food sector in the city and reducing the environmental impact of the local food system. Both of these outcomes will have a positive impact on the wider determinants of health and remain of importance to the broader public health agenda. However, they align with existing areas of council policy (economic strategy and sustainability). The role of public health will be to support policy makers in these areas to ensure that the contribution of food is recognised and represented.
- 2.33 A more systematic approach to developing public policy around food. A recent example of this has been the inclusion of restrictions in contracts on the types of food and drink that can be sold in our leisure centres. Policy change like this has a greater impact on population prevalence of diet related illness. It can also reduce health inequalities as changes affect the whole population and tend to particularly benefit those who currently find it most difficult to make better food choices. For this reason policy and structural interventions play an essential role in reducing health inequalities and there will need to be broad organisational sign up and cooperation.
- 2.34 **Financial implications**
The proposed commissioning model will allow Place Public Health to manage the 18% reduction in funding. Due to the scale and health impact of poor diet it is recommended that investment in this area does not see any further reductions.
- 2.35 It should be noted that there may be financial implications arising from changes to policy. For example if we were to place restrictions on food vendors at public events or on the types of sponsors we would accept for these events there might be a risk to revenue. There would be a need for discussion on this kind of issue on a case by case basis and an examination of the public health gains vs other impacts.
- 2.36 **Equalities implications**
Due to the vast inequalities in diet and related health outcomes that exist in Sheffield a primary driver for the Food and Wellbeing Strategy is increasing fairness and reducing health inequalities. The changes in approach outlined above should have a positive impact on health inequalities and targets will be set to ensure that improvements are not only seen in those groups and parts of the city that already experience better health outcomes.
- 2.37 The proposed commissioning model may involve ending or reducing expenditure on existing services. There may also be increased targeting of new services. Equality impact assessments have not yet been undertaken but will need to be completed as part of this process.
- 2.38 **Relationship to other strategies**

An effective Food and Wellbeing strategy will support the Sheffield City Council Corporate Plan priorities Thriving Neighbourhoods and Communities, Better Health & Wellbeing and Tackling Inequalities

- 2.39 The strategy is in line with the direction of travel set out by Sheffield's Public Health Strategy in particular due to the emphasis on policy change and shifting to population level interventions.
- 2.40 Obesity is a consequence of poor diet and physical inactivity and so together the Food and Move More strategies will contribute to reduction in obesity, neither will be effective in isolation. However, it should be noted that a well-balanced diet and being physically active are both important contributors to wellbeing in their own rights and are not solely about reducing obesity hence the need for two strategies rather than a single obesity strategy. There may be some overlap in objectives between the two strategies. Where this occurs we will seek to work in partnership to maximise opportunities and avoid duplication.
- 2.41 The recent Sheffield Oral Health Strategy calls for reduction of sugar to be considered a priority in food and other council strategies. Consultation and joint working has and will continue to take place during strategy development and implementation.
- 2.42 Affordability is an important factor influencing our food choices. The Food and Wellbeing Strategy will need to continue work closely with the Tackling Poverty Strategy. The Food and Wellbeing Strategy will support the outcomes of the Tackling Poverty Strategy in particular by undertaking activities that mitigate some of the worst effects of poverty (hunger and poor diet) and that contribute to breaking the cycle of poverty.
- 2.43 Economic Strategy and Sustainably Strategy. Food makes a contribution to our local economy and has an environmental impact. Public Health will work alongside policy makers to ensure related strategies continue to represent the contribution of food.

3 What does this mean for the people of Sheffield?

- 3.1 Food is a social justice, fairness, and health inequalities issue for our city. Poor diet is the most harmful, in health terms, to the most vulnerable in our city and a major contributor to health inequalities in Sheffield. Factors such as child and adult obesity, proportion of children and adults consuming 5-A-Day and child tooth decay are far more prevalent in lower socio-economic groups and sustain inequalities throughout the life course by impacting on school attainment and employment.
- 3.2 In Sheffield fewer than 1 in 4 adults are eating the recommended 5 portions of fruit and vegetables a day on average. This varies across the city and is closely related to deprivation.
- 3.3 National surveys show that children are eating three times the recommended amount of sugar each day. Tooth decay is a

predominantly preventable disease linked to high levels of sugar consumption. On average Sheffield 5 year olds have 1.2 decayed, missing or filled teeth. This ranges from 0 in some areas, to in excess of four decayed, missing or filled teeth in others and is related to deprivation. Teeth extractions are the most common reason for child hospital admissions. Over the last five years, on average, children in Sheffield are more than twice as likely to be admitted to hospital to have teeth extracted than England. Research has shown that over a quarter (26%) of children have missed school because of dental pain with an average of 3 school days missed. Children also miss, on average, two additional school days when attending hospital for extractions, with some children being absent from school for up to 15 days. Due to inequalities in dental health the educational impact of missed school is likely to affect those from lower socioeconomic groups most thus reinforcing inequalities.

- 3.4 Much of the harm caused by poor diet is driven by overconsumption leading to people becoming overweight and obese. In Sheffield in 2016 11.2% of 2-18 year olds were estimated to be clinically obese - this equates to 12,377 children (the number of children estimated to be overweight or obese combined is likely to be closer to 25,000). The percentage of adults classified as overweight or obese was 64.7% this equates to around 304,953 people. The percentage of adults classified as obese was 23.7% this equates to 103,240 people.
- 3.5 22.3% of 4/5yr olds in Sheffield were classified as overweight or obese in 2015/16. This was an increase from the previous year and the largest year-on-year increase since 2008/09. Sheffield has comparable combined overweight and obesity with England and the Yorkshire and Humber region. However, historically Sheffield has been below these national rates and the increase between 2014/15 and 2015/16 is marked. By age 10/11 the prevalence of overweight & obesity combined was 34.3% in 2015/16. Although the trend is stable prevalence is at its highest rate since 2010/11
- 3.6 An effective Food and Wellbeing strategy will lead to an increase in the proportion of people eating a well-balanced diet and a reduction in population prevalence of conditions related to poor diet including obesity, cardiovascular disease and tooth decay. A set of indicators will be developed to measure success. When setting targets and measuring progress we will also need to ensure that in each case the greatest improvements are experienced by the groups that are currently experiencing the worst health outcomes.
- 3.7 In short we want everyone in Sheffield to eat as well as possible with healthy weight and diet across the population

4. Recommendation

- 4.1 The Committee is asked to consider the draft strategy and commissioning model and provide views and comments.

Appendix 1 – Draft Food and Wellbeing Strategy

Our vision

Everyone in Sheffield will have the opportunity, environment and social capital to consume food in a way that benefits their well being

Our mission

Make good food the easy choice for everyone

Why Food?

A well-balanced diet is directly beneficial to our health and wellbeing, helping us to maintain a healthy weight and prevent serious health problems such as cardiovascular disease, diabetes, dementia and some cancers. In the UK the highest risk factors for ill health, after tobacco, are a poor diet and being overweightⁱ. Overconsumption of foods high in sugar, fat and salt is a major contributor to diet related ill health including obesity and tooth decay.

A wider culture of healthy eating benefits society through improved school attainment, increased employment and work productivity, reduced health and social care costs and reduced environmental impact^{ii iii iv}.

Unhealthy weight is a consequence of poor diet (excess calorie consumption) and inactivity and is a serious and worsening public health problem. It increases disability, disease and premature death and has substantial long term economic, wellbeing and social costs. The total societal cost of obesity, including lost productivity, is second only to smoking^v.

Poor diet and unhealthy weight are affected by health inequalities and are more common in lower socio-economic groups. This leads to poorer health outcomes for these groups.

Food also makes a broader contribution to our health and wellbeing, beyond the nutritional value of what we eat. Food gives us pleasure; often plays a central role in how we socialise, share and celebrate; and connects us to our culture and to our friends and family. The more often people eat with others the more likely they are to be satisfied with their life and feel engaged with their local community^{vi}.

What influences our food choices?

Evidence shows that there are multiple factors that affect our food choices. In order to change behaviour we must seek to address these aspects by taking a whole systems approach.

- **Early life** - the food eaten between conception and weaning influences how we respond to the food environment through a range of biological and psychological mechanisms. For example, maternal diet and early infant diet can alter the way in which genes are switched

on or off or children can grow accustomed to a diet high in sugars^{vii}. Poor diet during this period can carry adverse health consequences in later life.

- **Marketing** is disproportionately used to promote unhealthy products. Evidence shows that all forms of marketing influences food purchasing and consumption, especially amongst children^{viii}.
- **Exposure** to healthy vs unhealthy food and drink in the wider environment. Evidence shows that our buying and eating behaviour is automatic and unthinking, prompted by what has been marketed to us and what food is around us^{ix}. In our current environment the default food and drink options are too often the unhealthy ones. Foods that are high in sugar, fat and salt are widely available and affordable and are strategically located near schools, on our high streets and in areas of higher deprivation where often few healthy alternatives are available.
- **Poverty** – Low income households are more likely to consume highly processed, high sugar and high saturated fat foods^x. Healthier diets are becoming more expensive^{xi}. Food is often the flexible item in household budgets and therefore households on low incomes often respond by trading down on the food they buy, increasingly purchasing cheaper, energy dense, less nutritious food. Some areas may also suffer from a lack of access to good food at the right price^{xii}.
- **Education and health promotion** can help individuals to make healthy, informed food and drink choices. Health marketing is important as both a motivator and enabler for consumers to change their own and their families' diets. However, in order to be effective in tackling obesity, and particularly to help the poorest in society, activity needs to go beyond just health messages and information to consumers^{xiii}.
- **Social influences** – parents and carers can directly and indirectly influence their children's dietary preferences. For adults and older children the food eaten by friends, families and colleagues influences food choices.
- **Social changes** – for example the growing convenience culture has led to increased consumption of processed foods which are often higher in sugar, salt and fat. These ingredients are often "hidden" leading to people unknowingly consuming high levels of sugar, salt and fat. People are also increasingly less likely to sit down and eat meals together.

Our approach

This strategy will seek to change dietary behaviours across three domains which will address the known sources of influence on people's food choices.

1. Exposure – make the healthier choice the easier choice by limiting people's exposure to cheap and appealing calorie-dense, nutrient-poor food in the wider environment and by restricting opportunities for direct and indirect marketing of this type of food. Use marketing and behaviour change techniques to influence healthier food choices

2. Improve access - ensure good food is physically and financially accessible to everyone

3. Provide services and support – ensure people have the knowledge and skills that are needed to access a healthy diet and that support is available to those in greatest need

In addition to this the actions and investment resulting from this strategy will be guided by a number of key themes:

This strategy will advocate for a **whole systems approach** to improving dietary behaviours. The environmental drivers of poor diets are too big to be tackled by any single action alone. A broad programme of approaches at population, settings and individual level are required to promote healthier food environments and make healthier choices easier^{xiv}. The strategy will seek to strike a balance between policy and population level interventions and interventions that support individuals to make healthier choices. In doing so we will aim to improve health and wellbeing at population level whilst also providing support to those with greatest need.

There will be emphasis on interventions that reduce **health inequalities**. This will be done in two ways – by targeting services and interventions towards groups at highest risk; and by putting greater emphasis on structural and policy change as this type of intervention is likely to have a greater impact on reducing health inequalities.

Due to strong evidence on the impact of diet in the **Early Years** (from conception to starting school) on future dietary behaviours and health outcomes there will be a focus on intervention during this time period. **Children, Young People and Families** will also be a focus of intervention because obesity begins in childhood - overweight and obese children and teens are much more likely to become obese adults. Also prevention of childhood obesity is easier relative to supporting adults to lose weight once they have already become obese.

There will be an initial focus on **sugar reduction**. The widespread consumption of sugar is causing concern as it can lead to an overall unhealthy diet through increased calorie consumption with a concurrent reduction in nutritionally adequate foods. This can lead to weight gain, obesity, diabetes and an increased risk of tooth decay. Tooth decay particularly affects children's health and school attainment. There has been recent national attention on sugar including a number of high profile national campaigns and there is evidence that ANY significant progress to reduce sugar intakes would yield benefits^{xv}. There has also already been pioneering local action which can be capitalised on. For example SIV are the first leisure centre in the country to introduce a tax on sugary drinks and our Hospital Trusts have taken action to reduce the number of sugary drinks and snacks on sale.

Our actions

Actions will be grouped into six areas:

1. Develop healthy food and drink policy for the council and wider public sector

Local authorities have an important role to play in improving the food environment and making the healthier choice the easier choice. We control planning, public and environmental health, leisure and recreation and have influence over food and drink in schools, nurseries, civic centres, leisure centres, sports facilities, parks, museums, theatres, our own workplaces and others. In order to help people to achieve healthier

diets, we need to develop consistent policies regarding the food that is available, for sale and marketed in these settings.

2. Create a better food environment by supporting businesses and organisations to improve their food offer

Whilst we have less control and influence over the private sector by developing our own food and drink policies we can lead the way and encourage others to follow suit, providing advice and support to them where necessary. We also have a number of business facing functions such as Environmental Regulations; Licencing; Events and City Centre Management; and Business Sheffield which could be used to disseminate information and guidance.

3. Deliver mass media and marketing campaigns to change dietary behaviours with a specific focus on sugar reduction

Health marketing is important as both a motivator and enabler for consumers to change their own and their families' diets and can help underpin structural and policy level interventions to improve food choices. There is a growing body of evidence on how marketing approaches can effectively change behaviours by applying behavioural insights techniques. Approaches can be targeted at particular population groups and issues. The following are suggested as priority campaigns: development of a "Low Sugar Sheffield" brand, healthy diet during pregnancy; early years sugar reduction/introducing solid foods; young people and sugary drinks; front line staff and brief interventions; engaging food businesses

4. Increase access to healthy food for those on low incomes

This may need to be tackled in a number of ways and may involve piloting initiatives in parts of the city to develop the evidence for what works. Schemes/initiatives might involve

- Use of subsidies or incentives to attract healthier food retailers to neighbourhoods where these are currently lacking
- Voucher or subsidy schemes for individuals on low incomes or in deprived neighbourhoods to incentivise the purchasing of fruit and vegetables
- Support for community ventures that increase access to fresh food (social supermarkets and cafes, community meals, lunch clubs, veg box schemes etc.)
- Expanding the provision of School Holiday Hunger schemes

5. Support individuals to improve their diet and achieve/maintain a healthy weight

We will look for ways to ensure that provision of information about the importance of healthy weight and diet and related brief interventions/advice is routinely given by front line practitioners. Training and tools to support this will be developed and implemented where appropriate.

Some individuals may need more than brief advice in order to successfully change their behaviour for the long term. The council will continue to deliver the Start Well service to parents with pre-school children and commission lifestyle weight management support for children and adults; these will be targeted towards groups and areas with the greatest

level of need. We will also explore the use of online weight management tools for adults which can be widely accessed.

6. Lobby for changes to national policy that would support us in meeting our targets

In order for our local strategy to have the greatest impact we need it to be underpinned by national policy. The national Childhood Obesity Plan has taken some positive steps such as the introduction a sugar levy and work with industry to reduce the amount of sugar in certain foods. However, our progress could be further supported by national policy in the following areas:

- Banning price-cutting promotions of junk food in supermarkets, such as multipacks and buy one get one free
- Restricting junk food advertising to children through family TV programmes such as Britain’s Got Talent and The X Factor, as well as on social media and websites.
- Ending junk food sponsorship of family and sporting events

Outline Action Plan

1. Develop healthy food and drink policy for the council and wider public sector

Action	Owner(s)
Reduce opportunities to market sugary drinks through advertising and sponsorship	City Centre Management and Major Events Finance and Commercial Services Public Sector partners including hospitals and schools
Support settings that are controlled or under the influence of the council and wider public sector to improve their food offer where necessary. Settings may include: <ul style="list-style-type: none"> • Public events • Parks, leisure, sports and recreation facilities • Childcare settings & schools (development of whole setting/school approaches to food) • Hospitals • Pharmacies • Universities and FE colleges • Other contractors 	City Centre and Major Events Partnerships and Special Projects, Culture and Environment Finance and Commercial Services Parks and Countryside Prevention & Early Intervention, CYPF Public Sector partners

2. Improve the food environment by supporting businesses and organisations to improve their food offer

Action	Owner(s)
Develop sugar reduction pledges and/or healthy catering guidance/award targeting a range of organisations as outlined below. <ul style="list-style-type: none"> • Workplaces with on-site food provision 	Place Public Health

<ul style="list-style-type: none"> • Fast food and street traders • Cafes and restaurants • Grocery stores • Non-food retailers such as department stores who may sell high sugar food and drink at points of sale 	
Utilise council services such as environmental regulations, licensing & city centre management to engage businesses in the above with a focus on those in deprived areas and on school fringes.	Environmental regulation Licensing City Centre Management and Major Events Business Sheffield

3. Deliver mass media and marketing campaigns to change dietary behaviours with a specific focus on sugar reduction

Action	Owner(s)
Commission marketing and communications campaigns. Specific campaign areas/target groups would include: <ul style="list-style-type: none"> • Developing a “Low Sugar Sheffield” brand • Pregnancy • Early years sugar reduction/sugary drinks • Young people and sugary drinks • Front line staff (encouraging delivery of brief interventions) • Food businesses (encouraging adoption of healthier catering pledges) 	Place Public Health

4. Increase access to healthy food for those on low incomes

Action	Owner(s)
Pilot and/or support a range of initiatives in high need areas. This might include: <ul style="list-style-type: none"> • Use of incentives/ subsidies/ differential business rates to attract healthier food retailers into areas where they are lacking • Pilot the use of voucher schemes to incentivise purchasing of fruit and vegetables. • Support for community ventures that increase access to fresh food (social supermarkets and cafes, community meals, lunch clubs etc) • School Holiday Hunger programmes • Pilot Universal Free School Breakfast in the most deprived schools • Pilot extension of School Fruit and Vegetable scheme in the most deprived schools 	Place Public Health Public Health, Children’s Commissioning Services Social Justice and Inclusion Lead People Commissioning Service Finance and Commercial Services

5. Support individuals to improve their diet and achieve/maintain a healthy weight

Action	Owner(s)
Continue to deliver the Start Well programme which aims to improve diet and increase physical activity in the early years including supporting individuals, developing staff capability and supporting early years settings to improve the food environment	Public Health, Children's Commissioning Services
Commission support for schools to implement a whole school approach to healthy eating e.g. food and drink policy development; development of school curriculum/campaigns to include information on diet/sugary drinks & snacks; social mobilisation of governors, parents and pupils to influence the food offer on the school fringe	Place Public Health
Commission diet and obesity brief intervention training for front line staff and development of brief intervention tools	Place Public Health
Ensure that diet and healthy weight are covered within Standard Operating Guidelines for key universal services (particularly 0-19, maternity and Primary Care)	Public Health, Children's Commissioning Services
Commission weight management support for Children, Young People and Families	Place Public Health
Commission weight management support for adults who require additional support to reach a healthy weight	Place Public Health

6. Influence national policy that would support us in meeting our targets

Action	Owner(s)
<p>Policy areas to influence could include:</p> <ul style="list-style-type: none"> Banning price-cutting promotions of junk food in supermarkets, such as multipacks and buy one get one free Restricting junk food advertising to children through family TV programmes such as Britain's Got Talent and The X Factor, as well as on social media and websites. Ending junk food sponsorship of family and sporting events 	Place Public Health

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