



Public Health
England

Protecting and improving the nation's health

Sugar Reduction: The evidence for action

Annexe 7: Local activity

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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Annexe 7a. Local authority good practice case studies

In early October 2014, PHE invited, through the regional health improvement leads, partners across the country to submit case studies of local interventions aimed at reducing dietary sugar consumption and improving healthy eating in order to identify examples of 'good' and 'promising' practice that could be implemented on a wider scale. A review panel^a assessed the eleven studies submitted, on the basis of their replicability, evaluation and demonstrated impact against the standard evaluation framework for dietary interventions (SEF)¹ and Nesta standards of evidence.² Two of these case studies were selected as strong examples of 'good' local practice, and a number of others were 'promising'.

Good practice

The Nottingham City Council 'eatwell for life' programme:³ This is a six week practical healthy eating course which includes cooking skills, nutrition education and support to help people improve their diets. This was developed by a team of Registered Public Health Nutritionists and Dietitians at Nottingham CityCare Partnership to enhance the existing 'Cook and eat' model, forming part of the City's Healthy weight strategy. The programme targets Nottingham residents living in areas of high deprivation, particularly families and those at risk of cardiovascular disease. Courses are delivered in local venues by community food workers (recruited from the local area) who are trained in motivational group work and in facilitating goal-setting in relation to the diet, including making sugar swaps and reducing the number of sugary drinks and snacks consumed. Resources have been designed to be suitable for participants with low literacy skills and those for whom English is not their first language.

The programme has been evaluated according to the SEF and further independent evaluation is currently being carried out. Pre- and post-programme questionnaires and three-month telephone interview follow-up was conducted for participants during 2013/14 to examine changes in sugar consumption, fruit and vegetable consumption, and confidence shopping for and preparing healthy meals. Over 80% of participants were found to have achieved a reduction in sugar intake during the programme, and

^a Members of the review panel:

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Amanda Avery – Assistant Professor, Nottingham University.

Louisa J Ells – Reader in Public Health and Obesity, Teesside University.

Daniel Flecknoe – Specialty Registrar in Public Health, Public Health England.

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additional benefits identified included improving family and friends' eating habits and individual weight loss.

The project was particularly impressive in its commitment to evaluation, which has demonstrated a beneficial impact for participants. It also showed a strong community-centred ethos, as well as the focus on reducing inequalities.

The Greater Manchester community food co-ordinator programme:⁴ This is a well-established healthy eating and weight management initiative, first implemented in 2008. The central aim of the project is to address dietary-related health inequalities in Manchester's more deprived communities, which have high levels of obesity and associated ill-health. It does this by providing free cookery courses, and supporting new skills, knowledge and behaviours around healthy eating and healthy weight. Since 2011, the programme has been expanded to include:

- the offer of Royal Society of Public Health (RSPH) accredited food and health courses Level 1 and 2
- the identification and training of local 'food champions' to encourage others and share their knowledge
- the establishment of cooking clubs to improve skills and knowledge in healthy eating
- the establishment of other groups including a group to develop gardens and allotments to grow fruit, vegetables and herbs aimed at improving both diet and nutrition and community cohesion

The project supports the city's partnership approach for a better food culture which is based upon the principle that the availability of a healthy diet should not be dependent on a person's background, income or the area in which they live. It has been independently evaluated⁵ by the Centre for Local Economic Strategies which surveyed outcomes and found that the great majority of those surveyed had reduced their sugar/fat/salt intake and/or increased their fruit and vegetable intake over the one to three year follow-up period. Evidence of personal benefits in weight management, self-esteem and wellbeing were also demonstrated.

This programme showed strong partnership working between local government, health and community groups to widen the scope and scale of its delivery, and a commitment to reducing inequalities. The formal and comprehensive evaluation was impressive.

Promising practice

Business incentive projects: A number of projects offered incentives to local pubs, restaurants and catering companies to reduce the salt, saturated fat and sugar content of the food and drink they offer through a locally-prestigious award. This can be added to their promotional material, menus etc, and gives food outlets a good reason to make the food they serve healthier. Promising examples of this type of project include 'Blackburn recipe for health local business award'⁶ and the 'Greater Manchester healthier catering award'.⁷ Such initiatives should be consistent with the government's guidance on healthier and more sustainable catering.⁸

Targeted inequality-reduction projects: A number of the case studies featured small-scale community projects targeting minority groups, people from very deprived backgrounds or others thought to be nutritionally vulnerable or at a higher-risk of developing obesity. These aim to ameliorate socioeconomic inequalities in dietary sugar consumption and healthy eating. Examples included Derbyshire '12 month challenge', Middlesbrough 'cultures cooking together',⁹ Lewisham 'making healthy eating our business' and Hackney 'community kitchens programme'.¹⁰

National weight-loss organisations: There are also some large, paid-membership businesses for which there is a substantial body of research evidence on changing dietary behaviour and reducing sugar consumption. Some local authorities have sub-contracted these organisations to run healthy eating programmes which are then free-at-the-point-of-entry for people who have been identified as being likely to benefit from them. The Slimming World lifestyle programme¹¹ is an example, and evaluations of the outcomes for people referred by local authorities show similar levels of beneficial impact to those having personally paid for membership (whose personal investment might otherwise be expected to improve compliance).¹²

Annexe 7b. West Sussex sugar champion pilot

West Sussex County Council (WSSCC) is taking part in a sugar champion pilot programme, running a number of initiatives at a local level to encourage a reduction in sugar consumption. This section summarises the report from Sarah Jewell (Public Health Programme Manager for Healthy Weight and Physical Activity at WSSCC) on this work in progress.

The West Sussex healthy weight operational plan: ‘Critical mass: working together to achieve healthy weight and healthy lives’¹³ uses evidence of ‘what works well’ to translate national policy into local action relevant to local communities. This strategic document promotes healthy lifestyles while determining the actions that contribute to preventing and managing obesity, such as weight management services, with the aim of facilitating a downward trend in the level of excess weight across all adults and children by 2020, reflecting local and national priorities.

With more than two-thirds of adults and one in three children aged 10 to 11 years in West Sussex being above a healthy weight, improving diet and specifically rebalancing calorie intake represents a key public health priority.

In ‘Sugar reduction: Responding to the challenge’ PHE set out plans to look at potential initiatives to reduce the amount of sugar we eat as a nation, including collaborative working with local authorities. PHE were aware of the WSSCC training activity and the importance placed on working to improve the diet and nutrition of residents. WSSCC was therefore invited to be a pilot sugar champion.

The West Sussex sugar reduction plan

The West Sussex sugar reduction project commenced in January 2015. PHE supported WSSCC as pathfinders for a broad range of sugar reduction work described in an initial plan of action developed by the WSSCC Public Health team with relevant stakeholders. This built on work WSSCC had previously undertaken around local ‘make every contact count’^b approaches.

^b Making every contact count (MECC) is an approach to improving health and reducing health inequalities. Every health or local authority contact with a patient or service user should be seen as an opportunity to encourage healthier lifestyle choices. Raising sensitive issues such as weight loss, smoking cessation or alcohol use requires a confident, knowledgeable and skilled workforce to deliver the messages effectively.

This plan was developed and refined in consultation with local stakeholders to build on local enthusiasm and commitment to improving the health of West Sussex residents. Due to the geography of West Sussex, the sugar reduction work plan has been focused on one district only – Worthing – in order to provide a closely managed pilot study and take advantage of existing networks and known enthusiasm in local education and health settings.

The action plan aims to refocus the attitudes of all parts of the community and reduce the accessibility of foods, snacks and drinks contributing significantly to sugar intakes. This is intended to reduce the risk of (a) calorie imbalance, (b) weight gain and obesity and (c) dental health problems. A multi systems approach has been designed to encourage local residents to consume less sugar, which links the project to primary and secondary interventions, dental health, weight management providers, and home education and leisure environments.

Project objectives

The project is designed to evolve and expand over successive years. Priorities for action were chosen based on evidence on levels of, and contributors to, sugar consumption among different age groups, and discussion among all those with a known interest in reducing obesity among residents. Five key work streams were selected:

- **events** to promote national Change4Life campaigns on sugar reduction
- developing a network of local **champions** to advocate the sugar reduction agenda
- measures to reduce of the purchase and consumption of **sugar sweetened beverages among young people**
- measures to reduce the sugar in **vending** machines in public spaces
- developing local food **procurement** guidelines to provide a healthier food offer overall

Each work stream is overseen by a planning group bringing together key interests and expertise.

Actions to date

Events: An events calendar covering the 12 months from January 2015 has been planned. The aim is to widen awareness around relevant health issues and actions people can take to reduce their intakes, as well as using local stakeholders to hold and run events. The scope and reach of the events campaign have been devised to maximise coverage across the county through events at activities like summer schools, faith festivals or community fetes, offering opportunities to engage with a wide range of communities, families and individuals. Events have also principally targeted areas of

deprivation. To date 430 families have attended a West Sussex sugar swap event and 15% have been signposted on to a local weight management or other relevant service.

Champions: Local influential individuals in a position to help change diet and health and reduce obesity within West Sussex with a focus on sugar reduction are essential and have been recruited across each district in West Sussex. Sugar champions can come from various organisations and backgrounds such as elected members of council, schools, environmental health, children's centres, nursing, primary care, education, health visiting, catering and retail, and are supported with a range of material to ensure consistent messages are delivered. In addition the concept of youth sugar champions is being discussed and developed with youth councils.

Sugar sweetened beverages and young people: Working with schools and other educational settings is essential and builds upon the national curriculum, initiatives around healthy eating, school food standards and an established Healthy Schools programme. Four secondary schools and one further education (FE) college have taken part in a sugar sweetened beverages (SSB) reduction initiative, taking in school meal provision, school food policy and what is on offer in 'tuck shops', followed by a discussion to secure 'buy-in' from the school community. Through this process, staff suggested that journeys to school should be seen as part of the school day. Mapping exercises have been undertaken to identify the availability of SSB on journeys to/from school. When complete, these will be used to raise young people's awareness of their local community and the 'sugar environment', and to support surveys of pupil purchasing and consumption behaviour. The mapping exercise has already shown that making an impact on access is more complex than establishing a 'healthy zone' around schools. 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 house debate in conjunction with the local District Councils Youth Council and other activity (such as school nurse lesson plans) to raise and test awareness.

Healthier vending: After evaluating evidence regarding healthier vending, this work stream was realigned to reduce overall calories in vending machines and adjust product placement rather than a wholesale reduction of energy dense stock. This recognised that 'healthy' vending machines were improbable and that management of energy/sugar content was a more feasible achievement.

Examples of 'healthier' and 'unhealthier' vending have been collected and currently the group has been agreeing the definition of a healthier vending machine and drafting local vending guidelines. A key challenge to overcome is the important role vending has in generating income and the planning group is exploring alternative sources of vending and critically assessing the 'balanced' or 'healthy' alternatives market leaders offer. A number of targeted venues have been established and approached to act as pilot sites for healthier vending.

Catering procurement: This work stream concentrated on procurement of food, drinks and meals for users and/or staff within Local Authority control e.g. meal provision to schools, meals on wheels, hospital staff and patients. This includes food and beverages sold to employees and the public via vending machines, cafeterias, and concessions within government or public sector property. The catering procurement planning group felt the behaviour and action of WSCC itself should be the first priority, and that WSCC's catering services should include a sugar reduction aim.

Cafes and restaurants in council offices have been the initial focus of attention, and a programme of actions has been agreed. These outlets will have messages and materials on display to inform customers about healthy eating and about sugar swapping; reconfigure recipes to reduce the fat, salt and sugar content of foods; change the salad bar, with dressings to be served on the side; have fresh fruit clearly visible at till points; and reduce the number of confectionery options at till points alongside healthier alternatives.

Retail revenue and food waste will be measured over a three month period with a view to generating evidence for other catering establishments to offset fears of a drop in revenue. This has been a common barrier presented to the sugar reduction groups to changing local retail practice.

School meal provision has also been included in the sugar reduction project. The current provider is Chartwells, the schools meals division of Compass, which has agreed and implemented a number of changes and recipe configurations. For the October 2015 menu, these aim to achieve a half kilo reduction in sugar consumption for each child that eats across all 190 school days compared to the Spring 2015 menu.

Future work/plans (including evaluation)

To date the WSCC sugar reduction plan has been in its formative phase. The emphasis has been on developing robust local partnerships and commitment from stakeholders and influencers. From this early work the aims of each work stream have been established and the planning of each project is well under way. Good progress has been made with early implementation work with enthusiasm within involved local schools developing very quickly. However, agreeing the expected outcomes for each work stream and designing an evaluation framework is essential before progressing the project further. This will be undertaken by each planning group and will attempt to establish SMART goals, actions and manageable outcomes. This is the key focus of current outputs.

There has also been early discussion with the public health team about developing a local West Sussex sugar reduction pledge so organisations can sign up, declare a commitment and be included in the sugar champion network.

WSSCC's long term plans depend on the results of each work stream's evaluation. Evidence of success would include:

- changes in young people's behaviour regarding pre and/or post school sugar purchases particularly on sugar sweetened drinks, with healthier choices being reported
- Chichester University signing up to the sugar reduction project in terms of catering procurement but also student access to healthier choices
- WSSCC in-house catering reaching an average 5g per 100g sugar ratio i.e. a green traffic light
- at least one leisure provider in West Sussex adopting a healthier vending policy
- 1,000 local children and young people accessing a sugar swap event
- discussions with, and providing support to, other local authorities in developing their own sugar reduction work, with one neighbouring authority already having asked for information and greater understanding of the WSSCC sugar champion model

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