

# PART A - Initial Impact Assessment

**Proposal Name:** Sheffield Food Strategy and future commissioning model for improving diet/obesity prevention 2024-2029 (EIA ID: #2212)

**EIA Author:** Hollie-mae Janes

**Proposal Outline:**

By 2035, the cost of diet related illness will be greater than what is spent on all NHS cancer treatments<sup>1</sup> This proposal is for the approval of the comprehensive evidence-based Food Strategy, and the proposed £3.29m of associated services (across 5 years) which are an integral part of implementing this. This proposal maintains the investment made in previous years, with similar workstreams. The programmes of work and proposed commissioned services (2024-2029) include prevention and treatment across the life course and within multiple place-based settings:

- Adult Tier 2 Weight Management Support Services and the delivery of Very Brief Advice training
- Family Tier 2 Weight Management Support Services
- A whole school approach to food
- Support for Early Years settings to adopt healthy early years standards, deliver obesity brief intervention training to early years staff and deliver Start Well family programmes.
- Implementation of Food Access Plan (food poverty initiatives)
- Contribution to ShefFood coordinator post
- Developing and utilising the public sector's influence to create a healthier and more sustainable food system which will in turn have population-wide benefits. This work will require additional staffing capacity to develop policy and to work alongside relevant stakeholders. It is proposed that funding from the improved nutrition and obesity prevention budget is allocated to support this activity. The aim of the Food Strategy and outcomes of the accompanying services are to provide Sheffield residents with a fairer, healthier, and greener food system/environment by increasing and improving our financial, physical, and future access to food:
- FAIRER People can afford safe, nutritious and culturally appropriate food that benefits their health and wellbeing
- The Food Access Plan is a large part of this and has been approved by the council's Strategy & Resources committee. It continues to be developed and implemented and connects to the citywide cost of living emergency response.
- HEALTHIER Create environments where healthier and more sustainable

food choices are accessible and abundant. . • GREENER  
Feed tomorrow as well as today - increase the sustainability and resilience of our food system. As a population the foods we eat and the way they are produced, packaged and transported is unsustainable and a major contributor to problems such as antibiotic resistance, poor soil health, biodiversity loss and climate change – the effects of any one of these could ultimately be catastrophic if we don't take action. The Food Strategy is an evidenced whole systems approach that outlines how we can improve our whole food system/ environment to help residents access food and make healthier and sustainable choices the norm. Overweight and obesity are a by-product of an unhealthy and unfair food system, so instead of having an obesity strategy like in previous years, we are proposing we have a wider Food strategy that also incorporates reducing the prevalence of overweight and obesity across the life course. This is in line with the latest evidence. References 1. Dimpleby, H, 2023, Ravenous, Ed 1, Profile Books

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**Proposal Type:** Budget

**Entered on QTier:** No

**QTier Ref:** #

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**Year Of Proposal:** 23/24

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**Lead Director for proposal:** Jessica Wilson (Public Health)

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**Service Area:** Public Health

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**EIA Start Date:** 26/06/2023

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**Lead Equality Objective:** Break the cycle and improve life chances

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**Equality Lead Officer:** Ed Sexton

## Decision Type

**Committees:**

Policy Committees

- Strategy & Resources

## Portfolio

**Primary Portfolio:**

Public Health

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**EIA is cross portfolio:**

No

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**EIA is joint with another organisation:**

No

## Overview of Impact

**Overview Summary:**

Food/diet is still the biggest preventable driver of disease, death and health inequalities, therefore continuing to build on the previous successes/approach allows us to maintain and accelerate the momentum gained to date. The new Food Strategy and associated services (2024-2029) will positively impact the health of the population of Sheffield, by tackling one of the leading causes of death and a key driver of health inequalities. The aim and outcomes are to provide Sheffield residents with a fairer, healthier, and greener food system/environment by increasing and improving our financial, physical, and future access to food. The programmes of work and proposed commissioned services (2024-2029) include prevention and treatment across the life course and within multiple place-based settings All of the following groups will be positively impacted by the Food Strategy and subsequent services - Age, carers, cohesion, disability, gender reassignment, health, sex, sexual orientation, partners, pregnancy, race, VCFS, poverty We will continue to: • tailor and target all services and activities to those in the appropriate high priority groups (as identified by the Health Needs Assessment and this EIA): Food Security & Access – People living in more deprived areas and/or have a low

household income, BAME communities, women, single parent households, residents living with a disability (including SMI), individuals 30-49 years of age, pregnant women, BAME groups, LGBTQ individuals, carers Obesity/Weight – People living with overweight or obesity, people living in more deprived areas and/or have a low household income, early years, residents living with a disability (including SMI), BAME groups • Assess all services, and if services are not being accessed by high priority groups, or the outcomes are not as expected, this will be evaluated and the appropriate changes made. In addition, we intend to: • Continue to implement upstream measures that improve our food environment such as food policy work - POVERTY • Monitor and review progress as further evidence and guidance arises, particularly for LGBTQ groups and pregnant women – LGBT & TRANSGENDER • Increase the budget spent on weight management related services based upon need. Learning from the service evaluation and public consultation shows that a multi provider approach will support better engagement from underserved communities. Stakeholder consultation and market testing has also shown that there are potential benefits from separating the children and families services due to the different specialisms and different stakeholder relationships that are required. Both of these changes should improve outcomes and impact positively on inequalities but may lose some economies of scale – PARTNERS, VCFS, POVERTY, DISABILITY, RACE • Develop a community-based approach to delivering weight management services that reduces barriers to accessing the service and improve health outcomes – PARTNERS, VCFS, POVERTY, DISABILITY, RACE • Maintain strong relationships and contract management practises to aid the reduction of inequalities - PARTNERS • All services and place-based interventions will target areas of deprivation and BAME groups, with KPIs to reflect this. For example, in previous years KPIs have included making sure that at least 15% of service users were BAME, and 30% of people were from the two most deprived quintiles in Sheffield. Based on the latest census and obesity data, the KPI % of service users from BAME communities should be increased – RACE, AGE, POVERTY • Service specifications will set out that staff are trained appropriately in the importance of health inequalities and equity, and services are culturally appropriate – RACE, DISABILITY, LGBTQ • New public materials developed will be available in variety of languages with translation services where necessary . Appropriate services will also aim to employ local BAME organisations to do translation where possible to foster

trust and familiarity for local populations – DISABILITY, RACE, DEPRIVATION • A food bank/ food relief development fund will be continued to support food banks and other food relief projects who wish to develop their offer to move away from a dependency model of emergency food provision to one of prevention - POVERTY • Focus on work early in the life course - AGE • Existing relationships with local stakeholders that predominantly work with SEN and disabilities will also be strengthened to enable collaboration and partnership working – DISABILITIES, COHESION & PARTNERSHIP WORKING • The re-commissioned Tier 2 Weight Management Service will screen for Binge Eating Disorder, which is recognised as a serious mental health condition by DSM-5 - DISABILITY • We will continue working with local stakeholders to improve maternal pathways, and the new service specification for Adult Tier 2 Weight Management Services will include eligibility criteria for pregnant women, with the aim to support women with implementing healthy habits and behaviours – PREGNANCY

**Impacted characteristics:**

- Age
- Carers
- Cohesion
- Disability
- Gender Reassignment
- Health
- Partners
- Poverty & Financial Inclusion
- Pregnancy/Maternity
- Race
- Religion/Belief
- Sex
- Sexual Orientation
- Voluntary/Community & Faith Sectors

**Impacted local area(s):**

All

**Consultation and other engagement**

**Cumulative Impact**

**Does the proposal have a cumulative impact:**

Yes

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**Impact areas:**

Geographical Area, Across a Community of Identity/Interest, Year on Year

## Initial Sign-Off

**Full impact assessment required:**

Yes

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**Review Date:**

27/06/2023

## PART B - Full Impact Assessment

### Health

**Staff Impacted:**

Yes

**Customers Impacted:**

Yes

**Description of Impact:**

Approximately 80% of non-communicable diseases such as hypertension, heart disease, and type 2 diabetes are preventable, and diet is one of the main modifiable risk factors<sup>1</sup>. The Food Strategy, workstreams and commissioned services (2024-2029) will enable us to take an equitable approach to improving health. The new Food Strategy will positively impact the health of the population of Sheffield and by people who access the associated services, by tackling one of the leading causes of death and a key driver of health inequalities. Ultra-processed foods account for 56.8% of total energy intake and 64.7% of total free sugars in the UK diet<sup>2</sup>. A more recent study by NIHR has found that most primary and secondary school children's lunch time calories come from UPF, which promotes poor health among children and increases their risk of obesity and related comorbidities<sup>3</sup>. Up to

date evidence shows that higher UPF consumption may be linked to an increased burden and mortality for overall and certain site-specific cancers<sup>4</sup>. Concerningly, inequalities are widening earlier on in the life course, with rates of childhood obesity getting worse. Disappointingly, healthier and more nutritious foods cost more per calorie, and due to a scarcity mindset that many households have to adopt, many people are time poor and are unable to cook fresh whole foods from scratch<sup>5</sup>. This is being exacerbated by the cost-of-living crisis, where on average households will see a 54% rise in household bills over the next year<sup>6</sup>. In 2019, Sheffield was in the worst 20% (ranked 33rd of 324 LAs) for Hot Food Takeaway saturation at 117 outlets per 100k residents<sup>7</sup>. These fast-food outlets are disproportionately located in more deprived parts of the city or near schools. Contrarywise, we have some areas with 5000 – 15000 residents that are served by two or fewer food outlets – these are known as Food Deserts. Again, both food deserts and food outlet saturation affect the health of our society. Furthermore, children and adults from lower socio-economic groups are 50% more likely to be exposed to advertisements for “unhealthy” (high fat, salt and/or sugar) foods than those from higher socio-economic groups<sup>8</sup>. Commercial influences mean our environment is flooded with marketing and promotions, which are mostly of foods high in in fat sugar and salt. Interestingly, the promotions in supermarkets such as BOGOFs that are meant to put money back into peoples pockets, actually cause us to spend 22% more on our shopping than we otherwise would<sup>9</sup>. As a result of the points above, 23.2% of children in reception and 39.6% of children in year 6 are living with overweight or obesity<sup>10</sup>. Not surprisingly, weight gain is often sustained into adulthood, with two thirds of adults in Sheffield living with overweight or obesity<sup>10</sup>. These individuals are likely to spend a higher proportion of their life in ill-health, and 50% or more are likely to die early than those who are a healthy weight. Some examples of how the services and programmes proposed will improve residents health is as follows: • Tier 2 weight management: Over the past 4 years, the service has worked with 3300 adults and 750 families to help them embed healthy habits and behaviours, with referrals increasing year on year. This service can be accessed by anyone living with overweight or obesity, and individuals are supported to halt any further weight gain and/or lose excess weight. As people will finish the programme of support but still exist in an environment that doesn't promote nutritious and healthy eating, it is important for the council to work on the wider systemic issues that surround our

food environment that are outlined in the food strategy.

- Food Access Plan / Food Ladders: The aim of this programme of work is to respond to immediate need by enabling access to emergency food and wider holistic services to support people's health and wellbeing. Rising demand coupled with reducing donations means that food banks are struggling to source enough food and need help with this. Sheffield City Council will purchase food on behalf of food banks to ensure they are able to provide sufficient food to meet current levels of demand. This will be a short-term measure in response to the cost-of-living crisis but will be kept under review. The council will fund dedicated staffing capacity that will allow detailed and up to date information to be held on emergency food provision in the city, the scale of the demand for this provision and the challenges being faced by providers and users. This intelligence and conduit between the council and the diverse range of food support in the city will enable us to provide that right kind of support and provision. The desired outcome will be community food spaces that increasingly building resilience through prevention, expand the use of food, and by provide increased choice, all without stigma.
- Startwell – This service will continue to support Early Years settings to adopt healthy early years standards, deliver obesity brief intervention training to early years staff and deliver Start Well family programmes. Currently, Sheffield has over 80 HEY accredited sites. The Family programme has supported on average 70 families a year, and will enable families to seek guidance and support about how to provide the 'best start in life' for their family – i.e sleep, weaning, physical activity, nutrition, behaviours. The programme aims to help families develop healthy habits early on in the life course to prevent ill-health and obesity or malnutrition later in life. Wider food policy & contract work – such as influencing local contracts where possible (i.e. catering), initiating and developing local council policies such as marketing and advertisements, and town planning. It is proposed that funding from the improved nutrition and obesity prevention budget is allocated to support this activity.

References

1. Non Communicable Diseases | NCD Alliance
2. Ultra-processed foods and excessive free sugar intake in the UK: a nationally representative cross-sectional study | BMJ Open
3. Ultra-processed foods make up almost two-thirds of Britain's school meals | NIHR
4. Ultra-processed food consumption, cancer risk and cancer mortality: a large-scale prospective analysis within the UK Biobank - eClinicalMedicine (thelancet.com).
5. Food Prices Tracking: October Update | Food Foundation
6. Domestic energy prices - House of



Commons Library (parliament.uk) 7. Fast food outlets: density by local authority in England - GOV.UK (www.gov.uk) 8. Yau et al., 2021 9. OHA Response to Multi-Buy Promotions Delay - Obesity Health Alliance 10. Obesity Profile - Data - OHID (phe.org.uk)

**Name of Lead Health Officer:**

**Comprehensive Assessment Being Completed:** No

**Public Health Lead signed off health impact(s):**

## Age

**Staff Impacted:** Yes

**Customers Impacted:** Yes

**Description of Impact:** Just like the previous Obesity Strategy, this new Food Strategy and proposal positively impacts residents across the whole life course from conception through to later life. However, just like with previous work implemented, where necessary we will deliberately adopt an approach earlier on the life course. This means focussing a larger proportion of interventions earlier on in the life course to protect and promote health, which we hope would extend into adulthood. Weight across life course Previous research suggests that weight rises steadily until middle age and then stabilises before an unintentional decline in later life linked to advanced age and treatments for comorbidities<sup>1</sup>. Meanwhile, it was documented that the obesity epidemic of the past four decades has coincided with an earlier onset of obesity in life in more recent cohorts. Given that BMI increases with age early in life, the accelerated trends across recent birth cohorts indicates that people will likely experience a greater duration of obesity over their lifetime, with many years in ill-health. Food poverty and insecurity In January 2023, 17.7% of households stated they had experienced food insecurity<sup>2</sup>. However, evidence shows that different age groups face higher degrees of food insecurity. Individuals 30-49 years of age are 4.5x more likely to experience some form of food insecurity

than other age groups, and 1 in 4 households with children have experienced food poverty in the last month<sup>3</sup>. Climate change and sustainability Climate change worsens already unsustainable food systems by directly impacting soil fertility, rain patterns, crop yields and food production, food-nutrient and anti-nutrient composition, and nutrient bioavailability. These changes decrease macro- and micronutrients available in the global food supply. Studies have found that children born in 2020 will experience between two and seven times more extreme climate-related events – particularly heat waves – compared with people born in 1960. The impact that climate change will have on our younger generations is vast. Examples of how The Food Strategy and programmes/services (2024-2029) aid the reduction of inequalities by age, and how to maximise impact:

- The Tier 2 Family Weight Management Service, Startwell and a Whole school approach to food, will continue to work with children ages 0 to 18yrs old. Through behaviour change techniques and wider systems work, it is hoped that the services will contribute to children staying on a healthy weight trajectory and develop knowledge and healthy habits into adulthood. The proposal states that an additional £90k should be used for this work, which has come from efficiencies elsewhere in the portfolio.
- Holiday Activities & Food (HAF): We will take specific focussed action to reduce food inequality for children and young people including by developing Sheffield’s Holiday Activities and Food Programme, ensuring access to nutritious food and meaningful activities for children and young people of benefits-related free school meals during all school holidays
- Make sure that new or existing workstreams focus on early years to prevent overweight and obesity into adulthood
- Strengthen early years pathways

References

1. Life-course trajectories of body mass index from adolescence to old age: Racial and educational disparities | PNAS
2. Food Insecurity Tracking | Food Foundation
3. Characteristics of adults experiencing energy and food insecurity in Great Britain - Office for National Statistics (ons.gov.uk)
4. Frontiers | The impact of climate change on food systems, diet quality, nutrition, and health outcomes: A narrative review (frontiersin.org)

## Carers

**Staff Impacted:**

Yes

**Customers Impacted:**

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Yes

**Description of Impact:**

No prevalence data available for food security or obesity. However, evidence suggests that1: • Over a third (35%) of carers are spending 20% of their income or more on energy – meaning there is less money to spend on food • A quarter of carers are cutting back on food and heat to make ends meet • One in five (19%) of carers in lowest income households Therefore, as the initiatives and services implemented as part of the Food Strategy will work with high priority groups such as people living in areas of deprivation, it is likely that carers will benefit from programmes of work that increase service provision and the availability of healthy foods. Services and programmes, such as Weight Management, will also encourage and allow carers to attend with a client. References 1. Unpaid carers spiralling into poverty as the cost-of-living crisis bites: cutting back on food and heating to make ends meet | Carers UK

**Cohesion**

**Staff Impacted:**

Yes

**Customers Impacted:**

Yes

**Description of Impact:**

Studies have shown that larger local food systems are associated with increased social cohesion. As access to nutritious and affordable is a key driver of health inequality, working to make our food system fairer, healthier and greener will subsequently impact on social, economic, and environmental inequalities. This proposal will involve working with the voluntary and community sector to develop a range of initiatives that will progress the availability of healthy food by improving physical and financial access, and help to reduce obesity prevalence. Some of these schemes have the potential to improve community cohesion and contribute to people’s broader well being. Examples include: social supermarkets and cafes, community meals and lunch clubs. The proposal will also re-commission evidence-based Tier 2 healthy weight services for adults and families, Startwell and initiatives in place based settings such as schools and businesses, that intensely targets services towards areas and groups with the highest prevalence of overweight and obesity.

**Staff Impacted:** Yes

**Customers Impacted:** Yes

**Description of Impact:** 22% of Sheffield residents have a long-term health condition or disability (intellectual, physical, sensory, and/or mental illness), and a large proportion live in areas of financial deprivation<sup>1</sup>. Food Poverty, Insecurity & Access The Joseph Rowntree Foundation found that half of the households experiencing food poverty have a disabled person living within the household<sup>2</sup>. 75% of people accessing Food Banks are either disabled or have a disabled person in the household<sup>3</sup>. Our proposed strategy that incorporates The Food Access Plan will continue to develop a sustainable system of food banks and pantries that will enable people to access emergency food and be signposted to other services. The frequency of food poverty for people living with a disability is higher than the general population, but this has increased since the cost-of-living crisis, due to the increase in energy costs and food inflation<sup>4</sup>. Analysis by the disability equality charity Scope estimated that the extra costs faced by disabled people average £583 a month. As housing costs and bills often cannot be forgone, food is likely to be where households will try to make savings and efficiencies<sup>5</sup>. The new Food Strategy will continue to work closely with the Cost of Living Group and The Tackling Poverty framework to ensure that the underlying causes of poverty are also addressed. Existing relationships with local stakeholders that predominantly work with this priority group will also be strengthened to enable collaboration and partnership working. Weight Research has shown that children with disabilities and/or learning difficulties are at a generally higher risk of obesity, malnourishment and gastrointestinal conditions<sup>6</sup>. A study has estimated, by the age of 11 years, 1 in 3 of the study children with intellectual disabilities were living with obesity<sup>7</sup>. The most recent data on the prevalence of excess weight in people aged 18 and older with learning disabilities is based on analysis of data from GPs across the whole of England. This showed that, in comparison to the general population, a smaller proportion of people with learning disabilities are in the milder category termed 'overweight' (27% of people with learning disabilities compared to 31.8% of people without a learning disability)<sup>8</sup>. However, there are higher

proportions in the more severe category of obese (37% of people with learning disabilities compared to 30.1% of people without learning disabilities)<sup>8</sup>. Among adults with severe mental illness, the prevalence of obesity has been reported to be as high as 55%<sup>9</sup>. Physical inactivity, unhealthy diets and weight gain from psychotropic medication are all factors that contribute to this. People with serious mental illness have mortality rates up to 3 times as high as the general population<sup>10</sup>. The primary cause of death in these people is cardiovascular disease, which is strongly associated with the incidence of obesity. In 2021, we explored how to work with people with SMI, particularly when psychotropic medications can lead to weight gain. This work will continue over the coming years to help reduce weight related illness and disease in high priority groups such as people living with SMI. As 30% of individuals who are living with overweight and obesity are likely to have Binge Eating Disorder, which is recognised as a serious mental health condition by DSM-5, in the latest tier 2 weight management specification, we are proposing that all individuals are screened for Binge Eating Disorder so service users can be signposted or referred to the most appropriate support. Our weight management service offer will target all high prevalence groups such as those living with disabilities. There is minimal evidence from controlled studies as to which obesity interventions are effective for people with SEND, learning disabilities or mental health difficulties, and this lack of evidence contributes to the inequalities around outcomes and access. However, in previous years we have trialled partnership working with the local stakeholders such as Disability Sheffield, Sheffield MIND and Mencap & Gateway to deliver bespoke weight management services to people living with SMI, autism, and SEND, with tailored information to suit their needs. As we recognise how broad and intersectional the term 'disability' is, we will continue to find different approaches to work with these groups which will enable us to scope out the most effective way of working using a mixture of reasonable adjustments and bespoke services. When the proposed services are re-commissioned, or new programmes of work develop as a result of this proposal, we will review audit the resources that are available to the public to make sure these are accessible to people i.e. audio content and easy read where necessary. Reference 1. Living the life you want to live Sheffield's adult health and social care strategy 2022 to 2030 2. 5.7 million low-income households having to cut down or skip meals at a cost of living tracker shows "Horrendous new normal" | JRF 3. The State of Hunger: It's not right

that disabled people are being forced to turn to food banks - The Trussell Trust 4. Cost of living: Impact of rising costs on disabled people - House of Lords Library (parliament.uk) 5. Disability Price Tag 2023: the extra cost of disability | Disability charity Scope UK 6. Weight management for people with learning disabilities | British Dietetic Association (BDA) 7. Obesity in British children with and without intellectual disability: cohort study - PubMed (nih.gov) 8. Health and Care of People with Learning Disabilities - NHS Digital 9. Prevalence of Overweight and Obesity in People With Severe Mental Illness: Systematic Review and Meta-Analysis - PMC (nih.gov)

## Gender Reassignment

**Staff Impacted:**

Yes

**Customers Impacted:**

Yes

**Description of Impact:**

Census data states that 0.24% of Sheffield residents are trans men or women (approx. 1300 people)<sup>2</sup>. There is little to no prevalence data or evidence available for weight/obesity or food access and security. However, we know that transgender people face multiple inequalities:

- Two in five trans people in the UK (41%) said that healthcare staff lacked understanding of specific trans health needs when accessing general healthcare services in the last year<sup>1</sup>.
- Young trans people were the most likely to be unemployed, with over half (56%) saying they did not have a job<sup>1</sup>.

Therefore, young trans people are more likely to experience poverty (including food poverty) than their cis counterparts. This proposal will:

- Make sure that staff working within Food Strategy health-related services/contracts (weight management) are adequately trained on trans health needs.
- Preliminary evidence shows that, transmasculine individuals may have greater rates of obesity and weight gain before and during hormone therapy<sup>3</sup>. Therefore, SCC will make links with PCNs and STH to understand if body weight and body mass index are routinely monitored before and after the initiation of gender-affirming hormone therapy.
- We intend to monitor and review progress as further evidence and guidance arises. This Food Strategy and proposal does not negatively or positively impact trans people. References 1.

## Partners

**Staff Impacted:** Yes

**Customers Impacted:** Yes

**Description of Impact:** Delivery of the new Food Strategy and commissioned services will include working positively with SCC partners including staff. The services include the continued funding of Startwell which is delivered by the early years team and family hubs. Start Well supports Early Years settings to adopt healthy early years standards, deliver obesity brief intervention training to early years staff and deliver Start Well family programmes. Two boards/networks are also delivered and facilitated as part of the Food Strategy – The Food & Obesity Board, and the Healthy Weight Provider Network – both are key networks that enable staff and relevant partners locally to provide updates, share ideas and act as a way to disseminate the latest evidence.

## Poverty & Financial Inclusion

**Staff Impacted:** Yes

**Customers Impacted:** Yes

**Description of Impact:** Food security, access and obesity are directly correlated with poverty, low income and the rising cost of food. Food Security & Access In 2021/22 there were 4.7 million people, or 7% of the UK population, in food poverty, including 12% of children – this is directly linked with low levels of household unemployment, low income and the rising cost of food<sup>1</sup>. The rising cost of living seems to be increasing household food insecurity. A YouGov survey by the Food Foundation, a food poverty charity, found that in January 2023, 17.7% of households in the UK were food insecure (ate less or went a day without eating because they couldn't access affordable food)<sup>2</sup>. Healthier and more nutritious foods

costs more per calorie, and due to a scarcity mindset that many households have to adopt, many people are time poor and are unable to cook fresh whole foods from scratch<sup>3</sup>. This is being exacerbated by the cost-of-living crisis, where on average households will see a 54% rise in household bills over the next year<sup>4</sup>. In 2019, Sheffield was in the worst 20% (ranked 33rd of 324 LAs) for Hot Food Takeaway saturation at 117 outlets per 100k residents<sup>5</sup>. These fast-food outlets are disproportionately located in more deprived parts of the city. Furthermore, children and adults from lower socio-economic groups are 50% more likely to be exposed to advertisements for “unhealthy” (high fat, salt and/or sugar) foods than those from higher socio-economic groups<sup>8</sup>. Obesity As a result of the points above, reception aged children living in the most deprived areas are more than three times as likely to be living with severe obesity compare to those living in the least deprived areas<sup>6</sup>. Year 6 children living in the most deprived areas are more than four times as likely to be living with severe obesity<sup>6</sup>. In adults, the prevalence of obesity can vary by up to 20% dependant upon if adults live in an area of deprivation<sup>6</sup>. The New Food Strategy and Activities At its core, the New Food Strategy and outcomes of the accompanying services (2024-2029) are to provide Sheffield residents with a fairer, healthier, and greener food system/environment by increasing and improving our financial access to food. Startwell, Weight Management, and a whole school approach to food are due to be recommissioned as part of this proposal, which will specifically be targeted at the most deprived areas in Sheffield. The proposal will ring-fence a proportion of the budget to create opportunities for people living in the most deprived areas of the city to eat healthier diets. This will involve working with the voluntary and community sector to develop a range of initiatives that will improve the availability to healthy food for those on low incomes. The continuation The Food Access Plan and existing schemes including Healthy Holidays, collaborative food sourcing and affordable food clubs, and match funding the ShefFood Role supports food strategy implementation particular in relation food poverty and local food economy. Children in the most deprived areas of Sheffield have tooth decay levels four times higher than those living in the least deprived areas. Therefore, by focusing on the improving our food environment by implementing and developing policy, the Food Strategy aims to improve health outcomes for people living in areas of deprivation. References 1. Food poverty: Households, for banks and free school meals - House of Commons Library (parliament.uk) 2. Food Insecurity



Tracking | Food Foundation 3. Food Prices Tracking: October Update | Food Foundation 4. Domestic energy prices - House of Commons Library (parliament.uk) 5. Fast food outlets: density by local authority in England - GOV.UK (www.gov.uk) 6. Obesity statistics - House of Commons Library (parliament.uk)

## Pregnancy / Maternity

**Staff Impacted:** Yes

**Customers Impacted:** Yes

**Description of Impact:**

In the section below, the term pregnant women and other female pronouns will be used – This is referring to someone’s biological sex at birth, and not which gender they identify with. The effects of an unhealthy diet, causing either malnourishment, underweight or obesity can cause an increased risk of poorer maternal and infant outcomes. Locally this varies significantly. There is a strong correlation between high levels of pregnant women who are living with obesity and neighbourhood deprivation. Neighbourhoods to the east of the Sheffield such as Colley has as many as one in three pregnant women (33.3%) with a BMI of 30 or more at time of booking<sup>6</sup>. Other neighbourhoods around the Southey and Firth Park wards also had similar percentages of pregnant women living with obesity. In more affluent areas of the city this is significantly lower<sup>6</sup>. For example in Lodge Moore which is located to the west of the city 2.1% of pregnant women had a BMI over 30<sup>6</sup>. Women who enter pregnancy with a BMI above 30 kg/m<sup>2</sup> (approx. 27%) face an increased risk of complications during pregnancy and birth such as gestational diabetes, high blood pressure, caesarean birth, anaesthetic complications and pre-eclampsia<sup>1</sup>. The data shows that women who enter pregnancy overweight or obese are usually aged 20-24yrs old, or 40yrs+. Being underweight or having a diet low in nutrients may increase the likelihood of a low birthweight baby and associated risks. However, as up to 46% of births are unplanned, not everyone will seek support from a medial professional before conception which may consequently lead them to be a healthy weight<sup>2</sup>. The UK recommendations on appropriate weight gain during pregnancy varies from 7–15kg, but there is no national guidance<sup>4</sup>. Women who gain weight within these ranges are more likely to have better maternal

and infant outcomes than those who gain more or less weight<sup>5</sup>. However, the current NICE guidance recommends that pregnant women should try not to lose weight during pregnancy. Based on recent NICE evidence reviews, new studies suggest there are no harms associated with 'controlled' weight loss during pregnancy. Therefore it is likely that these recommendations may be updated, and so we will review the NICE guidance on a regular basis. Based on the amendments, we can then look to scope out an intervention for pregnant women which provides quality outcomes. The variety and nutritional quality of food introduced to babies whilst weaning also influences how we respond to the food environment later in life, through a range of biological and psychological mechanisms. Therefore, the proposal aims to keep the same level of intensity and focus on early years to encourage a good maternal diet, breastfeeding, and healthy weaning. The work undertaken within the proposal to improve food security, access and sustainability will benefit women in pregnancy too. We will continue working with local stakeholders to improve maternal pathways, and the new service specification for Adult Tier 2 Weight Management Services will include eligibility criteria for pregnant women, with the aim to support women with implementing healthy habits and behaviours.

References 1. Clinical guidelines for the management of weight during pregnancy: a qualitative evidence synthesis of practice recommendations across NHS Trusts in England - PMC (nih.gov) 2. The prevalence of unplanned pregnancy and associated factors in Britain: findings from the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3) - PMC (nih.gov) 3. A nationally representative study of maternal obesity in England, UK: trends in incidence and demographic inequalities in 619 323 births, 1989-2007 - PubMed (nih.gov) 4. Recommendations | Weight management before, during and after pregnancy | Guidance | NICE 5. Consequences of Gestational Weight Gain for the Mother - Weight Gain During Pregnancy - NCBI Bookshelf (nih.gov) 6. Health Needs Assessment – Sheffield (2017)

## Race

**Staff Impacted:**

Yes

**Customers Impacted:**

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## Description of Impact:

Food Security, Access & Poverty Black, Asian and minority ethnic communities (BAME) may be more likely to experience food insecurity and poverty, but this is likely due to deprivation, not race directly. As food insecurity, poverty and access work will focus on working in areas of deprivation, BAME communities will benefit from this work, and implementation. Food insecurity work will also need to ensure the city's food relief offer is culturally appropriate and accessible. EIA's will need to be completed on a project by project basis to ensure this is the case. We will also be proactively engaging BAME-led organisations to inform the development of new initiatives. Obesity Overweight and obesity prevalence amongst BAME groups in Sheffield largely follows national trends<sup>1</sup>: Asian – 57% Black- 72% Chinese- 37.5% Mixed- 59.4% Again, the higher obesity prevalence within BAME communities is also likely due to deprivation, and not race directly. However, BAME groups have increased health risks from excess weight at a lower BMI threshold compared to White British. Therefore, any services commissioned within this proposal that have BMI as an eligibility criterion, will be reduced by 2.5kg/m<sup>2</sup> to reflect this risk and health inequality. To improve health inequalities this proposal will:

- Continue to monitor local obesity data so we can target our programmes of work and interventions at certain priority groups
- Develop a community-based approach to delivering weight management services that reduces barriers to accessing the service and improve health outcomes.
- All services and place-based interventions will target areas of deprivation and BAME groups, with KPIs to reflect this. For example, in previous years KPIs have included making sure that at least 15% of service users were BAME, and 30% of people were from the two most deprived quintiles in Sheffield. Based on the latest census and obesity data, the KPI % of service users from BAME communities will be increased.
- Service specifications will set out that staff are trained appropriately in the importance of health inequalities and equity, and services are culturally appropriate.
- Materials developed will be available in variety of languages with translation services where necessary.

Appropriate services will also aim to employ local BAME organisations to do translation where possible to foster trust and familiarity for local populations. Partnership working From working with BAME communities during COVID-19, Sheffield City Council has an array of partnerships with local community groups. These improved relationships since COVID mean community organisations and 'trusted voices' can better help us to engage with BAME communities.

References 1. Overweight adults - GOV.UK Ethnicity

## Religion / Belief

**Staff Impacted:** Yes

**Customers Impacted:** Yes

**Description of Impact:** No prevalence data available for food security or obesity. However, evidence suggests that<sup>1</sup>: • Over a third (35%) of carers are spending 20% of their income or more on energy – meaning there is less money to spend on food • A quarter of carers are cutting back on food and heat to make ends meet • One in five (19%) of carers in lowest income households Therefore, as the initiatives and services implemented as part of the Food Strategy will work with high priority groups such as people living in areas of deprivation, it is likely that carers will benefit from programmes of work that increase service provision and the availability of healthy foods. Services and programmes, such as Weight Management, will also encourage and allow carers to attend with a client. References 1. Unpaid carers spiralling into poverty as the cost-of-living crisis bites: cutting back on food and heating to make ends meet | Carers UK

## Sexual Orientation

**Staff Impacted:** Yes

**Customers Impacted:** Yes

**Description of Impact:** Sexual orientation includes lesbian, gay, heterosexual, pansexual, asexual and questioning. Sexual orientation is different from sex and gender identity. Approximately 20,000 Sheffield residents (4.5%) state they are either lesbian, gay, asexual, queer or pansexual. Although we are solely discussing sexual orientation in this section, it is widely acknowledged that LGBTQ people are disproportionately affected by wider social inequalities. Weight Local obesity data for LGB communities is not available. However, obesity data for the UK shows that a lower proportion of LGB adults are living with overweight or obesity (51%) than

heterosexual adults (63%)<sup>4</sup>. Conversely, a study published a year prior found that<sup>5</sup>:

- women identifying as lesbian were at increased risk of overweight/obesity compared to heterosexual women
- men identifying as gay were at decreased risk compared to heterosexual men.
- Increased risk of being underweight was seen for women identifying as 'other' and men identifying as gay or bisexual

In regards to the proposed commissioned services (2024-2029) that affect adults and young people, such as Tier 2 Weight Management, as the evidence at this time is unclear, we intend to monitor and review progress as further evidence and guidance arises. This Food Strategy and proposal does not negatively or positively impact LGB groups. Food Security & Access To date, there has been no data surrounding the role of sexual orientation and its effect on food security, access and eating habits in the UK. However, on average in the UK, gay and lesbian people are more likely to earn less and are somewhat more likely to experience poverty than their heterosexual counterparts. After housing and bills have been paid, food is often the only household outgoing that can be reduced. Therefore, it is likely that LGB people may have higher rates of food insecurity or live in areas of deprivation that are flooded with unhealthy foods. Recently a study conducted in the United States of America has found that LGBTQ young adults in particular, are at increased risk for food insecurity and disordered eating behaviors<sup>1</sup>. Results showed that LGBTQ individuals also reported greater dieting/restricting, bulimia symptoms, and binge eating symptoms than heterosexual peers<sup>1</sup>. LGBTQ people were also more likely to be food insecure and had significantly lower food literacy than heterosexual peers. Although this data comes from the United States of America, these findings shouldn't be ignored and may also be relevant in the UK. LGB communities will benefit from the Food Strategy, the Food Access Plan and consequent commissioned services (2024-2029) and initiatives arising from this. However, as the evidence at this time is unclear, services are not deliberately tailored to these groups, and so we intend to monitor and review progress as further evidence and guidance arises. As it stands, this Food Strategy and proposal does not negatively or positively impact LGB groups. References 1. The role of sexual orientation in the relationships among food insecurity, food literacy, and disordered eating - ScienceDirect 2. Results of an Online Survey about Food Insecurity and Eating Disorder Behaviors Administered to a Volunteer Sample of Self-Described LGBTQ+ Young Adults Aged 18 to 35 Years - ScienceDirect 3. Local Insight

(communityinsight.org) 4. National representative data on the health of lesbian, gay and bisexual adults in England published for the first time - NDRS (digital.nhs.uk) 5. Sexual orientation identity in relation to unhealthy body mass index: individual participant data meta-analysis of 93 429 individuals from 12 UK health surveys | Journal of Public Health | Oxford Academic (oup.com)

## Voluntary / Community & Faith Sectors

**Staff Impacted:**

Yes

**Customers Impacted:**

Yes

**Description of Impact:**

The VCF sector will be important in the new proposals in assisting services in engaging with underserved groups in deprived and BAME communities, both identified as priority groups. Food Security & Access Over the past decade, the VCF sector has enabled thousands of residents the opportunity to access emergency food and support. The VCF sector will continue to be fundamental in aiding/delivering the implementation of Food Security & Access work. These relationships have been long established, and the VCF sector helped the development of the Food Access Plan, and so there is already a joint up approach and vision in how we deliver this across the city. The delivery of all Food access Plan work is currently via the VCF sector Obesity/Weight Within the proposed Tier 2 Weight Management budget, the VCF sector will be fundamental in delivering co-developed and co-produced programmes to priority groups. As Sheffield City Council were awarded the Adult Weight Management Grant in 2021/22, the city trialed delivering a community-based approach to weight management. As a result, 10 local VCF organisations were upskilled and delivered programmes to their communities. Approx 700 individuals attended these programmes, all of which were from priority groups such as people living with autism, people living with a disability, BAME groups, and men. The trial showed that the uptake and retention of these programmes had improved, with outcomes being similar to that of the mainstream service. Under the new proposal, this community-based approach will continue, although less VCF sector groups Communication, Anecdotal Surveillance & Expertise Improved relationships since COVID mean community organisations and 'trusted

voices' are able to better help us engage with communities. Therefore, this proposal will continue to work with the VCFS to understand what is happening 'on the ground', and to communicate important messages. Actions might include:

- Improving food environments inc access: Use of incentives/subsidies/differential business rates to attract healthier food retailers into areas where they are lacking, and support for community ventures that increase access to fresh food, for example social supermarkets and cafes, community meals and lunch clubs;
- Pilot the use of voucher schemes to incentivise purchasing of fruit and vegetables;
- Maintaining and expanding provision of School Holiday Hunger programmes;
- Whole school approach to food - Working with schools to trial initiatives such as universal free school breakfast schemes or extension of School Fruit and Vegetable scheme in the most deprived schools.
- Continuing the development of a community-based approach to Adult Weight Management

## Action Plan & Supporting Evidence

### Outline of action plan:

Action Plan No fundamental amendments to the Food Strategy or commissioned services (2024-2029) have been implemented as a result of conducting this EIA. However, we will continue to:

- tailor and target all services and activities to those in the appropriate high priority groups: Food Security & Access – People living in more deprived areas and/or have a low household income, BAME communities, women, single parent households, residents living with a disability (including SMI), individuals 30-49 years of age, pregnant women, BAME groups, LGBTQ individuals, carers
- Obesity/Weight – People living with overweight or obesity, people living in more deprived areas and/or have a low household income, early years, residents living with a disability (including SMI), BAME groups
- Access all services, and if services are not being accessed by high priority groups, or the outcomes are not as expected, this will be evaluated and the appropriate changes made. In addition, we intend to:
- Continue to implement upstream measures that improve our food environment such as food policy work.
- Monitor and review progress as further evidence and guidance arises, particularly for LGBTQ groups and pregnant women.
- Increase the budget spent on weight management related services based upon need. Learning from the service evaluation and

public consultation shows that a multi provider approach will support better engagement from underserved communities. Stakeholder consultation and market testing has also shown that there are potential benefits from separating the children and families services due to the different specialisms and different stakeholder relationships that are required. Both of these changes should improve outcomes and impact positively on inequalities but may lose some economies of scale.

- Develop a community-based approach to delivering weight management services that reduces barriers to accessing the service and improve health outcomes.
- Maintain strong relationships and contract management practises to aid the reduction of inequalities
- All services and place-based interventions will target areas of deprivation and BAME groups, with KPIs to reflect this. For example, in previous years KPIs have included making sure that at least 15% of service users were BAME, and 30% of people were from the two most deprived quintiles in Sheffield. Based on the latest census and obesity data, the KPI % of service users from BAME communities should be increased.
- Service specifications will set out that staff are trained appropriately in the importance of health inequalities and equity, and services are culturally appropriate.
- New public materials developed will be available in variety of languages with translation services where necessary . Appropriate services will also aim to employ local BAME organisations to do translation where possible to foster trust and familiarity for local populations
- A food bank/ food relief development fund will be continued to support food banks and other food relief projects who wish to develop their offer to move away from a dependency model of emergency food provision to one of prevention.
- Focus on work early in the life course
- Existing relationships with local stakeholders that predominantly work with SEN and disabilities will also be strengthened to enable collaboration and partnership working.
- The re-commissioned Tier 2 Weight Management Service will screen for Binge Eating Disorder, which is recognised as a serious mental health condition by DSM-5.
- We will continue working with local stakeholders to improve maternal pathways, and the new service specification for Adult Tier 2 Weight Management Services will include eligibility criteria for pregnant women, with the aim to support women with implementing healthy habits and behaviours



(parliament.uk) • New map shows where millions of UK residents struggle to access food | News | The University of Sheffield • United Kingdom Food Security Report 2021: Theme 4: Food Security at Household Level - GOV.UK (www.gov.uk) • United Kingdom Food Security Report 2021: Theme 4: Food Security at Household Level - GOV.UK (www.gov.uk) • foodfoundation.org.uk/sites/default/files/2022-07/The Broken Plate 2023 report.pdf • OHA Response to Multi-Buy Promotions Delay - Obesity Health Alliance • Food Advertising Impact Assessment (ofcom.org.uk) • Fast food outlets: density by local authority in England - GOV.UK (www.gov.uk) • Changes in household food and drink purchases following restrictions on the advertisement of high fat, salt, and sugar products across the Transport for London network: a controlled interrupted time series analysis - ScienceDirect • Energy & Climate Intelligence Unit | Climate change, fossil fuels,... (eci.net) • Non Communicable Diseases | NCD Alliance • Ultra-processed foods and excessive free sugar intake in the UK: a nationally representative cross-sectional study | BMJ Open • Ultra-processed foods make up almost two-thirds of Britain's school meals | NIHR • Ultra-processed food consumption, cancer risk and cancer mortality: a large-scale prospective analysis within the UK Biobank - eClinicalMedicine (thelancet.com). • Food Prices Tracking: October Update | Food Foundation • Domestic energy prices - House of Commons Library (parliament.uk) • Fast food outlets: density by local authority in England - GOV.UK (www.gov.uk) • Yau et al., 2021 • OHA Response to Multi-Buy Promotions Delay - Obesity Health Alliance • Obesity Profile - Data - OHID (phe.org.uk) • Life-course trajectories of body mass index from adolescence to old age: Racial and educational disparities | PNAS • Food Insecurity Tracking | Food Foundation • Characteristics of adults experiencing energy and food insecurity in Great Britain - Office for National Statistics (ons.gov.uk) • Frontiers | The impact of climate change on food systems, diet quality, nutrition, and health outcomes: A narrative review (frontiersin.org) • Living the life you want to live Sheffield's adult health and social care strategy 2022 to 2030 • 5.7 million low-income households having to cut down or skip meals, as JRF's cost of living tracker shows "Horrendous new normal" | JRF • The State of Hunger: It's not right that disabled people are being forced to turn to food banks - The Trussell Trust • Cost of living: Impact of rising costs on disabled people - House of Lords Library (parliament.uk) • Disability Price Tag 2023: the extra cost of disability | Disability charity Scope UK • Weight management for people with learning disabilities |

British Dietetic Association (BDA) • Obesity in British children with and without intellectual disability: cohort study - PubMed (nih.gov) • Health and Care of People with Learning Disabilities - NHS Digital • Prevalence of Overweight and Obesity in People With Severe Mental Illness: Systematic Review and Meta-Analysis - PMC (nih.gov) • Clinical guidelines for the management of weight during pregnancy: a qualitative evidence synthesis of practice recommendations across NHS Trusts in England - PMC (nih.gov) • The prevalence of unplanned pregnancy and associated factors in Britain: findings from the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3) - PMC (nih.gov) • A nationally representative study of maternal obesity in England, UK: trends in incidence and demographic inequalities in 619 323 births, 1989-2007 - PubMed (nih.gov) • Recommendations | Weight management before, during and after pregnancy | Guidance | NICE • Consequences of Gestational Weight Gain for the Mother - Weight Gain During Pregnancy - NCBI Bookshelf (nih.gov) • Health Needs Assessment – Sheffield (2017) • Overweight adults - GOV.UK Ethnicity facts and figures (ethnicity-facts-figures.service.gov.uk) • Blake, Megan & Cromwell, Jonas. (2022). Food Security UK 2021. 10.13140/RG.2.2.25425.81766/1. • Pre-pandemic relative poverty rate for children of lone parents almost double that for children living with two parents | Institute for Fiscal Studies (ifs.org.uk) • SN03336.pdf (parliament.uk) • The role of sexual orientation in the relationships among food insecurity, food literacy, and disordered eating - ScienceDirect • Results of an Online Survey about Food Insecurity and Eating Disorder Behaviors Administered to a Volunteer Sample of Self-Described LGBTQ+ Young Adults Aged 18 to 35 Years - ScienceDirect • Local Insight (communityinsight.org) • National representative data on the health of lesbian, gay and bisexual adults in England published for the first time - NDRS (digital.nhs.uk) • Sexual orientation identity in relation to unhealthy body mass index: individual participant data meta-analysis of 93 429 individuals from 12 UK health surveys | Journal of Public Health | Oxford Academic (oup.com) • lgbt\_in\_britain\_-\_trans\_report\_final.pdf (stonewall.org.uk) • Local Insight (communityinsight.org) • Weight gain and obesity rates in transgender and gender-diverse adults before and during hormone therapy - PubMed (nih.gov) • Unpaid carers spiralling into poverty as the cost-of-living crisis bites: cutting back on food and heating to make ends meet | Carers UK

## Mitigation

**Significant risk after mitigation measures:** No

**Outline of impact and risks:**

## Review Date

**Review Date:** 27/06/2023

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