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Report of: *Laraine Manley*

Report to: *Cabinet*

Date of Decision: *21st March 2018*

Subject: *Food and Wellbeing in Sheffield: Strategy and Future Commissioning Model*

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------------------------------|----|-------------------------------------|
| Is this a Key Decision? If Yes, reason Key Decision:- | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| - Expenditure and/or savings over £500,000 | | <input checked="" type="checkbox"/> | | |
| - Affects 2 or more Wards | | <input checked="" type="checkbox"/> | | |
| Which Cabinet Member Portfolio does this relate to? <i>Culture, Parks and Leisure; Children, Young People and Families; Health and Social Care;</i> | | | | |
| Which Scrutiny and Policy Development Committee does this relate to? <i>Healthier Communities & Adult Social Care</i> | | | | |
| Has an Equality Impact Assessment (EIA) been undertaken? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| If YES, what EIA reference number has it been given? <i>(Insert reference number)</i> | | | | |
| Does the report contain confidential or exempt information? | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below:- | | | | |
| <i>"The (report/appendix) is not for publication because it contains exempt information under Paragraph (insert relevant paragraph number) of Schedule 12A of the Local Government Act 1972 (as amended)."</i> | | | | |

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| <p>Purpose of Report:</p> <p>To propose a Food and Wellbeing Strategy for Sheffield and changes to future commissioning to support the Food and Wellbeing Strategy.</p> <p>Poor diet and obesity are two of the biggest contributors to ill health and early death (coming 2nd only to smoking). They are a major cause of inequalities; those in poorest areas have poorest diet and are more likely to be overweight.</p> |
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The new Food and Wellbeing strategy aims to increase the proportion of people eating a well-balanced diet, reduce the prevalence of conditions related to poor diet including obesity and for the greatest improvements to be made in the poorest parts of the city. This will be achieved by addressing the factors that affect people's food choices including working in partnership to use the public sector's influence to create food environments where healthier choices are easier – for example including requirements for healthier food options in contracts we hold and resisting sponsorship from companies associated with “junk food” brands.

There will be an explicit focus on reducing health inequalities; highlighting sugar consumption as an issue; and on early help and intervention by targeting the early years and children, young people and families.

The council currently commissions a range of weight management services for children and adults. These contracts end in October 2018. To deliver the ambitions within the Food and Wellbeing Strategy it is proposed that there is additional investment in early help and prevention activity that is funded through a reduction in funding for some weight management services. Proposed areas for investment include:

- Initiatives and schemes to improve access to healthy food for people experiencing food poverty
- Advice and guidance for settings including early years settings, Family Centres and schools to adapt their food environment making healthier choices easier, for example through Healthy Schools/Settings award schemes
- Developing a Low Sugar Sheffield campaign to build on work that is already being undertaken by local hospitals, universities and leisure centres; and targeted media campaigns
- Community based healthy weight support for families, including specific work targeting early years
- A combination of online and community based healthy weight support for adults with delivery targeted towards groups and areas with greatest need

Specialist weight management support (tier 3) for people with severe and complex obesity will no longer be funded as part of this programme due to the limited impact this type of intervention is able to have on reducing population prevalence of obesity and limited evidence of its cost effectiveness.

The expected effect of these changes will be an increase in the proportion of people eating a well-balanced diet, a reduction in prevalence of conditions related to poor diet (including obesity) and a reduction in current inequalities. Indicators are currently being explored but are likely to include:

- Levels of obesity in children living in the 20% most deprived areas of Sheffield
- Oral health of children in the 20% most deprived areas of Sheffield.
- Levels of obesity in adults living in the 20% most deprived areas

Through the Food and Wellbeing Strategy we aim to create partnerships and promote a central vision that will lead to co-ordinated activities and initiatives across the system and at population level. For this strategy to be effective there

will need to be a **cross council call to action** to ensure that food and obesity is considered within a wide range of strategies and service areas.

Food sits alongside physical inactivity in playing a major role in rising levels of obesity. Much in the same way that physical activity has established a whole system approach to creating a culture of physical activity through the Move More Plan the Food and Wellbeing Strategy must connect and disrupt current culture through similar partnerships with and between the NHS, Sheffield City Council, the two City Universities, leisure, private and voluntary sector service providers.

Recommendations:

1. Authority is delegated to the Director of Financial and Commercial Services in consultation with the Director of Culture and Environment to approve such procurement strategies for such services that will support the implementation of the Food and Wellbeing Strategy, as set out and outlined in this report.
2. Authority is delegated to the Director of Financial and Commercial Services in consultation with the Director of Culture and Environment, and the Director of Legal and Governance to award, vary or extend contracts for the provision of services that will support the implementation of the Food and Wellbeing Strategy as set out and outlined in this report;
3. That the Director of Culture and Environment in consultation with the Director of Public Health, the Director of Legal and Governance and the Director of Finance and Commercial Services is authorised to take such steps as they deems appropriate to achieve the outcomes as set out and outlined within this report.

Background Papers:

- Food and Wellbeing Needs Assessment 2017
- Food and Wellbeing draft strategy

| Lead Officer to complete:- | |
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| 1 | I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required. |
| | Finance: Janine Scarborough |
| | Legal: Henry Watmough-Cownie |
| | Equalities: Annemarie Johnson |
| <i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i> | |
| 2 | EMT member who approved submission: Laraine Manley |
| 3 | Cabinet Member consulted: Mary Lea, Jackie Drayton and Cate McDonald |
| 4 | I confirm that all necessary approval has been obtained in respect of the implications indicated |

| | |
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| on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Decision Maker by the EMT member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1. | |
| Lead Officer Name: Jessica Wilson | Job Title: Health Improvement Principal |
| Date: 15 th February 2018 | |

1. PROPOSAL

1.1 This proposal is for a new Food and Wellbeing Strategy for Sheffield with an outline commissioning model to support the strategy's implementation. The proposal includes investment of £658k per year for the next 3-5 years.

1.2 **Food and Wellbeing Strategy**

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.

1.3 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, type 2 diabetes and tooth decay at population level.

1.4 The environmental drivers of poor diet are too big to be tackled by any single action alone. Evidence shows that our food choices are influenced by: the food we were given in early life; 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 make a meaningful impact on population health a food strategy will need to address all sources of influence.

1.5 Interventions that rely less on individual choice and more on changes to the wider environment will have a more widespread impact and will reduce health inequalities as they are less reliant on individuals being motivated and capable of making sustained changes to their behaviour. 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.

1.6 A number of themes will run throughout the actions within the strategy. These themes will address the known influences on food choices and the evidence base on effective ways to change dietary behaviours on a large scale.

1.7 **Transform the food environment** – 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. Take steps to improve the physical and financial accessibility of healthier food, particularly focussing on groups at risk of food poverty and social

isolation.

Potential actions could include:

- Review food provision in our buildings and via our providers (e.g. leisure centres, parks cafes, hospitals, schools, public events) and encourage partners to do the same
- Where the council has control over advertising space in the public realm, introduce restrictions such as no advertisements of 'junk food' brands near to schools
- Develop policy regarding commercial partnerships with the food and drinks industry that takes into account how these may impact on messages communicated about healthy eating to our local communities
- Initiate a free water refill scheme to reduce sugary drinks consumption and single use plastic waste
- Support use of council owned green space for urban agriculture and vacant council owned premises for initiatives such as social supermarkets and community eating spaces
- Use council services such as environmental regulations, licensing & city centre management to engage private industry with responsible retailing and healthier food pledges
- Develop supplementary guidance for hot food takeaways
- Use marketing and behaviour change techniques to influence healthier food choices across the population and targeted at particular groups who are less likely to consume a healthy diet or who are more likely to experience the negative health consequences of an unhealthy diet.
- Support community ventures that increase access to fresh food, for example social supermarkets and cafes, community meals and lunch clubs
- Explore the use of incentives/subsidies/differential business rates to attract healthier food retailers into areas where they are lacking
- Healthy Schools and Nursery Award Schemes

1.8

The strategy also pledges to work with a wide range of partners including hospitals, schools, care settings, Family Centres, early years settings and housing associations and to support them where necessary to ensure that healthier food choices are the easier choice for their service users. This approach will provide reach across a range of age groups and geographies.

1.9

Provide targeted services and support – ensure people have the knowledge and skills that are needed to access a healthy diet, with support available for those in greatest need. Targeting will be informed by a needs assessment and will identify groups and areas where there is increased incidence of diet related ill health for example people living in areas of high deprivation; certain minority ethnic groups; people with physical disabilities, learning disabilities and severe mental health problems.

1.10

Early Years and Childhood - Due to strong evidence on the impact of

1.11 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. Families will also be a focus of intervention because obesity often begins in childhood - overweight and obese children and young people are more likely to become obese adults and are influenced by family food habits.

1.12 **Reducing inequalities** - There will also 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.

1.13 **Focus on Sugar**- Advice on healthy eating can be complex and sometimes confusing due to the vast array of messages. It is proposed that there is a specific focus on sugar in order to convey a simple but impactful message. 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.

The strategy proposes action in six areas:

- Develop healthy food and drink policy for the council and wider public sector
 - Create a better food environment by supporting businesses and organisations to improve their food offer
 - Use mass media and marketing approaches to change dietary behaviours with a specific focus on sugar reduction
 - Develop and/or pilot initiatives to increase access to healthy food for those experiencing food poverty
 - Education, information and support for individuals to improve their diet and achieve/maintain a healthy weight
 - Influence national policy where this could support us in meeting our targets
- 1.14

Outcomes

The expected effect of these changes will be improvements in health and wellbeing and in particular 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 most suitable indicators are currently being explored but are likely to include:

- reduction in levels of obesity in children living in the 20% most deprived areas of Sheffield (source: local National Child Measuring Programme data)
- Improved oral health of children living in the 20% most deprived areas of Sheffield (potential source: Hospital Episode Statistics)
- reduction in levels of obesity in adults living in the 20% most deprived

1.15 areas (source: GP QOF data)

The focus on early years, reducing health inequalities and sugar is reflected in the indicators for this strategy. The chosen indicators focus on the 20% most deprived areas to highlight the emphasis on reducing inequalities. Although there will be some targeting of interventions in line with need activity will not be confined to these parts of the city.

1.16

In addition to these indicators Sheffield City Council will strengthen partnerships with the Universities, Public Health England, local communities and businesses to explore ways to evaluate the implemented actions in the strategy. Our ambition is that Sheffield can become a “test bed” and enhance the evidence base of actions that are effective in improving diet across the population.

1.17

In the context of a whole system approach, food sits alongside physical inactivity in playing a major role in rising levels of obesity. For this strategy to be effective it is essential that there is system-wide, co-ordinated public health work on obesity. Much in the same way that physical activity has established a whole system approach to creating a culture of physical activity through the Move More Plan (via the partnership of the National Centre for Sport and Exercise Medicine) the food strategy must connect and disrupt current culture through similar partnerships with and between the NHS, Sheffield City Council, the two City Universities, leisure, private and voluntary sector service providers. The Food and Wellbeing Strategy aims to create these partnerships and unite them around a central vision that will lead to co-ordinated activities and initiatives across the system and at population level.

1.18

Broader health and wellbeing outcomes

Food plays an important role in our local economy; the local food sector employs around 25,000 people, contributes to the vibrancy of the city and helps form the city offer to tourists. Food contributes to carbon emissions through its production, processing and consumption. This impact can be minimised by reducing our city’s food supply chains and by increasing the amount of locally produced, seasonal food, with sustainable levels of meat consumption. Growing food in the city and surrounding areas will help to contribute towards increasing the resilience of our food supply networks, as well as creating business and job opportunities to Sheffield. Food is also closely linked with poverty and has an important role in strengthening communities and reducing social isolation. Although the primary objective of this strategy will be to improve diet at population level and reduce the negative health consequences associated with poor diet, it will seek to support these other related outcomes through each action that is undertaken.

1.19

Commissioning model

Current expenditure on obesity prevention and treatment is £728k per year. This will be reduced to £658k in 2019/20 as part of required savings to public health budgets. The new commissioning model will take this

1.20 planned reduction into account.

It is proposed that as current contracts come to an end a new model is developed and implemented aligned to the new Food and Wellbeing Strategy i.e. increasing the focus on early intervention and on interventions that will improve diet and prevent of obesity at population level. In practice this will mean reducing spend on adult 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 council would maintain its investment in services as well as investing more in wider work but this is not the reality.

1.21

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 | Contract end date |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------|----------------------------|
| Start Well service – support Early Years settings to adopt healthy early years standards, deliver obesity brief intervention training to early years staff and deliver Start Well family programmes | £75k | SCC | Ongoing SLA |
| Tier 2 Children and Young People Weight Management and awareness raising in schools | £200k | Everyone Health | 30 th Sept 2018 |
| Tier 2 Adult Weight Management and brief interventions training | £260k | | 30 th Sept 2018 |
| Tier 3 Specialist Adult Weight Management | £194k | | 30 th Sept 2018 |

1.22

1.23 Areas of investment under the new Food and Wellbeing Strategy will be:

Advice and guidance to a range of settings including schools and early years settings regarding implementing a whole school/setting approach to healthy eating. It is proposed that schools and early years settings are a primary focus as obesity often begins in childhood - overweight and obese children and young people are more likely to become obese adults. Evidence has shown that whole school approaches to food 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. Early Years settings including Family Centres will be encouraged to participate in the local Healthy Early Years award scheme that is currently delivered by the council. Interventions would be focussed initially on schools and settings in areas

1.24 with highest obesity prevalence with 100% take up being the longer term aim.

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. 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 will also be campaigns targeting specific population groups and issues may include healthy eating during pregnancy; early years sugar reduction/sugary drinks; sugar reduction for young people; promoting the benefits of eating together/social eating; alcohol and weight gain; front line staff to encourage delivery of brief interventions on diet and healthy weight; engaging food businesses and workplaces in sugar reduction and encouraging sign up to pledges. We will also support Public Health England with the local implementation of national campaigns such as Change4Life and One You.

1.25 *Increasing access to healthy food for those experiencing food poverty.* This would be implemented through a range of initiatives and pilots in areas of high need, or targeting population groups of high need for example families on lower incomes or socially isolated older adults. The VCF sector would be engaged in shaping this approach which might include for example 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.); extending the provision of School Holiday Hunger programmes; or subsidies and initiatives to encourage healthier food retailers to locate in areas that currently lack this provision.

1.26 *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 some weight loss support but at a reduced level and increasingly focussed on reducing health inequalities and early intervention and prevention. Screening will be embedded within the programme and will include the identification of people who are overweight and obese and requiring support to change. Training will be available for frontline staff to ensure the workforce are equipped to successfully screen, identify and deliver brief interventions to those who are overweight. Very Brief Advice and referral to services will be delivered via an electronic screening tool.

1.27 The below outlines the specific services that it is proposed will 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.

| Service | Description | Indicative budget |
|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Start Well | Support for Early Years settings to adopt healthy early years standards, deliver obesity brief intervention training to early years staff and deliver Start Well family programmes | £60k |
| Tier 2 child and adult weight management and delivery of Very Brief Advice | Weight management programmes in community settings, development and delivery of brief interventions training and tools | £300k (£150k children, £150k adults and VBA) |
| Healthy eating advice and guidance to schools and settings | Support for schools and settings to implement the whole school/setting approach to food | £123k |
| Mass media and marketing campaigns | Development of overarching Low Sugar Sheffield brand and targeted healthy eating campaigns | £75k |
| Food poverty/access schemes | Initiatives in areas of high need. May include trialling food voucher or subsidy schemes; support for community ventures that increase access to fresh food; School Holiday Hunger programmes | £100k |
| | | £658k |

1.28

Changes from existing model: In order to achieve the increased investment in population level prevention it is proposed that Sheffield City Council:

1.29

End the Tier 3 specialist adult weight management service – The contract for this service is due to end in Sept 2018 and it is proposed that this is not recommissioned. This service provides specialist support to individuals with severe and complex obesity. There is some evidence that specialist weight management services can support long term, clinically significant weight loss, however such evidence is limited. There is very limited evidence that this is cost effective or an effective way of tackling obesity at population level and therefore it does not align with the Local Authority public health remit. Tier 3 services do provide a function in terms of preparation and selection for those who wish to access weight loss surgery and the impact on this pathway will require further discussion with NHS Sheffield CCG as the commissioners of weight loss surgery.

1.30

The provision of tier 3 services across England is variable, with the absence of such services in many areas. The commissioning arrangements are also variable depending on local decisions made in

2014 when Primary Care Trusts were disbanded. CCGs are the commissioners in some areas, Local Authorities in some and joint commissioning in others. In 2014 a national working group convened by NHS England recommended that CCGs were the preferred option as the primary commissioners for local weight management multi-disciplinary team interventions (Tier 3).

1.31

An equality impact assessment and further consultation will need to be undertaken to inform the decommissioning of the service. This will take into account the impact of this decision on individuals currently receiving support, and the impact on adults with severe and complex obesity who may wish to access this service and/or weight loss surgery in the future.

1.32

Reduce spend on the Tier 2 adult weight management service with the remaining resource being more highly targeted towards areas and population groups where there is high obesity prevalence. The reduction in funding for this service may mean that there is no longer universal access to face to face weight management support. A universal offer will be available to those not eligible for face to face support and will consist of brief advice and signposting to self-help, self-funded commercial weight management and/or online weight management support which has been shown to be effective.

1.33

Reduce early years (Start Well) spend – savings have been achieved through exiting the national HENRY (Health, Exercise and Nutrition for the Really Young) programme which incurs high costs for training and licence. A local programme has been developed and will be evaluated. Delivery levels will not be affected by reduced funding.

1.34

Reduce child weight management spend – delivery levels should remain unaffected. The reduced funding reflects the removal of awareness raising in schools from this contract as it will be included within the healthy eating in schools and settings service.

1.35

In addition to the commissioned work outlined above policy change and structural interventions will be a major focus of the strategy. Structural interventions have a greater impact on population prevalence of diet related illness due to the widespread impact. They also reduce health inequalities as they are less reliant on individuals being motivated and capable of making sustained changes to their behaviour. There is no one structural or policy action that in itself will make a significant contribution to improving diets, however, the cumulative impact from consistent policy setting around the external food environment will begin to turn the tide and positively influence dietary behaviours over time. Areas of council policy relating to food include planning, procurement (for example food in leisure centres or parks cafes or advertising columns), sponsorship, catering, public events etc. Public sector partners such as hospitals, schools, housing associations, and leisure and tourism attractions will be engaged as key partners in this agenda with the aim of developing consistent, citywide policy on food.

1.36

Need for change

1.37 The previous Food Strategy came to an end in 2017. Since the development of the previous 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. The actions within the previous Food Strategy did not fully reflect this shift in emphasis and investment was focussed entirely on provision of weight management support which although beneficial to individuals is unlikely to make an impact at population level in isolation.

1.38 The proposed change comes also from recognition that there is a diminishing resource for obesity prevention as funds to Local Authorities reduce and this must be used effectively focussing on reducing population prevalence and inequalities.

Current local trends for dietary indicators and obesity are worsening in many cases and inequalities are widening highlighting the need for a renewed focus on these issues. In Sheffield:

- More than 1 in 5 children are overweight or obese when they start school and this increases to more than 1 in 3 by the time they reach Year 6. 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.
 - Almost two thirds of adults are overweight or obese (this equates to over 300,000 adults in Sheffield).
 - Only 1 in 4 adults in Sheffield consume the recommended 5 of more portions of fruit and vegetables an average day
 - Almost 1 in 3 children experience tooth decay by age 5. Poor diet, in particular sugar consumption, is a major cause of tooth decay. Children in Sheffield are more than twice as likely to have teeth removed than the national average.
 - 1 in 10 older people in the UK suffer from, or are at risk of, malnourishment
 - There is a very close relationship between healthy eating, obesity, dental health and deprivation – the most deprived communities in the city are eating the least healthily and experiencing the negative health consequences of this the most
- 1.39

1.40 The proposed new Food and Wellbeing Strategy has been developed from a range of evidence sources including an assessment of local need and national and international guidance, best practice and evidence (including that on addressing alcohol use and smoking where comparisons can be made). As the commissioning model and service specifications are further developed these will continue to be informed by local data and national evidence, guidance and best practice.

This strategy and proposed commissioning model is guided by the evidence base on factors that influence our food choices and on the types of approaches that are most likely to be effective in changing behaviours

on a large scale. It should be noted that the evidence base on this topic is still emerging and whilst there is good understanding of the complex factors that influence food choices the evidence on the exact ways in which to modify these factors or the scale of impact to be expected is not clearly defined. In all cases approaches and interventions will be informed by evidence to the extent that this is available. Partnerships will be sought with academic institutions and Public Health England to explore ways to evaluate the implemented actions. This will enhance the evidence base of actions that are effective in improving diet across the population.

2. HOW DOES THIS DECISION CONTRIBUTE?

- 2.1 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.
- 2.2 The primary objective of this proposal is to improve diet at population level and therefore reduce the negative health consequences associated with poor diet, including obesity. 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.
- 2.3 In the context of a whole systems approach food sits alongside physical inactivity in playing a major role in rising levels of obesity. Physical activity has an established whole system approach to creating a culture of physical activity through the Move More Plan. The Food and Wellbeing strategy proposes a similar approach that will be complementary to that of Move More.
- 2.4 This proposal will reduce inequalities and make Sheffield fairer. Poor diet is a major cause of health inequalities, leading to ill-health and early death. 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. 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. This proposal aims to reduce inequalities caused by poor diet by investing most heavily in those areas and groups where the negative health impacts are greatest and by putting additional emphasis on structural changes that are known to have a positive impact on health inequalities.
- 2.5 The Food and Wellbeing Strategy will also have interdependencies with a number of additional priorities including:
 - **Economy** - food plays an important part in our local economy. The ill health resulting from poor diet is related to wider socioeconomic performance. In addition the local food sector employs around 25,000

people, contributes to the vibrancy of the city and helps form the city offer to tourists. The Food and Wellbeing Strategy will support local food businesses through its actions where possible.

- **Climate change and Green City Strategy** – food has an environmental impact through its production, processing and consumption. The Food and Wellbeing Strategy will promote sustainable food production and consumption through its actions where possible.
- **Move More** – improved diet and increased physical activity both play a role in reducing obesity prevalence. These agendas will be linked wherever there are shared priorities.
- **Wellbeing and Community Cohesion** - food gives us pleasure and often plays a central role in how we socialise, share and celebrate connecting us to friends, family and culture. 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
- **Other lifestyle issues** - the agenda of 'making every contact count' is essential in the implementation of this strategy enabling the impacts of poor diet and obesity to be addressed wherever they are presented. Screening tools are being developed for alcohol and tobacco use and we will explore the potential for diet and obesity to be built into these systems. We will take opportunities for joint messaging where appropriate, for example by linking reduced alcohol consumption with weight loss.
- **Adult social care** – People with long term conditions and people over the age of 65 are at increased risk of malnutrition, particularly if they are living in a care home or nursing home, have been admitted to hospital, are in poverty or are socially isolated. It is important that we raise awareness of this increased risk and take steps to maximise the nutritional value of meals provided in care settings and by home care providers.

2.6 Wherever possible actions delivered through the strategy will seek to support these additional agendas, for example by using procurement to encourage food sourcing from local suppliers or by encouraging the use of surplus food to raise awareness of food waste.

2.7 For the Food and Wellbeing Strategy to be effective there will need to be a cross council call to action to ensure that food and obesity is considered within and influences a wide range of strategies and service areas including (but not exclusively) planning, licensing, parks and countryside, adult social care, housing, 0-19 services, city centre management and procurement.

3. HAS THERE BEEN ANY CONSULTATION?

3.1 There is no statutory requirement to consult on this proposal.

3.2 Discussions have taken place with a range of stakeholders during the

development of the strategy and have informed the proposals. This includes CYPF public health, adult commissioning (People Keeping Well), school food service, social justice and inclusion lead, SCC procurement, Learn Sheffield, National Centre for Sport and Exercise Medicine and Public Health England.

- 3.3 In addition, a healthier public sector catering event was held in November 2017 with engagement from partners including NHS Sheffield CCG, the three hospital trusts, SIV, Places for People, Sheffield Hallam University, University of Sheffield, Taylor Shaw (school food contractor), Sheffield Industrial Museums Trust and Sheffield City Council. Food and wellbeing strategy headlines were presented and partners were supportive of the approach and in particular to the concept of working together to develop a Low Sugar Sheffield campaign. Most were already engaged in making positive changes to the food in their venues and saw a benefit to continuing to do so in a coordinated way across the city.
- 3.4 There has not yet been any public consultation on this proposal. The Food and Wellbeing Strategy sets out a high level direction of travel as informed by the evidence base for what works. A key action within the strategy is to undertake public consultation to gain insight into the views of local residents on what the council's role should be in creating healthier food environments and to determine the level of support for a range of potential policy interventions.
- 3.5 Further consultation will also take place as the commissioning model is developed. This will involve market testing and consultation; discussions with key stakeholders including NHS Sheffield CCG; and service user involvement. Where reductions in funding to existing services are proposed additional equality impact assessments and consultation will be undertaken as appropriate.

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality of Opportunity Implications

- 4.1.1 The changes outlined in the Food and Wellbeing Strategy are positive for the overall population of the City, particularly children and young people, those living in areas of deprivation and identified priority groups.
- 4.1.2 The strategy proposes to re-direct funds from services, namely specialist weight management services to focus on the wider determinants of unhealthy diet and weight gain. By focusing on structural improvements, particularly reducing the availability of sugar and improving access to a better diet, the proposal will positively impact more people in Sheffield.
- 4.1.3 To reduce health inequalities, the strategy also plans to intensely target resources to people living in deprived areas and priority groups as informed by the Sheffield Food and Wellbeing Needs Assessment (2017). New areas of investment include mass- media marketing campaigns that

include a citywide campaign and targeted campaigns, support for schools to implement whole school initiatives that improve the food environment for children with a greater focus on schools with high obesity prevalence, and initiatives to improve access to healthy diets for those on low incomes.

- 4.1.4 The reduction in some weight management services will have a negative impact on those who want to access these services. This will be mitigated by working with partners to develop an alternative offer of support. In the long-term, by focusing on structural changes, the proposal should reduce the need and demand for these services.

4.2 Financial and Commercial Implications

- 4.2.1 The changes proposed require no additional investment. Committing to maintain investment in healthy eating and obesity prevention demonstrates a strong commitment to these issues as two of the most serious public health challenges of the 21st century. Without action, the health of individuals will continue to suffer, health inequalities associated with obesity will remain and the economic and social costs will increase to unsustainable levels.

- 4.2.2 All procurement and contract award activity will be delivered via a procurement professional from Financial and Commercial Services. Existing external contracts for weight management end on 30th September 2018, the council will not incur additional costs when these contracts end. The contract(s) will be monitored against agreed performance indicators to ensure value for money and effective use of the Public Health budget.

- 4.2.3 It should be noted that there may be financial implications arising from any changes to policy that are adopted as a result of the Food and Wellbeing Strategy. For example if we were to place restrictions on the types of sponsors we would accept for a public event, on the types of food that can be sold in a venue or on the content of advertising boards and columns 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.

4.3 Legal Implications

- 4.3.1 Under s2B of the National Health Service Act 2006 each local authority must take such steps as it considers appropriate for improving the health of the people in its area. This can be achieved by; Providing information and advice; Providing services or facilities designed to promote healthy living; Providing services or facilities for the prevention, diagnosis or treatment of illness; Providing financial incentives to encourage individuals to adopt healthier lifestyles; Providing assistance (including financial assistance) to help individuals to minimise any risks to health arising from their accommodation or environment; Providing or

participating in the provision of training for persons working or seeking to work in the field of health improvement; Making available the services of any person or any facilities.

- 4.3.2 Any such proposed contracts must be procured and awarded not only in line with its own procedure but also in line with the Public Contracts Regulations 2006. The Council should comply with the general EU Treaty principles such as non-discrimination, transparency and proportionality. This will require an open and fair procedure to be adopted. Any procurement process proposed, should comply with the Council's Contract Standing Orders, which should ensure the Council fulfils its legal obligations.

4.4 Other Implications

4.4.1

5. **ALTERNATIVE OPTIONS CONSIDERED**

- 5.1 Do nothing: re-commission or extend current contracts and renew the 2013 Food Strategy. This option will not provide the greatest opportunity to respond to the diminishing resources available and will not provide the best opportunity to re-consider how to address population prevalence and reduce health inequalities.

6. **REASONS FOR RECOMMENDATIONS**

- 6.1 The proposal set before Cabinet is the preferred option because:
- 6.2 Poor diet and related obesity are two of the most serious public health challenges of the 21st century. Current local trends for dietary indicators and obesity are worsening in many cases and inequalities are widening. Without action, the health of individuals will continue to suffer, health inequalities associated with obesity will remain and the economic and social costs will increase to unsustainable levels.
- 6.3 The proposal is based on analysis of local need and draws on good practice and evidence of what works. It is also in line with the approach set out within Sheffield's Public Health Strategy.
- 6.4 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. The current use of the obesity prevention budget solely on weight management services does not address the full breadth of influences.

Draft Sheffield City Council Food and Wellbeing Strategy

Our vision

Everyone in Sheffield to eat as well as possible, with healthy weight and diet across the population

Our mission

Make good food the easy choice for everyone

Introduction

The food we eat makes a very broad contribution to our health and wellbeing, as well as having implications for the local economy and the environment.

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.

Unhealthy weight is a consequence of poor diet 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.

Due to a number of complex social reasons including food poverty, people from lower socio-economic groups are more likely to have a poor diet and thus experience the consequences of this more intensely. These inequalities lead to poorer health and social outcomes for this group.

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

Along with nutrition, food plays an important role in supporting mental wellbeing. It gives us pleasure; often plays a central role in how we socialise, share and celebrate and connects us to friends, family and culture. 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^v. 1 in 10 older people in the UK are suffering from, or at risk of, malnourishment. The causes of malnutrition and loneliness are related and therefore so will be the solutions^{vi}.

Food plays an important role in our local economy; the local food sector employs around 25,000 people, contributes to the vibrancy of the city and helps form the city offer to tourists. Food contributes to carbon emissions through its production, processing and consumption. This

impact can be minimised by reducing our city's food supply chains and by increasing the amount of locally produced, seasonal food, with sustainable levels of meat consumption. Growing food in the city and surrounding areas will help to contribute towards increasing the resilience of our food supply networks, as well as creating business and job opportunities to Sheffield.

The primary objective of this strategy will be to improve diet at population level and therefore reduce the negative health consequences associated with poor diet, including obesity. It will also seek to narrow health inequalities by focussing efforts towards lower socio-economic groups. Wherever possible the proposed actions in the strategy will seek to support wider outcomes related to food including mitigating the worst effects of poverty, strengthening the local economy, reducing carbon emissions, increasing the resilience of our food supply networks and promoting social cohesion and general wellbeing through food.

Impact of poor diet

Poor diet and unhealthy weight are contributing to the development of chronic ill health in our city.

- Only 1 in 4 adults in Sheffield consume the recommended 5 or more portions of fruit and vegetables an average day
- More than one third of Sheffield children aged 14-15 years drink fizzy sugary drinks every day or most days
- More than 1 in 5 Sheffield children were overweight or obese when they started school (age 4/5 years), this increases to more than 1 in 3 by the time they reach Year 6 (age 10/11 years). Almost two thirds of adults are overweight or obese (this equates to over 300,000 adults in Sheffield). Poor diet is a major cause of excess weight.
- Almost 1 in 3 Sheffield children experience tooth decay by age 5. Poor diet, in particular sugar consumption, is a major cause of tooth decay. Children in Sheffield are more than twice as likely to have teeth removed than the national average.
- Around 30,000 adults are diabetic in Sheffield. Type 2 diabetes can be prevented or delayed with a healthy lifestyle, including maintaining a healthy weight, eating sensibly, and exercising regularly.
- Around 75,000 adults have chronic high blood pressure in Sheffield, a major risk factor for a number of health problems such as heart disease and stroke. Excess salt consumption and excess body weight are both linked to high blood pressure
- 1 in 10 older people in the UK suffer from, or are at risk of, malnourishment^{vii}
- The most deprived communities in the city are eating the least healthily and experiencing the negative health consequences of this the most

Poor diet has a wide ranging impact in addition to the direct health consequences. These include school absence and the resulting effects on school attainment; absence from work; unemployment; and financial costs to the health and social care system. The total societal cost of obesity alone is second only to smoking^{viii}.

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^{ix}. Therefore, this is a particularly important time as 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^x.
- **Exposure** to healthy vs unhealthy food and drink in the wider environment. We are exposed to food in a vast array of settings outside the home for example in hospitals, schools, workplaces, events, tourist attractions and shopping centres. 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^{xi}. 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, more affordable and are strategically located near schools, on our high streets and in prominent positions such as at eye level or near to checkouts. Often, in areas of higher deprivation there are fewer healthy options available.
- **Poverty** – Healthier diets are becoming more expensive^{xii}. Low income households are more likely to consume highly processed, high sugar and high saturated fat foods^{xiii}. 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. For some the level of food poverty is so great they must seek emergency food assistance, for example from food banks. Some areas may also suffer from a lack of access to good food at the right price^{xiv}.
- **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^{xv}.
- **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** – Increasingly busy work lives and long commutes has led to a growing culture of eating convenience foods, both in the home and on the move. These processed foods are often higher in sugar, salt and fat. Ingredients are often not clearly labelled leading to people unknowingly consuming high levels of sugar, salt and fat. Families are increasingly less likely to sit down and eat meals together. Many older adults do not commonly see or speak to people for 5 or 6 days a week^{xvi} and this is linked to malnutrition.

Our approach

This strategy will advocate for a whole systems approach to improving dietary behaviours. The environmental drivers of poor diet 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^{xvii}. 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.

A number of themes will run throughout the actions within this strategy. These themes will address the known influences on food choices and the evidence about effective ways to change dietary behaviours on a large scale.

Transform the food environment – 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. Take steps to improve the physical and financial accessibility of healthier food, particularly focussing on groups at risk of food poverty and social isolation.

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

Families - 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. Families will also be a focus of intervention because child obesity is closely related to parental obesity and overweight and obese children and young people are more likely to become obese adults.

Reducing inequalities - There will also 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.

Focus on Sugar- Advice on healthy eating can be complex and sometimes confusing due to the vast array of messages. It is proposed that there is a specific focus on sugar in order to convey a simple but impactful message. 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.

Implementation and Evaluation

The impact of this strategy will be measured by:

- Levels of obesity in children living in the 20% most deprived areas of Sheffield

- Oral health of children living in the 20% most deprived areas of Sheffield.
- Levels of obesity in adults living in the 20% most deprived areas of Sheffield

The focus on early years, reducing health inequalities and sugar is reflected in the measurable outcomes for this strategy.

Sheffield City Council will strengthen partnerships with the Universities, Public Health England, local communities and businesses to explore ways to evaluate the implemented actions in the strategy from the perspectives of local partners and the public. Our ambition is that Sheffield can become a “test bed” and enhance the evidence base of actions that are effective in improving diet across the population.

Wider policy linkages

National context

National policy affects the food choices of people in Sheffield directly in terms of its availability, standards, marketing etc. but also indirectly through shaping the broader context of in which people make their food choices. Below are some examples of how national policy is shaping our local food system.

Austerity - The combined effects of austerity measures and rising food prices have undoubtedly contributed to the well-documented increase in extreme food poverty but also to the more widespread problem of social inequity, which is fueling poor population nutrition. Rising food prices combined with falling wages and benefits cuts is a fundamental reason why many households have no choice other than to buy cheap food and drink that is often high in fat, sugar, and salt.

Welfare reform – the welfare system is increasingly failing to provide a robust last line of defence against hunger. Changes to the welfare system, performance of the benefits system and the increasing use of sanctions have contributed to increases in demand for emergency food assistance both locally and nationally. There is concern that the roll out of Universal Credit could worsen the situation by putting claimants into debt and rent arrears and by disrupting the allocation of free school meals by removing the current eligibility triggers.

Brexit - Currently around 30% of the value of food purchased by households in the UK is imported. Much of this from the EU meaning that changes in the costs of imports – for example, through changes to tariffs or movements in exchange rates – are likely to have a particularly big impact on food prices leading more people to experience food poverty and to a greater degree. Furthermore there is a risk that a rush to secure trade deals post Brexit could lead to a lowering of standards and poorer quality food in supermarkets.

It is important that we continue to monitor these areas of national policy and their local implications. We will contribute to national inquiries and debates in order to influence national policy and review our local systems and policies where these are impacted by national decisions.

Local context

Through the Food and Wellbeing Strategy we aim to create partnerships and promote a central vision that will lead to co-ordinated activities and initiatives across the system and at population level. For this strategy to be effective there will need to be a **cross council call to action** to ensure that food and obesity is considered within a wide range of strategies and service areas including (but not exclusively) planning, licensing, parks and countryside, adult social care, housing, 0-19 services, city centre management and procurement.

There are a number of key local strategies and service areas where development of partnerships will be prioritised due to the high level of interdependency. These include:

Tackling Poverty Strategy – Food poverty is a consequence of financial poverty and a lack of access to affordable food. The Food and Wellbeing strategy will work closely with the Tackling Poverty Strategy to develop ways to improve access to affordable food. The Tackling Poverty Strategy also has a broader role to tackle some of the root causes of financial poverty and take action to make things better for people experiencing all manifestations of poverty

Move More Plan - In the context of a whole system approach, food sits alongside physical inactivity in playing a major role in combatting rising levels of obesity. Much in the same way that physical activity has established a whole system approach to creating a culture of physical activity through the Move More Plan (via the partnership of the National Centre for Sport and Exercise Medicine) the food strategy must connect and disrupt current culture through similar partnerships with and between the NHS, Sheffield City Council, the two City Universities, leisure, private and voluntary sector service providers. We will seek to connect these two agendas where there are shared objectives and/or audiences.

Other lifestyle issues - the agenda of 'making every contact count' is essential in the implementation of this strategy enabling the impacts of poor diet and obesity to be addressed wherever they are presented. Screening tools are being developed for alcohol and tobacco use and we will explore the potential for diet and obesity to be built into these systems. We will take opportunities for joint messaging where appropriate, for example by linking reduced alcohol consumption with weight loss.

Climate change and Green City Strategy – The Food and Wellbeing Strategy will support this agenda by promoting sustainable food production and consumption

Our actions

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, social care, leisure and recreation and have influence over food and drink in schools, nurseries, civic centres, leisure centres, sports facilities, parks, museums, theatres, care settings 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. In collaboration with our local and industry partners, Sheffield City Council can develop healthy food and drink policy and be pioneers in

creating a healthy food environment. Such policy should also promote the Fair Food Chain Standards developed by the Our Fair City campaign

Examples of potential healthy council food and drink policy are:

- Review food provision in our buildings and via our providers (e.g. leisure centres, parks cafes, care settings, home care, schools, public events) and encourage partners to do the same
 - Where the council has control over advertising space in the public realm, introduce restrictions such as no advertisements of 'junk food' brands near to schools
 - Develop policy regarding commercial partnerships with the food and drinks industry that takes into account how these may impact on messages communicated about healthy eating to our local communities
 - Initiate a free water refill scheme to reduce sugary drinks consumption and single use plastic waste
 - Support use of council owned green space for urban agriculture and vacant council owned premises for initiatives such as social supermarkets and community eating spaces
 - Use council services such as environmental regulations, licensing & city centre management to engage private industry with responsible retailing and healthier food guidance
 - Develop supplementary planning guidance for hot food takeaways
 - Support community ventures that increase access to fresh food, for example social supermarkets and cafes, community meals and lunch clubs
 - Explore the use of incentives/subsidies/differential business rates to attract healthier food retailers into areas where they are lacking
 - Healthy Schools and Nursery Award Schemes
- a) Undertake public consultation to gain insight into how local residents would like the council to use its place shaping powers to influence the food environment and support healthier food choices
 - b) Develop the business case for and feasibility test each of the areas of council food and drink policy outlined above
 - c) Increase the uptake of the Healthy Early Years award scheme amongst childcare providers prioritising those in areas with high rates of overweight and obesity
 - d) Provide advice and guidance for settings including schools, care settings and home care providers to introduce measures that encourage healthy eating, prioritising those with highest rates of overweight and obesity
 - e) Work in partnership with the wider public sector to build on work that is already underway to create a healthier food environment in a wide range of settings including hospitals; universities and FE colleges; housing associations, museums and theatres

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 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. Food producers, suppliers and retailers should be encouraged to follow the Fair Food Chain Standards.

- a. Develop and promote local sugar reduction pledges and healthy catering guidance targeting a range of organisations including workplaces with on-site food provision; fast food and street traders; cafes and restaurants; grocery stores; non-food retailers such as department stores that sell high sugar food and drink at points of sale
- b. Utilise council services such as environmental regulations, licensing & city centre management to engage businesses with local sugar reduction pledges and healthy catering 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 as informed by local evidence of health impacts.

- a. Commission marketing and communications campaigns. Specific campaign areas/target groups would include:
 - Developing a "Low Sugar Sheffield" brand
 - Healthy eating/healthy weight during 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 sugar reduction and healthier catering pledges)
 - Alcohol and healthy weight

4. Develop and/or pilot initiatives to increase access to healthy food for those experiencing food poverty

Affordability is a key factor in making healthy food choices the easier choice and will disproportionately affect those living on low incomes and in areas of deprivation. Poverty is a long term and highly complex issue that cannot be addressed by any single intervention. The Food and Wellbeing Strategy actions relating to food poverty and the affordability of food will need to align with the broader Tackling Poverty Strategy and close relationships will be maintained.

The Food and Wellbeing Strategy will attempt to improve the affordability and accessibility of healthy food in a number of ways targeting groups and areas most likely to experience

food poverty. This will involve piloting initiatives to develop the evidence for what works. A food poverty policy and framework has been developed working with a range of local partners and activity will be developed in line with this. Initiatives will also seek to impact on social isolation due to evidence of links between malnutrition and loneliness. We will also encourage the use of surplus food where appropriate as a way of increasing access to low cost food and reducing and raising awareness of food waste.

- a. Work with voluntary and community sector providers to develop a range of schemes and initiatives. These might involve:
 - Pilot the use of voucher schemes to incentivise purchasing of fruit and vegetables.
 - Support for community ventures that increase access to fresh food, for example social supermarkets and cafes, community meals and pantries and lunch clubs
 - Raising awareness of the issue of School Holiday Hunger and working with community organisations to expand provision of School Holiday Hunger programmes
 - Working with schools to trial initiatives such as universal free school breakfast schemes or extension of School Fruit and Vegetable scheme in the most deprived schools
 - Use of incentives/subsidies/differential business rates to attract healthier food retailers into areas where they are lacking

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

We will work with and support front line service providers to routinely provide information about the importance of healthy weight, physical activity and diet. 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. Interventions will be available to children and adults who are above a healthy weight. We will also widen access by offering a greater range of interventions at differing intensities that reflect level of need.

- a. Deliver the Start Well programme supporting parents with pre-school age children to improve diet and increase physical activity in the early years, targeting parents in areas with high rates of overweight and obesity
- b. Commission obesity brief intervention training for front line staff and explore development of screening tools
- c. Ensure diet, physical activity and healthy weight are covered within Standard Operating Guidelines for key universal services, particularly the 0-19 healthy child programme and maternity services
- d. Re-commission evidence based Tier 2 Healthy Weight Services for Children, Young People and Families and Tier 2 Healthy Weight Services for adults. Target services towards areas and groups with high rates of overweight and obesity

6. Influence national policy where this could 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 of 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:

1. Challenge national policy, for example on austerity and welfare reform, where this causes or exacerbates the effects of poverty
2. Restrict advertising of high sugars, high fats and high salt foods before the 9pm watershed
3. Restrict price promotions of high sugars, high fats and high salt foods
4. Restrict sponsorship by high sugars, high fats and high salt foods in sports
5. Ban the sale of energy drinks to persons under the age of 18-years
6. Mandate the food industry to adopt traffic light labelling to show at a glance if food has high, medium or low amounts of sugars, fats, and salt
7. Legislate all shops and supermarkets to have healthy tills and checkouts
8. Regulate all schools and early years settings to comply with the School Food Standards (including free schools, academies, private schools, private nurseries and OFSTED registered child carers)
9. Impel industry to share high sugars, high fats, and high salt food sales data by postcode
10. Strengthen local government place shaping powers to enable them to more effectively improve their local food environments
11. Extend the *Alcohol (Minimum Pricing) Scotland Act 2012* to all the UK nations;
12. Ensure EU food standards regulations are transferred into UK law upon the UK exiting the European Union

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