Report to:	**HEALTH AND WELLBEING BOARD**
Date:	20 September 2018
Executive Member / Reporting Officer:	Jeanelle de Gruchy – Director of Population Health Liz Harris – Public Health Programme Manager
Subject:	**CREATING A BETTER FOOD OFFER FOR TAMESIDE**
Report Summary:	This report outlines the opportunities to improve the health of the population and reduce health inequalities by making healthier food choices the easiest choice and developing a diverse, vibrant and sustainable food economy. A multi-disciplinary and multi-sectoral approach is being developed and the health and wellbeing board have a key role in championing this agenda and supporting policy change.
Recommendations:	1. Note and comment on the approach to improving the food system and offer in the Borough. 2. Support and endorse Tameside's membership bid to Sustainable Food Cities. 3. Agree to provide oversight to the Tameside Food Strategy Group. 4. Champion the work of the Tameside Food Strategy Group and to actively reduce any barriers to progressing its aims and objectives and ensure support from all partner organisations.
Links to Health and Wellbeing Strategy:	The food agenda impacts on health across the whole life course, from pregnancy, infant feeding and child food poverty to diet related disease such as obesity, Type 2 diabetes, cancer, CVD and hypertension.
Policy Implications:	The development and promotion of a healthy and sustainable diet will require policy support in areas such as health, economy, planning, education, skills, training, employment, communities, neighbourhoods and environment.
Financial Implications: **(Authorised by the Borough Treasurer)**	There are no direct financial implications arising from this report at this stage.
Legal Implications: **(Authorised by the Borough Solicitor)**	Any substantial changes to the Terms of Reference at **Appendix 2** should be reported to this Board to ensure endorsement and oversight.
Risk Management :	There are no risks associated with this report.
Access to Information :	The background papers relating to this report can be inspected by contacting Liz Harris ☎ Telephone: 07977 466285 🌐✉ e-mail: liz.harris@tameside.gov.uk

1.0   EXECUTIVE SUMMARY

1.1   Food is a key driver of our health and wellbeing, as a healthy balanced diet is essential to good health and disease prevention - and food plays a key part in the way we interact socially. It is entirely possible for a healthy diet to be tasty, enjoyable and satisfying and to have a thriving food economy and culture that is based on healthier and more sustainable food production, purchasing, provision and consumption.

1.2   At times in the past, food has been mostly fresh, unprocessed, locally grown, largely home cooked and in moderate supply. In recent decades however, the food system has changed dramatically with national policy driving production of a large quantity and over supply of cheap processed foods and snacks predominantly high in fat, sugar and salt. The modern food system means that less affluent people are less likely to be able to afford or access healthier foods and more likely to have to rely on cheaper, lower quality and nutritionally unbalanced foods. Food poverty is an issue of growing concern which impacts on children, families and adults and their ability to grow, develop, learn, work and thrive. Obesity – a major consequence of poor diet - is increasingly becoming a marker of this inequality (see Appendix 1). Potential challenges and risks from Brexit include an increase in food prices, interruptions in food supply and shortage of labour, all of which could impact most adversely on households with lower incomes.

1.3   Therefore food is a key driver of health inequalities and we need to address the whole food system to improve the health of the population and reduce inequalities. The challenge is how we rebalance the food system so that affordable, more sustainable and healthier food is the norm. The approach taken to date has been mostly service based and has been limited in its impact. We need to take a bolder and broader approach to address wider determinants at a policy level.

1.4   In order to improve the food system and improve food related health outcomes in Tameside, we need to identify where there are synergies with other local agendas. We can then create food policies that meet local objectives in health, economy, environment and community. There are direct links to local plans and aspirations in economic growth, town centre management, carbon reduction and environmental sustainability (to be addressed at the Tameside Green Summit), waste reduction, skills and training, and community cohesion and resilience.

1.5   We need a new approach to create a healthier and more sustainable food culture which creates employment, contributes to town centres, strengthens communities, reduces our carbon footprint and impact on the environment and improves the health of the population by reducing diet related disease such as obesity, Type 2 diabetes, cancer, heart disease and hypertension.

1.6   The Tameside Food Strategy Group[1] has started this work and seeks the Health and Wellbeing Board's support in its membership bid to the Sustainable Food Cities' network and its whole systems place based approach to improving the food offer and system in Tameside. The Health and Wellbeing Board and its members are requested to be key partners in this transformation and to provide governance to the Food Strategy Group.

2.0   FOOD AND HEALTH

2.1   Food is socially and culturally significant as well as being a necessity. The food we eat is often closely linked to our traditions of family, place, cultures and religions, socialising and celebrations and so is very personal to us. However, the modern food system leads to the over consumption of the types of foods that are causing substantial harm to our health.

[1] See Appendix 2 for Terms of Reference

Diet related illness is on the increase and diet is the second biggest cause of ill health and early death, after tobacco, in the North West, and the biggest in England. The balance of components of our diet, for example levels of fat, sugar, salt and processed foods, is damaging to our health and contributes to obesity, Type 2 diabetes, cancer, hypertension and cardiovascular disease. The cost to individuals, the NHS, social care and society is enormous.

2.2   Individual behaviour change has had a very limited effect on population diet and diet related disease, for example overweight and obesity is now 'normal' and rates are not declining. The level of individual behaviour change needed to improve health outcomes is not achievable in the current food policy and retail environment; therefore we need to take a more upstream policy approach to changing local food systems to achieve impact at a population level. We need to influence and change procurement, training, catering, retail, 'out of home' eating and our whole food culture on a large scale. Food can have a significant role in place shaping in our towns and communities.

3.0   DIET AND HEALTH IN TAMESIDE

3.1   Food and drink play a vital role in meeting our nutritional, energy and social needs. Whilst supermarkets offer a wider range of goods than ever before, cheap, processed convenience food and snacks are ubiquitous in their marketing and availability. Tameside is in the top 20% of local authority areas for density of hot food takeaways, (54th out of 325), and consumption of fruit and vegetables is significantly lower than average. Eating together helps strengthen relationships and communities but loneliness and isolation is a growing social issue and older people may be more at risk of this. Over 12,000[2] Tameside residents over 65 live alone.

3.2   In England, diet is the single biggest risk factor for ill health. Obesity is the second biggest preventable cause of cancer after smoking[3] and raises the risk of a range of other diseases including Type 2 diabetes and heart disease. One in ten 4-5 year olds, two in ten 10 – 11 year olds are obese, and two thirds of adults are overweight or obese.

3.4   Eating too much salt is the biggest cause of high blood pressure[4]. The evidence that links salt to blood pressure is as strong as that linking cigarette smoking to cancer and heart disease.[5]

3.5   In Tameside 14,947 people (6.1% of the adult population) in Tameside have been diagnosed with Type 2 diabetes, 6,216 people (2.5%) have cancer, 38,216 people (15.6%) have hypertension and 17,242 people (9.6%) in Tameside have cardiovascular disease (CVD). Improving the population's diet has the potential to reduce all of these rates.

4.0   ACTIONS TO IMPROVE THE FOOD OFFER IN TAMESIDE

4.1   The Tameside Food Strategy Group has adopted the Sustainable Food Cities model which involves the establishment of a local cross-sector food partnership that works together to develop and deliver a strategy to make healthy and sustainable food a defining characteristic of where they live. The aim is to support food culture and food system transformation and to build a multi-stakeholder 'good food' movement at a local level.

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[2] Tameside Insight
[3] http://www.cancerresearchuk.org/about-cancer/causes-of-cancer
[4] http://www.bloodpressureuk.org/BloodPressureandyou/Yourlifestyle/Eatingwell/Salt
[5] http://www.actiononsalt.org.uk/salthealth/pressure/

4.2   The model has six key areas:

- Promoting healthy and sustainable food to the public;
- Tackling food poverty, diet-related ill health and access to affordable healthy food;
- Building community food knowledge, skills, resources and projects;
- Promoting a vibrant and diverse sustainable food economy;
- Transforming catering and food procurement;
- Reducing waste and the ecological footprint of the food system.

4.3   Examples of potential policy changes in these areas that would improve the food system and food offer in Tameside are:

Promoting healthy and sustainable food to the public

4.4   The frequency of eating out of home has increased over recent decades. More than a quarter of adults and one fifth of children eat food from out of home outlets at least once a week. Food eaten out of the home is often high in fat, sugar and salt (HFSS) and have portion sizes that lead to higher calorie intake than needed. Healthier catering (cafes, restaurants, workplaces, vending, events, meetings, and conferences) needs to be encouraged on a wide scale via policies, procurement, incentives, awards, support and relationship building.

4.5   All marketing of and sponsorship by HFSS food and drink products and companies should be completely prevented in public sector outlets, including via digital channels. All partners need to be encouraged to do the same.

Tackling food poverty, diet-related ill health and access to affordable healthy food

4.6   This is a matter of significant concern and detriment to health. Ways to alleviate this that go beyond the temporary aid from food banks need to be explored and expanded, to minimise people getting to crisis point. Sharing good practice and models such as give as you feel community cafés, community larders and fridges and supporting spaces for community food growing are potential contributions to alleviating food poverty.

Building community food knowledge, skills, resources and projects

4.7   Cooking skills, knowledge and confidence need to be increased in both adults and young people. The ability to cook healthy, affordable, balanced meals from scratch needs to be a goal for every adult and young person. An increase of opportunities for all citizens to learn practical cookery with an emphasis on health in schools, colleges and community settings would be beneficial.

Promoting a vibrant and diverse sustainable food economy

4.8   The food and drink industry is the biggest manufacturing sector in the country and employs over 400,000 people. The sector will need 140,000 new recruits by 2024 to feed an expected population of 70m people and meet market demands. Changes to retail in our town centres present an economic and social challenge and food businesses can play a vital part in bringing people into these areas, if the offer is right.

4.9   Whilst we all like convenience, it can come at a cost to health. There is a correlation between the density of hot food takeaways and obesity[6] and Tameside has a higher density of these establishments compared to England and the North West[7]. A hot food takeaway policy is being developed as part of the new local plan.

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[6] https://www.gov.uk/government/publications/health-matters-obesity-and-the-food-environment/health-matters-obesity-and-the-food-environment--2

[7] PHE public health profiles

Transforming catering and food procurement

4.10   Food purchased, cooked and provided for schools, our hospital and care homes needs to be reviewed to increase its health value and minimise dietary components that are over represented in the population's diet. The adoption of frameworks such as the Government food buying standards needs to be considered.

Reducing waste and the ecological footprint of the food system

4.11   Approximately 14% of all waste collected in Tameside is food waste, with a disposal cost of nearly £700,000 per annum. Some food packaging including single use plastics can be recycled but a proportion ends up in landfill. Either way there is a cost to council tax payers for collecting and onward disposal or processing of all food and food packaging waste. The feasibility of a refill scheme is being explored to provide the public with multiple opportunities to fill up multi-use water bottles with tap water for free in order to reduce the purchases of single use water bottles. Encouraging residents and businesses to purchase less food packaging and reduce food waste will reduce the cost of food collection and disposal.

4.12   Food has a role in sustainability including carbon reduction - about a fifth of the average personal carbon footprint comes from the food we eat[8]. Policies to promote the purchasing and consumption of a more sustainable diet will help reduce the carbon footprint of the Borough.

5.0   NEXT STEPS

5.1   To deliver this ambition the Tameside Food Strategy Group will work with the Tameside Food Network, partners and the public to develop a Healthy and Sustainable Food Strategy for Tameside with an associated action plan.

5.2   Tameside Food Strategy Group will apply for membership of Sustainable Food Cities (SFC) on behalf of the Borough when the criteria can be met.

5.3   There is an expectation from SFC that local food partnerships have a governance structure in place. It is proposed that the Tameside Food Strategy Group reports to the Health and Wellbeing Board in order to provide this governance.

6.0   RECOMMENDATIONS

6.1   As set out on the front of the report.

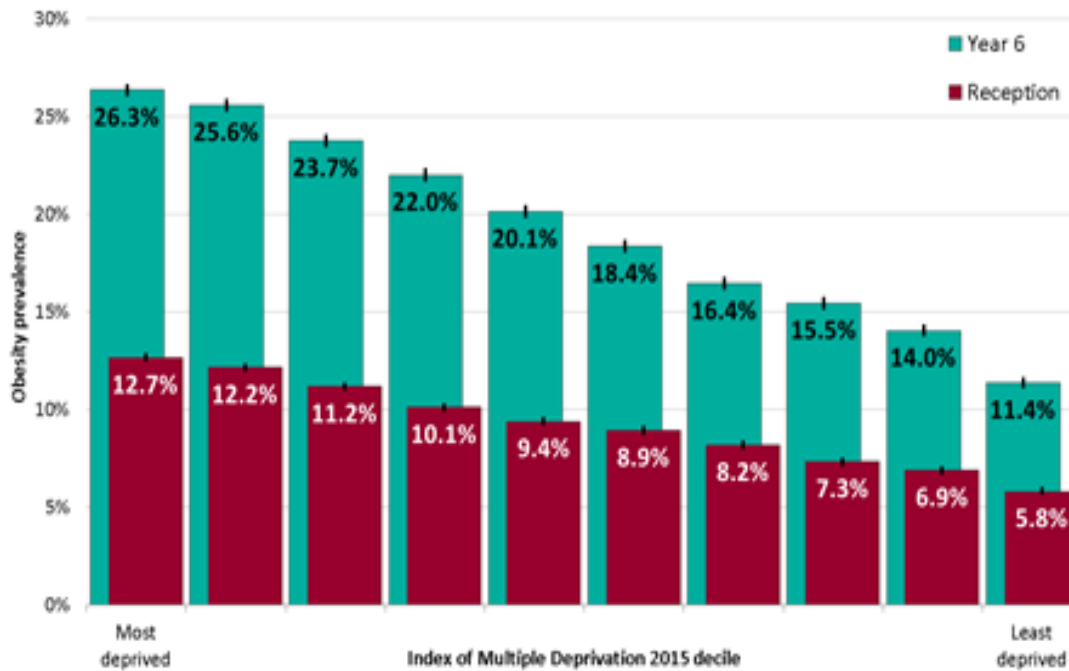[8] https://www.carbontrust.com/news/2012/03/food-the-carbon-story/

Public Health
England

Obesity prevalence by deprivation decile
National Child Measurement Programme 2016/17

Child obesity: BMI ≥ 95th centile of the UK90 growth reference.

Tameside Food Strategy Group
Terms of Reference

1.   Vision:

Our vision is to work in partnership with public, private and voluntary sectors and communities in Tameside to create a food environment, system and culture that promotes health, stimulates the local economy, benefits communities and reduces environmental impact.

Our aspiration is that all providers of food maximise the provision of healthy and nutritious unprocessed food such as wholegrains, vegetables and fruit and minimise food high in fat, sugar and salt; all residents have access to affordable healthy food and have the skills and confidence to cook from scratch; no-one goes hungry; food and packaging waste is minimised; and the impact on health and the environment is a primary factor in all food enterprises within the Borough.

2.   Aim:

The aim of the strategy group is to develop, implement and monitor a healthy and sustainable food strategy and action plan for Tameside.

3.   Objectives

These objectives are in line with the principles of the Sustainable Food Cities model.

1.   To make the supply and consumption of affordable healthy and sustainable food the norm.
2.   To address and reduce food poverty
3.   Promote community food knowledge, skills and resources
4.   Develop a vibrant and diverse sustainable food economy
5.   Increase healthy and sustainable catering and procurement
6.   Reduce waste and the ecological footprint of the system.

4.   Roles and responsibilities

To deliver the strategic aims of the food strategy, the Food Strategy group will:

▪   Oversee the development, implementation and monitoring of a food strategy and annual action plan.

▪   Establish political, strategic and public support for the strategy.

▪   Use expertise to establish priorities and suggest effective approaches and interventions that contribute to the delivery of the food strategy.

▪   Embed food strategy objectives into other relevant strategies and plans across Tameside.

▪   Support the development and delivery of projects and initiatives which contribute to the delivery of the food strategy.

▪   Identify funding opportunities that contribute to the delivery of the strategy.

▪   Identify barriers or constraints to local implementation and identify ways to reduce these.

▪ Monitor progress towards outcomes and indicators. Report progress to appropriate boards (e.g. the Health and Wellbeing Board) as required.

5. Strategy group structure, membership and governance

5.1 Strategy group membership

The strategy group is a multi-agency group with membership drawn from across the Council and other relevant partners.

Strategy group membership will be comprised of representatives who are in a position to contribute strategic leadership, develop and monitor a strategy and action plans, and leads the six key areas identified in the objectives above.

Key area	Name	Organisation
1. To make the supply and consumption of affordable healthy and sustainable food the norm.	Liz Harris	Public Health, TMBC
2. To address and reduce food poverty	Liz Harris	Public Health, TMBC
3. Promote community food knowledge, skills and resources	Dawn Acton	Action Together
4. Develop a vibrant and diverse sustainable food economy	Anne Heath	Economic Development, TMBC
5. Increase healthy and sustainable catering and procurement	Paul Garside	Topaz café, MIND
6. Reduce waste and the ecological footprint of the system.	Garry Parker	Waste management, TMBC

5.2 Governance and co-ordination

- The strategy group is overseen by the TBI Board and will report to the Board on an annual basis.

- The strategy group will provide updates and reports to the Health and Wellbeing Board as requested.

- The strategy group will facilitate the Tameside Food Network to act as a wider stakeholder group. The network will include representatives from local businesses, community groups, experts, public sector partners, voluntary community and faith organisations.

6 Working Arrangements:

6.1 Strategy group meetings

- Strategy group meetings will be held at least four times a year. There will also be an annual development event for stakeholders (see below) to review progress and input into future plans.

- Agenda and supporting papers for each meeting will be circulated at least one week (five working days) prior to each meeting.

- Task and finish groups will be established as appropriate to work on specific aspects of the strategy.

- Meetings will encourage open and honest discussion and debate. Where required, decisions will be reached by consensus. Where this is not possible, a vote will be taken.

6.2 Appointment of Chair

- A Chair will be voted on annually by strategy group members at the last meeting of the financial year.
- Nominations for Chair will be made at least a week before the final meeting of the financial year.

6.3 Delegates and guests

- Whilst all members should make every effort to attend meetings, it is accepted that this may not always be possible. If members cannot attend a meeting, they should make every effort to contribute to the on-going business of the group by other means.

- Advisors and guests will be invited by the Chair when necessary to provide their expertise in support of the strategy and strategy group. If appropriate, members may make a request to the Chair to invite additional attendees to contribute towards discussions and particular agenda items.

6.4 Stakeholder engagement

The Tameside Food Network is an open, participatory stakeholder group who have contributed to the development and implementation of the strategy. Stakeholders will be engaged by undertaking the following activities:

- Annual stakeholder events to enable stakeholder input into future plans.

- Updating news, events, progress and plans onto a Food Network website.

- Involving stakeholders in strategic and operational projects where appropriate.

7. Terms of Reference

Changes to the Terms of Reference can be proposed by the strategy group and decided upon by subsequent majority vote.

8. Tameside Food Partnership

Tameside Food Partnership is the umbrella term for the food movement in the borough, and comprises the Tameside Food Strategy Group, the Tameside Food Network, and any sub-groups that may be formed.

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│  Tameside Food Partnership      │ ───────▶ │  Health and Wellbeing    │
│                                 │          │  Board (tbc)             │
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   │ Tameside Food │◀─▶│  Sub-groups  │◀─▶│ Tameside Food │
   │ Strategy Group│   │    (tbi)     │   │   Network     │
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Tameside Food Partnership

Health and Wellbeing Board (tbc)

Tameside Food Strategy Group

Sub-groups (tbi)

Tameside Food Network