Strategies for Encouraging Healthier 'Out of Home' Food Provision

A toolkit for local councils working with small food businesses

About Public Health England

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Foreword

Obesity is a global and national concern. Its causes are complex and it is considered one of the most serious public health challenges of the 21st century. Among the non-communicable disease risk factors, obesity is particularly concerning as it limits health and life chances, negating many of the health benefits that have contributed to increased life expectancy. It is therefore vital that we do all we can to support individuals, in particular our children and young people, to develop healthy eating habits at an early age.

The evidence base for eating a healthy diet is compelling, and ignoring this advice puts us at greater risk of cancer, stroke, heart, respiratory and liver disease, but we still find it difficult to eat healthily. This is primarily because we are living in an obesogenic environment that encourages weight gain and obesity.

The increasing consumption of out-of-home meals has been identified as an important factor contributing to rising levels of obesity. One fifth of children eat food from out-of-home food outlets at least once a week. These meals tend to be associated with higher energy intake; higher levels of fat, sugar, and salt, and lower levels of micronutrients.

We need to support children and their families to make healthier choices and we all have a responsibility, to ensure that the healthy choice is the easy choice. The challenge is therefore to fundamentally change the food environment in which children and their families become overweight and obese. Influencing the food environment so that healthier options are accessible, available and affordable can only be accomplished through a collaborative approach, effective partnerships and co-ordinated action at a local level across the public, private and voluntary sectors, with councils taking this forward through their leadership.

Local councils and food businesses (such as fast food takeaways, restaurants, cafes, mobile food vendors, market stalls, corner shops, convenience stores, leisure centres and children's centres) have great influence over the lives of their local community. By working together and in partnership with the local community they can positively influence the food environment, to promote and make healthier food choices, enabling us all to live longer, healthier lives.

A number of public and private sector initiatives to promote healthier food behaviours have been developed, and the limited evidence available indicates that they have the potential to promote healthier choices among consumers.

This toolkit summarises the evidence base, types of interventions, and emerging local practice, to help those responsible within local councils (councillors, health and

wellbeing boards, planners, public health and environmental health), to think about how working in a systems approach, they might bring together a coalition of partners to improve the food environment for children and families.

Informed by an expert group, the road map illustrates there is considerable scope for action, acknowledging that one size does not fit all, and that local authorities need a variety of interventions to support a diverse range of local circumstances. The local practice examples illustrate emerging local practice which is having a positive impact on the offer of healthier food and drink, and outline the practical steps taken to effectively implement them with a wide range of partners.

We hope this toolkit will inspire local councils to take action, and build on what they are already doing, to encourage independent food businesses to implement simple changes that will make it easier for children and families to choose healthy food.
By improving everyone's access and to healthier food drink choices, and embedding them in the local community, we can help improve the quality of life for future generations.

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Introduction to the toolkit

The increased prevalence of obesity and its links to food eaten outside the home

In England, over one third of children, two thirds of adult men, and just over half of adult women are either overweight or obese.(1) Obesity is a global and national concern.(2) Its causes are complex, and it is considered one of the most serious public health challenges of the 21st century. Tackling childhood obesity is fundamental in realising a child's right to a healthy life.(3) The economic costs of obesity are also significant. The NHS in England spent an estimated £6.1 billion on overweight- and obesity-related ill-health in 2014/15.(4) Councils are estimated to spend at least £352 million on obesity related social care costs. Given the scale and cost of obesity, and the significant burden on families, the health and socialcare system, employers, and society as a whole, prevention of childhood obesity is a high priority.

The increasing consumption of out-of-home meals has been identified as an important factor contributing to rising levels of obesity.(5) Meals eaten outside of the home tend to be associated with higher intakes of energy, fat, and salt.(6)

To change the situation, action is required at national and local levels. At local levels there are many examples of councils working with outlets to create a healthier food environment.

This toolkit has been developed to encourage more local intervention that will further increase the opportunities for communities to access healthier out of home food. It outlines opportunities to both manage new business applications and work with existing food outlets to provide healthier food.

Who is this toolkit for?

This toolkit has been created to help local authorities across England work with smaller food outlets such as takeaways, restaurants, bakers, mobile traders, market stalls, corner shops, leisure centres, children's centres and private nurseries – to help businesses offer healthier food and drinks. Although chain outlets are not the focus of this toolkit, some of the principles may equally apply.

Its focus is on outlets serving children, young people and their families, with a view to helping address concerns about childhood obesity.

The toolkit's primary audience is environmental health, trading standards and public health teams within local councils. Other important players who may find it useful

include; health and wellbeing boards, local councillors, planners, and economic development teams.

What is the toolkit designed to do?

The toolkit is a resource to help local councils and partners to:

- understand the links between the food and drink environment and consumption patterns
- identify where interventions to improve the local food and drink environment are required
- develop a strategy to tackle the issues identified
- select suitable interventions
- monitor progress and evaluate outcomes

Toolkit layout

The toolkit contains four sections. Each of which is sub-divided to focus on a particular issue or approach.

Section A covers information that supports the need for intervention and, where necessary shows how to tailor material to fit the local context.

Section B covers different types of intervention, to assist in the selection of approaches that best meet local requirements and resources.

Section C covers monitoring and evaluation.

Section D is a detailed resource that supplements material in the previous sections and provides local practice examples of local authority practice.

Sections A, B and C:

- begin with key evidence on the topic ,obtained from the literature review (See Section D1 for full details)
- highlight key learnings,(with links to full documents)
- provide links to tools and resources
- give examples of local authority practice

Section D is a detailed resource that includes:

- key findings from the literature review (the evidence base)
- national and local government policy documents that support intervention
- practical menu tips to assist with interventions
- local practice examples
- useful guidance and tools
- the methodology that underpins the toolkit

How to use the toolkit

Users will have different requirements when planning and choosing interventions. These will vary according to the local context, available resources (both financial and human), knowledge of the issues and expertise in working with partners to create healthier food and drink outlets.

The toolkit is designed so that that each section can be used independently. To assist in moving to the relevant sections the road map that follows provides a quick way to navigate through the toolkit.

The road map

Strategies for encouraging healthier out-of-home food and drink provision

A: Making the case for local action

A1: Key findings from published evidence

A2: Government policy and strategy – national and local

A3: Understanding the local out-of-home food environment

A4: Developing a strategy

B: Choosing interventions

B1: Using the planning system, leases and licences

B2: Healthier catering schemes

B3: Advice and training initiatives

B4: Using 'nudge' strategies to influence behaviour change

B5: Working with local schools

B6: Working with local communities

B7: Working with the supply chain to encourage healthier procurement

B8: Whole systems approaches

C: Monitoring and evaluation

D: Annexes (evidence, tools, resources, local practice examples and guidance)

D1: The evidence base

D2: National and local government policies

D3: Healthier catering guidance for different types of businesses

D4: Local practice example

D5: Useful guidance and tools

A Making the case for local action

This section provides information that can assist in developing a case for local action. It gives links to supporting data, tools and guidance. The depth of evidence required to make a case will vary depending on the local context and will be for the user to determine.

A1 Key findings from published evidence

A1.1 Links between the food and drink environment and consumption patterns

- One fifth of children eat food from out of home food outlets at least once a week.
- Meals and snacks eaten outside the home are often high in calories, salt, and fat.
- School children make purchases from a variety of food outlets in the school fringe at lunchtime (if there is a no stay on site policy), and during their journeys to and from school.
- Popular purchases include confectionery, sugar sweetened drinks, and hot food takeaways. Many outlets have price promotions on these items particularly targeted at children and young people.
- Food outlets, particularly grocers, takeaways and convenience stores, increasingly cluster around schools. However, it is not only the food environment around schools that influences food purchases and consumption patterns, the whole journey environment needs to be considered.
- A number of studies, prevalence of and mapping exercises suggest that there is a greater number of hot food takeaways and obesity in deprived areas.

A1.2 The effectiveness of interventions

- Planning policies designed to restrict the opening of new takeaways are more likely to be successful if these are clearly linked to local evidence-based policies to promote health and wellbeing and town centre vitality.
- The local council can use its leasing and licensing powers to influence the provision of healthier food in outlets operating from sites it owns or controls.
- Information and education are solid foundations for improving diet, however, a growing body of evidence suggests that more structural changes are needed to achieve sustained behavioural change. These could include reducing the price of healthier foods, increasing the availability of healthier options, reducing pack size, and portion control.
- There is limited evidence concerning the impact of interventions such as healthier catering schemes and advice and training programmes for outlets. In part this is due to absence of, or insufficient, evaluation.

- Some local practice examples suggest that outlets will make small changes to menus and catering practices when they can see clear business benefits.
- Nutritional training and guidelines for childcare centres and private nurseries have been found to increase the knowledge, skills and confidence of staff to provide healthier meals.
- Interventions with convenience stores and market stall holders designed to improve store layout and achieve a healthier food offer have been most successful when linked to financial incentives (for example, grants to outlets for chiller cabinets and food vouchers for customers).
- Outlets can use a range of 'nudge' strategies to influence consumers to make healthier choices (for example, using lower fat milk in hot beverages unless people specify otherwise). However, the effectiveness of these strategies appear to be context specific.
- Working with local partners such as schools, the community and the supply chain (as part of a whole systems approach) is most likely to encourage change.

More detailed evidence can be found in Annexe D1.

A2   Government policy and strategy

This section identifies government documents that provide key information concerning links between obesity and food and drink environments, and the opportunities for local authorities to take action. These may be useful in making a case for intervention.

More detailed information can be found in Annexe D2.

A2.1   National government documents

- The government's plan to curb childhood obesity (Childhood Obesity: a plan for action, 2016)
- The role of the food and drink environment in contributing to obesity (Foresight Tackling Obesities, 2007)
- The link between obesity, deprivation and health inequalities (Marmot Review, 2010)
- The importance of local government leadership in public health (including tackling obesity) (NHS England, Five Year Forward View, 2014)

Identify opportunities for local government to influence the nature of the food and drink environment through:

- use of the planning system to limit the growth of hot food takeaways (Healthy Lives Healthy People, 2011 and Obesity and the environment: regulating the growth of fast food outlets, 2013)

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- the role for local outlets and others to improve access to healthier food and drink choices (Healthy Lives Healthy People, 2011)
- development of a planning framework that includes clear objectives for planning and health, such as the promotion of healthy communities (National Planning Policy Framework, 2012)
- guidance on creating healthier weight environments (Building the foundations: Tackling obesity through planning and development)
- catering guidance that offers practical advice on how to make catering affordable, healthier and more sustainable. (Healthier and more sustainable catering)
- Eatwell Guide, Public Health England, 2016
- Example Menus for Early Years Settings in England that support early years settings to provide meals and snacks in line with current government dietary recommendations for infants and children aged six months to four years. (it is anticipated these will be published in 2017 on gov.uk)
- the Government Buying Standards for Food and Catering Services (GBSF) can be used as a starting point to assess the availability, procurement, price and prominence of healthier ingredients, food products and catering practices

A2.2 Local government specific documents

Identify mechanisms to influence the out of home food environment by use of:

- local plans, that outline 15-year, long-term visions and aspirations for local areas and set reference points, linked to health impacts, for consideration of new planning applications
- joint strategic needs assessments (JSNA) that provide evidence of current and future community health issues, including obesity
- joint health and wellbeing strategies that identify necessary actions to address needs identified in the JSNA
- supplementary planning documents (SPDs) are designed to support local plan policies and can be used, for example, to restrict planning permission for new hot food takeaways
- sustainability and transformation plans (STPs) are designed to help ensure that health and care services are built around the needs of local populations
- Health in all policies (HiAP) is a manual for local government to improve the health of all people by incorporating health considerations into decision-making across sectors and policy areas

A3   Understanding the local out-of-home food environment

A good understanding of the makeup of the local food and drink environment will be important in determining intervention focus. There are two elements to consider:

- the community food environment[1], which is the type, availability and accessibility of food outlets
- the consumer food environment, which is the availability, prices, promotions and nutritional quality of products (healthier options) available within outlets

Note: The extent to which users will need to address these elements must be a local decision. In some cases, there will be sufficient local knowledge to inform good intervention focus, in others a more detailed investigation may be necessary.

Tip: it's worth asking other colleagues within the local authority, such as environmental health, trading standards, planning and more widely, for help such as sharing data and lessons learned from related activities.

A key resource that may assist is the Public Health England Obesity website which has a local authority section, as well as wider data sets and useful tools**.**

More detailed information can be found in section A4.2

A3.1 Mapping and measuring the local food and drink environment

The community food environment

The local authority Food Premises Register is a good starting point for building up knowledge of local food outlets. This is a register of all outlets (public or private), involved in any stage of production, processing and distribution of food, that local authorities are required to maintain. It is usually managed by the environmental health or trading standards team. However, it may need to be supplemented with online searches using sources such as Yell and Google Maps to improve coverage and data reliability.(7)

Geographical information systems (GIS) can be used to map outlet locations and show proximity to schools, leisure centres and other sites frequented by children and young people.

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1 The terminology community nutrition environment and consumer nutrition environment are commonly used in the literature, but 'food' has been used here for ease of comprehension

There is a growing body of evidence concerning the association between exposure to fast food outlets and obesity. However, some studies show conflicting results.(8–10) There is strong evidence which suggests that there is an association between the accessibility of fast food outlets and increasing levels of area deprivation.(8) PHE has produced a map displaying the density of fast food outlets across local authority areas in England. The map and chart illustrate the data and examine the association between density of fast food outlets and deprivation. The map shows that the more deprivation there is in an area, the higher the number of fast food outlets there are. Data accompanying the map contains the number of fast food outlets by local authority and electoral ward. The map and data were produced to help local action towards achieving a healthier food environment.

The Centre for Diet and Activity Research (CEDAR), part of the MRC Epidemiology Unit at the University of Cambridge, is developing a Food Environment Assessment Tool (FEAT), which is a comprehensive online resource for mapping and measuring English regional and neighbourhood food outlet access, including changes over time. If you have any questions about FEAT, which will be available summer 2017, please email the FEAT development team (feat-tool@mrc-epid.cam.ac.uk).

In any mapping process it may be worth noting outlets occupying council-owned premises, for example leisure centres, where there may be better scope to leverage changes. See section B1.2.f

The consumer food environment

Achieving a full understanding of the consumer food environment can be resource intensive and the extent to which detailed information is required will depend on the type of intervention under consideration.

The government has produced a set of minimum mandatory catering standards for central government departments; their agencies; and are also recommended for wider use within local authorities. The Government Buying Standards for Food and Catering Services (GBSF) can be used as a starting point to assess the availability, procurement, price and prominence of healthier ingredients, food products and catering practices.

The following information is an example of the nutrient-related standards and best practice elements provided in the GBSF. Additionally, healthier catering guidance for different types of businesses when procuring, preparing, cooking, serving and promoting food have been developed by PHE. Local authorities are encouraged to disseminate this information to local independent food businesses and use the examples below and the menu tips alongside the wider GBSF as a basis for developing local guidance on healthy catering.

Nutrition-related criteria from the GBSF:

General:

- meal deals include a starchy carbohydrate, vegetables and one portion of fruit
- menu cycles are analysed to meet stated nutrient-based standards relevant to the major population subgroup of the catering provision
- menus (for food and beverages) include calorie and allergen labelling[2]

Drinks:

- tap water is visible and freely available and such provision is promoted
- all sugar sweetened beverages to be no more than 330ml pack size
- no more than 20% of beverages (procured by volume) may be sugar sweetened
- no less than 80% of beverages (procured by volume) may be low calorie/no added sugar beverages (including fruit juice and water)

Cereals:

- at least 50% of breakfast cereals (procured by volume) are higher in fibre (ie more than 6g/100g) and do not exceed 22.5g/100g total sugars

Snacks:

- savoury snacks are only available in packet sizes of 30g or less
- confectionery and packet sweet snacks are in the smallest standard single serve portion size available within the market and not to exceed 250kcal

Fruit:

- a portion of fruit is cheaper than a portion of hot or cold dessert
- at least 50% of the volume of desserts available is based on fruit – which can be fresh, canned in fruit juice, dried or frozen

Fats:

- meat and meat products, biscuits, cakes and pastries (procured by volume) are lower in saturated fat where available
- at least 75% of ready meals contain less than 6g saturated fat per portion
- at least 50% of hard yellow cheese has a maximum total fat content of 25g/100g
- at least 75% of milk is lower fat (semi-skimmed, 1% and skimmed)
- at least 75% of oils and spreads are based on unsaturated fats

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2 EU and UK laws require food businesses including restaurants and cafes, providing non-prepacked food to provide information about the allergens present as ingredients in the food they serve. See Food Standards Agency guidance and materials to assist local authorities and food businesses in promoting, implementing and complying with the EU Food Information for Consumers Regulation.

Salt:
- vegetables and boiled starchy foods such as rice, pasta and potatoes, are cooked without salt
- salt is not available on tables
- at least 50% of meat and meat products, breads, breakfast cereals, soups and cooking sauces, ready meals and pre-packed sandwiches (procured by volume) meet Responsibility Deal salt targets and all stock preparations are lower salt varieties (ie below 0.6g/100ml)

Fish:
- if caterers serve lunch and an evening meal, fish is provided twice a week, one of which is oily. If caterers only serve lunch or an evening meal, an oily fish is available at least once every three weeks

Source: *Government Buying Standards for Food and Catering Services* 2015 (rationale and definitions for nutritional criteria can be found in Annex C *'A plan for public procurement: food and catering: balanced scorecard for public procurement'*

It may also be useful, if resources permit, to survey community perceptions about the local food environment. This can help to get a better picture of influences on purchasing and consumption behaviours.(10) One UK study used maps, photos and tours of the town to get school children to explain where they shopped for snacks and what they bought.(8)

Local universities may be able to assist in designing and undertaking these types of studies.

To note that PHE will publish in 2017 its catering specification (which goes beyond GBSF for vending for drinks and events guidance) as an illustration to support other practice.

A3.2 Classifying local outlets

Classifying outlets in a systematic way will help when planning and implementing an intervention. There are a number of ways in which outlets are routinely classified and identifying the most appropriate system will need to be a local decision. If resources permit the use of more than one source of data will allow for cross-validation and thus increase the reliability of the final list of outlets produced.

Examples of classification systems include:

Local Authority Enforcement Monitoring System (LAEMS) Food Hygiene and Food Standards categories of establishments. This classification system developed by the Food Standards Agency (FSA) will be used by local councils when adding food outlets to the local Food Premises Register. Categories relevant to this toolkit include:

- smaller retailers
- retailers – others (shops where the main business is not food, for example a post office or newsagents selling confectionery)
- restaurant/cafe/canteen
- takeaway
- caring establishments (includes childcare facilities/nurseries/childminders)
- mobile food unit

Use class order

The planning system classifies outlets according to the use class order of the premises they occupy. Food outlets of interest, to toolkit users, would include the following use classes:
- A1, retail – includes sandwich bars and internet cafes
- A3, restaurants and cafes
- A5, hot food takeaways
- D1, crèches, day nurseries, day centres, museums, public libraries
- D2, sports and leisure centres

NOTE: Use classes are usually determined on the primary operating model of an outlet and the size of the premises. However, many restaurants and cafes that sell takeaway foods and hot food takeaways may have a small seating area. Thus the distinctions between the categories can be blurred.

OS Points of Interest

The Ordnance Survey Points of Interest system classifies outlets by the type of cuisine offered. Tailored records for specific areas can be ordered but there are some limitations as the system does not provide a detailed breakdown of the type of food sold in certain types of outlets, such as cafes. However, it has been shown to be a viable alternative to council data for most outlet types.(11)

A3.3 Understanding barriers to change

Understanding of the limitations to offering healthier food and drinks is a vital precursor to the development of a viable intervention. For example, food outlets in low-income areas can face particular barriers to offering healthier food and drink choices.(12,13) These include highly competitive, price-sensitive markets and a real or perceived lack of demand for healthier food and drink.

Smaller outlets often struggle to be profitable and many aspects of low-income neighborhoods make change difficult. A study by London Metropolitan University(14) of fast food outlets in deprived areas found that barriers to change included:

- limited menus with little scope for healthier changes
- lack of space and the right equipment, or skills and resources to prepare or cook healthier options
- a fear that fresh fruit and vegetables would be wasted and lose the outlets money
- the higher cost of healthier options. Many suppliers charge more for healthier products and additional costs cannot be passed on to the customer
- the lack of availability of healthier options in appropriate sizes for small outlets, that may only need small quantities
- a fear that some changes, such as reducing salt, would affect the taste and deter customers
- a reluctance to change popular recipes and/or traditional ethnic cuisines

Other research has found that outlets trading in deprived areas tend to have lower FSA food hygiene ratings (FHRS),(15) thus excluding many from healthier catering initiatives where a minimum level 3 FHRS score is often required for participation.

Action to increase the volume of healthier food and drink available in vending machines in leisure centres may have to address barriers such as the limited choice of food supplied by the private companies stocking those machines.(16,17) Local councils are also sometimes tied into long-term contracts with suppliers and rely on the income they generate.

More detailed information on ways to overcome barriers to change can be found in sections B2, B3, B4 and in Annexe D3.

Examples of local authority practice

Local authority	Key points
Nottinghamshire County Council	The council mapped hot food takeaways, fruit and vegetable shops, childhood obesity prevalence, deprivation and schools to identify areas which might benefit from intervention. The data was summarised in a report for its Obesity Integrated Commissioning Group. Contact: ph.info@nottscc.gov.uk

A4 Developing a strategy

Planning an intervention strategy can be complex, not least because while an outlet may be selling unhealthier food and drink it can be making an important contribution to the local economy.

This section highlights factors that can contribute to a successful intervention strategy

Factors that can help develop a successful intervention strategy:

Collating the evidence

Putting systems in place for monitoring and evaluation

Strategy

Getting key stakeholders across the council on board

Developing co-ordinated strategies across policy agendas

Engaging stakeholders and businesses and developing their role

Key points:

- **strategic partnerships across relevant local council departments (for example, planning, economic development and public health), as well as with external agencies and the local community can add value to interventions**
- **support from local councillors and budget holders is essential**
- **a robust evidence base that identifies local needs (for example, through mapping levels of obesity, deprivation and location/density of fast food outlets) will support targeting**
- **joined-up strategies which link to other priority areas and are written into the local plan are more likely to gain support**
- **intervention strategies should take account of local policies on sustainability, economic development, leisure and the night-time economy**

A4.1   Getting stakeholders across the local council on board

Securing support from key stakeholders across the council, in particular local councillors, senior council officers and budget holders, is essential. The NICE Baseline assessment tool for NICE public health guidance on Obesity (PH42) provides useful information on who should be involved in developing strategies.

It will be important to explain how a wide range of local policies impact on food provision and how taking action is relevant to several council departments. For example, food outlets can affect the visual appeal of an area and generate litter and night-time noise.(17) Furthermore, obesity is associated with the development of long-term health conditions placing demands on social care services(18,19) as well as increased sickness absence.(20–22)

A4.2   Collating the evidence

The following tools and information sources can help build a robust evidence base.

The PHE toolkit Making the case for tackling obesity: why invest? provides a list of key sources of evidence on obesity and its impact.

The PHE Obesity Risk Factors, Knowledge and Intelligence website provides useful datasets and tools on the prevalence of obesity at a local authority level, these include:

- National Child Measurement Programme (NCMP) Local Authority Child Data Profile
- data tables including Electoral Ward and MSOA NCMP child obesity prevalence
- child obesity and excess weight prevalence by Clinical Commissioning Group
- local authority adult excess weight prevalence data
- Public Health England's Local Health mapping tool

A4.3   Engaging stakeholders, outlets and the community and developing their role

To be effective, work with local food outlets is likely to require collaboration across a number of different external agencies. NICE Guidance PH42 Obesity: working with local communities(23) provides useful advice on who should be involved.

Engaging young people and families within the community, as well as outlets in the development and operation of interventions is likely to increase their chance of success.

More detailed information on working with local communities, schools and suppliers, and adopting a whole systems approach can be found in Section B.

A4.4   Developing co-ordinated strategies across policy agendas

Strategies developed for working with the out-of-home food sector should be part of a coherent joined-up approach that considers the range of influences on obesity. NICE PH42 suggests that: "Health and wellbeing boards, supported by directors of public health, should ensure joint strategic needs assessments address the prevention and management of obesity." They should: "Consider the full range of factors that may influence weight, such as access to food and drinks that contribute to a healthy and balanced diet."

Some local councils have developed links between policies about food outlets and other agendas such as anti-poverty, economic development, regeneration and sustainability. The opportunities for linking plans on obesity and health improvement, with plans on children and early years, education, planning and homes and communities, could also be explored.

Local practice examples can be seen in Annexe D4.

A4.5 Putting systems in place for monitoring and evaluation

At an early stage it will be important to consider how the success of an intervention will be defined and measured. This will allow the collection of baseline data and the establishment of systems to measure change. For example, in the case of planning interventions, monitoring can be done through the annual monitoring reviews and include mapping, monitoring approval and locations of new food outlets. For healthier catering interventions it could include collecting data on the types and location of businesses securing an award, and the types of healthier changes adopted.

In the short term it is unlikely that the direct impact of an intervention on obesity will be seen but the outputs and outcomes can be measured (such as uptake, engagement or improved awareness) so that progress towards the goal can be assessed.

More detailed information on monitoring and evaluation can be found in Section C.

Useful guidance and toolkits
Obesity Data and Tools, PHE Obesity Risk Factors, Knowledge and Intelligence, 2016 Making the case for tackling obesity – why invest? PHE, 2015 Baseline assessment tool for NICE public health guidance on obesity (PH42), NICE, 2012 Guide to resources to help health and wellbeing boards consider obesity, NICE, 2012 Healthy Weight, Healthy Lives: A toolkit for developing local strategies, Cross Government Obesity Unit, 2008 Evaluation of weight management, physical activity and dietary interventions: an introductory guide, PHE Obesity Risk Factors, Knowledge and Intelligence, PHE, 2015

B   Choosing interventions

The purpose of this toolkit is to help local councils and partners work with smaller food outlets to provide a healthier food and drink offer and so make it easier for customers to choose a healthier option. This section highlights issues to consider when choosing an appropriate intervention.

Key points:

- **the Nuffield intervention ladder can be used to classify potential intervention approaches**
- **in addition to approaches using the planning system, a range of strategies can be adopted to encourage existing smaller local outlets to introduce healthier catering practices and support consumers to adopt a healthier diet**
- **information and education are solid foundations for improving diet, however a growing body of evidence suggests that more structural changes are needed to achieve sustained behaviour change. These could include reducing the price of healthier foods, increasing the availability of healthier options and portion control**
- **the local context, including the characteristics of local consumers, needs to be taken into account when choosing the most appropriate intervention**

The Nuffield Council on Bioethics (2007) intervention ladder provides a useful means of analysing the different ways that public health policies can affect people's choices and allows comparisons to be made between alternative approaches in terms of their intrusiveness and likely acceptability.

The different types of interventions available to local government are illustrated using this framework. See Figure 3 – Framework for choosing interventions.

In addition to ethical considerations it is important to consider the evidence of public health impacts and cost effectiveness. There is a growing body of evidence which suggests that interventions involving price reductions and greater availability of healthier options, portion control and product reformulation are likely to have a far greater impact than public health campaigns alone.(24,25) Any strategy under consideration must take into account local market conditions and be tailored to the outlets and consumer groups being targeted.(26)

Figure 1 highlights and provides a link to the different types of intervention covered in this toolkit. Figure 2 highlights the key external stakeholders and provides a link to sections of the toolkit which outline strategies for working with them.

Figure 1. Sections of the road map covering different types of intervention

B1: Using the planning system, leases and licences	B2: Healthier catering schemes	B3: Advice and training initiatives	B4: Using 'nudge' strategies to influence behaviour change
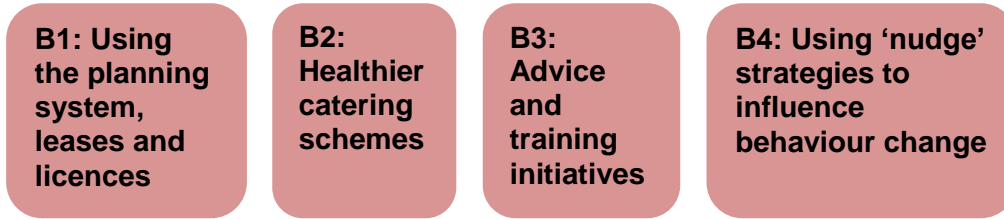
Figure 2. Sections of the road map covering opportunities for working with external stakeholders

B5: Working with local schools	B6: Working with local communities	B7: Working with the supply chain to encourage healthier procurement
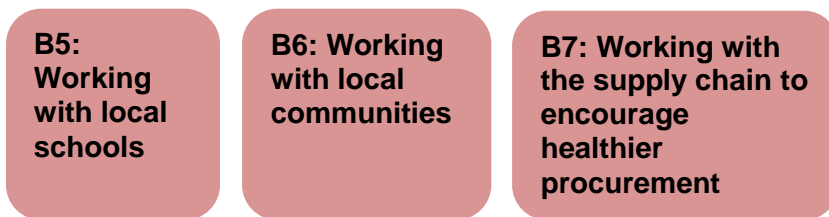
A combination of interventions delivered as part of a whole systems approach to tackling obesity is most likely to be effective.

B8: Whole systems approaches
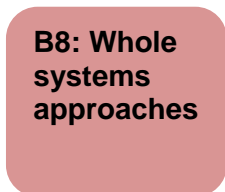
More detailed information on whole systems approaches can be found in Section B8.

Figure 3. Framework for choosing interventions

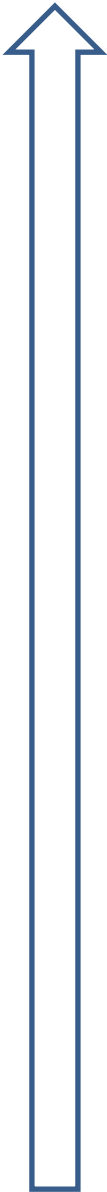| Increasing regulation	Objective	Examples of local council intervention	Examples of changes food outlets can make to influence consumer behaviour	Examples of emerging practice/links to local practice examples
	Eliminate choice	Planning controls to restrict opening of new hot food takeaways	Unhealthy options removed from the menu, such as no chips sold	See section B1.1 and local practice example in Annexe D4
	Restrict choice	Closed-gate policies at school lunchtimes	Range of unhealthy food offers limited	See sections B1.1 and B5
	Guide choice through disincentives	Lease on premises not granted unless healthier catering practices adopted	Additional charges for unhealthier options such as a 10p levy on drinks with added sugar	See sections B1.2 and B4.2 and local practice example in Annexe D4
	Guide choice through incentives	Discounts on licences, such as those for market stalls if outlets offer healthier choices	Pricing policies to encourage healthier choices. Free tasters of healthier side dishes such as salad Vouchers to encourage purchase of healthier foods	See section B1.2 and B4.2 and Local practice examples in Annexe D4
	Guide choice through 'changing the default'	Encourage procuring healthier oils, reduced use of salt and sugar, and smaller portions	Food cooked in healthier oil and thicker chips as default	See section B2, B3 and B4.
	Enable choice through changes to the physical environment	Encourage outlets to display healthier options more prominently	Healthier items placed at eye level draws customer gaze. Portion and packaging size reduced	See section B4
	Provide information – advise and educate	Information and training sessions for outlets to increase skills and knowledge of healthier catering	Label healthier foods and menus, including calorie labelling on menus. Promote healthier eating awards	See section B2 and B3

Source: Developed from the Nuffield Council on Bioethics (2007) intervention ladder.(27)

B1   Using the planning system, leases and licenses

National planning policy and guidance identifies ways that local councils can use planning measures to help combat obesity and promote the delivery of healthy weight environments.(28,29) This section covers not only the use of spatial planning but also leasing and licencing powers to achieve healthier food businesses.

Key points:

- **planning measures to promote the creation of healthy weight environments should be used as part of an overall local strategy to tackle obesity**
- **planners and public health specialists should develop a local evidence base to support the development and use of planning measures to tackle obesity**
- **providing there is local evidence, planning documents and policies to support the creation of healthy environments can be developed through promoting opportunities for the production and consumption of healthier food, and restricting the over concentration and proliferation of hot food takeaways**
- **the limitations of the planning system need to be recognised. Planning measures cannot differentiate between 'healthier' and 'unhealthier' food and cannot deal with existing hot food takeaways**
- **where food outlets operate from their property, local councils can use their licensing powers to restrict the selling of unhealthier food. This may make it harder to let premises and limit income generation objectives, however, the economic impacts of obesity on the wider economy must also the recognised**
- **it is also important to recognise that, for two tier local authorities, the local planning authority is the district council, not the county council where public health teams are based**

B1.1   Using the planning system

The Department of Health's 2010 *Healthy Lives, Healthy People* white paper(30) and guidance from NICE(31) on the prevention of cardiovascular disease and type 2 diabetes suggests that planning policies could help promote healthy diets.

The National Planning Policy Framework also recognises the role of planning in promoting the delivery of healthy communities, which is further highlighted within the Health and Wellbeing Planning Practice Guidance. The Health and Wellbeing PPG specifically mentions the range of issues that could be considered through the plan-making and decision-making processes, including access to healthier food as part of the opportunities to promote healthy lifestyles.

The Town and Country Planning Association (TCPA), working with PHE and the Local Government Association (LGA) has explored opportunities within the planning system to

create healthier weight environments and emphasised the importance of planning teams working with public health teams.(32,33). The following suggestions are relevant to work with planning teams to create a healthier food environment:

- ensuring shops and markets that sell a diverse food offer are easy to reach by walking, cycling or public transport
- requiring leisure centres, workplaces, schools and hospitals with catering facilities to have a healthier food offer for staff, students, and/or customers
- ensuring development avoids over concentration of hot-food takeaways (A5 uses) in existing town centres or high streets, and restricts their proximity to schools or other facilities for children and young people and families
- making sure development enhances the vitality and viability of the local centre by providing a more diverse retail offer
- seeking opportunities for supporting innovative approaches to healthier eating through temporary changes of use/leases
- ensuring public spaces are flexible and durable and support civic, cultural and community functions, such as local markets and food stalls

Restricting the opening of new hot food takeaway outlets

Planning documents and policies to control the over concentration and proliferation of hot food takeaways could form part of an overall plan for tackling obesity and can involve a range of different local authority departments and stakeholders.

Once appropriate planning policies are in place, supported by local evidence, local councils can refuse planning permission for a new food outlet if they can demonstrate that it will have an adverse impact on the health and wellbeing of the local population and will undermine the local authority's strategy to tackle obesity. Citing evidence of the link between the proximity of takeaways to schools and young people's purchasing behaviour can help make the case. A health impact assessment can be undertaken to help determine whether the sought development is likely to negatively impact upon health and wellbeing.

The NHS London Healthy Urban Development Unit (HUDU), Planning for Health, Using the planning system to control hot food takeaways – A good practice guide suggests that a range of polices can be developed to address:

- the concentration and clustering of hot food takeaways
- hot food takeaways in close proximity to schools
- restaurants providing a takeaway service
- hot food takeaways in new developments
- residential amenity

Supplementary planning documents

An increasing number of local councils have developed supplementary planning documents (SPDs) to restrict the opening of new hot food takeaways (A5) close to schools, leisure centres, or other places frequented by children.

It is up to each local council to develop an approach that, according to existing evidence, is likely to be appropriate and effective.

For planning decisions to be successfully upheld they need to be able to demonstrate a link to sound evidence and clear local policy. In particular there needs to be good linkage between any SPDs or neighbourhood planning policies, health strategies (health and wellbeing strategy and the JSNA) and, most importantly, the local plan. Local plans need to refer to these health strategies and vice versa.

An example of such integrated policies can be seen in The Plymouth Plan.

Being able to demonstrate that the various local council strategies have a coherent approach to planning and health, and a clear evidence base, provides more weight if a planning judgement against a new hot food takeaway is challenged.

The experience of the London Borough of Tower Hamlets provides a useful lesson.

In London Borough of Tower Hamlets a hot food takeaway was granted planning permission on appeal. The ruling noted that the council lacked specific local policies to restrict hot food takeaways or clear evidence of the need to do so. Subsequently, the local authority produced an evidence base in its *Tackling the Takeaways* report and developed clauses in its local plan stating that the council will:

> SPO3 "Support opportunities for healthy and active lifestyles through,
> d) seeking to reduce the overconcentration of any use-type where this
> detracts from the ability to adopt healthy lifestyles". (p50)

This wording also allows the council to consider over concentration of other undesirable outlets such as betting shops or tanning parlours. Such a clause in the local plan provides the basis for the development of specific local policies designed to limit the profusion and/or concentration of unhealthier eating outlets.
Tackling the Takeaways
Contact: tim.madelin@towerhamlets.gov.uk

If it is not appropriate to prevent the opening of a new hot food takeaway, it may still be possible to limit its impact on children's diets.

National planning policy advocates the use of planning conditions to resolve issues relating to the impact of a new development on traffic and the amenity of neighbouring residents, such as hours of operation. Conditions could be attached to planning permissions for new hot food takeaways which control the hours of operation.

Section 106 and Community Infrastructure Levy (CIL)

A number of Borough Councils have developed SPDs that grant planning permission to new hot food takeaways but require a Section 106/CIL contribution towards the cost of initiatives designed to combat obesity. Guidance includes calculations for types of health care provision but these may need to be updated to reflect recent changes in Section 106 policies or the introduction of a Community Infrastructure Levy, or the changing landscape of healthcare provision.(34)

Planning system limitations

While planning policy has a role to play there are limitations including:

- the Use Classes Order does not distinguish between the types of food that can be sold
- there is no definition of an unhealthy hot food takeaway
- the inability to deal with existing hot food takeaways
- an inability to limit activities of restaurants that provide takeaway food but also provide a sit down service as part of their outlets model, and are therefore able to be classed as A3 use.

To achieve a greater impact on the out-of-home food environment and tackle obesity, planning interventions need to be supported by a wider range of policies and initiatives.

Examples of local authority practice

Local authority	Key points
Gateshead	Gateshead Council's SPD seeks to control the location of hot food takeaways in unsuitable locations in the borough where: • children and young people congregate • there are high levels of childhood obesity (using NCMP data) • there is an over proliferation of hot food takeaways • there is clustering of hot food takeaways These criteria currently result in no locations in Gateshead being acceptable for new hot food takeaways. Contact: ldf@gateshead.gov.uk See local practice example in section D4 for further details
LB Haringey	Haringey Development Management Development Plan is designed to restrict the proliferation and concentration of hot food takeaway outlets throughout an exclusion zone. It has mapped hot food takeaways in proximity to primary and secondary schools and a Healthy Eating Zone has been established around these schools. Having this approach in the Local Plan carries more weight than just a SPD. Contact: ldf@haringey.gov.uk
LB Islington	The local authority's proposed new SPD will only grant planning/change of use permission to food outlets that have a minimum 3* Food Hygiene Rating and gain the Healthier Catering Commitment (HCC) award within six months. Contact: ldf@islington.gov.uk
Medway	Medway Council has introduced new SPD planning guidance for new hot food takeaways which includes: • limiting proximity to schools • measures dealing with concentration and clustering • section 106 agreements Contact: healthimprovement@medway.gov.uk
Lewisham	Lewisham's Development Management Local Plan includes a policy designed to reduce the negative health impacts of hot food takeaways while also managing potential environmental impacts. The policy seeks to prevent the establishment of new hot food takeaways in close proximity to primary and secondary schools. In areas further away from schools, the policy seeks to limit the number of hot food takeaways.

Useful guidance and toolkits
Tipping the scales: Case studies on the use of planning powers to limit hot food takeaways, LGA, 2016 Building the foundations: Tackling obesity through planning and development, Town and Country Planning Association/Public Health England/Local Government Association, 2016 Planning Healthy Weight Environments – a PHE/ TCPA Reuniting Health with Planning project, Public Health England/Town and Country Planning Association, 2014 Obesity and the environment: Regulating the Growth of Fast Food Outlets, Public Health England/Chartered Institute of Environmental Health/LGA, 2014 Using the planning system to control hot food takeaways: a good practice guide, London Healthy Urban Development Unit, 2013

B1.2 Leases and licences

Local councils can contract out food services, including vending provision, in premises they own. This might involve cafes in council buildings and parks, leisure and sport centres and children's centres. Such contracts or leases could be used to ensure healthier food options are provided.

Local councils may also operate markets or control mobile trading activities, where specific requirements to improve the out of home food environment could be introduced. These might include preventing mobile trading near a school or requiring healthier choices as a condition of a licence to trade.(29)

When using the grant of a contract, lease or licence to require a healthier food and drink offer, local councils are encouraged to adopt the principles within PHE's healthier catering advice and the Government Buying Standards for Food and Catering Services (GBSF) nutrition criteria.

The extent to which these might be applied will vary depending on the type of food offer. A healthier vending contract, for example, might require that:

- savoury snacks are only available in packet sizes of 30g or less
- confectionery and packet sweet snacks are in the smallest standard single serve portion size available within the market and do not exceed 250kcal
- all sugar containing drinks are available in no more than a 330ml portion size and no more than 20% of beverages (procured by volume) are sugar sweetened, including fruit juices

In addition, the quality standards developed by NICE for caterers operating from local authority and NHS premises could be used.(35) These include standards for the availability of healthier food and drink from vending machines, the provision of

nutritional information on menu items, and the need for healthier food and drink to be prominently displayed.

However, adopting such criteria may make it harder to let premises and create conflicts between the need to generate income and the need to promote community health. Such potential tensions should be considered when creating a strategy (A4 Developing a strategy).(36)

Examples of local authority practice

Birmingham	A food standard for commissioned services is being developed for use with care homes, children's centres and other commissioned services. This will require minimum health and hygiene standards and the adoption of a healthier choice or other nutritional standard. Contact: eh@birmingham.gov.uk or janet.bradley@birmingham.gov.uk
Central Bedfordshire	Public health teams were involved in the development of the Central Bedfordshire Leisure and Physical Activity Strategy. This assisted in the determination of the health and wellbeing outcomes for the management of the leisure centre, when the contract was tendered in 2014. Contracts now have a requirement that at least 25% of the snack options in vending machines should be 'healthier' and on site cafes need to achieve the 'Heartbeat Award' for providing healthier food options. Contact: nicola.sinden@centralbedfordshire.gov.uk
Warrington	Warrington Street Trading Policy includes clauses banning trading at, or within 100m of, schools between 12-2pm and 3-5pm on school days. Food traders who are willing to adopt a simple and straightforward measure to promote good nutritional standards are entitled to a reduction in the licence fee. Contact: environmental.health@warrington.gov.uk See local practice example in Section D4 for further details.

Useful guidance and toolkits
Tipping the scales: Case studies on the use of planning powers to limit hot food takeaways, LGA, 2016 Healthier Food Procurement, LGA, 2016 Obesity in adults: prevention and lifestyle weight management programmes	Guidance and guidelines, NICE, 2016

B2   Healthier catering schemes

This section highlights key aspects of healthier catering schemes.

Key points:

- **healthier catering schemes are designed to encourage outlets to switch to healthier ingredients, products, menus and cooking practices**
- **a large variety of schemes exist. These vary depending on the type of outlets targeted; whether or not an award is offered (and whether this is single or tiered) and whether the scheme is targeted at a specific geographical area or across the whole local authority. The advantages and disadvantages of each approach need to be considered in the context of local priorities**
- **targeted initiatives focusing on a small number of changes, such as salt reduction and healthier frying practices, tend to be more effective in securing the participation of fast food outlets**
- **outlets are more likely to engage in a healthier catering scheme if it offers clear business benefits, requires minimal effort, and can be introduced without deterring customers**
- **to be effective, schemes need to be adequately resourced. The best developed schemes, with greatest uptake, have generally been funded through specific initiatives**
- **evaluations of healthier catering initiatives have tended to focus on take-up by outlets, rather than their impact on health**

B2.1 Designing a healthier catering scheme

An increasing number of local councils have developed healthier catering initiatives in recent years. These are generally led and managed by staff from environmental health or trading standards teams who are able to build on their established relationships with local outlets.

The initiatives encourage outlets to switch to healthier ingredients, menus and cooking practices. They focus particularly on reductions in salt, fat and sugar, provision of smaller portions, and inclusion of more fruit and vegetables. They frequently draw on behavioural economics, seeking to nudge consumers in the direction of making healthier choices through, for example, encouraging the sale of food in smaller containers or the placing of healthier drinks at eye level. Different schemes tend to adopt very similar healthier catering objectives but have differing criteria, names, and branding. This raises the question as to whether or not such variations create confusion for both outlets and consumers.(37)

Types of scheme

Schemes can be classified depending on:

- the type of outlets targeted, for example by food type or outlet type or single/small chain
- whether or not an award is offered
- whether the scheme is targeted at a specific geographical area or across the whole local authority

A brief summary of the advantages and disadvantages of each approach, taken from Bagwell (2015),(37) is shown in the table below.

Approach	Advantages	Disadvantages
Generic – targeting a wide variety of food outlets. For example, Eat Out Eat Well	• Allows all outlets to participate • May lead to greater public awareness	• Criteria of some awards may be too challenging for the least healthy outlets, such as takeaways with limited menus, to achieve • Requires capacity within the local council to regularly monitor
Specialist – targeting particular types of outlets or issues. For example, Healthier Takeaways project in Antrim – targeted at fish and chip shops, and The Heartbeat award scheme for nurseries	• Schemes tend to be tailored to the outlet type/issue and thus likely to be more successful • Better at targeting least healthy outlets	• Requires more intensive work with outlets • Reaches fewer outlets thus generates lower public awareness
Award – single or multi-tiered. For example, Eat Out Eat Well (3 tiered award scheme), and Healthier Catering Commitment (single tier award scheme)	• May encourage greater participation by outlets • Increases public recognition	• Unsuitable for outlets/areas where a health by stealth approach may be more effective • Tiered awards may deter outlets only likely to reach a bronze level • Single tier schemes don't differentiate between those with differing levels of healthier food and drinks offers
Non-award. For example, Truckers Tucker	• Better suited to the least healthy types of outlets that are unlikely to gain awards	• May not provide sufficient motivation for some outlets
Targeted at specific geographical areas or communities. For example, initiatives targeted at outlets around schools.	• Peer group pressure from neighbouring outlets more likely • Easier to link to other local initiatives targeting obesity	• Impact restricted to area targeted

For further discussion on the merits of these different types of approaches see Bagwell (2015)(37) and Encouraging healthier takeaways in low-income communities toolkit.(14)

B2.2   Strategies for encouraging outlet participation

The 'Encouraging healthier takeaways in low-income communities' toolkit drew on research with local councils operating schemes across the UK to identify successful engagement strategies. These included:

- using economic arguments – emphasising changes that are cost neutral may save the outlet money or attract new customers. For example, by providing smaller portions, using less oil, or promoting healthier products
- publically promoting outlets that gain a healthier eating award
- offering incentives such as free food hygiene or nutrition training, or gifts of healthier catering equipment or ingredients
- peer group pressure. For example, by benchmarking the salt levels in a particular outlet's food against other similar local outlets
- encouraging a health by stealth approach with small gradual changes less likely to be noticed by customers. For example, persuading outlets to gradually remove salt from food.
- getting staff to champion changes

A number of healthier catering schemes use 'nudging' (influencing behaviour) techniques to deliver change.

More detailed information on 'nudging' approaches can be found in Section B4. Advice on menu tips can be found in Annexe D3.

B2.3 Delivering and funding initiatives

Before planning an initiative, local councils will want to consider funding availability as well as staff capacity and capability. Costs and resource requirements will vary depending on the type of scheme selected.

Many schemes are led by environmental health or trading standards teams, with staff building on their existing relationships with outlets to promote the initiative.

An evaluation of the Healthier Catering Commitment (HCC) initiative in London noted that the average outlet might typically require two to three visits, and between 1.5 and 4.5 hours of officer time, before achieving an award. In some cases an outlet might also need input from a nutritionist, to assist in making required changes. Once an award had been given, regular monitoring and reassessment was usually carried out alongside routine food hygiene inspections, typically once every two years.(38)

The most well developed schemes, with greatest uptake, have generally been funded by specific initiatives. Such focused funding has frequently provided for the cost of extra

outreach work and sometimes input from a dietician or nutritionist, as well as production of publicity materials, and the offer of incentives.

For example, funding from the British Heart Foundation enabled the London Borough of Islington to sign up over 200 outlets to the Healthier Catering Commitment (see local practice example in annexe D4).

In the case of the Healthier Options Norfolk Award (HONOR) marketing, branding and resources, together with some in house coordination and scheme development, has been estimated to have cost the four district councils a total of £5,000 pa.

Suffolk's Eat Out Eat Well award has been estimated to cost around £24,500 pa. This includes (0.4) officer support, training and award costs. The scheme, launched in January 2016, has made 24 awards in its first five months of operation.

Examples of local authority practice

The Healthier Catering Commitment	A single tier award scheme with 22 criteria designed to target all types of food outlets. Adopted by 20 London boroughs. Contact: mailto:health@royalgreenwich.gov.uk
Eat Out Eat Well (EOEW)	A tiered award scheme with three levels – bronze, silver, and gold. Operates in seven counties in southern England. PHE has recently been working with Surrey to bring the EOEW award more in line with the principles of the Government Buying Standards for Food and Catering and has helped develop training. Contact: kate.bailey@bucksandsurreytradingstandards.gov.uk
Tower Hamlets Buywell Food for Health Scheme for Market Traders	A tiered award scheme that has been adapted for use with market traders. Contact: mailto:foodsafety@towerhamlets.gov.uk See local practice example: Annexe D4.

Useful guidance and toolkits
Encouraging Healthier Takeaways in Low-income Communities: Tools to support those working to encourage healthier catering amongst fast food takeaways, Cities Institute, London Metropolitan University, 2014

B3   Advice and training initiatives

This section gives information about initiatives that provide advice and training for smaller food outlets.

Key points:

- **a focus on a particular outlet type allows the development of more specific advice, such as the Children's Food Trust Food and Drink Guidelines for childcare centres and private nurseries**
- **advice likely to increase trade can encourage implementation. For example, marketing and store layout advice for convenience stores – designed to encourage the increased provision and purchasing of fruit and vegetables or healthier snacks.**
- **interventions involving a few simple changes can be most effective**
- **financial incentives can increase uptake, for example, grants towards new chiller cabinets and 'healthier' food vouchers for customers**
- **accessible, focused, short training courses likely to improve outlet success are most frequently taken up by small independent food outlets**
- **support from specialist groups can make a difference, for example, short courses on healthier frying practices run by the Federation of Fish Fryers**
- **when there is a personal connection to diet-related health issues, outlet owners are more likely to be interested in healthy eating training**

B3.1   Information and advice for catering outlets

Several local councils have run initiatives designed to provide outlets with advice on healthier cooking practices and menus – sometimes combined with the type of award schemes covered in section B2.

The key principles for healthier catering include: reducing portion size; reducing fats and frying; reducing salt and sugar; increasing fruit, vegetables and wholegrains.

Outlets can also be given advice on the use of nudging strategies (see Section B4) likely to encourage consumers to opt for a healthier choice. For example:

- including calorie information (per portion or per meal) on menus and menu boards
- signposting customers to healthier options with less salt, saturated fat, sugar and calories on menus
- when a customer askes for a recommendation, train staff to suggest healthier options with less salt, saturated fat, sugar and calories

Tailoring interventions to particular types of outlets and focusing on a few simple changes (for example, frying techniques or salt reduction) seems to work best.(37) There are a number of healthier catering and menu tips available which can support this work and which cover different types of cuisines. See Annexe D3

Useful information can also be obtained through the Food Standards Scotland resource that provides menu tips for different types of outlets and guidance for serving children's meals.

In addition, some local councils, such as Liverpool, have produced recipe guides. When outlets add healthier options to their menu they also need to ensure that these are also included in their online menu. The best time to influence change is prior to the menu re-print as the outlet will not want to incur the cost involved until the existing stock of menus has run out.

Examples of local authority practice

London Borough of Islington	Outlets were incentivised to reduce the salt used by customers through the offer of free salt shakers. The shakers had five holes rather than the normal 17. Contact: commercial.envh@islington.gov.uk
Stoke on Trent	The local authority ran a salt and fat reduction initiative targeted at fish and chip shops and hot food takeaways. This involved encouraging outlets to switch to healthier oil (rapeseed), adopt healthier frying techniques and generally use less salt. Contact: publicprotection@stoke.gov.uk
Worcestershire Truckers Tucker	The Truckers Tucker initiative targets mobile food vendors and encourages reductions in salt, fat and sugar together with adoption of healthier catering practices. A toolkit has been developed to support the initiative. Contact: wrsenquiries@worcsregservices.gov.uk

Useful guidance and toolkits
PHE healthier and more sustainable catering guidance and supporting tools, Public Health England, 2017.
A Quick Guide to the Government's Healthy Eating Recommendations, Public Health England, 2014.
Healthier catering guidance for different types of businesses, Public Health England, 2016.
Guidance and tools to support schools to meet Government Buying Standards for Food and Catering Services, Children's Food Trust and Public Health England, 2014.
5 Simple steps to reduce salt in pizza, CASH (Consensus Action on Salt and Health), 2009.
Healthier Catering: Guidance for Caterers, Food Standards Scotland, 2015.
Eatwell Guide, Public Health England, 2016

B3.2 Information and advice for corner shops and convenience stores

Interventions in these types of outlet have most commonly focused on increasing the availability and affordability of fruit and vegetables. This has involved providing stores with marketing advice about the display and promotion of healthier products.(39) Many of the suggestions draw on 'nudges'/changes to the 'choice architecture'.

More detailed information on 'nudging' approaches can be found in Section B4.

In general interventions have proven more successful where some infrastructure changes such as refrigeration and shelving have been offered(40) and where these have been linked to other initiatives such as the provision of food vouchers to encourage the purchase of fruit and vegetables.(41,42)

An example can be seen in the *Buywell Scheme*(43) offered by the London Boroughs of Islington and Tower Hamlets. The scheme helps convenience stores and market traders increase their fruit and vegetable sales by linking with the NHS's Healthy Start Vouchers scheme. Healthy Start vouchers are supplied to low income families for the purchase of fresh fruit and vegetables from local stores and markets. By linking the two initiatives low income families can eat more healthily and local markets and convenience stores can continue to offer healthy low-cost food in areas that often suffer from poor food access.

Examples of local authority practice

Dudley Borough Council	The Shop Healthy project includes using techniques such as branded shop healthy resources and training to support local shops to stock and sell healthier foods. It also links up with other local food and nutrition projects, healthy cooking classes, food growing projects and caterers who might use locally grown fruit and veg and other produce. Contact: nutrition@dudley.gov.uk
The London Borough of Hackney	The Public Health team has commissioned a study looking at academic research, local insight, potential interventions, and design processes for developing a healthier retail model for local independent convenience stores. This will focus on the provision of healthier snacks and drinks. Contact: public.health@hackney.gov.uk
London Borough of Tower Hamlets	The Buywell retail project. Contact: foodsafety@towerhamlets.gov.uk See local practice example in Annexe D4 for further details.

B3.3   Training initiatives with catering outlets

Many independent small and medium sized food outlets are time poor(44) and tend only to engage in training where it is accessible and meets immediate demands linked to improving their operation(45). As a result, accredited training in diet and health is not routinely taken up by those with opportunities to influence others' food choices.(46) This suggests that to be effective, local training initiatives need to be short and tailored to meet the needs of the owner and the outlets. An example of designing courses to meet outlet needs is shown in the Kirklees Master classes – see below, and for more information, the Local practice example in Annexe D4.

A workforce competency framework in Nutrition for Health, Social Care and the catering workforce has recently been developed by the Association for Nutrition. Widespread adoption of this competency framework by those working with and for local food outlets is likely to increase relevant knowledge and improvements in diet.

A number of local authorities have brought in specialist organisations to deliver training. The Federation of Fish Fryers runs a one day training course which teaches oil management and frying techniques designed to ensure that healthier cooking practices are adopted.

Research and local practice has shown that where the outlet's owner has personal experience of diet-related health issues, they tend to be more motivated to learn how they can improve the nutritional quality of their menus. In the London Borough of Tower Hamlets, healthier catering workshops are popular as they are led by the public health dietician, who also provides advice on personal or family health problems.

A range of incentives can be offered to encourage outlets to participate in training, such as Knowlsley's fast food outlets intervention. Includes free training (see Local practice example in Annexe D4) and the Eat Out Eat Well scheme requires nutrition training before it will give the highest level award.

The Soil Association runs courses for catering outlets and organisations wishing to achieve the Food for Life Catering Award which includes training on the nutritional content of food.

Participation in training courses can also be seen as a valuable opportunity for networking with other outlets in the local area.(47)

Examples of local authority practice

Kirklees Council	The Food Initiatives and Education Project (FINE) masterclasses for fast food outlets include basic nutrition training and a session from the Federation of Fish Fryers on healthier frying practices. Contact: fine.project@kirklees.gov.uk See local practice example in section D4 for further details.

Useful guidance and toolkits
Workforce Competence Model in Nutrition for Health and Social Care, Association for Nutrition (AfN), 2015. Simple Step by Step online Courses in Catering for Health, British Nutrition Foundation.

B3.4 Advice and training for childcare centres and private nurseries

Early childhood has been identified as a critical time for obesity prevention. The World Health Organization (WHO) Report from the Commission on Ending Childhood Obesity recommends that formal childcare settings should ensure they only serve healthy foods, drinks and snacks, incorporate food education and understanding into the curriculum, and physical activity into the daily routine. They should also engage the whole community to support the promotion of healthy lifestyles for young children.

Empowering the whole childcare workforce to promote healthy lifestyles by increasing access to accredited training in diet and health, aligned to the Association for Nutrition Workforce Competence Model in Nutrition, will help increase opportunities to influence the food choices made by children and families. It is also likely to increase relevant knowledge and lead to improvements in diet.

In England, the Children's Food Trust's Eat Better, Start Better programme directly supports the delivery of the Commission's recommendations. It does this through its national food and drink guidelines for early years settings, the delivery of an accredited training package on food, nutrition and cooking for early years and the health sector, and regular monitoring of impact using standardised evaluation tools.

The Voluntary Food and Drink Guidelines for Early Years Settings in England have helped set a national benchmark for food provision in childcare. They provide age-appropriate advice on how to meet the nutritional requirements of young children and supporting settings to meet the Early Years Foundation Stage welfare requirement to provide 'healthy, balanced and nutritious' meals, snacks and drinks. The accredited train the trainer programme has been successfully delivered in one quarter of all local authorities in England. The evaluation has consistently shown that all programme outcomes have been met. For more information see Annexe D1.(48) In June 2016, PHE commissioned the Children's Food Trust to develop a series of new example menus for early years settings in England (it is anticipated these will be published at www.gov.uk in 2017), to reflect current government dietary recommendations, and these menus will help contribute towards delivery of the government's "Childhood Obesity Plan - A Plan for Action".(4)

The Food for Life Early Years Award run by the Soil Association requires that settings demonstrate compliance with best practice nutrition guidelines and that 75% of meals are freshly prepared, with specialist training and resources provided to help early years settings become beacons of good practice with regards to healthy food and a good food culture.

The HENRY (Health Exercise Nutrition for the Really Young) training scheme has led to the provision of age-appropriate portion sizes, serving plates and utensils and the introduction of healthy snacks as well as healthier cooking practices.(49)

Examples of local authority practice

Medway	Medway's food and nutrition support programme for childcare settings adopted the Children's Food Trust Eat Better Start Better programme. This provided training and support to staff on planning healthier menus leading to a significant improvement in the food being offered. For further details see local practice example in Healthy weight, healthy futures: Local government action to tackle childhood obesity. Contact: change4life@medway.gov.uk

Useful guidance and toolkits
Example Menu's for Early Years Settings in England (it is anticipated these will be published at www.gov.uk in 2017).
Healthier catering guidance for different types of businesses, Public Health England, 2016. Government Buying Standards for Food & Catering Services Nutrition Criteria (GBSF), Department for Environment, Food and Rural Affairs, 2014.
PHE healthier and more sustainable catering guidance and supporting tools, Public Health England, 2017.
Eat Better Start Better: Voluntary Food and Drink Guidelines for Early Years Settings in England –A Practical Guide, Children's Food Trust, 2012.
Snack Pack, British Heart Foundation, 2011.
Guidance and tools to support schools to meet Government Buying Standards for Food and Catering Services, Children's Food Trust and Public Health England, 2014.
Healthier Food Procurement, Local Government Association, 2016.
Food for Life Early Years Award, Soil Association.

B4   Using 'nudge' strategies to influence behaviour change

There are a number of non-coercive ways to influence behaviour. For example; by altering the context or environment, altering the default option, promoting societal or group norms, and incentivising action. Interventions that use such approaches are often described as 'nudges'. These do not restrict choice but will increase the likelihood that people will choose the preferred (in this case healthier) option. This section covers the use of 'nudging' techniques to encourage healthier food choices.

Key points:

- **interventions should make behaviour change Easy, Attractive, Social and Timely (EAST framework)**
- **outlets can make changes to the context or environment that encourage ('nudge') customers to choose healthier options, without removing choice**

B4.1   Insights from behavioural economics

The government's Behavioural Insights Team developed the EAST framework as a simple way to apply behavioural insights to a proposed intervention.(50) The EAST principles are that interventions should make behavioural change:

- **Easy**. For example, harness the power of defaults, reduce the 'hassle factor' and simplify messages
- **Attractive.** For example, attract attention, offer rewards, and include sanctions for maximum effect
- **Social**. Show that most people behave in the desired way (the norm), use the power of networks, and encourage people to make a commitment to others
- **Timely.** Prompt people when they are likely to be most receptive

B4.2   Behaviour change strategies for catering outlets

Using the EAST framework and drawing on emerging research evidence the following behaviour change strategies could be encouraged in catering outlets.

Easy
- Alter the physical layout, including placing healthier drinks, snacks and side dishes in easier-to-reach or easier-to-see locations.(51–53)
- Redesign menus and display boards to increase the prominence of healthier options. For example, place healthier items at the beginning or end of a category.(54)

- Provide calorie information for consumers on menu's or at point of sale. Calories should be given per portion or per meal.
- Introduce smaller portion sizes to give consumers the option to downsize their meal.(55)
- Reduce the size of plates or packages to give the illusion of larger portions.(56–58)
- Make healthier products (such as rapeseed oil, fatter chips, low-fat spread) the default option and make unhealthy items on request.

Attractive
- Provide subtle health cues. For example, attractive, healthy eating recipes to reduce the purchase of unhealthy products.(59)
- Develop attractive signage to direct attention towards healthier products.(60)
- Offer free tasters of healthier side dishes and require separate purchase of, or charge more for, unhealthy items.
- Offer special deals on healthier menus and products with less salt, saturated fat, sugar and calories on menus for example two for the price of one.

Social
- Increase the proportion of healthier options, to create the perception that this is the normal choice.(61)
- Promote the take up of healthier choices, for example, posters saying a low-fat product is the most frequently purchased to encourage those with less will power.(62)

Timely
- Prompt customers when given menus and at point of purchase to make the healthier choice.

Examples of local authority practice

Brighton and Hove	Brighton and Hove has encouraged several food outlets to implement the Children's Health Fund voluntary sugary drinks levy. Restaurants put a voluntary 10p levy on any soft drinks with added sugar that they sell. The money raised through the levy is paid into the Children's Health Fund and used to support projects to improve kids' health and food education. Contact: ehl.food@brighton-hove.gov.uk
Warrington	Street traders applying for, or renewing, a licence are offered a £100 discount on the standard licence fee if they meet criteria regarding the use of salt, fat and sugar, and portion control. See local practice example in D4. Contact: environmental.health@warrington.gov.uk

Useful guidance and toolkits
Key Discoveries, Food and Brand Lab, Cornell University.
Smarter Lunchrooms, Cornell Center for Behavioral Economics in Child Nutrition Program.
Changing behaviours in public health – to nudge or to shove? Local Government Association, 2013.
Behavioural Economics and the Psychology of Fruit and Vegetable Consumption, Harvard University: Macrothink Institute, 2012.
EAST: Four simple ways to apply behavioural insights, The Behavioural Insights Team, 2014.
Understanding the Behavioural Drivers of Organisational Decision-Making, Cabinet Office, 2016.

B5   Working with local schools

This section covers working in partnership with schools.

Key points:

- **initiatives to improve pupils eating habits need to focus on both the 'in-school' and 'out of school' food environment**
- **the *Takeaways Toolkit*(63) suggests that schools can adopt a number of policies to encourage pupils to purchase their lunch from the school canteen. These include:**
- **consulting with children on the food offer and school canteen via school nutrition action groups**
- **making the canteen environment more attractive by use of, for example, shorter lunch queues, music and improved decor**
- **adopting cashless systems to speed up food service and remove the need for pupils to be given cash which might be spent outside school on less healthy alternatives**
- **closed gate/onsite policies**
- **offering meal deals, subsidised or free school meals**
- **getting pupils to analyse local food outlet offers and develop and trial healthier, tastier food options, as part of the curriculum, can encourage change in choices**

Children need a healthy balanced diet to support growth and development, and the school environment can have a powerful influence on their eating habits. No other public institution has such uninterrupted and intensive contact with children during their first two decades in life. Children eat at least one, and sometimes more meals there each day. For some, a school lunch is their main meal, providing a critical nutritional safety net.(64)

As well as food provision, the development of a 'whole school approach' around food (that is, the integration of food across the whole school ethos and throughout the curriculum, requiring the active involvement and training of teachers, school food personnel and the wider school workforce, and involving children in decision making through a School Nutrition Action Group (SNAG)) will help to ensure that children receive consistent messages around what constitutes a healthy lifestyle. Compulsory national standards for school food were phased in from 2006, to ensure that schools provide food and meals that are nutritionally balanced to support children's needs. The standards place requirements on the provision of fruit and vegetables, wholegrain foods, fish and water, and restrict less healthy foods high in fat, saturated fat, sugar, or salt.(65) The introduction of compulsory standards for school food made a positive

impact on the type of food provided, chosen and consumed, in both primary and secondary schools.(66,67)

The last Annual Survey of Take Up of school lunches in England, conducted in 2012, suggests that these are eaten by 46% of primary-school pupils and 40% of secondary school pupils. Most of the remaining pupils bring a packed lunch, although in some secondary schools pupils are allowed off-site at lunchtime.(68)

With a significant proportion of secondary, and even some primary age pupils, choosing to purchase food from nearby outlets, the food environment around schools has an important role to play in encouraging children and young people to eat a healthy diet. There is considerable scope for action. Scottish guidance 'Beyond the School Gate' – Improving food choices in the school community,(69) provides practical advice on how local authorities and schools can work together to positively influence the food environment outside schools to better support children, young people, and the wider community, to make healthier choices.

Some schools are thinking innovatively about ways to encourage children and young people to purchase food in schools to ensure the quality and nutritional content of the food on offer. Action taken has included consulting on and introducing a stay on site policy, providing alternative school food outlets, which mirror but provide healthier versions of the high street offer, or linking up with social enterprises such as Shift Design's Box Chicken project (see below).

As part of the most recent 'Take up' survey, councils were asked about their food policies. Just under half reported that they had a food strategy plan, 21% said that they intended to implement one and a further 20% said they had no strategy. Just 9% of responding councils said they restricted unhealthy food outlets near schools, although a further 12% said that such actions were planned or in discussion. Over half said there were no plans (and one quarter said they did not know)(68) highlighting that there is clear scope for action on this agenda.

The recent publication of the HM Government Childhood Obesity – A Plan for Action[4] acknowledges obesity is a complex problem and a long-term, sustainable change in childhood obesity rates will only be achieved through the active engagement of schools. Schools are a vital part of the Government's plan, as they have opportunities to support healthier eating, physical activity and to shape healthy habits. In England, the Healthy Schools Programme, available in some local authorities, could be a conduit for fostering collaboration between local authorities, schools and independent food businesses so they can work together to positively influence the food environment outside schools to better support children, young people, and the wider community, to make healthier choices.

Examples of local authority practice

The London Borough of Islington	The London Borough of Islington has worked with outlets within 500m of secondary schools and a significant number have signed up to the Healthier Catering Commitment. The work was promoted to young people through the Youth Health Forum and to school food technology teachers. Contact: commercial.envh@islington.gov.uk
London Boroughs of Camden, Hackney, Newham, and Tower Hamlets	Shift Design's – Box Chicken project was piloted in these four London boroughs. It involved a mobile food outlet serving healthy chicken stew in a box from a site close to schools. A menu, brand, and price (just £2.50 for a meal) was developed that was appealing to young people. For further details see the evaluation report available from Shift's website. Contact: hello@shiftdesign.org.uk
Sandwell	The planning team stresses the importance of working with schools when considering an application for a new takeaway outlet. If the schools have healthy eating policies and object to the opening of new outlets this adds weight to the guidance in the councils SPD which is designed to restrict new outlets within 400m of schools. Contact: ldf_planning@sandwell.gov.uk
West Sussex County Council	The Sugar reduction project, launched in January 2015, involves four secondary schools and one further education (FE) college who have been working to reduce sugar in school meal provision and change school food policy regarding drinks sold in 'tuck shops'. Discussions have been held to secure 'buy-in' from the school community. Mapping exercises have been undertaken to identify the availability of sugar-sweetened beverages (SSBs) on journeys to/from school. Focus groups, school debates and a whole school survey on sugar consumption on the journey to and from school have also been organised, alongside a debate in conjunction with the local District Councils Youth Council and other activities (such as school nurse lesson plans) to raise and test awareness. Contact: catering.advisory.service@westsussex.gov.uk
Useful guidance and toolkits	
The Takeaways Toolkit, CIEH and GLA, 2012. A checklist for head teachers, The School Food Plan, 2013.	

B6   Working with local communities

This section covers working with local communities on healthier food interventions.

Key points:

Involving local communities in improving the out-of-home food environment can increase the pressure for change by:

- **encouraging demand for healthier options**
- **using food tasting sessions to help convince outlets about demand**
- **encouraging local residents to express views about new hot food takeaway proposals**

Involving local communities in initiatives designed to help local outlets create a healthier food offer can raise awareness of the importance of healthier eating habits and help increase the pressure on outlets to make changes. Outlets are also likely to pay more attention to their customers than local practitioners. Interventions with local outlets can help reinforce the messages of national campaigns such as Change4LifeSugarSmart and local initiatives, for example, Brighton and Hove's campaign to become a Sugar Smart City.

NICE guidance suggests that public health teams should use community engagement and capacity building methods to identify networks of local people, champions and advocates who have the potential to co-produce action on obesity as part of an integrated health and wellbeing strategy.(23) Strategies that inform and enable communities could increase demand for changes to tackle obesity, while providing information about the effectiveness of interventions, which can increase support for them.(70)

For example, some Afro-Caribbean outlets have reduced the amount of salt used in cooking in response to requests from local customers concerned about the increased risk of high blood pressure in their community.(14)

In the East Midlands the Eat In Eat Out Healthy initiative with Indian restaurants ran tasting sessions to convince outlets that their customers liked the new healthier recipes developed.(71)

Community campaigns against the opening of new hot food takeaways have also influenced local authority planning decisions and have added to the evidence needed to uphold decisions at appeal.

Similarly, Sandwell Council's mapping of its food system has led to a number of recommendations about how food outlets could be developed and supported to deliver outcomes meeting economic, health, anti-poverty and sustainability priorities.(72) Proposals included reduced rents for market stalls offering fruit and vegetables to increase access for low-income residents. Such initiatives can also be used to provide new employment opportunities.

Examples of local authority practice

Brighton and Hove	Sugar Smart City Brighton and Hove Sugar Smart City is a joint initiative from Brighton and Hove City Council, Brighton and Hove Food Partnership and the Jamie Oliver Food Foundation that aims to raise awareness of, and tackle, high sugar intake. The first stage of the campaign was a city-wide debate asking residents whether, and how, action on sugar should be taken. Since then, schools, outlets and venues have been invited to take a range of actions to reduce sugar in their setting. Contact: ehl.food@brighton-hove.gov.uk
Cambridgeshire	The Healthier Options Awards Scheme encourages local people to become Healthier Options ambassadors and leave postcards at outlets promoting the scheme. They are also asked to take pictures and tweet about the places they would like to see offer healthier options. Contact: info@healthier-options.org.uk

Useful guidance and toolkits
Obesity: working with local communities, NICE, 2012.
A guide to community-centred approaches for health and wellbeing, PHE, 2015.

B7   Working with the supply chain to encourage healthier procurement

This section covers working with the supply chain to increase the supply of and demand for healthier product options.

Key points:

- **food outlets are often tied into deals with suppliers or are reliant on what suppliers sell making it difficult for them to offer healthier options.**
- **partnerships between local councils and suppliers have led to important changes in some areas including persuading suppliers to:**
  - **reduce the price differential between healthier and less healthy products**
  - **provide discounts on healthier products to outlets signed up to the local healthier catering scheme**
  - **reformulate products and front of pack labelling to encourage the use of less salt**
- **local councils can use their leasing and purchasing powers to influence the nature of the food supplied to outlets and vending machines on council owned premises**

Suppliers may charge more for healthier products and may not offer them in the smaller sizes that many local outlets require. Working with local suppliers on these issues can make it easier to purchase healthier products. Initiatives in London and the North East have shown that it is possible to persuade suppliers to alter their pricing strategies, to market healthier products more prominently, and undertake product reformulation.

Local councils can also use their procurement powers to influence the provision of healthier food and drinks offered by local outlets. Government Buying Standards for Food and Catering services (GBSF), which are recommended across the wider public sector, set out clear nutrition-related standards for those involved in procurement. Local authorities could add a clause to their contracts requiring outlets to adhere to standards such as these, or the local healthier catering scheme. Birmingham, for example, has introduced a food standard for commissioned catering services. Other local authorities are using their leasing and licencing powers to do this with caterers operating on council premises. PHE have a range of guidance and tools to support those who must, or choose to adopt, GBSF – including a tool for commissioners.

More detailed information on leasing and licensing can be found in section B1.

Examples of local authority practice

Birmingham	The council has a food standard for contracted services which requires minimum health and hygiene standards and provision of healthy options. Contact eh@birmingham.gov.uk or janet.bradley@birmingham.gov.uk
Brighton and Hove	The council has established a Good Food Procurement Group for all major public sector food purchasers in the area to collectively promote the procurement of sustainable and healthy food. The minimum buying standards for all public sector food purchases are set to be the equivalent of the Bronze Food for Life Catering Mark standards Contact: info@bhfood.org.uk
London	The Healthier Catering Commitment (HCC) network is working with JJ Food Supplies – the major supplier to fast food outlets in the capital and much of the south east. This has led to JJs highlighting healthier products in a special brochure and on their website; pricing healthier options at a similar or the same price as less healthy options, and offering outlets with HCC 10% discount on healthier options for three months. Contact: health@royalgreenwich.gov.uk See local practice example in Annexe D4
Newcastle	Staff from Newcastle University are working on portion control with a major fish and chip shop supplier Contact: ashley.adamson@ncl.ac.uk
Warrington	Local council staff have been working with local manufacturers on reformulation and front-of-pack labelling. This has included changing instructions on pasta packaging to remove the need to add salt to cooking water. The manufacturer also checked the rest of their range for other similar, easy-to-make changes. Contact: environmental.health@warrington.gov.uk

Useful guidance and toolkits
Healthier Food Procurement, LGA, 2016.
Government Buying Standards for Food & Catering Services Nutrition Criteria (GBSF),
Defra, 2014.
Healthier and more sustainable catering guidance and supporting tools, PHE, 2017
Healthier catering guidance for different types of businesses, Public Health England, 2016
Food for Life Catering Mark Standards, Soil Association.

B8 Whole systems approaches

This section covers the whole systems approach to tackling obesity.

NOTE: Tackling an unhealthy food environment is just one part of a whole systems approach. This toolkit, though only focused on food outside the home, will support that broader approach.

Key points:

- **single interventions are likely to have limited impact in tackling obesity – a comprehensive, systematic programme of multiple interventions (a whole systems approach) will have greater effect**
- **whole systems approaches need to involve wide ranging partnerships**

It is recognised that individual interventions designed to tackle obesity are likely to have limited impact as obesity is such a complex problem. The Foresight Obesity Report (2007) argued that tackling obesity effectively requires a whole systems approach, where a range of measures focus on individuals, social and other systems.

NICE(73) has suggested that such an approach should incorporate ten core features:

- explicit recognition of the public health system
- capacity building
- encouragement of local creativity and/or innovation
- developing working relationships
- community engagement
- enhancing communication
- embeddedness of policy and action
- robustness and sustainability
- facilitative leadership
- monitoring and evaluation

In October 2015, PHE, working with the LGA and the Association of Directors of Public Health launched a three-year research programme to pilot a 'whole systems approach'. Leeds Beckett University (LBU) was commissioned to lead this work.

The whole systems obesity programme is focused on close collaboration with local councils to understand the realities and practicalities for local authorities, so that outputs are as relevant and supportive as possible. The programme is liaising with local councils through several routes, but one of the most important will be working closely with a number of local authorities, including Durham County Council, Gloucestershire County Council, London Borough of Lewisham and North Kesteven District Council. This collaboration will explore what can be done over the short, medium and long term.

The core objectives of the programme are to explore:

- how the findings from the Foresight report can be transformed into a local 'whole systems approach' to tackle obesity
- what a whole systems approach means in practice for local councils
- what support local authorities require to create a whole systems approach

Outputs will include:

- development of an understanding of what a whole systems approach looks like and how it can be created for example a Route Map to turn 'what" into "how"
- a set of strategies, actions or approaches for local council action
- transferable learning, tools and guides to support a local council whole systems approach to tackling obesity

Further details are available from the programme website where it is also possible to sign up to the community of learning that has been created.

Useful guidance and toolkits
Obesity: working with local communities, NICE, 2012.   Cardiovascular disease prevention, NICE, 2010.

C   Monitoring and evaluation

This section provides information on monitoring and evaluation.

Key points:

- **evaluations are required to measure the extent to which objectives have been met and establish the impacts of the intervention**
- **evaluation design needs to be appropriate to the intervention, the standard of evidence required, and the resources available**
- **a mixed methods approach that captures both quantitative and qualitative' data is likely to work best**
- **evaluations should include assessment/measurement of baseline data, outputs, outcomes and impact, as well as value for money**
- **beyond evaluation of an intervention there should also be elements of reflective learning to help inform future activities**

Monitoring and evaluation should be an integral part of any intervention and should provide information on the effectiveness of the intervention in achieving its objectives, and its value for money.

The design of the evaluation should take account of the:

- aims and objectives of the intervention
- group or population to be targeted
- mechanisms through which the objectives will be achieved
- feasible evaluation models – taking into account available resources and the ease with which data can be collected

It is a good idea to spend some time developing a clear logic model. This helps develop thinking on how and why an intervention should work (the Theory of Change). This divides the data to be measured into:

Inputs – Activities – Outputs – Interim outcomes – Final outcomes/impact

An example of a logic model developed for two different types of interventions is shown below:

Intervention	Inputs	Activities	Outputs	Interim outcomes	Final outcomes/ impact
SPD to limit growth in hot food takeaways (A5 outlets)	Staff time to develop policy	Gathering research evidence Development of SPD document	Number of A5 planning applications and number turned down	Change in number of A5 applications	Stable (or reduced) number of A5 outlets
Healthier Catering award scheme	Staff time to develop, promote, administer and monitor scheme Marketing material	Healthier catering scheme actively promoted to group of outlets by public health team. Existing award holders supported to retain award	Number of outlets signed up (by type/area) Number of changes made by each outlets Comparison with similar outlets not signing up to the scheme	Change in number of healthier meals sold Impact on outlets profits Change in customers purchasing patterns	Reduction in salt sugar and fat consumption by consumers Number of award holders increased

Evaluations can be undertaken at a number of different levels ranging from just reporting outputs (that is the number of participants) to more rigorous schemes which include control and comparison groups and attempt to measure causality and the impact on health. For a further information see the Nesta Standards of Evidence.

NICE (2012) recommends that sufficient resources are set aside for planning, monitoring and evaluation – 10% of project budgets is suggested. Monitoring and evaluation needs to consider the impact of strategies, policies and activities on inequalities in obesity and related health issues. Evaluations should include baseline data collection, measure value for money and should encourage a reflective learning approach. Good evaluation will help build the evidence base and enable new toolkit users to learn from the experience of others.

Data collection methodologies and models will vary depending on the nature of the intervention and the expertise and resources available.

There are numerous toolkits to assist in evaluation design however, there may also be expertise available, such as through a local university. For example, Surrey County Council commissioned the University of Surrey to undertake an evaluation of the *Eat Out Eat Well* scheme(47) in 2009 and Redcar and Cleveland Council is working with Newcastle University to evaluate behaviour change approaches incorporated into its outlets healthier catering training sessions.

Useful guidance and toolkits
PHE Weight Management Economic Assessment Tool, PHE, 2016.
Introduction to Evaluation for Local Authorities, Food Standards Agency, 2015.
Evaluation of weight management, physical activity and dietary interventions: an introductory guide, PHE, 2015.
Standard Evaluation Framework for dietary interventions, PHE, 2012.
Obesity: working with local communities, NICE, 2012.
Guidance on Evaluating the Impact of Interventions on Business, Department for Business Innovation and Skills (BiS), 2011.
Logic Model Development Guide, WK Kellogg Foundation, 2006.
Developing and evaluating complex interventions: new guidance, Medical Research Council, 2016.

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