

# 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 overweight<sup>i</sup>. 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<sup>ii iii iv</sup>.

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<sup>v</sup>. 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<sup>vi</sup>.

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<sup>vii</sup>
- 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<sup>viii</sup>.

## 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<sup>ix</sup>. 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<sup>x</sup>.
- **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<sup>xi</sup>. 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<sup>xii</sup>. Low income households are more likely to consume highly processed, high sugar and high saturated fat foods<sup>xiii</sup>. 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<sup>xiv</sup>.
- **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<sup>xv</sup>.
- **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<sup>xvi</sup> 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<sup>xviii</sup>. 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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<sup>ii</sup> Louise Bazalgette (2012). *For Starters*. Demos

<sup>iii</sup> Government Office for Science (2007). Tackling Obesity: Future Choices. <https://www.gov.uk/government/publications/reducing-obesity-future-choices> Accessed: 24/08/17

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<sup>vii</sup> BAPEN, 2017. Introduction to Malnutrition. Accessed 21/02/18 from: <http://www.bapen.org.uk/malnutrition-undernutrition/introduction-to-malnutrition?showall=&start=4>

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- <sup>xiv</sup> Fabian Commission on Food Poverty. 2015. A Recipe for Inequality. Why our food system is leaving low-income households behind. Fabian Society.
- <sup>xv</sup> Public Health England. Sugar Reduction, The evidence for action.2015.
- <sup>xvi</sup> Loneliness Evidence Review. Age UK.
- <sup>xvii</sup> Public Health England. Sugar Reduction, The evidence for action.2015.