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1. Introduction

How to use this manual

This manual is designed to complement the workshop facilitated by the Soil Association and Sustrans to public health teams and their local authority colleagues and partners. It aims to support a whole system approach to creating healthy places by providing:

- a checklist of key policy levers a local authority can use to embed action on food and active living (the term we have chosen to reflect the breadth of activities that help people of all ages to be physically active), using a life course framework – with a view to building a strong leadership platform from which local authorities can then challenge local businesses and the community to play their part
- suggestions for how to engage key service areas and delivery agencies as co-beneficiaries
- evidence and examples from successful local authority and third sector interventions

At the end of the manual, you will find a number of tools designed to help you think through the many policy levers at your disposal, and how to engage with all relevant service delivery managers and local authority partners to take these forward.

Why food and active living?

Eating well and regular physical activity are essential to maintaining a healthy weight and preventing obesity. Obesity is a high priority for Directors of Public Health, with child obesity featuring in 97% of health and wellbeing strategies.¹ There are also clear economic grounds for action on food and physical activity: diet-related ill-health is estimated to cost the NHS £5.8 billion each year, while the cost of inactivity to the UK economy has reached £20 billion per annum.²

Obesogenic environments make it challenging for people of all ages to eat well and be more physically active in their daily lives, and pose a major challenge to tackling obesity.

A strategic approach to tackling obesogenic environments involves taking an integrated look at both food and active living, and engaging the wide range of local decision makers that have roles to play. Directors of Public Health have called for more support in taking a whole system approach. This manual is designed to provide that support.

“Obesogenic environments are widely accepted as a driving force behind the escalating obesity epidemic today.”

What do we mean by a whole system approach?

There are many ways to define a whole system approach. We are looking, in effect, at two systems: the first system is the local ‘place’ or environment within which people live out their daily lives, and which can make it easier or harder for them to eat well and move more; the second system is the ‘local authority system’ of decision-makers that can influence this local environment.

Our definition of a ‘whole system approach’ to food and active living therefore involves:

- working ‘upstream’ to create a healthy place that makes it easier to eat well and move more, consistently using every policy lever at the local authority’s disposal
- working strategically across service areas within a local authority and combining effort with other local delivery partners including NHS Trusts, CCGs and Local Enterprise Partnerships to maximise the potential co-benefits of action in all areas
Five broad areas of influence

It can be easy to fall into the trap of feeling powerless as a local authority when it comes to influencing local people to eat well and move more. What influence can local public health policies have in the face of junk food advertising, supermarket promotions and the cultural dominance of the car? In practice, local authorities hold a strong hand of cards when it comes to influencing the places and scenarios that people encounter in their everyday lives. It is worth considering the following five broad areas of influence for local authorities in creating healthy places:

**Institutions:** This includes all the public sector settings that are dominant enough in people’s everyday lives to frame their daily food and travel choices and influence what are seen as the social norms – schools, early years settings, leisure centres, hospitals and care homes all fall into this category. Local authorities and their NHS Trust partners have the power to turn these into ‘health-promoting settings’ using the levers outlined in section 3.

**High Streets:** Local authorities have a number of planning tools at their disposal that can help create an all-age-friendly public realm on the high street. Using the levers outlined in section 3, local authorities can improve ease of access for walkers and cyclists through low-cost interventions such as drop kerbs, tackle the prevalence of junk food whilst raising the profile of healthier food outlets, and promote breastfeeding with ‘breast feeding welcome’ signs.

**New developments:** The National Planning Policy Framework states that local planning authorities should “work with public health leads and health organisations to understand and take account of the health status and needs of the local population.” Local authorities have exciting opportunities to work with planners to create healthy places from scratch: why shouldn’t it be the norm that your new house comes with cycle storage, traffic free routes and an allotment?

**Neighbourhoods:** Indicator 1.18 of the Public Health Outcomes Framework relates to social isolation and community cohesion. Local authorities can have an important impact on public health by utilising the powers at their disposal to help people reclaim their streets as safe spaces for active play and active ageing, including by introducing 20mph speed limits and Temporary Play Street Orders. Decisions around the future of community catering services can be key to maintaining the independence of older people in their own neighbourhood while tackling malnutrition and social isolation.

**Connecting routes:** Active travel routes are only as strong as their weakest link; inadequate crossing provision for pedestrians at a busy junction or a “cycle route end” sign can undermine efforts to promote cycling. From March 2016, all the money for sustainable transport infrastructure will be allocated through the Single Growth Fund via Local Enterprise Partnerships – this presents a new challenge for public health professionals to engage with the economic growth agenda.
Economic and social value of a whole system approach

With increased pressure on diminishing resources, local authorities need to utilise all the levers at their disposal to improve obesity outcomes while delivering multiple co-benefits:

- well-designed food systems can support local businesses and livelihoods, and can help eliminate social inequalities
- measures to promote walking and cycling can result in safer and more pleasant streets, stronger communities, lower carbon consumption and greenhouse gas emissions, improved air quality and reduced congestion
- children that eat better and move more learn better; well-fed working adults who take regular exercise are more productive and better for business; and active older people can remain independent for longer, reducing care costs

In a climate of budget-cuts and austerity, there is a clear economic rationale for adopting a whole system approach.

Accessing funding: A whole system approach will mean local authorities are working to identify and access the full range of available funding mechanisms that could help deliver healthy eating and physical activity outcomes across the life course. This means maximising the funds available – by engaging bodies such as Local Enterprise Partnerships (from March 2016, all the money for sustainable transport will be allocated through the Single Growth Fund via LEPs), and by identifying the co-beneficiaries and potential for match funding within the local authority.

Short-term savings: Interventions need not involve additional costs and can unlock savings. For instance, evidence shows that specifying quality standards for school meals services raises meal take-up and revenue and makes the service more cost-effective, even allowing meal prices for parents to fall. Promoting walking and cycling for local trips can reduce congestion and free up road space for economic activity such as deliveries and access to employment. A whole system approach can also achieve short-term savings by tackling ‘contradictions’ in the system, ensuring that practice in one part of the local authority is not undermining work done elsewhere.

Long-term savings: By working ‘upstream’ this approach is designed to prevent the accumulation of costs associated with chronic ill-health later in life. A number of tools have been developed to help quantify long-term outcomes:

a. The Health Impact of Physical Inactivity (HIPI) tool was jointly developed by the South West Public Health Observatory and Sustrans to provide users with an estimate of how many cases of certain diseases could be prevented in each local authority in England if the population aged 40–79 were to engage in recommended amounts of physical activity: http://www.apho.org.uk/resource/view.aspx?RID=123459

b. WHO Health Economic Assessment Tool (HEAT) can be used to conduct an economic assessment of the health benefits of walking or cycling in terms of reduced mortality. The tool can be used to value projected increases in cycling or walking that result from new programmes or infrastructure, or to evaluate measured changes. The DfT has adopted the HEAT methodology within its approach to economic appraisal of transport schemes: http://www.heatwalkingcycling.org/

Supporting the local economy: Creating healthy places can be good for local business, and this can be calculated according to a Social Return on Investment (SROI) metric. SROI is gaining increasing traction among policymakers and commissioners for its contribution to better decision-making, as it allows activities to be evaluated across the ‘triple bottom line’ of social, environmental and economic impacts consistent with the HM Treasury definition of value for money. For instance, evidence shows that for every £1 invested in a Food for Life Catering Mark-certified menu (see page 14) there is a SROI of more than £3, mostly in the form of increased local jobs and opportunities for local food businesses.3
Making money go further: By engaging co-beneficiaries within the local authority in joint working, limited budgets can be made to go further. Creating healthy places through a whole system approach to food and active living also potentially contributes to the following NHS and Public Health Outcomes Framework indicators:

**Public Health Outcome Framework Indicators:**

1.09ii Sickness absence - The percentage of [employee] working days lost due to sickness absence
1.14 The percentage of the population exposed to road, rail and air transport noise
1.16 Utilisation of outdoor space for exercise/health reasons
1.18i Social Isolation: percentage of adult social care users who have as much social contact as they would like

2.06 Excess weight in 4-5 and 10-11 year olds
2.12 Excess Weight in Adults
2.13 Percentage of physically active and inactive adults
2.23 Self-reported well-being
2.24 Injuries due to falls in people aged 65 and over

**NHS Outcome Framework Indicators:**

1.1 Reducing premature mortality from the major causes of death, including cardiovascular disease
2.3 Reducing time spent in hospital by people with long-term conditions
3.6 Helping older people to recover their independence after illness or injury

“There are many factors that influence public health over the course of a lifetime. They all need to be understood and acted upon. Integrating public health into local government will allow that to happen.”

Public Health Outcomes Framework
3. Policy levers & exemplars: a life course framework

The evidence base for the life course approach is strong. What happens in each stage of life affects the next. This, in part, highlights the importance of early intervention: between 50% and 75% of those who are obese as children or adolescents are likely to grow into obese adults. But the Chief Medical Officer of England has noted that “there are specific opportunities and challenges at each stage of the life course and action is needed at all ages.”

For each stage of the life course, we identify the key players across the various local authority disciplines that need to be engaged to bring about whole system change; we identify policy levers related to food and active living that can be used to create healthy places and tackle obesogenic environments; and we highlight evidence and examples of what has been achieved by forward-thinking local authorities.

Population-wide

Key service areas and agencies:
Health & Wellbeing Board; Local Economic Partnership (LEP); Planning; Transport; Procurement
(see ‘Engaging co-beneficiaries’ page 38)

Policy context

Local authorities have a number of levers within their grasp that have population-wide reach. These can be used to modify the physical and social environments, so that they do not promote physical inactivity or provide easy access to unhealthy, energy-dense foods.

A number of these levers relate to planning powers and regulation. The Localism Act 2011 provided local authorities with increased freedom and flexibility to utilise planning powers in the interests of their local areas. The National Planning Policy Framework 2012 states that local planning authorities (LPAs) should “work with public health leads and health organisations to understand and take account of the health status and needs of the local population.” LPAs have a responsibility to support “strong, vibrant and healthy communities” and to “take account of and support local strategies to improve health, social and cultural wellbeing for all.”

This reiterates the message in the government’s public health strategy ‘Healthy Lives, Healthy People’, which states that “health considerations are an important part of planning policy.”
Local authority levers

Planning policies and tools

Area-wide 20mph speed limits to reduce child road casualties

A modelling exercise carried out by the North West Public Health Observatory in 2011 indicated that 140 killed or seriously injured child casualties could have been prevented each year between 2004 and 2008 if 20 mph traffic speed zones had been introduced in residential areas (other than main roads) across the North West of England. This evidence contributed directly to Liverpool City Council and public health team deciding to introduce city-wide 20mph limits.

Liverpool City Council and the former Liverpool Primary Care NHS Trust, supported by Merseyside Police, established a joint plan to introduce area-wide 20mph speed limits on most residential roads in Liverpool. The programme forms part of the 3rd Local Transport Plan for Merseyside, the PCT’s Accident Prevention Strategy and Liverpool’s Decade of Health and Wellbeing. It aims to:

- reduce morbidity and mortality due to road traffic collisions
- improve public health by increasing walking, cycling and social activity on the streets
- improve the physical environment, reduce noise pollution and improve air quality

The measured outcomes will include:

- number of road traffic collisions, related AED attendances and hospital admissions
- mean vehicle speeds
- change in perception of road safety and attitude to 20mph
- changes in cycling, walking and social activity on the streets
- change in noise pollution and air quality

The programme is being rolled out over four years at an anticipated total cost of £1.65 million, with the first two years having been jointly financed by LCC (Transportation Capital Funding) and the PCT (Public Health Transition Funding).

A multi-agency Communications and Engagement group has been set up to oversee and commission the engagement and communications elements of the project. This work will include a joint communications protocol and a programme of engagement, consultation and education designed to encourage community ownership and sustainable behaviour change.

Bristol City Council is also rolling out city-wide 20mph speed limits across most of the road network of the city by 2015. Bristol’s programme is multi-pronged in that it is not only a road safety intervention, but also seeking to help increase social support through more street activity, and increase physical activity levels though more people choosing active travel. Through this approach there is no one single policy driver to the population level intervention but rather a range which themselves seek to give rise to a range of co-benefits.
Suffolk ‘Quiet Lanes’ is a community-owned project, part-funded by Suffolk County Council’s local transport budget and a grant from Suffolk Coastal District Council, that seeks to maintain the character of minor rural roads by containing rising traffic growth. The aim is to ensure that minor rural roads are shared equally by walkers, cyclists, horse riders and motorised users, and have low traffic flows travelling at low speeds. A voluntary code of conduct asks road-users to ‘remember that you are in a rural environment where people live and work; be aware of all users, large and small, fast and slow; and share a Quiet Lane with care’.

Section 106 agreements / Community Infrastructure Levy to support walking & cycling infrastructure

Section 106 agreements – also known as “planning obligations” - are a well-established mechanism for achieving voluntary agreements between local planning authorities and developers (under Section 106 of the Town and Country Planning Act 1990) that are legally binding and can be used to lever private sector funds to contribute towards sustainable transport interventions such as cycle routes, new bridges or travel planning advice. The Community Infrastructure Levy (CIL) introduced by the Planning Act 2008 allows local authorities to impose a CIL on developers. This mechanism is more powerful than a S106 in that it is levied on a much wider range of developments and according to a published tariff schedule. This spreads the cost of funding infrastructure over more developers and provides certainty as to how much developers will have to pay.

Utilising planning tools to support food growing

The Guidance to the National Planning Policy Framework for England specifically recommends creating healthy communities, and defines a healthy community as a place where healthy lifestyles are enabled through access to “green open space and safe places for active play and food growing.”

Studies have shown that regular involvement in community food growing projects can increase overall levels of physical activity and fitness, contributing to healthy weight management and reducing the risk of obesity. Community food growing also improves access to fresh, healthy food and reduces food miles, which in turn improves air quality, contributing towards local authority objectives related to sustainable development and climate change mitigation.

Community growing can take place on school or hospital grounds, waste ground and derelict sites, communal land on a housing estate, and on allotments and rooftops, and can be supported in local authorities’ development plans by making the link between food growing and achievement of strategic policy objectives in the Local Plan, including those related to sustainable development and reducing carbon emissions.

The Royal Borough of Kensington and Chelsea has introduced planning policies that recognise the role that locally grown food plays in reducing food miles. In their Core Strategy, the Council requires developers to take measures to reduce carbon dioxide emissions through a number of steps that include the incorporation of on-site food production.

Brighton & Hove City Council’s planning advisory note ‘PAN06’ also recognises the significant role that food growing plays in delivering sustainable development. The advisory note provides practical guidance aimed at weaving food growing into the fabric of development sites and the urban environment; since its introduction, over a third of developments have incorporated food growing space.

Further guidance may be found in ‘Planning sustainable cities for community food growing’, published by Sustain.
Community-led street design

Local authorities can give local people greater control over their immediate environment by initiating low-cost, community-led street design projects. Sustrans has developed this approach and has delivered successful projects in a wide range of locations including residential streets, busy high streets and school neighbourhoods. Community dialogue and empowerment are central to the process and the physical interventions might include placing planters and benches and encouraging pop-up street cafes in otherwise isolated traffic islands or forgotten spaces; or providing facilities to fix a bike or grow food. Supporting communities to redesign their own streets and neighbourhoods can help re-knit the social and physical fabric of their area and can encourage greater social interaction, enhanced wellbeing, healthier lifestyles and active travel.

The London Borough of Haringey worked in partnership with Sustrans to deliver a two-year community-led street design project in Turnpike Lane, to address a range of community aspirations, including the reclamation of public space to create more sociable and playable places, the encouragement of more cautious and courteous driver behaviour, the planting of more than 40 street trees, provision of electric car charging points, the creation of several pieces of public art and a generally more connected and safer walking and cycling network. Through the process, the community came together and formed social networks and as a result, following the project completion, the community have organised themselves into an active group to develop their own projects and have already been successful in instigating a mural created by an international street artist. In addition, many residents have put themselves forward to ‘adopt’ street planters to create a more verdant and attractive street scene.

The project has led to a:

- 20% reduction in through traffic
- 10% reduction in traffic volumes at monitoring sites
- 61% increase in residents who felt the street was attractive
- 24% increase in the number of residents who felt they had a say in decisions about their neighbourhood
- 34% increase in the number of residents who felt the street is a place to socialise
- 185% increase in residents feeling their streets are safer for their children to play
- 60% increase in residents feeling that the roads are safer in terms of personal safety and security

“WHAT MAKES THIS PROJECT SPECIAL IS THAT IT DELIVERS A SUSTAINABLE STREET SCENE THAT REALLY BENEFITS THE WHOLE COMMUNITY. WE ARE NOW ADOPTING THIS MODEL FOR OUR OWN COMMUNITY STREETS PROJECTS.”

Nilgun Canver, Cabinet Member for the Environment, Haringey Council
Transport policies and funding mechanisms

Influence allocation of Local Sustainable Transport Fund and Local Economic Partnership Single Local Growth Fund

Local authorities have important influence over whether planning applications for new developments prioritise the need for people to be physically active as part of their daily life. People are more likely to walk and cycle if there are destinations (such as shops and employment) within walking and cycling distance. This is a key element of the National Planning Policy Framework, with local priorities being detailed in the Local Plan and Core Strategy.

The current funding regime channels DfT funding for active travel through the Local Sustainable Transport Fund (LSTF).

The LSTF fund is due to run until March 2016 and after that money for sustainable transport infrastructure is planned to be allocated through the Single Local Growth Fund via the Local Enterprise Partnerships (LEPs) which will naturally mean a focus on economic growth. LEPs were required to submit a Strategic Economic Plan (SEP) to the Treasury in March 2014 and top tier local authorities are obliged by the Department of Transport (DfT) to prepare Local Transport Plans (LTPs) which sit underneath the SEPs. The SEPs set out investment priorities to 2021 for major transport schemes but early indications are that many of them have neglected the sustainable transport agenda in favour of major road building schemes. This presents a new challenge for public health professionals in engaging with, and influencing, their local sustainable transport agenda to deliver public health outcomes.

"The proven success of Sustrans in helping individuals incorporate active travel into their lives suggests that it should be an important component of strategies to improve the health of communities."

Gabriel Scally, Former Regional Director of Public Health for South West England

Hereford City Council has significantly shifted the focus on sustainable transport in its transport plan. Proposals had existed for some years to build a ring road around the town to ease congestion in the city centre. This presented a major challenge for the local authority, as it had a potential impact on all aspects of local planning. There was also opposition from many sections of the community, which meant the council had to rethink its approach to transport planning.

The public health team initiated ‘learning sets’ on walking and cycling, and engaged the transport team. This coincided with funding for sustainable transport initiatives from DfT’s Local Sustainable Transport Fund. A range of active travel options were explored, including Destination Hereford – a sustainable transport programme, including personalised travel planning - a community-level approach to travel behaviour change recommended by NICE. The new LTP has a significantly enhanced focus on active travel, which is now becoming a core aspect of the approach to transport planning in the town.
Food procurement and partnerships

Enhancing social value through public sector food procurement

Many local authority and NHS Trust procurement teams are being driven by budget-cutting pressures to give ever greater weighting to cost, relative to quality, when awarding contracts for food provision in schools, hospitals, children’s centres, leisure centres, local authority-owned care homes and community meals. However, the Public Services (Social Value) Act requires public authorities - including local authorities and the NHS - to have regard to economic, social and environmental well-being in connection with public services contracts. The authority must consider (a) how what is proposed to be procured might improve the economic, social and environmental well-being of the relevant area, and (b) how, in conducting the process of procurement, it might act with a view to securing that improvement.

As part of the Plan for Public Procurement of Food and Catering Services, the Government has introduced a Balanced Scorecard for procurers that embeds the Government Buying Standards for food and catering (mandatory in central government) whilst also providing a comprehensive list of evaluation criteria which cover customer satisfaction and social economic value as well as sustainability and animal welfare.

The Soil Association’s Food for Life Catering Mark is an assurance scheme that allows local authorities or NHS Trusts to adopt or specify quality standards for catering in schools, children’s centres, hospitals, leisure centres, care homes and community meals, and the scheme already certifies around 1 million meals every day. Bronze, Silver and Gold standards cover nutrition (monitoring compliance with national best practice or statutory nutrition standards for each sector), freshness, quality, provenance and sustainability, and the scheme is backed by annual inspection. For every £1 invested in a Catering Mark menu there is a local social return on that investment of more than £3, mostly in the form of increased opportunities for local food businesses, in line with the aims of the Public Service (Social Value) Act. In January 2014, EU rules on public procurement were updated to allow for contracts to be awarded on environmental and social grounds, to encourage small and medium-sized enterprise (SME) engagement and to allow public authorities to procure goods and services in line with local priorities. National governments have two years to assimilate these changes.

“Food for Life Catering Mark is a well-established scheme for caterers that covers similar issues to the balanced scorecard. Membership of the scheme provides caterers with independently verified evidence of their achievements. It incorporates a wide range of product assurance schemes including Red Tractor and other farm assurance schemes, Fairtrade, LEAF Marque, Marine Stewardship Council, Freedom Food and Organic, and will generally guarantee good or excellent performance by caterers against the award criteria in the balanced scorecard.”

Plan for Public Procurement Balanced Scorecard, Defra, July 2014
Joining the Sustainable Food Cities network

The Sustainable Food Cities network aims to get public agencies, NGOs, businesses and communities to collaborate in making healthy and sustainable food a defining characteristic of where they live. The aim is to "create cities where every school, hospital, restaurant and workplace canteen serve only healthy and sustainable meals; where everyone has access to affordable fresh, seasonal, local and sustainably produced food no matter where they live; and where people of all ages and backgrounds have opportunities to learn about, grow and cook food."

Local authorities can take a lead by joining the network, and convening a governing body to develop a city-wide or regional food strategy.

For more information, please visit: sustainablefoodcities.org
Pre-school

Key service areas and agencies:
Children’s Services; Planning
(see ‘Engaging co-beneficiaries’ tool on page 38)

Evidence

There is an emerging public health consensus that the priority for obesity interventions should be the early years. The Chief Medical Officer has said that when it comes to child health and child obesity, “acting early is underpinned by sound science and sound finance.” Currently one in five children is overweight or obese by the time they start school. The Department of Health estimates the cost of publicly funded treatment of child obesity and its associated consequences in England to be £51 million per year, but has identified a 6–10% annual rate of return on investment for spend on prevention and intervention in the early years.12

Studies show that overweight 5-year-olds are four times as likely to become obese later in life, compared with children of healthy weight at this age.13 Research shows that healthy eating habits in the early years can influence subsequent growth, development and academic achievement, while the Department of Health has said “it is important to establish a high level of activity at the earliest age in order to encourage activity patterns later in childhood that are sufficient to benefit health.”14

Children are more likely to maintain a healthy weight if they are physically active for at least 180 minutes (three hours) each day, as recommended for children aged under five years in the UK. Data show, however, that under-5’s spend 10–11 hours being sedentary each day, and only get around 2/3rds of the physically activity they should.

Active play is vital for children’s physical development, as well as their emotional development and their social learning, but many parents are concerned about safety. A recent YouGov poll has revealed that road safety is a bigger concern for parents than stranger danger and gang-related crime, with 44% most concerned about their child crossing the road safely. This compared to 28% of parents most concerned about stranger danger and 2% citing gang-related crime as their biggest worry.
Local authority levers

Temporary Play Street Orders for active play

In order to encourage active play, public health teams can liaise with the Place/Community or Highways division within their local authority to introduce a ‘Temporary Play Street Order’, which enables a group of residents to close a road on a regular or scheduled basis for a period of up to a year; in their absence, residents can still be encouraged to apply to a local authority to close a street for play using a ‘street party application’.

To facilitate active play and mitigate the potential danger and inconvenience of through-traffic, Bristol City Council agreed to bring in a ‘Temporary Play Street Order’, which enables a group of residents to close a road on a regular or scheduled basis for a period of up to a year. This move was instigated by the charity Playing Out, which provides communities with advice on how to formally close their street so that children can play safely and freely.

Promoting the Voluntary Food and Drink Guidelines for Early Years Settings

Since September 2008 it has been a statutory requirement that all registered early years settings deliver against the Early Years Foundation Stage (EYFS) Framework, which includes a requirement to provide ‘healthy, balanced and nutritious’ food and drink.

In 2012, Voluntary Food and Drink Guidelines for Early Years Settings were developed by an Expert Panel to help settings comply with this requirement. Local authorities can ensure compliance with these standards for all local authority-maintained nursery schools and Children’s Centres by specifying that catering should be subject to quality assurance schemes like the Soil Association’s Food for Life Catering Mark and the Children’s Food Trust Excellence Award, both of which provide independent audit against the guidelines.

UNICEF UK Baby-Friendly Initiative & Breastfeeding Welcome scheme

Councils can run the Breastfeeding Welcome scheme, which provides advice to local restaurants, institutions and venues on how to support mothers to feel comfortable breastfeeding, as a basis for prominent display of ‘breastfeeding welcome’ signs. Local authorities can also sign up to the new (2014) UNICEF UK Baby Friendly Initiative standards, which supports staff in children’s centres (or equivalent early years’ community settings) to follow current policy to protect breastfeeding:

1. Support pregnant women to recognise the importance of breastfeeding and early relationships to the health and well-being of their baby
2. Protect and support breastfeeding in all areas of the service
3. Support parents to have a close and loving relationship with their baby
School-aged children

**Key service areas and agencies:**
Children’s Services; Transport Planning and Highways; Procurement
(see ‘Engaging co-beneficiaries’ page 38)

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**Evidence**

Child obesity is associated with a wide range of health problems, including respiratory disorders, high blood pressure, and musculoskeletal disorders, with evidence also pointing to an elevated risk of diabetes. One in five children in Reception is overweight or obese, rising to one in three children in Year 6. Child obesity is also linked to poorer health outcomes in adulthood. Between 50% and 75% of those who are obese as children or adolescents are likely to grow into obese adults.18

A growing body of evidence indicates that children who eat better and are more physically active do better academically.20 Currently only 11% of boys and 8% of girls aged between 11 and 18 meet the ‘5-a-day’ recommendation,21 and 44% of primary age children are taken to school by car,22 despite an active journey to school on bike, scooter or foot being the perfect way for children of all ages to integrate physical activity into their daily routine. If these children were to eat better and move more it would benefit society in the long-run. The Chief Medical Officer of England has said: “While our economic future may be challenging, there is a growing business case for improving the lives of children and young people. Improving health has the potential to benefit our nation economically.”
Local authority levers

Specifying quality in school meals procurement

New legislation requires that all schools provide universal free school meals for infants from September 2014. In state-maintained schools, all school meals must also comply with new School Food Standards from January 2015. New academies established after 2014 are also legally bound to comply, while existing academies are being encouraged to sign voluntary agreements. Ofsted inspectors, however, are not monitoring compliance with the school food standards.

Local authorities have their own in-house catering provider, or contract out this provision to contract caterers on behalf of schools. Budgets for school meals were devolved to primary schools in 2013 (secondary schools already had delegated meal budgets), but in practice the majority of primary schools continue to ‘buy back’ into local authority provision. This means that local authorities can either adopt quality standards, backed by inspection, like the Food for Life Catering Mark and the Children’s Food Trust Excellence Award, or specify these in catering contracts, as recommended in the School Food Plan.

“Use fresh, sustainable and locally-sourced ingredients (best of all, from the school vegetable garden). The Food for Life Catering Mark provides independent endorsement that food providers are meeting the School Food Standards and serving food prepared from fresh, sustainable and locally sourced ingredients.”

School Food Standards: a practical guide for schools, their cooks and caterers, June 2014

Historically, many local authorities have chosen to subsidise school meals in order to promote quality and cap meal prices to parents, but this is under threat due to budget-cutting pressures. The relative weightings given to price and quality in local authority catering tenders will also have a big impact on the quality of food provision. The Government’s new Plan for Public Procurement Balanced Scorecard seeks to address this issue. Procurement teams need to be aware of the importance of quality for maximising take-up of healthy school meals, which will in turn improve the economics of school meal provision. School meal costs are less determined by the food spend than by the take-up of school meals, which in 2012 was on average only 46% in primary schools and 40% in secondary schools.

“The key to a low cost in providing a school meals service is not to reduce the food cost but to increase sales and thus spread staff and other overheads further.”

Ian Crook, Business Services Manager, Bath and North East Somerset Council
Supporting the School Food Plan: commissioning a ‘whole school approach’ to food

The national School Food Plan, backed by the government, sets out a clear agenda for increasing take-up of healthy school meals, and calls on local health and wellbeing boards to promote effective practice in improving children’s diets in schools.

Independent evaluation of the Food for Life Partnership programme, which promotes a whole school approach to food via an award scheme and commissionable support package for schools, has demonstrated significant positive impacts on consumption of fruit and vegetables, take-up of free school meals and school meals, and on family eating and food shopping behaviours.23

“Schools enrolled in the Food for Life Partnership during 2008, for example, experienced an average increase in take-up of 3.7% in the first year, growing to 5% in the second year, at a time when take-up was declining nationally.”

School Food Plan, 2013

One of the key themes in the Joint Health and Wellbeing Strategy for Lincolnshire 2012-2018 is to improve health and social outcomes for children and reduce inequalities. Lincolnshire County Council has commissioned the Food for Life Partnership to help support the authority deliver its healthy weight strategy and in particular help support a reduction in childhood obesity.

The commission involves the Food for Life Partnership working with the County Council and with the Children’s Health Team to deliver a programme focused on developing key skills in growing and cooking; embedding an understanding of where food comes from among young people and their families; and establishing healthy behaviours around food and good food culture within the school community. The programme is also engaging with early years settings, parents and wider community members.

“Improving the diets of school children, and teaching them how to feed themselves well for life, is one of the simplest and most effective ways to promote good health. Some local authorities are already taking a lead on this. In Lincolnshire, for instance, the council is funding the Food for Life Partnership to go into schools and help them improve their food culture - through better catering and practical food education.”

School Food Plan, 2013
A growing body of evidence is linking a fast food rich environment with poorer health and obesity, a trend that could aggravate existing health inequalities, particularly among children and young people, who are exposed to fast food outlets near to the school gates.

Public health teams can work with planning authorities to restrict the prevalence these outlets. The government’s obesity strategy for England ‘Healthy Weight; Healthy Lives’ states that “local authorities can use existing planning powers to control more carefully the number and location of fast food outlets in their local areas.” Public Health England and the Local Government Association have produced a comprehensive briefing, detailing the options available in this regard.

Planning regulations have already been employed by several local authorities to restrict the opening of fast food outlets near schools. This has been done through the development of Supplementary Planning Documents (SPD) focusing on hot food takeaways (class A5 premises). An SPD expands on policies found in Unitary Development Plans and other national and regional guidance. Whilst not having the same status as a development plan, an SPD forms a material consideration in the determination of a planning application.

**The London Borough of Waltham Forest** was the first council to develop an SPD specifically to tackle the health impacts of fast food takeaways by restricting their development around ‘the school fringe’. A ‘hot food takeaway corporate steering group’ was set up, which included representatives from:

- Spatial planning (chairing the group)
- Development management and planning
- Enforcement
- Food standards
- The Food in Schools programme
- NHS Waltham Forest, the local PCT

The SPD stated that ‘planning permissions will not usually be granted for Hot Food Takeaway shops which fall within a 10 minute walking distance from the boundary of either a school facility, any youth facility or any designated parks’, with a 400m walk through an urban environment understood to be the equivalent to 10 minutes.

Between 2009, when the council adopted the SPD, and 2012, 82% of planning applications for fast food outlets were refused. It should be noted however that the council won these appeals on the basis of over concentration, potential noise nuisance, likelihood of antisocial behaviour and parking problems, rather than on the basis of public health impacts. This is because health impacts are harder to prove than other impacts. To mitigate this, local authorities should build a comprehensive and evidence-based case for action through the Joint Strategic Needs Assessment.
Street Trading Policies to control mobile fast food units

Mobile fast food units are not governed by planning policy, but can be controlled by street trading licenses, which are granted by local authorities and regulated by environmental health and trading standards officers.

By designating streets as ‘prohibited’, ‘consent’ or ‘licensed’ with respect to street trading, local authorities can influence the areas where mobile fast food units trade. If a street is designated as prohibited, then no street trading can take place; this can be an effective means of regulating fast food around the school fringe. Local authority can also regulate the number of street traders operating on designates as ‘licensed’ or ‘consent’, giving preference to those offering healthier options.

After being approached by a number of Head Teachers, Leicester City Council introduced a new Street Trading Policy in 2008 to prevent burger vans trading outside school gates. The council does not allow any trading to take place outside schools, apart from the sale of ice creams, which is permitted only at the end of the school day.

The policy states that “There will be a general presumption against street trading, particularly in the vicinity of schools. For the purposes of this policy, a location is ‘in the vicinity’ of a school if it is situated such that pupils may be encouraged to walk to it during a break from school, or immediately before or after school.” Anyone trading without a license faces a fine of up to £1,000.

Promoting active travel to school

Over the years, against a backdrop of increasing car use, the Department for Transport has supported promotion of active school travel through a wide range of soft and hard initiatives delivered by Sustrans and others including Safe Routes to School, Links to Schools and Bike It. Most recently the Local Sustainable Transport Fund has supported some major programmes such as Access to Education, a programme being led by Devon County Council and delivered in partnership with seven local authorities and Sustrans. The driver for this programme, in line with the LSTF economic development agenda, is reducing congestion around educational establishments.

Sustrans has been working in partnership with local authorities since 2001 to help children travel actively (walking, scooting or cycling) to school. Currently there are more than 150 Sustrans “Bike It” schools officers working with more than 750,000 young people in 2,500 schools or colleges across the UK funded by a range of sources including LSTF, local public health funding and other grant funding from the BIG Lottery and other trust funds. These officers work intensively with up to 10 primary or secondary schools or colleges each year to support young people, parents and teachers to make and sustain active travel choices. The evidence base for this type of intensive engagement is strong: in schools with an officer there is typically a fourfold increase from 2% to 8% of pupils cycling every day and 95% of teachers say children are more active.

In Reigate and Banstead, East Surrey, Sustrans has been delivering the Bike It programme in partnership with Reigate and Banstead Borough Council since 2008. The programme has achieved a culture shift in many establishments with 28% of pupils in the 40 Bike It schools regularly cycling to school. Once a school has received a Bike It intervention it can demonstrate an ongoing commitment to promoting active and sustainable travel by applying for a School Mark award. In Reigate and Banstead eight schools have been awarded a School Mark Gold award to recognise them as beacons of excellence in sustainable and active travel. Adrian Dawson, Director of Public Health, Bournemouth & Poole Primary Care Trust: “We aim to encourage active travel as an essential component of a healthy lifestyle for all ages, and Bike It is a proven intervention to help children develop that habit of healthy travel.”

“We aim to encourage active travel as an essential component of a healthy lifestyle for all ages, and Bike It is a proven intervention to help children develop that habit of healthy travel.”

Adrian Dawson, Director of Public Health, Bournemouth & Poole Primary Care Trust
Adults

**Key service areas and agencies:**
Adult Social Services; NHS Trusts; Clinical Commissioning Groups; Procurement & commissioning; Leisure & culture
(see ‘Engaging co-beneficiaries’ page 38)

**Evidence**

Over a third of adults report they are not currently active at recommended levels and objective data from accelerometry research suggests that real physical activity levels may be even lower than this. Only 29% of women and 24% of men eat the recommended five portions of fruit and vegetables a day. Two thirds of adults in the UK are overweight or obese.

Dame Carol Black’s comprehensive review of the health of Britain’s working-age population, ‘Working for a healthier tomorrow’, estimated the annual economic cost of working-age ill-health, calculated in terms of working days lost and worklessness, to be over £100 billion – equivalent to the annual running costs of the NHS.

Many adults not in work or training are in danger of Food Poverty or from health inequalities caused by inequalities in diets. Studies have shown that deprived areas of the UK are more likely to have a higher density of fast food outlets; a study of the location of McDonald’s outlets in England and Scotland, for example, showed per capita outlet provision was four times higher in the most deprived areas than in the least deprived areas.
Local authority levers

Workplace health and wellbeing charters

Public health teams can work environmental health teams and adult services to catalyse positive change in the workplace by promoting the Workplace Wellbeing Charter, which support the delivery of public health outcomes around physical activity, smoking cessation and reduced sickness absence.

**The London Greater Authority’s London Healthy Workplace Charter** provides a mechanism to support and recognise employers in London investing in health and well-being through a citywide framework. Eight London boroughs have integrated the Charter into their work plans: Barking and Dagenham, City of London, Croydon, Greenwich, Kingston, Lewisham, Southwark and Westminster. This work is being led by public health and environmental health teams.29

**Croydon Council** signed up to the Charter to help demonstrate commitment to staff health. The council now actively encourages staff to take the stairs and provides healthy options in the staff cafeteria.

**Greenwich Council** has signed up to the Charter, and Royal Marines Greenwich has introduced Walking Wednesdays as a result, along with Coffee with a Colleague, which was suggested by a staff member as a way of boosting mental wellbeing.

Improving the food served to local authority employees

Local authorities are also workplaces, and can look to improve the food served to employees by specifying that catering should be subject to quality assurance schemes, such as the Soil Association’s Food for Life Catering Mark.

**Worcestershire County Council**, working with Aspens Services, has achieved the Gold Catering Mark at the council’s Lakeside café. This means that each day the Council serves meals that support local businesses – serving local and seasonal food through the Catering Mark has been shown to contribute to the local economy and supports farmers and traders in the area.

“Organisations that prioritised staff health and well-being performed better, with improved patient satisfaction, stronger quality scores, better outcomes, higher levels of staff retention and lower rates of sickness absence.”

Department of Health, 200930
Health-promoting hospitals

With 1.2 million staff in England alone, the NHS is the largest employer in the UK, with employees working in high pressure environments for long hours. The Boorman Review highlighted NHS staff wellbeing as a key contributing factor in the quality of care:

Employee health, concentration and fitness are therefore of vital importance. Benefits from healthy eating and increased physical activity include lower absenteeism and staff turnover, which can make significant cost savings for the NHS.

“Having a flexible menu and working in partnership with local suppliers enables us to buy and produce food with fresh ingredients when they are available, and take them off our menu out of season. As we are such a large organisation committed to using the local produce, this also provides stability to the local economy, and supports British supply chains.”

Chris Neale, Central Food Production Manager, NUHT

Nottingham University Hospitals Trust (NUHT) has been working on both active travel and healthy catering. The Trust worked with Sustrans and their Local Sustainable Transport Fund to deliver a programme of active travel activities, including mapping new cycle routes between the hospital’s three sites, developing bespoke information and training, and initiating a programme of cycle infrastructure improvements. As a result of these combined initiatives, employee car journeys have been reduced and bike journeys are up. Studies by Sustrans have shown that similar projects have resulted in savings of £6,000 annually for every 100 employees engaged, due to reduced absenteeism.

NUHT recently achieved the gold Catering Mark for patient, staff and visitor food at City Hospital and Queens Medical Centre. Switching to local suppliers has been cost neutral and allowed the Trust to invest directly £2m per year into local sustainable businesses. 77% of NUHT’s raw ingredient spend is now on local ingredients, with meat, fresh produce, bakery products and milk all sourced locally (defined in the Catering Mark Standards as sourced from within the local region or adjacent county); ensuring security for local suppliers and positively impacting the local economy.

NUHT are able to supply patients, staff and visitors with high quality meals at a below average ingredient cost price of £4.53 per patient per day.

Further information on hospital catering is on page 30.
Promoting Active Travel within the NHS

The NHS has an important role to play in leading by example and developing Active Travel Plans, since moving the 1.3 million staff, patients and visitors each day accounts for approximately 5% of total road traffic in England. The NHS vision is that every site has an Active Travel Plan which promotes sustainable transport facilities and encourages more active travel (walking, cycling or public transport). This can help to improve the physical and mental health of staff, and can also create improved conditions for active travel by people living close to the site. It also means less motorised traffic, which gives rise to fewer road collisions, improved air quality, a fitter population and therefore a reduction on the demand for health services. The money saved can be recycled back into the NHS. The NHS Sustainable Development Unit (SDU) has prepared a briefing note on developing an Active Travel Plan and many sites have already taken action.

Cambridge University Hospitals NHS Foundation Trust (CUH) and the wider Cambridge Biomedical Campus (CBC) is a location that generates intense travel activity with over 19,000 staff and visitors travelling daily to and from the site. The Trust has been developing and implementing an active travel planning approach since 1997 and its current plan, with ambitious targets to further increase active travel, will run for three years from January 2014.

The Trust has already delivered impressive results through the Travel Plan instrument. In 1993, 74% of staff working on the Campus drove to work. By 2012 this proportion has fallen to 37%, of whom 7% car share. The proportion of staff cycling to work at the Campus has increased from 17% in 1993 to 31% in 2013. Various cycle paths and walkways lead to the Campus including a section of the National Cycle Network which links the Campus with the community of Great Shelford. There are over 2,500 bicycle parking spaces currently provided on site for around 35% of staff and visitors who cycle to Campus.

An important aspect of the Active Travel Plan is the wide and effective partnership that has been established over a number of years. The Plan has allowed development of a wide range of strategic partnerships and relationships with more than 30 bodies including site occupants, developers, local government, service providers and charitable organisations.
Improving vending in leisure centres

Many young adults who use leisure centres are faced with limited food and drink choices. The Soil Association conducted a survey of vending in leisure centres and hospitals in 2009, and found that confectionary, crisps, and sugar-sweetened beverages dominated the available options. Local authorities have the opportunity to promote healthy eating, in what should be a healthy environment, by improving the quality of food and drink available in leisure centre vending machines. Existing vending contracts may mean that less healthy options cannot be phased out completely, but this should not prevent healthier ones being made more prominently available; local authorities should begin by consulting with the vending operator to see what changes can be made and be ready to specify nutrition standards when contracts come up for renewal.

The Health Improvement Division in the Welsh Government have published guidance designed to give practical information to leisure centre managers and their staff to help them provide and promote healthier food and drink on their premises. The Welsh Government’s aim is to ensure that public sector settings are an exemplar of best practice in the drive to create an environment where it is easy for people to eat healthily.

Blaenau Gwent County Borough Council in Wales decided to trial a second vending machine, filled with a range of healthier options such as freshly prepared baguettes, sandwiches and wraps, in two leisure centres. Both sites saw initial high sales of fresh food and water; over the three-month period for which returns were submitted, £2,400 of the vended produce was ‘healthy’ according to the definitions set out in the monitoring guidance – 22% of the total vending revenue.

Enabling healthy behaviours for the unemployed and university students

Bike It for Jobseekers is a free advice and practical skills service delivered by Sustrans and funded by Derby City Council’s Connected initiative. The scheme provides jobseekers in Derby with free bikes refurbished by prisoners to help them find work. Derby City Council provided £5,000 to buy bikes, helmets and lights; each jobseeker also receives a one to one advice and planning session, and develops an individualised action plan. The scheme is offered to anyone who is currently unemployed and looking for, or thinking about, employment or training within the city, and is the first of its kind in the UK.

Nottingham City Council, working with Nottingham Trent University and the University of Nottingham, has funded £2 million of new infrastructure around the city campuses. Under the scheme new cycle routes and other facilities are being provided alongside investment in new services such as bike hire and cycle training; the project offers tailor-made information on cycling to thousands of students and staff, together with financial incentives including discounts at cycle stores.

Nottingham Trent University also has the Silver Catering Mark for the majority of its food outlets, meaning that meals are prepared from scratch using fresh and seasonal ingredients. Since achieving the Catering Mark, the University has seen customer numbers, repeat visits and the number of freshly prepared meals purchased all increase. 1,850 Silver Catering Mark meals are served each day across the university.
Creating healthy places:

Policy levers & Exemplars

Food poverty and food access mapping

Many adults who are out of work and living in deprived areas of the UK have restricted food choices and unequal access to good food. Deprived areas have been shown to have a higher density of fast food outlets than more affluent areas, creating ‘good food deserts’. In Sandwell in the West Midlands, for example, around 90% of the households were shown to be within 500m of shops that sell junk food and fizzy drinks and less than 20% within 500m of a shop selling fresh fruit and vegetables.34

These inequalities in access to good food are a direct contributor to health inequalities and food poverty. Over 4 million people in the UK are said to be experiencing food poverty, prompting the Faculty of Public Health and Royal College of Physicians to call for a change in the ‘food environment’, to the accessibility and affordability of food and the culture in which people live.35

To identify and address the needs of local people, local authorities should look to map access to healthy affordable food in their locality. Food Access Radar, developed in 2003 by the Staffordshire County Council is a mapping toolkit which has been used to identify possible food access poor communities within an area.36 A briefing by Public Health England states: “The results from the toolkit are relatively easy to interpret allowing inter-sectoral use, including Corporate Research, Planning, Transport, Health Policy/Promotion/Public Health, Environmental Health, Trading Standards and Dietetics/Community Nutrition.”

Oxfordshire County Council has successfully used the Food Access Radar to inform their accessibility planning process, and develop suitable solutions. They identified an area of food poverty for elderly residents in a particular area of Oxford City, and as a result set up a weekly shuttle bus to the local supermarket for seniors.37
Action on air quality

Air pollution is a major environmental risk to health. Every year in the UK, it is estimated that over 5,000 people die as a result of heart attacks and lung cancer caused by vehicle exhaust fumes. This is more than double the number of people killed on our roads each year but there is little public awareness of the problem, making air pollution an invisible public health crisis that affects much of the UK. Poor air quality affects everyone but groups such as children, older people and people with asthma are particularly vulnerable, and low-income and ethnic minority groups are also disproportionately affected. The most direct way to tackle poor air quality is to reduce vehicle emissions so any intervention designed to reduce car use can have a direct impact on improving air quality.

Greater London Authority’s Cleaner Air Champions pilot programme was developed and delivered in partnership with Sustrans in 2013. It built on the successful Active Travel Champions model to recruit and empower people to take action with an emphasis on raising awareness and understanding of the problems around air quality as well as promoting a range of achievable activities that individuals can take to improve air quality in their area. Over the six month pilot project in Hackney, Havering and Redbridge 21 volunteers were recruited and trained. They carried out over 60 activities and engaged with nearly 1800 local residents across these three boroughs to achieve the following outcomes:

- Raise awareness of air pollution risks and health impacts via advocacy and promotion
- Support mitigation by leading on initiatives around active travel, energy efficiency and other impactful actions
- Promote adaptation through information, advice and promotional actions

“The Cleaner Air Champions project fits in with the school ethos and is something we are looking to build upon. The school aims to be deeply involved with the local community and the Cleaner Air Champions project is one way in which the school has been able to engage with the community.”

Local Head Teacher
Creating healthy places::

3. Policy levers & Exemplars

Evidence

Good food and an active lifestyle can help older people enjoy a healthy retirement. Aside from the obvious economic advantages of reduced hospital admissions and smaller care bills, healthy older people can continue to do the things they enjoy, and can share their skills and experiences with the younger generation.

Local authority levers

CQUIN for better hospital food

The Commissioning for Quality and Innovation (CQUIN) framework allows commissioners to make hospitals’ annual income conditional on achieving locally agreed goals to improve quality. NHS England has included a goal to improve hospital food in their ‘pick list’ of local CQUIN options. The goal for improving hospital food cites the Soil Association’s Food for Life Catering Mark assurance scheme, the Government Buying Standards for food and catering and the BDA Digest as frameworks to raise the quality of provision. CQUIN goals are decided by the commissioner and provider, guided by local needs and strategies. Health and Wellbeing Boards are well placed to scrutinise meal standards or contract specifications used by NHS Trusts within their local authority area, and to recommend to clinical commissioning groups and NHS Trusts that they take up the hospital food CQUIN.

Older people

Key service areas and delivery agencies:
Adult Social Services; Clinical Commissioning Groups; NHS Trusts
(see ‘Engaging co-beneficiaries’ table below)

Calderdale and Huddersfield NHS Foundation Trust and South Warwickshire NHS Foundation Trust are among those who are using a CQUIN to improve hospital food this year. Both these Trusts will be working towards improving food for staff and visitors through the Food for Life Catering Mark, and improving mealtime experience for patients by developing their ward level foodservice practices.
"The introduction of a national quality incentive for hospitals to provide good food sends a message that proper nutrition in hospitals cannot be separated from the provision of good biomedical care. The Catering Mark is independently audited by the Soil Association so that Clinical Commissioning Groups can easily check whether their local hospitals are actually doing what they say they are. It is now up to us as clinical commissioners to encourage our local hospitals to achieve the Catering Mark as a symbol of good medicine and care."

Dr Michael Dixon, President of NHS Clinical Commissioners

**Safeguarding and improving lunch clubs and community meals**

The public expenditure squeeze is affecting fee levels that local authorities will support and the profitability of care homes, with many smaller homes facing potential financial difficulties. This is an environment that risks homes trying to minimise expenditure on food and nutrition. The provision of community meals is under particular pressure: two thirds of local authorities are increasing charges for community meals and in others they are getting rid of them completely.38

Approximately 200,000 people receive community meals, whether delivered to their own homes or eaten in lunch clubs or day centres, and these are a very important source of nutritious food for older people living in their own homes and unable to cook adequately for themselves. Community meals are organised by local authorities, either through their own catering service, from private contractors or from the Royal Voluntary Service, and the standard of meals is therefore open to influence by Health and Wellbeing Boards. Traditionally a hot meal is delivered daily at lunchtime, but increasingly frozen meals are delivered weekly or every fortnight for regeneration by the client in a microwave.

**South Lanarkshire County Council’s community meals service** was the first in the UK to achieve the Food for Life Catering Mark. As well as meeting national nutritional guidelines for care settings, menus are seasonal and clear information is provided about where food comes from, including where food is sourced locally.
Improving food and mealtimes in care settings

In residential care homes, much catering is undertaken by the homes themselves, or through a caterer contracted directly by them, but there is an opportunity to influence standards locally where the local authority catering service provides meals or negotiates the food contract. Many older people in residential care accommodation are undernourished, either through previous poverty, social isolation, or personal or psychological problems, or due to the effects on appetite of illness or medication. The Food for Life Partnership is piloting a whole setting approach to food in care homes with support from the Big Lottery.

Local authorities can stipulate conditions relating to food when contracting care providers. Manchester City Council detail requirements around nutritious food and enjoyable mealtimes which include stipulations such as serving “a choice of nutritious, appetising meals,” preferably using family style service. The Council has developed a ‘Dignity award’ for best practice in care, and guidance stating that “mealtimes and nutrition are important to older people in relation to their quality of life and as a measure of the quality of service they receive,” and “it is very important to assess each person to ascertain their needs and preferences and to tailor their diet accordingly.”

Volunteer programmes

There is strong evidence to support the positive mental and physical health benefits of volunteering for older people. Many third sector organisations offer structured volunteering opportunities for older people but there is scope to encourage and promote more opportunities for the over 50s and 60s.

Sustrans has over 3,500 volunteers across the UK and about 63% of these are over 54 and 15% of new recruits are aged 65 or over. They carry out a range of vital roles including “rangers” who regularly walk or cycle and are responsible for maintaining sections of the National Cycle network (NCN). The NCN also helps promote physical activity amongst older people: in 2012 15% of the 485 million walking and cycling trips made on the NCN were made by people over the age of 65.

The Food for Life Partnership is working with Bath & North East Somerset Council, together with Age UK, to support the engagement of socially isolated older people in helping with growing and cooking activity in Food for Life Partnership schools. Older people often have growing and cooking skills that younger people have not acquired, and can bring other skills and value to the school community. For older people this experience can reduce social isolation, provide healthy eating messages, and have a positive impact on physical and mental health.
4. Tools to support a whole system approach

In this section you will find a number of tools designed to help you think through the many policy levers at your disposal, and how to engage with key service delivery managers and local authority partners to take these forward.
Starter for 10

Ten prompts for a whole systems approach to food and physical activity/active travel

The following discussion areas are designed to get you thinking about the different elements of an integrated approach and are suitable for discussions and action planning within single organisations or across partnerships. They are not exhaustive, you may be able to think of more and some may be more useful for you than others.

01. Who are the key service delivery managers for this agenda and how could relationships with them be strengthened?
   (see page 38)

02. Are public health priorities on the agenda for the next Local Transport Plan five-year review?
   Does active travel feature in the Joint Strategic Needs Assessment and Health and Wellbeing Strategy?
   (see page 13)

03. Are you a member of the Sustainable Food City network? How is this helping and what more could be done to benefit from this? If you are not a member, how could you make the case to the local authority to join?
   (see page 15)

04. What role does your local LEP play in this agenda?
   How have you, or could you, access the Single Growth Fund’s sustainable transport component to promote active travel?
   (see page 13)

05. Do your local authority and NHS Trust food contracts specify quality standards? Local authorities typically procure primary school meals, community meals and food for leisure centres, local authority owned care homes and local authority staff canteens & events. NHS Trusts are responsible for procuring hospital food, both for patients and for staff & visitor restaurants. Why not identify renewal dates for all these contracts and get ready to specify quality and nutrition standards, and verification via schemes like the Food for Life Catering Mark?
   (see page 14)

06. Are you engaged in shaping neighbourhood or community-level environmental interventions that support play, walking, cycling, growing food and other street-based social activities for all ages including the very young, old or disabled?
   (see page 12)

07. Does your authority conduct a Health Impact Assessment of planning policies, as recommended by the Academy of Medical Royal Colleges?
   Does your local authority have a Healthy Urban Development framework? Have planners developed a Supplementary Planning Document and a Street Trading Policy that tackles fast food outlets near schools?
   (see page 21)

08. Have you engaged with the Director of Children’s Services to promote a ‘whole school approach’ to food, as recommended by the School Food Plan, and does this also extend to active travel and physical activity?
   (see page 20)

09. Have you engaged with local CCGs and the NHS acute trust to ensure that food and active travel strategies are adopted to create truly health-promoting hospitals? (and take advantage of the new hospital food CQUIN?)
   (see page 30)

10. Do your Core Strategy and Local Plan make clear how the public realm will be protected and enhanced to facilitate access and amenity for all ages? How have you engaged the planning and transport department(s) in planning for an age-friendly public realm that allows older people to remain active?
   (see page 11)
## Creating Healthy Places

Checklist of policy levers and case studies

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<th>Local authority levers</th>
<th>Case studies</th>
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<td><strong>Planning policies and tools</strong></td>
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<tr>
<td>Introduce area-wide 20mph speed limits to reduce child road casualties</td>
<td>Liverpool City Council &amp; Bristol City Council: 20mph</td>
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<tr>
<td>Local Plan / Core Strategy - incorporate walking &amp; cycling infrastructure, promote street markets &amp; community food growing</td>
<td>Lambeth Borough Council promotion of food growing in Local Plan</td>
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<tr>
<td>Use Section 106 agreements / Community Infrastructure Levy to support walking &amp; cycling infrastructure</td>
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<td>Adopt Planning Advisory Note/SPD on food growing in new developments</td>
<td>Brighton &amp; Hove City Council’s Planning Advisory Note 06 on food growing</td>
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<tr>
<td>Adopt JSNA tools: Health Impact of Physical Inactivity (HIPI) &amp; WHO Health Economic Assessment Tool (HEAT)</td>
<td>National Cycle Network</td>
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<td>Promote community-led street reclamation and street markets in regeneration projects</td>
<td>The London Borough of Haringey: community-led street design</td>
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<td>Tower Hamlets street market promotion in regeneration &amp; development projects</td>
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<td><strong>Transport policies and funding mechanisms</strong></td>
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<td>Engage in Local Transport Plan five yearly review</td>
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<td>Hereford City Council’s Local Transport Plan</td>
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<td>Influence allocation of Local Sustainable Transport Fund (to March 2016)</td>
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<td>Influence allocation of Local Economic Partnership (LEP) Single Local Growth Fund (including sustainable transport funding, from March 2016)</td>
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<td><strong>Food procurement and partnerships</strong></td>
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<td>Use Plan for Public Procurement Balanced Scorecard for food procurement</td>
<td>Bart’s Health specifies Food for Life Catering Mark standards</td>
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<td>Specify quality assurance in public sector food contracts eg Food for Life Catering Mark</td>
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<tr>
<td>Adopt Collaborative Food Purchasing Groups to make quality standards affordable</td>
<td>The London Contracts Supply Group specifies Food for Life Catering Mark standards, supporting 24 of 33 London boroughs to achieve Catering Mark certification</td>
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<td>Join Sustainable Food Cities &amp; Healthy Cities networks and set up a food partnership)</td>
<td>Brighton &amp; Hove, Newcastle County Council, Kirklees Council</td>
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<td>Support cross-community applications for Fair Trade City/Council/Borough status</td>
<td>Croydon Council (since 2003)</td>
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<tr>
<td>Give recognition to healthier food outlets</td>
<td>Tower Hamlets Food for Health Awards</td>
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4. Tools to support a whole system approach
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<tr>
<th>Stage of the life course</th>
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<td>Early years</td>
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<td></td>
<td>Promote use of Temporary Play Street Orders for Active Play</td>
<td>Bristol City Council: Temporary Play Street Order</td>
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<td></td>
<td>Promote the Voluntary Food &amp; Drink guidelines for early years settings</td>
<td>via EatBetter Start Better (Children’s Food Trust) or Food for Life Partnership Early Years Award</td>
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<td>Extend Free Meals to Pre-School (with 2, 3 &amp; 4 yr olds’ early years entitlements)</td>
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<td></td>
<td>Sign up to UNICEF UK Baby-friendly Initiative &amp; run Breastfeeding Welcome scheme</td>
<td>Greenwich Borough Council’s partnership with NHS Trusts to implement UNICEF Baby-Friendly Initiative</td>
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<td></td>
<td>Enhance value of Healthy Start Vouchers for target groups eg pregnant women</td>
<td>‘Rose Voucher’ pilot in 3 London boroughs</td>
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<tr>
<td>School age</td>
<td></td>
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<td></td>
<td>Specify quality standards and assurance in school meal contracts eg Food for Life Catering Mark; Children’s Food Trust Excellence Award</td>
<td>Cornwall County Council - one of &gt;50 local authorities with Food for Life Catering Mark certification for school meals contracts.</td>
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<td></td>
<td>Maintain local authority school meals support service and monitor the take-up of school meals</td>
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<td>Support breakfast clubs for schools with high free school meal eligibility (&gt;40%)</td>
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<td>Commission a ‘whole school approach’ to food eg the Food for Life Partnership</td>
<td>Lincolnshire County Council and the Food for Life Partnership</td>
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<td>Develop a Supplementary Planning Document to restrict fast food near schools, youth facilities &amp; parks</td>
<td>The London Borough of Waltham Forest: restricting fast food outlets through an SPD</td>
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<td>Introduce Street Trading Policy to control mobile fast food units near schools</td>
<td>Leicester City Council’s Street Trading Policy</td>
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<td></td>
<td>Promote Active Travel to school</td>
<td>Reigate and Banstead Borough Council &amp; national Bike It programme</td>
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<tr>
<td>Adult</td>
<td></td>
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<td></td>
<td>Promote Workplace health and wellbeing charters</td>
<td>The London Greater Authority’s London Healthy Workplace Charter</td>
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<td>Make Every Contact Count programmes to engage the wider workforce in hospitals and other institutions</td>
<td>Surrey County Council: Let’s Get Moving: Physical Activity Care Pathway</td>
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<td>Specify quality standards and assurance for local authority cafes and restaurants – eg Food for Life Catering Mark</td>
<td>Worcestershire County Council achieves the Catering Mark</td>
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<td></td>
<td>Adopt ‘Health-promoting hospital’ policies on food &amp; drink and active travel</td>
<td>Calderdale and Huddersfield NHS Foundation Trust, South Warwickshire NHS Foundation Trust and Barts Health NHS Trust: a whole setting approach to food</td>
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<td></td>
<td>Reduce car dependency in the NHS</td>
<td>Nottingham University Hospitals Trust: active travel and healthy catering</td>
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<td></td>
<td>Specify food standards for vending contracts in leisure centres</td>
<td>Cambridge University Hospitals NHS Foundation Trust: promoting active travel within the NHS</td>
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<td>Commission programmes to promote healthy behaviours for the unemployed and university students</td>
<td>Blaenau Gwent County Borough Council: healthy vending in leisure centres</td>
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<td></td>
<td>Derby City Council: Bike-It for Jobseekers</td>
<td>Nottingham City Council: active travel and healthy catering for university students</td>
</tr>
</tbody>
</table>
### Tools to support a whole system approach

<table>
<thead>
<tr>
<th>Stage of the life course</th>
<th>Local authority levers</th>
<th>Case studies</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adult</strong></td>
<td>Introduce food poverty and food access mapping</td>
<td>Staffordshire County Council: Food Access Radar</td>
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<td>Oxfordshire County Council: Food Access Radar</td>
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<td></td>
<td>Encourage CCGs and NHS Trusts to adopt a CQUIN for better hospital food</td>
<td>Calderdale and Huddersfield NHS Foundation Trust and South Warwickshire NHS Foundation Trust: CQUIN</td>
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<td></td>
<td>Maintain and improve community catering services</td>
<td>South Lanarkshire County Council’s community meals service</td>
</tr>
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<td></td>
<td>Commission programmes to connect older people with schools</td>
<td>Bath &amp; North East Somerset Council: Age UK and Food for Life Partnership joint project</td>
</tr>
<tr>
<td><strong>Older people</strong></td>
<td>Adopt inclusive design for getting outdoors (design guidance)</td>
<td>See: Inclusive Design for Getting Outdoors</td>
</tr>
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<td></td>
<td>Specified food standards and quality mealtimes in care settings</td>
<td>Manchester City Council: Dignity Award</td>
</tr>
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**Source:** Inclusive Design for Getting Outdoors. [http://www.idgo.ac.uk/useful_resources/publications.htm](http://www.idgo.ac.uk/useful_resources/publications.htm)
# Creating Healthy Places:

## Engaging co-beneficiaries

<table>
<thead>
<tr>
<th>Local Authority service areas and delivery agencies</th>
<th>What key policy levers are at their disposal?</th>
<th>What are their key drivers/preoccupations/barriers?</th>
<th>What are the hooks/co-benefits to emphasise?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health and Wellbeing Board</strong> (statutory members include elected member(s), DPH, CCG, DASS, DCS, Healthwatch)</td>
<td>Joint Strategic Needs Assessment Food and active travel can be adopted as priority areas within Joint Health and Wellbeing Strategies. Becoming a Sustainable Food City by developing cross-authority governance and action planning on food.</td>
<td>Statutory duty to promote health and wellbeing in the local authority area. Identifying shared priorities and scope for joint commissioning. Budget constraints – need for upstream work &amp; combining resources. Integration of health and social care. Local economy and sustainability</td>
<td>Importance of tackling obesogenic environments: i.e. creating healthy places that don’t promote sedentary behaviour or provide easy access to energy-dense food. Importance of early intervention: 97% of DPHs that responded to a Public Health England survey said that child obesity featured in their Health and Wellbeing strategy.</td>
</tr>
<tr>
<td><strong>Public Health</strong></td>
<td>Commissioning for ‘whole setting approaches to food and active living’ through the life-course. Championing membership of the Sustainable Food City network by developing cross-authority governance and action planning on food.</td>
<td>Public Health Outcomes Framework (PHOF) Supporting health improvement throughout the life-course. Getting maximum value from limited commissioning budgets.</td>
<td>Creating healthy places via action on food and active travel contributes to the following PHOF indicators: excess weight in adults; excess weight in 4 to 5, and 10 to 11 year olds; self-reported wellbeing; sickness absence rate; proportion of active and physically inactive adults; utilisation of outdoor space for exercise/health reasons; prevention of falls and injuries in people aged 65 and over; and health related quality of life for older people.</td>
</tr>
<tr>
<td><strong>Clinical Commissioning Group</strong></td>
<td>Optional CQUIN for hospital food Obesity prevention programmes (eg Food for Life Partnership/ Bike-It) in settings through the life course Care home quality of care with links to prevention of malnutrition and falls.</td>
<td>a NHS Outcomes Framework Obesity &amp; diabetes prevention Reducing hospital bed shortages Reducing falls admissions Reducing malnutrition admissions Reducing hospital stays</td>
<td>Improving hospital food increases patient satisfaction Promotion of routine walking maintains muscle strength, bone density and balance, reducing falls admissions and bed-shortages, and saves costs to both NHS and Social Services.</td>
</tr>
<tr>
<td><strong>NHS Acute Trust</strong></td>
<td>Exemplar CQUIN for hospital food ‘Health promoting hospital’ framework, with standards for catering, vending &amp; food retail, food education &amp; staff health &amp; wellbeing. Cycle parking</td>
<td>Patient satisfaction Reducing hospital admissions with malnutrition Reducing hospital stays Budget challenges</td>
<td>Improve reputation as health-promoting hospital. Staff &amp; visitor catering has potential as profit-centre Improve staff health &amp; wellbeing Public Services (Social Value) Act requires the NHS to have regard to economic, social and environmental well-being in connection with public services contracts. Food for Life Catering Mark standards linked to improved patient satisfaction. Reduce visitor car parking costs &amp; constraints &amp; tackle local congestion.</td>
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<tr>
<td>Adult Social Services</td>
<td>Commissioning for active ageing schemes.</td>
<td>Projected doubling in cost of social care by 2020, due to demographic changes, rising social care needs and increased public expectations.</td>
<td>Promotion of routine walking maintains muscle strength, bone density and balance, reducing falls.</td>
</tr>
<tr>
<td></td>
<td>Joining Age-friendly Cities network</td>
<td>Budget cuts</td>
<td>Supporting independent living within the community – through lunch clubs, links with schools, active ageing agendas, age-friendly public realm.</td>
</tr>
<tr>
<td></td>
<td>Food for Life Catering Mark accreditation for community meals and food in LA-owned care homes.</td>
<td>Spotlight on quality of care</td>
<td>Food for Life Catering Mark accreditation for care homes can improve reputation for quality care.</td>
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<td></td>
<td>Safeguarding lunch clubs for the elderly.</td>
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<tr>
<td>Children’s Services/ Education</td>
<td>Commissioning for a whole school approach to food and active living.</td>
<td>National education policy</td>
<td>School Food Plan is backed by DfE and prioritises take-up of healthy school meals and promotion of whole school approach to food, as embodied by the Food for Life Partnership.</td>
</tr>
<tr>
<td></td>
<td>Food for Life Catering Mark quality assurance for school meals</td>
<td>Budget constraints</td>
<td>Food for Life Catering Mark standards cost-neutral (or cost-negative for school meals due to economic benefit of increasing meal take-up)</td>
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<tr>
<td></td>
<td>Capital investment in kitchens/dining areas in schools.</td>
<td>Attainment/Ofsted performance ratings for local authority-maintained schools.</td>
<td>Higher levels of physical activity strongly linked with higher academic attainment</td>
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<td></td>
<td>Schemes to encourage active travel for the school journey.</td>
<td>‘Closing the gap’ on education outcomes.</td>
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<tr>
<td>Local Enterprise Partnership (LEP)</td>
<td>Growth Fund sustainable transport ‘pot’ can be allocated to promote active travel</td>
<td>Economic growth</td>
<td>Active travel reduces congestion and absenteeism through illness with economic benefits</td>
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<td></td>
<td>Setting 20 mph area speed limits</td>
<td>Improving accessibility to services</td>
<td>Improved transport enhances access to employment and workforce flexibility</td>
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<td>Parking (demand management to restrict use of private car)</td>
<td>Tackling congestion</td>
<td></td>
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<td></td>
<td>Promoting walking and cycling</td>
<td>Reducing road traffic casualties</td>
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<td></td>
<td></td>
<td>Cutting carbon emissions</td>
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<tr>
<td>Transport</td>
<td>Contracts specify Food for Life Catering Mark accreditation for school meals, community meals, LA-run care homes, children’s centres, leisure centres.</td>
<td>Budget cuts: Councils are currently half way through a scheduled 40 per cent cut in funding from central government.</td>
<td>Food for Life Catering Mark standards cost-neutral (or cost-negative for school meals due to economic benefit of increasing meal take-up), and can be specified without contravening EU Procurement Law.</td>
</tr>
<tr>
<td></td>
<td>Weighting given to quality-price in award criteria for catering contracts.</td>
<td>EU Procurement Law seen as barrier to specifying quality food.</td>
<td>Public Services (Social Value) Act requires local authorities and the NHS to have regard to economic, social and environmental well-being in connection with public services contracts.</td>
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<tr>
<td>Procurement and commissioning</td>
<td></td>
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<td>Local Authority service areas and delivery agencies</td>
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<tr>
<td><strong>Planning</strong></td>
<td>Health Impact Assessment of planning policy, as recommended by Academy of Medical Royal Colleges. Supplementary Planning Document &amp; Street trading control orders to restrict hot food takeaways on school fringe. Reallocation of public space to encourage greater use of streets as social spaces. Community Infrastructure Levy/Section 106 agreements to support walking &amp; cycling infrastructure linked to new developments. Public realm/urban design (prioritising walking and cycling infrastructure)</td>
<td>Compliance with National Planning Policy guidance House-building targets</td>
<td>Reduced costs for developers: savings on car parking spaces and pavement parking. The government’s obesity strategy for England ‘Healthy Weight; Healthy Lives’ states that “local authorities can use existing planning powers to control more carefully the number and location of fast food outlets in their local areas.”</td>
</tr>
<tr>
<td><strong>Leisure and culture</strong></td>
<td>Promoting leisure walking and cycling Vending contracts for leisure centres</td>
<td>Health and Wellbeing Strategies and JSNA</td>
<td>Promotion of local and free activities from the doorstep Improving access to green spaces</td>
</tr>
<tr>
<td><strong>Housing</strong></td>
<td>Cycle parking facilities Food growing areas linked to social housing.</td>
<td>House-building targets Budget cuts</td>
<td>Saving on car parking spaces and pavement parking More family-attractive homes including storage space Reduced costs for developers Improved access to local facilities on foot or by bike Social cohesion and safer neighbourhoods/reduced fear of crime (increase house prices!)</td>
</tr>
<tr>
<td><strong>Business/ Resources</strong></td>
<td>Workforce wellbeing charter for the local authority Food for Life Catering Mark accreditation for LA staff feeding</td>
<td>Budget cuts</td>
<td>Reduced costs from absenteeism due to improved immune function as result of better nutrition &amp; increased total physical activity time</td>
</tr>
</tbody>
</table>
5. References


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