



Although a formal committee of the city council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Adults as well as Healthwatch. Papers come from a variety of sources. The format for Health & Wellbeing Board papers is consequently different from papers submitted to the city council for exclusive city council business.

1. Sugar Smart Brighton: Debate and Action Plan

- 1.1. The contents of this paper can be shared with the general public.
- 1.2. This paper is for the Health & Wellbeing Board meeting on the 12th July.
- 1.3. Author of the Paper and contact details:
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2. Summary

This paper outlines the case for taking action to support residents to achieve a healthy weight and for taking action on sugar to help to achieve this. It summarises the activities and headline results from the citywide sugar smart debate and provides an overview of the actions being taken to reduce sugar consumption in the city

3. Decisions, recommendations and any options



This paper is being presented to the Health and Wellbeing Board for information.

4. Relevant information

4.1 One in four children leaving primary school in Brighton and Hove is already overweight or obese.¹ Healthy weight is an issue of inequalities with twice the rate of obesity in the most deprived decile (tenth) of the population when compared with the least deprived. Obesity rates in adults have been rising dramatically over the past few decades and national projections suggest that if the current trends are not halted 60% of men and 50% of women will be obese by 2050². Locally one in two adults are already overweight or obese. Obesity is a risk factor for heart disease, Type 2 diabetes and certain cancers. It causes and exacerbates musculoskeletal disease and affects mental health. Treating diet related diseases costs the NHS in Brighton and Hove £80 million / year.

4.2 Sugar as part of our diet has an important role to play as a risk factor for obesity but there are additional consequences with approximately 300 children in the city admitted to hospital each year for dental surgery.

4.3 In July 2015 the Scientific Advisory Committee on Nutrition published the report Carbohydrates and Health. The Committee found that most people are eating at least twice as much sugar as they should, with children and young people eating up to three times more than the recommended amount. Amongst teenagers and young people 30 to 40 % of sugar consumed comes from sugary drinks. Higher sugar intake is associated with increased energy intake, increased weight gain and an increased risk of developing Type 2 Diabetes.³

4.4 The Committee proposed new national recommendations include limiting free sugar⁴ intake to 5% of total energy intake and limiting sugary drink intake, particularly amongst children and young people. These new recommendations included limiting sugar intake to just 5

¹ National Child Measurement Programme

² Government Office for Science Foresight report Tackling obesity's future choices 2007

³ Scientific Advisory Committee on Nutrition Carbohydrates and Health 2013

⁴ Free sugars are defined as sugars that have been added by a food manufacturer, cook or consumer to a food and include those sugars naturally found in fruit juice, honey and syrups. It doesn't include sugars naturally found in milk, and milk products and intact fruit and veg.

cubes or 19g daily for children aged 4-6, 6 cubes or 24g for children aged 7-10 and 7 cubes or 30g daily for adults and children over 11.

4.5 It is hard to reduce or limit sugar intake when there is so much high sugar food promoted in the food environment through advertisements and promotions, till and end of aisle displays in the shops and vending machines filled with high sugar options. Hidden sugars are also sometimes hard to detect with many processed savoury foods and ready meals and foods promoted as healthy or low fat containing a significant proportion of the recommended daily sugar intake.

4.6 In Brighton and Hove a 'Sugar smart' public health debate was held during October and November 2015 asking 'Should we be taking action on sugar?' Target audiences included:

- Local residents
- Schools including pupils, staff and parents
- Food outlets including cafes, bars restaurants, takeaways and other outlets

The aim was to raise awareness of sugar intake and the implications for health as well as introduce the new recommendations from the Scientific Advisory Committee on Nutrition.

4.7 A partnership including Brighton and Hove City Council public health team, including the public health schools programme, Jamie Oliver Food Foundation and the Brighton and Hove Food Partnership worked together on planning and delivering the debate and developing the action plan with a varied group of stakeholders.

4.8 The purpose of the debate was to generate discussion and to consider a range of possible actions that could be taken in different settings to reduce sugar intake for the consumer. For example in food outlets this could include offering tap or bottled water as an alternative to sugary drinks, as well as reviewing recipes, promotions and menus to reduce sugar. Taking up the option of introducing a voluntary sugary drinks levy is an action promoted by the Jamie Oliver Food Foundation working in partnership with Sustain.⁵ For schools examples of suggested actions included introducing sugar smart snack policies and projects to support Sugar smart growing, cooking and eating projects in schools.

4.9 The debate was launched in the first week of October with a press launch, followed by 2 months of online and paper based survey responses

⁵ Children's Health fund. For more information see <http://www.childrenshealthfund.org.uk/about/>



alongside a youth debate, focus groups and school and outlet based activity. There were lively debates and discussions during the events and online. Brighton and Hove's decision to debate possible actions against sugar including a voluntary levy generated great interest in both local and national press and media at a time when the issue was of national policy interest (see appendix 1)

4.10 The debate resulted in 1136 citywide responses to an online and paper based survey with over 120 responses from food outlets to the survey and phone calls. A youth debate involved over 70 young people, parents and others who raised questions and comments for a panel of experts including food business owners, school head teachers and health professionals. Focus groups and discussions with families and food business owners were held in a variety of locations across the city, detailed results in Appendix 2

4.11 Headline results include 82% of respondents to the survey agreeing that action should be taken to help residents reduce sugar intake (see appendix 1. On the type of action 87% felt that food outlets should make healthier options more available and more attractive; 80% that schools should reduce sugary drink intake; 77% that there should be fewer sugary drinks in leisure and shopping centres; and 72% that there should be limits to sugary snacks in primary schools 87% agree or strongly agree

4.12 In October 2015 Public Health England published an evidence review 'Sugar Reduction: the evidence for action'.⁶ Recommendations included actions from advertising and marketing to reformulation, sugar taxes, information training and education and the implementation of government standards across local and national government and the NHS. These evidence based recommendations are being used to inform action in the city.

4.13 A local action plan informed by the results of the debate and the evidence for action on sugar reduction has been developed, see appendix 3, with the aim **to reduce sugar intake across all ages**, to contribute towards a longer term improvement in healthy weight and a reduction in diet-related ill health and dental caries.

The reduction in sugar intake will be achieved through raising awareness, increasing skills and knowledge and changing our environment to support

⁶ Public Health England Sugar reduction the evidence for action October 2015

healthy choices in a range of settings from schools to workplaces, to local authority, food outlet and community settings. (see action plan attached)

4.14 Actions already underway and completed by April 2016 are represented in appendix 4. This includes ongoing awareness raising with activities in over 30 primary schools; 70 food outlets signed up to sugar smart commitments, sugary drink levies introduced in the cricket club and university of Brighton and work underway to start improving the food and vending offer in leisure and hospital settings.

4.15 In March 2016 the Chancellor announced a national tax on sugary drinks as part of his budget. The debate and discussion in Brighton and Hove played its role in this national policy decision. The delayed national childhood obesity strategy is expected to include further announcements on measures to reduce sugar intake.

5. Important considerations and implications

Legal:

5.1 There are no relevant legal implications.

It should be noted that it was announced in the latest Queen's Speech that a national tax on sugary drinks will feature in the 2017 Budget with a view to implementation in 2018.

Lawyer consulted: Judith Fisher

Date: 28.6.2016

Finance:

5.2 There are no direct financial implications arising from the recommendations in this report. Costs associated with the Sugar Smart debate were met from within the ring-fenced Public Health grant and any costs incurred in delivering the action plan will need to be met from within available budget resources.

Finance Officer consulted: Mike Bentley

Date: 28.06.16

Equalities:

5.3 A full EIA has been carried out. Equalities implications for healthy weight and diet have been considered with age, ethnicity and



disability being characteristics by which dietary habits and healthy weight outcomes particularly differ. The results of the debate survey have been analysed by protected characteristic group to help inform the action plan and engage those in the different protected characteristics groups to improve the chances of better outcomes across the whole population

Sustainability:

- 5.4 There are no significant sustainability implications. If in the longer term there was an impact on sugary drink purchase and consumption in the city with a shift to tap water this has the potential to impact positively on drink container use and refuse.

Health, social care, children's services and public health:

- 5.5 As outlined above, a reduction in sugar intake leads to a reduction in energy or calorie intake and a reduced risk of being overweight or obese. In the medium and longer term this could reduce the risk of obesity related health and social care consequences and costs from type 2 diabetes, cardiovascular disease, some cancers, musculoskeletal disease and other physical and mental health problems related to being overweight.

6. Supporting documents and information

Appendix 1 Link to full electronic debate report

<https://www.brighton-hove.gov.uk/sites/brighton-hove.gov.uk/files/SUGAR%20SMART%20Report%20of%20the%20debate%20and%20action%20plan.pdf>

Appendix 2 Sugar smart action plan

Appendix 3 Infographic: Sugar smart city: What's happened so far?

<https://www.brighton-hove.gov.uk/sites/brighton-hove.gov.uk/files/5759%20sugar%20whats%20happened%20so%20far%20v2.pdf>

